

# The Status of Chiropractic in Europe

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## Chiropractic and European healthcare: an introduction

Chiropractic is a profession of healthcare specialists concerned with the musculoskeletal system. Chiropractors undergo extensive education and training, usually in a university setting, involving the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system and the effect of those disorders on the function of the nervous system and on general health. There is an emphasis on manual techniques including joint adjustment and/or manipulation, with a particular focus on subluxations. <sup>1</sup>



By restoring normal function to the musculoskeletal system chiropractors can play a major part in relieving disorders and any accompanying pain or discomfort arising from accidents, stress, lack of exercise, poor posture, illness and everyday wear and tear.

Chiropractors take a biopsychosocial approach to health and wellbeing; this means that they consider the physical, psychological and social aspects of health. This approach is consistent with the WHO definition of health.<sup>2</sup>

Chiropractic has existed as a health profession in Europe since the early part of the twentieth century. In 1932, four countries (Belgium, Denmark, Great Britain, Switzerland) came together to create the European Chiropractors' Union to represent the profession in Europe at a supra-national level. By 2020, there were 23 member nations, sharing a vision of a Europe where all citizens have access to chiropractic care.

Article 55 of the Charter of Fundamental Rights of the European Union asserts that '*Everyone has the right of access to preventive healthcare and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.*'<sup>3</sup>

Additionally, the Treaty on the Functioning of the European Union states that, '*The Union shall encourage co-operation between the Member States in the areas referred to in this Article and, if necessary, lend support to their action. It shall in particular encourage co-operation between the*

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<sup>1</sup> WHO 'Guidelines on basic training and safety in chiropractic' (2005)

<sup>2</sup>The WHO defines health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. (Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June 1946, signed on 22 July 1946 by the representatives of 61 States. - Official Records of the World Health Organization, no 2, page 100, which entered into force on 7 April 1948) The definition has not been amended since 1948.

<sup>3</sup> Official Journal of the European Union C364/01 (2000)

Member States to improve the complementarity of their services in cross border areas'.<sup>4</sup>

In 2007, the EU adopted a comprehensive Health Strategy.<sup>5</sup> It was reviewed in 2017 and reconfirmed the importance of acting as a European community in areas where member states cannot act alone effectively and where collective action is necessary. The strategy is described as complementing national health policies in accordance with [Article 168 of the Treaty on the functioning of the European Union](#).

. The strategy identified:

- **Challenge 1 – Population ageing:** *As the European population ages, disease patterns change and the strain on health systems increases.*
- **Challenge 2 – Threats to health:** *Climate change brings forth new communicable disease patterns. Pandemics, physical and biological incidents and bioterrorism all pose serious threats to population health.*
- **Challenge 3 – New technologies:** *Digitalisation and new and revolutionary technologies contribute to drastic evolutions in healthcare systems. While innovations in information and communications technology (ICT), genomics, biotechnology and nanotechnology show great promise for health and healthcare, they also prompt debate and require critical evaluation in terms of safety, ethics, sustainability and equity.*
  
- **Principle 1 – Shared health values:**
  - **Universality:** *No-one is barred access to healthcare.*
  - **Access to good quality care**
  - **Equity:** *Equal access according to need, regardless of ethnicity, gender, age, social status or ability to pay.*
  - **Solidarity:** *Financial arrangements within the national health system ensure accessibility of healthcare for everyone.*
  - **Citizen's empowerment:** *Health policy should ensure health literacy amongst citizens. Patients should participate and exert influence in the healthcare decision-making process.*
  - **Reduction of health inequities:** *Targeted health promotion and best practice exchange should reduce health inequities across the EU.*
  - **Scientific evidence:** *Health policy must be based on the best scientific evidence.*
- **Principle 2 – Health is the greatest wealth:** *Health is not only important for the wellbeing of individuals and society, but health is also a prerequisite for economic prosperity. Spending on healthcare should not be seen merely as a cost, but rather as an investment; efficient spending on health can promote growth.*
- **Principle 3 – Health in all policies:** *Many policy domains besides health policy have a direct or indirect impact on population health. Examples are regional and environment policies, social security schemes, tobacco taxation, pharmaceutical and food regulations, animal health policies, health and safety regulations at work, trade and import policies, and research and innovation initiatives. To safeguard and improve population health, synergies and collaborations need to be established with other sectors and actors.*
- **Principle 4 – Strengthening the EU's voice in global health:** *In a globalised world it is unavoidable that global policy influences population health. By acting as a unified front, the European Union can contribute to global health by sharing its values, experience and expertise, and by taking concrete and decisive action towards health improvement.*

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<sup>4</sup> Official Journal of the European Union C115/50 (1957). Is this really 1957?

<sup>5</sup> Together for Health: A Strategic Approach for the EU 2008-2013. COM 2007 630 final, [http://ec.europa.eu/health-eu/doc/whitepaper\\_en.pdf](http://ec.europa.eu/health-eu/doc/whitepaper_en.pdf).

- **Objective 1 – Fostering good health in an ageing Europe:** Healthy ageing should be facilitated through active efforts to promote health and prevent disease. Healthy lifestyles should be stimulated, while harmful behaviours should be mitigated. Risk factors that need to be addressed throughout the lifespan include poor nutrition, sedentary lifestyles, alcohol, drug and tobacco intake, environmental health hazards, traffic accidents and accidents at home.
- **Objective 2 – Protecting citizens from health threats:** The European Union is involved in scientific risk assessments, preparedness and response to epidemics and bioterrorism. EU action furthermore facilitates the development of strategies to reduce the risks from specific diseases, accidents and injuries. Improving work safety standards and setting standards for food safety and consumer protection are also a responsibility of the EU.
- **Objective 3 – Supporting dynamic health systems and new technologies:** New technologies – such as eHealth, genomics and biotechnologies – show great potential to revolutionise healthcare and health systems. The European Commission should be involved in properly evaluating new technologies in terms of cost-effectiveness, safety, ethics, confidentiality and equity. The EU should support dynamic and sustainable health systems by developing facilitating frameworks and by providing clarity on how EU law affects development and implementation of new technologies.

The Global Burden of Disease Study 2010 (GBD 2010) is the largest ever study to describe the global distribution and causes of a wide array of major disease, injuries and health risk factors.<sup>6</sup> Musculoskeletal conditions were shown to be the second greatest cause of disability globally. They affect over 1.7 billion people worldwide and have the fourth greatest impact on the overall health of the world population, considering both death and disability. GBD 2010 showed that low back pain is the leading cause of disability and that osteoarthritis is one of the fastest growing conditions.

There are calls around the world for policy changes to address the growing burden of musculoskeletal conditions in general and spinal pain in particular. However, the provision of chiropractic care varies widely throughout Europe. While in some nations, chiropractic is established and the public has access to state-reimbursement, in others chiropractic is unrecognised, unregulated and marginalised. With over 6000 chiropractors practising in Europe to internationally accepted standards of education, the profession is well placed to contribute to the health of European citizens and the promotion of musculoskeletal health.

This paper sets out the status of chiropractic in Europe. It is designed to be a living document, which will be updated as new developments in health policy, research, legislative frameworks and chiropractic education are introduced.

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<sup>6</sup> Vos T, et al. Years lived with disability for 1160 sequelae of 289 diseases and injuries 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. *The Lancet* 2012 December 15; 380 (9859): 2163-2196

## Foreword by the ECU President

The contribution of the chiropractic profession to the prevention and treatment of musculoskeletal (MSK) disability is well recognised and increasingly deployed in national healthcare systems as a safe and cost-effective element helping to combat one of the most important conditions that make life a misery for too many citizens.

I joined the profession in 1999 and am proud to have played a part in its growth and recognition as a scientifically-based profession. There are now upwards of 6,000 chiropractors in Europe who have graduated from rigorously accredited educational establishments. Nevertheless, to meet the aim of chiropractic being available to all European citizens we need to secure a rapid expansion in numbers without jeopardising the high quality of education and training that underpins the profession's commitment to patient safety.

I am proud to lead the ECU federation of 23 national chiropractic associations in the pursuit of safe care for patients, effective prevention and treatment of MSK disability, and innovative professional development for individual practitioners. As this document demonstrates, we have made great strides in recent years and have the ambition to contribute so much more to the well-being of our fellow citizens. We will not rest until effective MSK care is an effective element in the health systems of every European country.

It is our intention in this paper to inform policy-makers about the contribution that chiropractic makes to the health of Europeans and to pledge continuing support for public health programmes. I and all the team at the ECU believe wholeheartedly in the importance of good musculoskeletal health. We are dedicated to serving that end.



Vasileios Gkolfinopoulos, ECU President

## European Chiropractors' Union

The European Chiropractors' Union (ECU) is a federation of 23 national associations. It was established in 1932 by Belgium, Denmark, Great Britain and Switzerland with the aims of promoting and expanding chiropractic in Europe and the welfare of practising chiropractors. It currently represents the interests of approximately 5000 chiropractors across Europe.

**Table 1: Member National Associations, ECU**

<b>Country</b>	<b>National Association</b>
Austria	Austrian Chiropractic Association
Belgium	Belgische Vereniging van Chiropractors
Cyprus	Syndesmos Heiropracton Kyprou
Denmark	Dansk Kiropraktor Forening
Estonia	Estonian Chiropractic Association
Finland	Suomen Kiropraktikkolitto
Germany	Deutsche Chiropraktoren Gesellschaft
Great Britain	British Chiropractic Association
Greece	Hellenic Chiropractors' Association
Hungary	Hungarian Chiropractors' Association
Iceland	Kiropraktorafelag Island
Ireland	Chiropractic Association of Ireland
Italy	Associazione Italiana Chiroprattici
Liechtenstein	Verein Liechtensteiner Chiropraktoren
Luxembourg	Chiroletzebuerg
Malta	Malta Chiropractic Association
Norway	Norsk Kiropraktorforening
The Netherlands	Nederlandse Chiropractoren Associatie
Poland	Polish Chiropractic Association
Spain	Asociacion Espanola Quiropractica
Sweden	Legitimerade Kiropraktorers Riksorganisation
Switzerland	Chirosuisse
Turkey	Turkish Chiropractic Association

The ECU is registered in the Netherlands as the Europese Chiropractoren Vereniging.

The General Council is the highest policy making body and is made up of one representative from each Union member. It elects an Executive Council, which currently (2020) consists of a President, Vice-President, Treasurer and Secretary General (ex-officio).



## 2020 Executive Council

Ian Beesley (Secretary General), Rishi Loatey (Treasurer), Jan Geert Wagenaar (Vice President), Vasileios Gkolfinopoulos (President)

### Mission

The ECU is established to enable the chiropractic profession to thrive in Europe by:

- Advancing chiropractic politically
- Providing a forum for exchanging information and best practice
- Supporting education and research
- Developing and growing the profession.

It represents the chiropractic profession at a supranational level and operates in partnership with national associations.

### Vision

- A Europe where all citizens have access to chiropractic care
- A profession that competes on quality

### Values

- Giving leadership by example
- Respecting the principle of subsidiarity
- Acting collaboratively
- Operating efficiently
- Behaving ethically at all times

### Strategic objectives

- To promote the value of chiropractic care
- To secure a strong evidence base for chiropractic care
- To develop the chiropractic profession



## Undergraduate chiropractic education in Europe

Undergraduate courses in chiropractic are accredited on a pan-Europe basis by the European Council on Chiropractic Education (ECCE)<sup>7</sup> - an autonomous organisation with links to the [European Association for Quality Assurance in Higher Education](#) (ENQA).<sup>8</sup> The ECCE is a founding member of the Councils on Chiropractic Education International (CCEI)<sup>9</sup> and is the only external quality assurance agency for chiropractic education and training in Europe that is a member of the CCEI .

Once an institution has demonstrated that it is in substantial compliance with the ECCE standards and has graduated its first cohort of students, a course can be accredited for up to eight years with subsequent re-accreditation as appropriate.

**Table 2: Educational institutions in Europe with chiropractic undergraduate courses**

<b>Institution</b>	<b>Location</b>	<b>Website</b>	<b>ECCE status</b>
AECC University College	Bournemouth, UK	<a href="http://www.aecc.ac.uk">www.aecc.ac.uk</a>	Full
Bahçeşehir University	Istanbul Turkey	<a href="https://bau.edu.tr/icerik/9570-kayropraktik">https://bau.edu.tr/icerik/9570-kayropraktik</a>	Pending
Barcelona College of Chiropractic	Barcelona, Spain	<a href="http://www.bccchiropractic.es">www.bccchiropractic.es</a>	Full
Institut Franco-Européen de Chiropraxie	Paris & Toulouse , France	<a href="http://www.ifec.net">www.ifec.net</a>	Full
London South Bank University	London, UK	<a href="http://www.lsbu.ac.uk">www.lsbu.ac.uk</a>	Pending
McTimoney College of Chiropractic	Abingdon & Manchester , UK	<a href="http://www.mctimoney-college.ac.uk">www.mctimoney-college.ac.uk</a>	Full
RCU Escorial Maria-Cristina	Madrid, Spain	<a href="http://www.rcumariacristina.com">www.rcumariacristina.com</a>	Full
Skandinaviska Kiropraktorhögskolan	Stockholm, Sweden	<a href="http://www.kiropraktorhopskolan.se">www.kiropraktorhopskolan.se</a>	None
Syddansk Universitet (SDU)	Odense, Denmark	<a href="http://www.sdu.dk">www.sdu.dk</a>	Full

<sup>7</sup> See [www.cce-europe.com](http://www.cce-europe.com) for further information

<sup>8</sup> ENQA. Standards and Guidelines for Quality Assurance in the European Higher Education Area (2009) [http://www.enqa.eu/files/ESG\\_3edition%20\(2\).pdf](http://www.enqa.eu/files/ESG_3edition%20(2).pdf).

<sup>9</sup> The CCEI accreditation standards can be viewed at <http://www.cceintl.org/uploads/2010-04-26>

Teesside University	Middlesbrough UK	www.tees.ac.uk	Opens 2020
University of South Wales (Welsh Institute of Chiropractic)	Pontypridd, Wales, UK	www.southwales.ac.uk/welsh- institute-chiropractic/	Full
University of Central Lancashire	Preston, UK	www.uclan.ac.uk	Opens 2020
University of Zurich	Zurich, Switzerland	www.balgrist.ch	Full

The World Health Organization has published Guidelines on Basic Training and Safety in Chiropractic.<sup>10</sup> Part I covers basic requirements for a number of training programmes, each one designed for trainees with various educational backgrounds, including non-medics, physicians wishing to use chiropractic and primary health care workers. Part II of the guidelines deals with the safety of spinal manipulative therapy and the contraindications to its use.

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<sup>10</sup> WHO Guidelines on Basic Training and Safety in Chiropractic <http://apps.who.int/medicinedocs/documents/s14076e/s14076e.pdf>

## Continuing Professional Development (CPD)

The ECU actively promotes postgraduate chiropractic education through its education arm, the European Academy of Chiropractic (EAC). It aims to expose chiropractors to current best practice by stimulating reflective learning and by acting as a conduit for research activity. In doing so, the EAC contributes to the facilitation of safe, evidence-based and optimum standards of care. New graduates are expected to undertake a one-year Graduate Education Programme (GEP) that is run in 13 Countries and is a prerequisite for registration in most countries. The EAC also organises masterclasses to bring existing GEP programmes up to standard with current educational principles and to assist nations in designing a GEP programme when starting off.

After the GEP programme, Continuous Professional Development (CPD) continues. CPD encompasses a range of learning activities through which professionals maintain and develop their knowledge and skills. Chiropractic CPD is important because it promotes and facilitates safe and competent practice and enables chiropractors to stay up to date. The content may involve the updating of existing knowledge and skills or the acquisition of new knowledge and skills.

The EAC is committed to facilitating and promoting CPD among its members. In order to maintain high levels of postgraduate development, it awards CPD credits to those programmes which meet a standard of scientific value which merit formal recognition. However, CPD credits do not constitute components of formal postgraduate academic awards, although they may lead to certification that enables, for example, continued registration or membership with a professional body.

The EAC has developed a number of Special Interest Groups (SiGs) for those chiropractors wishing to further their knowledge in a particular area of study. There are currently six: Clinical Chiropractic; Sports Chiropractic; Pediatrics; Education; Research; and Neurology.



The ECU hosts a scientific convention which attracts delegates from throughout Europe and the rest of the world. This event is a highlight in the European academic calendar and brings together chiropractors from each of the ECU's member nations, usually in the Spring.

The Chair of the EAC is Tom Michielsen. He heads a Governing Council also comprising the Director of Educational Development (Jacqueline Rix) and the Director of Professional Development (Søren O'Neill).



Tom Michielsen  
(photo Carolyn Dupont)



Jacqueline Rix



Søren O'Neill

The objectives of the Academy are:

- To develop key professional competencies through lifelong learning
- To provide and co-ordinate access to high quality sources of knowledge and skills
- To encourage and actively support the acquisition by chiropractors of higher-level postgraduate qualifications and EAC Fellowship awards
- To facilitate the formation and development of Graduate Education Programmes (GEP) by national associations
- To provide a platform to bring together parties with a diversity of experience and expertise to enable the sharing of best practice
- To raise quality standards across the profession and enhance chiropractic's contribution to a healthier society by facilitating a collaboration of European national chiropractic associations, educational institutions, researchers and postgraduate educational providers.



CHIROPRACTIC & MANUAL  
THERAPIES

The online peer-reviewed journal *Chiropractic and Manual Therapies* is co-owned by the EAC together with Chiropractic Australia, the Royal College of Chiropractors and the Nordisk Institute of Chiropractic and Biomechanics

(NIKKB). This high-quality online journal will shortly receive an impact factor (IF) from Clarivate Analytics and in 2018 was granted MEDLINE® status.<sup>11</sup> All articles published in *Chiropractic and Manual Therapies* are made freely and permanently accessible immediately upon publication without subscription charges or registration barriers.



GEN-C  
Global Education Network for Chiropractic

Gen-C is a new Global Education Network for chiropractors and represents a partnership between the European Chiropractors' Union (via the EAC), Chiropractic Australia and the Royal College of Chiropractors. All three organizations have a long history of providing high quality continuing professional development to the chiropractic

profession in their regions. Editorial input from the Nordic Institute of Chiropractic and Clinical Biomechanics (NIKKB) and the Swiss Academy of Chiropractic (SAC) helps to maintain the high quality, evidence-based nature of the learning material

By combining resources, the GEN-C online platform enables the production of high-quality educational programmes that will assist clinicians in improving patient care and clinical outcomes.

Members of ECU associations have free access to this platform.

<sup>11</sup> MEDLINE® is the National Library of Medicine® (NLM®) journal citation database. It provides more than 26 million references to biomedical and life sciences journal articles back to 1946 and includes citations from more than 5,200 scholarly journals.

## European standardisation of chiropractic services



European Standards (EN) are one of the key components of the Single European Market. A standard represents a model specification and technical solution against which a market can trade. It codifies best practice. To become a European Standard, the specification must have been adopted by one of three recognised European organisations: Comité Européen de Normalisation (CEN), European Committee for Electrotechnical Standards (CENELEC) or European Telecommunications Standards Institute (ETSI). They are produced through an open consensus process. Chiropractic was the first health profession to be granted a European Standard. In 2012, following three years of preparation and the consensus of the chiropractic profession in Europe, the Standard for Healthcare Provision by Chiropractors was published.<sup>12</sup> The Standard is a landmark document. It sets out what the public should expect from a chiropractor: educationally, professionally and ethically. Importantly, it acts as a guide to those countries seeking statutory recognition and acts as a model template for legislators. It provides the basis for the ECU Code of Good Practice for Chiropractors.<sup>13</sup>

## Support for Research

The **European Centre for Chiropractic Research Excellence (ECCRE)** is the research arm of the ECU. It was founded in 2016 as a joint venture between the ECU, the Dansk Kiropraktor Foreningen and the NIKKB, and is lodged at the NIKKB campus in Odense Denmark.

### Mission

The ECCRE exists to promote and facilitate research of relevance to the chiropractic profession and chiropractic patients in Europe. All research funded by ECCRE should benefit the public in general, and patients in particular, with emphasis on musculoskeletal conditions.

### Strategic priorities

The efforts of the ECCRE are specifically focused on addressing issues related to the on-going promotion of high quality research projects which will: 1) Increase the research capacity of the profession through the advancement of PhD and post-doctorate studies; 2) Consolidate and support the existing research capacity within the European chiropractic profession; and 3) Improve the knowledge-base to result in evidence-based decisions in chiropractic practice.

Each year researchers from ECU member countries are invited to apply for grants for musculoskeletal research, details can be found on the ECCRE website.<sup>14</sup>

In addition, the ECCRE awards three research prizes:

- **The ECCRE Research Award (EUR 7,500)**

This prize cannot be applied for but is assigned to an international research person or institution for an outstanding and unique contribution to research within the chiropractic field in Europe. Any ECU member can nominate candidates for this prize. Recipients are chosen by the ECCRE board.

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<sup>12</sup> EN 16224:2012

<sup>13</sup> <https://www.chiropractic-ecu.org/?s=code+of+good+practice>

<sup>14</sup> <https://nikkb.dk/eccre/>

- **The ECCRE Best Presented Research Award (EUR 3,500).** This prize is awarded to a researcher who has submitted an original abstract to the ECU Convention in a given year. It is awarded with a focus on the presentation of research projects of excellent quality on the advice of the ECCRE Advisory Academic Committee (AAC).

- **The ECCRE Young Researcher of the Year Award (EUR 2,000)**

This prize is awarded to a researcher who has submitted an abstract to the ECU Convention in a given year. It focuses on a person who is an early career researcher with a talent and a dedication to pursue a full-time research career within the chiropractic profession. Candidates may not necessarily have followed a formal research career, must have produced less than 10 peer reviewed articles, be within a maximum of 3 years after having been awarded a PhD degree and must have a goal of working as a full-time researcher. The award is made on the recommendation of the ECCRE Academic Advisory Committee.

The ECU supports a wide range of projects, often granting well in excess of €100,000 per year. These include multi-centre trials, PhD projects, systematic reviews and innovative research. The first of the 13 research projects to receive part-funding from ECCRE has now been completed. In 2016, Andreas Eklund and his co-investigators embarked on the research project *Chiropractic Maintenance Care – cost-benefit, psychological factors and pain trajectories*.

Grants made in 2019 amounted to EUR 255,494:

- **Relationship between physical activity, low back pain and cognitive impairment. A cross-sectional and longitudinal analysis of data from the Danish Twins Registry** – lead researcher Damian Bailey: EUR 18,805
- **Chiropractic Academy for Research Leadership (CARL II)** – lead researcher Jan Hartvigsen: EUR 51,650
- **Phenotyping low back pain – a prospective observational pilot study** – Lead researcher Petra Schweinhardt: EUR 56,934
- **Growing pains in Danish children: A quantitative and qualitative description** – lead researcher Sara Thunøe Jensen: EUR 107,950
- **Spinal manipulative therapy for acute low-back pain: systematic review and meta-analysis** – lead researcher Sidney Rubinstein: EUR 20,155.

### [ECU Researchers' Day](#)

This unique event brings together chiropractic researchers from across Europe to discuss ongoing projects, identify areas for future research and to share best practice.

Since 2012 the ECU has supported the establishment of national chiropractic research foundations in the form of a start-up grant. Financial support has been granted to the member national chiropractic associations of Belgium, Ireland, Netherlands, Norway, Sweden, Switzerland and Great Britain.

### [Public Health](#)

In June 2018 *The Lancet* published three seminal papers on lower back pain.<sup>15</sup> Chronic pain affects one in five Europeans and the most common source of this pain is the back. Furthermore, it affects all age groups and over two-thirds of sufferers say that they are still in pain for more than twelve hours a day in spite of treatment. Moreover, nearly one-third claim that they have been poorly informed about the

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<sup>15</sup> *The Lancet* 2018; 381:2356-2388



options for managing their pain. The figures tell us the immensity of the economic and social burden for society:

- The total cost to healthcare systems across Europe is estimated to be as high as €300 billion, varying between 2 and 3% of the gross domestic product in most countries
- With more than 500 million sick days per year in Europe, musculoskeletal pain causes almost half of all absences from work in the EU that last at least three days
- Musculoskeletal pain causes 60% of permanent work incapacity
- Approximately 15% of Europeans suffering from back pain are on sick leave for over one month.

Whilst most episodes of low back pain are short-lasting, recurrent episodes are common and low back pain is increasingly understood as a long-lasting condition with a variable course rather than episodes of unrelated occurrences. It is a complex condition with multiple contributors to both the pain and associated disability, including psychological factors, social factors, biophysical factors, comorbidities, and pain-processing mechanisms. Lifestyle factors, such as smoking, obesity, and low levels of physical activity that relate to poorer general health, are also associated with occurrence of low back pain episodes and with disability

The ECU recognises the importance a healthy population contributes towards the quality of life in Europe and elsewhere. Economic prosperity, a productive labour supply and effective public spending are all greatly affected by public health policies. It has a dedicated Public Health Sub-Committee (PHC), chaired jointly by the ECU Vice President and the Secretary General with terms of reference:

- a. To be responsible for advising the General Council on public health matters as they relate to chiropractic in general and spine care in particular.
- b. To be responsible for advising the General Council on ways in which the ECU can (i) work on public health projects and (ii) forge alliances with other organisations in support of common health objectives.
- c. To be responsible for the development, maintenance, review and dissemination of an ECU public health toolkit, which outlines a strategic course for chiropractic's active involvement in programmes, including the identification of key public health priorities, advocacy opportunities and operational strategies for the improvement of health.
- d. To collaborate with other committees of the ECU as appropriate for the furtherance of the ECU's objects.

The ECU also recognises that in the area of musculoskeletal health there remain inequalities across Europe in terms of access to effective care. It is committed to expanding the availability and accessibility of chiropractic care throughout the European continent.

The ECU is a member of the European Public Health Alliance (EPHA)<sup>16</sup> the leading European non-governmental organisation campaigning for better health. EPHA is a non-profit organisation based in Belgium and includes public health Non-Governmental Organisations (NGOs), patient groups, health professionals and disease groups working to improve health and strengthen the voice of public health in Europe. It is an associate body of SOLVIT, an online problem-solving network in which EU Member States work together to solve issues relating to misapplication of Internal Market law within the EU and EEA.<sup>17</sup> It contributes to Europe-wide public health consultations.

The EU Transparency Register number of the ECU is 43612725310-63.

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<sup>16</sup> <http://www.eph.org>

<sup>17</sup> [http://ec.europa.eu/solvit/site/about/index\\_en.htm](http://ec.europa.eu/solvit/site/about/index_en.htm)

## Legislative and Regulatory Status of Chiropractic in Europe

There is wide variation between the legislative and regulatory status of chiropractic across Europe. This inequality creates issues for both patients and practising chiropractors. Table [5] illustrates the current status of chiropractic within Europe. What is clear is that chiropractic can be practised legally in many EU member nations, either pursuant to specific legislation or pursuant to general law. In countries that benefit from dedicated legislation, there is statutory registration and protection of title. This serves to protect patients and assure the public that those using the title chiropractor satisfy set standards of competency and education.

It is one of the ECU's primary objectives to promote the statutory regulation of chiropractors throughout Europe. The CEN Standard for Healthcare Provision by Chiropractors provides a template for those countries seeking legislation. Further, the existence of Masters level programmes of study, offered by educational institutions accredited by the European Council on Chiropractic Education provides an assurance to national health authorities that chiropractic is a distinct healthcare profession which is both structured and of high quality.

In a regulated environment, European citizens seeking musculoskeletal healthcare in the form of chiropractic have the right to protection by statutory legislation. Such legislation should provide provision for the establishing of a register of authorised practitioners, protection of title, fitness to practise procedures, educational standards, and standards of conduct and proficiency

**Table 5: Legal status of ECU member nations**

Country	Legal with legislation to accept and regulate chiropractic practice	Legal under general law	Legal status unclear, but de facto recognition	Legal status unclear and risk of prosecution
Austria				✓
Belgium	✓			
Croatia		✓		
Cyprus	✓			
Denmark	✓			
Estonia		✓		
Finland	✓			
France	✓			
Germany		✓		
Greece			✓	
Hungary				✓
Iceland	✓			
Ireland		✓		
Italy	✓			
Liechtenstein	✓			
Luxembourg		✓		
Malta	✓			
Netherlands		✓		
Norway	✓			
Poland		✓		
Portugal	✓			
Spain			✓	
Sweden	✓			
Switzerland	✓			
Turkey			✓	
United Kingdom	✓			



## [ECU Members: Status Country by Country](#)

### Austria

#### **National Association:**

**Austrian Chiropractic Association**  
Kaiserstrasse 45/2/DG 1  
1070 Wien

#### **President**

Christian Domittner  
(chirochris@chello.at)

#### **Demographics**

Population:	8,592,000
No. of chiropractors	3
Ratio	1:2,817,287

#### **History and legal status**

Chiropractic has no legal status in Austria and presently no legislation. There have been Chiropractors practising in the country since 2004.

The legal and regulatory status of CAM and CAM practices

There are no specific CAM regulation in Austria. Physicians are, however, implicitly permitted to use alternative treatments<sup>21</sup>.

The Health Care Act Austria<sup>22</sup> managed by Österreichisches Bundesinstitut für Gesundheitswesen (ÖBIG) regulates the basic health system in Austria. Medical doctors are regulated under the Ärztegesetz BGBl. I Nr. 169/1998, Physiotherapists and occupational therapists are likewise regulated as are different medical massage professional, however medical practice is limited to medical doctors. The law states that practicing as a medical doctor includes every task based on medical-scientific knowledge that is performed directly on a person or for the person<sup>25</sup>. All doctors are mandatory members of a medical chamber in their respective province who jointly constitute the Austrian Medical Chamber, the chamber manages the mandatory list of medical doctors

Many physicians in Austria have a diploma of at least one form of CAM. The training in CAM methods is located in the different scientific/medical CAM societies, which specialize in one of the CAM traditions, like homeopathy, anthroposophic medicine and others. CAM training courses require certain standards to be achieved before awarding an "Ärztammerdiplom". The diplomas are awarded by the Austrian Medical Board. The most common methods are acupuncture, anthroposophic medicine chiropractic manipulation, homeopathy, neural therapy and traditional Chinese medicine<sup>29</sup>.

"A fundamental question is if the term "treatment" ("Heilverfahren") is subject to legal regulation. An explicit legal norm for treatment, in particular regarding osteopathy does not

exist in Austria. Who and with which methods and concepts is permitted to "heal" respectively perform treatments on patients, can be gathered from the respective medical fields"<sup>25</sup>.

According to the Law on Health Services, only scientifically recognized medical care can be provided in hospitals. Acupuncture, neuraltherapy, and chiropractic are recognized, but not homeopathy<sup>22</sup>.

Austrian doctors are answerable to courts of law and to their competent local disciplinary commission, which acts under the supervision of the disciplinary council of the Austrian Medical Chamber<sup>26</sup>.

Unskilled persons, who practise medical acts or activities reserved for physicians, risk a fine or imprisonment of up to three months (Article 184 of the Penal Code). The court is tolerant, and the law is enforced only on practitioners that use methods with no scientific support<sup>28</sup>.

The reimbursement status of CAM practices and medicinal products

For acupuncture a small reimbursement is provided by the social security services, if the indication is pain.

All other possible acupuncture indications are not reimbursed. Costs for CAM treatments in general are not reimbursed by social security services, but in special cases this is negotiable (cancer patients, children). Patients have to consider that themselves and negotiate reimbursements on their own initiative. Private insurance companies offer packages that include CAM.

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## Belgium

### **National Association:**

Belgische Vereniging van Chiropractors / Union Belge des Chiropractors

Staatsbaan 330, 3210 Lubbeek, Belgium

Tel: 0032 9 221 76 58

[www.chiropraxie.org](http://www.chiropraxie.org)

### **President**

Bart Vandendries

[president@chiropraxie.org](mailto:president@chiropraxie.org)

### **Demographics**

Population: 11,516,000

No. of chiropractors 128

Ratio 1:89,969

### **History and legal status**

The first chiropractors in Belgium started practising in the 1920s and established a journal, *The Belgian Chiropractor*, which was distributed around Europe. Belgium was instrumental in the formation of the European Chiropractors' Union in 1932, when it also established its national association.

Despite opposition from the medical profession, the Belgian Chiropractors Union was successful in obtaining a framework for legislation in 1999. A Royal Decree was passed in the Belgian Parliament on 12 September 2011 establishing the Chamber of Chiropractic. A Paritary Commission has also been established by Royal Decree on 27 March 2012 to whom recommendations are passed by the Chamber for onward approval by the Minister of Health.

At the end of 2013 all recommendations of the Chamber of Chiropractic and the Paritary Commission were handed over to the Minister of Health. In May 2014, Minister Onckelinx published a Royal Decree regarding general requirements for healthcare providers of non-conventional medicines; these included professional insurance and minimum coverage, a registration system, publicity rules and a list of non-authorised acts by non-medical doctors. However, there have been no specific Role Decrees on the regulation of chiropractic.

By the end of 2014, a "solution for chiropractic and osteopathy" was included in the governmental agreement. Despite several attempts by the Minister of Health, Mrs De Block, political parties have so far been unable to find a consensus on the regulation of chiropractic.

In May 2019 there were national elections and up until now (March 2020) the formation of the new federal government has not yet been completed.

In 2020 the BCU joined with the Nederlandse Chiropractoren Associatie to form a non-profit making Dutch-Belgian Research Institute of Chiropractic intended to increase the number of PhD qualified chiropractors and reinforce the profession's cultural authority.



## Cyprus

### **National Association:**

Syndesmos Eggegrammenon Heiropacton Kyprou  
11 Rodou,  
Apt. 302 1086  
Lefkosia  
[www.cypruschiropractic.org](http://www.cypruschiropractic.org)

### **President:**

**Dr Efstathios (Stathis) Papadopoulos, DC, FFEAC, FICC**  
[stathispp@cytanet.com.cy](mailto:stathispp@cytanet.com.cy)

### **Demographics:**

Population:	1,207,000
No. of chiropractors	15
Ratio	1:80,467

### **History and legal status**

Chiropractic in Cyprus was established in 1967 courtesy of Dr Dinos Ramon, a graduate of Palmer College of Chiropractic. The Cyprus Chiropractic Association was founded in 1984.

As a result of a Court case involving the successful prosecution of Dr Phylactis Ierides, for practising medicine without a license, moves to gain statutory recognition were started. Despite only having three chiropractors at the time when the push for legislation started, the Chiropractors' Registration Bill was passed into law in 1991.

To practise legally in Cyprus, chiropractors must hold a recognised qualification. It is a criminal offence to practise chiropractic in Cyprus without being licensed.

The Basic Chiropractic Law of 1991 has recently been amended by the Chiropractic (Amendment) Law (62)(12), 2012, which came into effect on 23 October 2012. The Chiropractic (Amendment) Law established a regulatory framework, developing the Basic Chiropractic Law of 1991. This framework comprises the following elements:

- A statutory regulatory body, to be known as the Chiropractic Council comprising up to five members: three registered Chiropractors and two government representatives (one of whom shall be from Ministry of Health). Members of the Chiropractic Council shall be appointed by the Council of Ministers.
- Protection of Title, with illegal use subjected to a fine of up to €1000 and/or up to six months' imprisonment.

- Mandatory recording of patient records to be held in one of the official languages of the Republic of Cyprus (Greek or Turkish).
- Fitness to Practise procedures. The Law creates a Disciplinary Council, comprising two lay members appointed by the Attorney General and three chiropractic members appointed by the national chiropractic association.
- Compulsory membership of the Cyprus Chiropractic Association. The Law permits only a single national chiropractic association.

The Cyprus Organization for Standards (CYS) has adopted the English language version of the CEN Standard (EN 16224 Health Provision by Chiropractors) approved on 10 May 2012.

## Denmark

### National Association

Dansk Kiropraktor Forening

Peter Bangs Vej 30

DK-2000 Frederiksberg

Denmark

<http://www.danskkiropraktorforening.dk>

### President

Lone Kousgaard Jørgensen

[lkj@danskkiropraktorforening.dk](mailto:lkj@danskkiropraktorforening.dk)

### Demographics

Population 5,827,000

No. of chiropractors 705

Ratio 1:8,265

### History and legal status

The Danish Chiropractors Association was founded in 1925. Chiropractors in Denmark practise in private clinics and in hospitals (usually at hospital centres for patients with back problems). There are about 700 practising chiropractors in about 270 chiropractic clinics and approximately 20 chiropractors employed in hospitals.

Chiropractors have the right to diagnose patients independently and no medical referral is required as is a condition of treatment or as a condition for reimbursement from the national health service.

Chiropractors are trained both to take and read X-rays, and all practising chiropractors have access to X-ray facilities. The national health service subsidizes chiropractic treatments and almost all private insurance also includes chiropractic care.

Chiropractic education in Denmark is delivered at the University of Southern Denmark in Odense. Completion of the 5-year Masters Degree in Clinical Biomechanics authorises chiropractors to practise in subordinate positions in hospitals or clinics under the supervision of a chiropractor with authorization to practise independently. Authorisation to practise independently is issued by the Danish Patient Safety Authority after an additional one-year practical training (internship).

The Nordic Institute of Chiropractic and Clinical Biomechanics (NIKKB), is a research institute and centre of scientific information and post-graduate education facilitator. In close collaboration with the University of Southern Denmark and Spine Centre South at Lillebælt Hospital, NIKKB produces and disseminates internationally renowned health care research pertaining to the chiropractic profession and clinical biomechanics. NIKKB was established in 1990 and is financed directly from Danish chiropractors<sup>18</sup> and the Regions' Board for Wages and Tariffs. There are currently 26 chiropractic PhDs with a further 10 chiropractic PhD candidates. Four chiropractors are currently professors at the

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<sup>18</sup> Finance for research is coordinated by the Foundation for Advancement of Chiropractic Education and Postgraduate Research. <http://www.danskkiropraktorforening.dk/English/>

University of Southern Denmark.

NIKKB is the home of the European Centre for Chiropractic Research Excellence (ECCRE).

## Estonia

### **National Association:**

Estonian Chiropractic Association  
Valgevase 13  
Tallinn, 10414  
Estonia

### **President**

Gerly Truuväart  
[dr.truuvaart@gmail.com](mailto:dr.truuvaart@gmail.com)

### **Demographics**

Population	1,326,000
No of chiropractors	7
Ratio	1:189,429

### **History and legal status**

Chiropractic is not regulated in Estonia. Physiotherapists and chiropractors can work in a hospital setting where the decision about employment is made by each institution. Chiropractors are expected to have undertaken an education at an accredited institution which is, typically, 5-6 years. There are hundreds of manual therapists who call themselves chiropractors. However, as there is no title of protection, the exact number is hard to give.



## Finland

### National Association

Suomen Kiropraktikkoliitto  
c/o The Back Room  
Papinkatu 19, 33200  
Tampere  
Finland  
[www.kiropraktiikka.fi](http://www.kiropraktiikka.fi)

### President

Jaakko Valli  
[info@kiopraktiikka.fi](mailto:info@kiopraktiikka.fi)

### Demographics

Population	5,521,000
No. of chiropractors	103
Ratio	1:53,602

### History and legal status:

The first chiropractor in Finland started in the late 1920s, but it was not until 1977 that the Finnish Chiropractors' Union was established.

Although covered by the Nordic agreement, which came into effect in the 1980s, chiropractic in Finland became formally subjected to statutory regulation in 1994. Although the title of chiropractor is not protected, trained chiropractors are able to reclaim VAT on their services.

The World Health Organisation comments as follows in relation to the regulatory framework in Finland<sup>19</sup>

*“Act 559 of 28 June 1994 (176) regulates the licensing of medical practitioners. By Article 4, the right to practise as an independent allopathic medical doctor can be granted to practitioners who have completed basic medical training and who have additional training in primary health care or special training in an allopathic medical speciality. Professional allopathic medical providers who fulfil the required conditions have a number of rights, including the right to use a protected occupational title.*

*Only allopathic doctors and, by Decree 564/1994 (172), registered chiropractors, naprapaths, and osteopaths are recognised health practitioners and allowed to practise medicine – specifically, to diagnose patients and charge fees. However, according to Act 559<sup>20</sup>, other medical practitioners may treat patients if they do not practise within public services and do not pretend to be health care professionals. As a result, only allopathic doctors and registered chiropractors, naprapaths, and*

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<sup>19</sup> World Health Organisation. Legal status of traditional medicine and complementary/alternative medicine: a worldwide review. 2001. <http://apps.who.int/medicinedocs/en/d/Jh2943e/7.4.html>

<sup>20</sup> Act 559 relates to the illegal practice of medicine, punishable by a fine or up to 6 months in prison, although prosecution is rare. The objective of the Act is to protect patients and medical professionals working in public services.

*osteopaths are supervised by the medical authorities in practising complementary/alternative medicine. Other medical practitioners are not supervised, nor is their licensing regulated.*

The title “chiropractor” is a protected title as of 1.1.2008 and can only be used by those who have undergone a minimum 4-year course in chiropractic at an approved institution.

## Germany

### National Association

Deutsche Chiropraktoren Gesellschaft  
Käthe-Kollwitz Straße 16-18  
04109 Leipzig  
[www.chiropraktik.de](http://www.chiropraktik.de)

**President** Steffen Stumpp  
info@chiropractiq.de

### Demographics

Population	83,150,000
No. of chiropractors	190
Ratio	1:437,632

### History and legal status

The first chiropractors in Germany appeared in the 1920s. Early attempts to establish an educational institution for chiropractors were unsuccessful, with the result that techniques were shared with medical practitioners interested in manual medicine.

In 1978 chiropractors in Germany met in Hamburg and, with the assistance of then ECU President, Arne Christensen, the German Chiropractors' Association was established in 1980.

Two laws regulate the registration and licensing of primary healthcare practitioners in Germany: one for traditional medical practitioners and one for lay medical practitioners (Heilpraktiker).

In 2003, the German Medical Assembly (German Ärztetag) introduced the term "Chiropractic" in addition to that of "Manual Medicine" and launched a training programme (Muster-Kursbuch – Manuelle Medizin/chirotherapie) for medical practitioners. The terms manual medicine and chiropractic therapy are used interchangeably by medical practitioners in Germany.

A second law regulates the practise of first-degree trained chiropractors. This is the 'Gesetz zur Ausübung der Heilkunde ohne Bestallung' also known as the 'Heilpraktikergesetz'. ECCE/CCEI-accredited chiropractic programmes of study are unrecognised in Germany. Consequently, chiropractors in Germany work under this law.

As a consequence, there is the confusing situation of three titles:

1. Chiropraktor (primarily trained with a degree in chiropractic);
2. Chirotherapeut (academically trained as a medical practitioner with additional programmes of study in manual treatment methods); and
3. Chiropraktiker (non-medical healthcare professionals with limited education in manual treatment techniques).

## Greece

### **National Association**

Hellenic Chiropractors' Association  
245 El.Venizelou  
Ave, P.Faliro 17563  
Athens, **Greece**  
[www.chiropractic.gr](http://www.chiropractic.gr)

### **President**

Michael Kalendris  
[president@Chiropractic.gr](mailto:president@Chiropractic.gr)

### **Demographics**

Population	10,438,000
No. of chiropractors	30
Ratio	1:347,933

### **History and legal status**

Chiropractic first appeared in Greece in 1924. The first association to represent chiropractors was the Hellenic Chiropractic, Naturopathic and Osteopathic Physicians Association, established in 1977. The Hellenic Chiropractors Association was founded as a separate organisation in 1994.

In 1988, two chiropractors were denied licences to practise chiropractic by the Ministry of Health on the grounds of a lack of formal legislation. However, this decision was overturned by the High Court of Appeal, which stated that the practise of chiropractic was non-medical and therefore legal. In making its ruling, the High Court urged the Ministry to introduce a relevant law.

A second case, charging chiropractors with practising medicine without a licence, resulted in a not guilty verdict. However, under Greek law, chiropractors, as non- medical professionals, are still prohibited from carrying out the diagnosis and treatment of diseases.

There is currently no dedicated legislation governing the practise of chiropractic in Greece. Chiropractors practise as non-medical healthcare professionals. Preliminary dialogue has taken place with the Ministry of Health and discussions regarding formal recognition are ongoing.

## Hungary

### National Association

Hungarian Chiropractors' Association  
1024 Budapest  
Kis Rokus u. 17-19  
Hungary  
[www.magyarkiropraktorok.hu](http://www.magyarkiropraktorok.hu)

### President

Zsolt Kálbori  
[dr.kalbori@kiropraktika.hu](mailto:dr.kalbori@kiropraktika.hu)

### Demographics

Population	9,688,000
No. of chiropractors	10
Ratio	1:968,800

### History and legal status

The practise of manual manipulation on the spine and extremities is regulated by, but neither chiropractic nor chiropractors are recognised as qualified providers of this treatment. Although allopathic physicians are the most common providers of complementary/alternative medicine, non-allopathic physicians and non-allopathic practitioners may provide specific complementary/alternative treatments.

In February 1997, the Hungarian legislature passed two pieces of comprehensive legislation on natural medicine: Government Decree 40/1997 (IV 5) Korm. R. on natural medicine and the Decree of the Minister of Welfare 11/1997 (V 28) on some aspects of the practice of natural medicine. These two decrees clearly and officially integrate allopathic and non-allopathic physicians who practise complementary/alternative medicine into the national health care system. They came into force on 1 July 1997.

The Decrees outline precise rules regarding the curriculum of complementary/alternative medical training as well as its practice. Each complementary/alternative discipline has its own training requirements and State exam. Within a legal framework, non-allopathic physicians are allowed to use complementary/alternative medicine once they have passed the exam.

Articles 1-7 of the Decrees regulate conditions for practising complementary/alternative medicine. Annexes 1-4 list the specific requirements for each form of complementary/alternative medicine.

Article 1 identifies three categories of authorised medical practitioners: allopathic physicians, practitioners with a non-academic higher medical qualification, and other non-allopathic practitioners. Naturopaths are authorised practitioners who have passed the required exams and are permitted to use complementary/alternative medicine.

Article 1 also contains restrictions on the use of complementary/alternative medicine. Allopathic physicians and medical practitioners with a non-academic higher health qualification may provide

manual therapies. Practitioners who do not hold a higher health qualification may provide acupuncture, massage therapy, lifestyle counselling, reflexology, bio-energy, phytotherapy, and auriculotherapy.

Article 2 clarifies the legal framework in which naturopaths are allowed to practise. Paragraph 1 of Article 2 states that allopathic physicians are in charge of diagnosis, therapy planning, and patient follow-up. Other practitioners who have the necessary qualifications may participate in patient care at the request of the patient or through an allopathic physician's referral. Naturopaths who are non-allopathic physicians are allowed either to practise under the supervision of an allopathic physician or, more independently, to provide care after an allopathic physician has made a diagnosis. Consulting allopathic physicians may not oppose a patient's choice to seek treatment from a natural doctor.

By Article 3, naturopaths must submit to the same directives as other medical practitioners, such as respecting obligations, abiding by ethical rules, and keeping patient records.

Article 5 gives the Institute of Health, under the authority of the Ministry of Social Welfare, the responsibility of regulating the training and examination of naturopaths.

Under Article 7, allopathic physicians with an academic degree in medicine may ask for a licence to practise as naturopaths without being required to take another exam. They are also allowed to use the title of "Naturopath", but to use the title of specialists in particular therapies, they must take the exam. Allopathic physicians are the only practitioners who do not have to pass the exams to practice complementary/alternative medicine. Naturopaths are registered and supervised by a special commission.

Annex 1 contains a complete list of authorised complementary/alternative treatments and of the medical practitioners who are allowed to provide them.

Annex 2 outlines the information that naturopaths must record, such as patient histories and a description of the current treatment.

Chiropractic is not regulated nor specifically defined, by law. The Ministry of Education recognizes the Doctor of Chiropractic degree, but since no equivalent is available in the higher education system in Hungary a license cannot be granted. There has been one instance, most recently in 2012, of a chiropractor being subjected to criminal proceedings for practicing medicine without a license. There are currently no official proposals to regulate chiropractic formally as an independent profession .

## Iceland

### National Association

Icelandic Chiropractic Association  
Sogavegur 69  
Reykjavik 108,  
Iceland

### President

Egill Þorsteinsson  
[egillkiropraktor@simnet.is](mailto:egillkiropraktor@simnet.is)

### Demographics

Population	340,565
No. of chiropractors	16
Ratio	1:21,285

### History and legal status

The first chiropractors started practising in Iceland in the 1970s. Further developments took place in the 1990s and in 2001 the Icelandic Chiropractic Association became a member of the ECU. Icelandic chiropractors participated in the founding of the Nordic Institute for Chiropractic and Clinical (NIKKB) and are represented on its Board.

Chiropractic has been recognised by a number of workers' unions since the 1990s and in 2000, the Federation of State and Municipal Employees decided to reimburse chiropractic fees for its members.

The Icelandic Government grants licenses to chiropractors wishing to practise in Iceland. Chiropractic falls under the general law on Health Practitioners<sup>21</sup>, which contains a specific regulation on chiropractic. A revised regulation took effect in January 2013.<sup>22</sup> Discussions are ongoing with the Ministry of Health and Social Services in relation to granting authority for chiropractors to refer for and operate x-ray equipment and order advanced imaging.

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<sup>21</sup> Lög um heilbrigðisstarfsmenn nr. 34/2012 (samþykkt á Alþingi 2 maí 2012)

<sup>22</sup> Regulerö um menntun, réttindi og skyldyr hnykkja (kirópraktora) og skilyrði til að hljóta starfsleyfi nr 1087/2012.

## Ireland

### **National Association**

Chiropractic Association of Ireland  
39 Clonard Street  
Balbriggan  
Co. Dublin  
Ireland  
00 + 35 87 392 4275  
[www.chiropractic.ie](http://www.chiropractic.ie)

### **President**

Tony Accardi  
[tonyaccardic@hotmail.com](mailto:tonyaccardic@hotmail.com)

### **Demographics**

Population	4,922,000
No. of chiropractors	121
Ratio	1: 41,361

### **History and legal status**

The first chiropractors came to Ireland in the 1920s. Between 1920 and 1960 the history of chiropractic is unclear, and it appears that numbers dwindled. By the 1970s, there were still under 10 chiropractors practising in Ireland, but numbers steadily rose. The Chiropractors Association of Ireland (CAI) was formed in 1985 and in 1988 the CAI was accepted into the ECU.

There is no legislation currently governing the practise of chiropractic in Ireland. Chiropractors practise as healthcare professionals under common law. The Government has been slow to regulate all professions except medical and dental. The CAI is currently re-energising its legislative effort with CORU, the government department responsible for legislation of professions. If the Department of Health has agreed that chiropractic should be regulated, the current time-lag for the legislation process is approximately five years.

Chiropractors are allowed to refer to private facilities for MR I, however, they can no longer refer directly for x-rays or take x-rays after the enactment of the Euratom Directive on the protection of workers from ionising radiation (Irish Statutory Instrument number 256/2018).

Third-party insurance companies reimburse patients for chiropractic care.



## Italy

### **National Association**

Associazione Italiana Chiropratici

Via Margutta 54

Roma 00187

Italy

[www.chiropratica.it](http://www.chiropratica.it)

### **President**

John Williams

[presidentechiropratici@gmail.com](mailto:presidentechiropratici@gmail.com)

### **Demographics**

Population 60,489,000

No. of chiropractors 400

Ratio 1: 151,223

### **History and legal status**

Although the first chiropractors in Italy established practices in the 1920s, it was not until 1974 that the Associazione Italiana Chiropratici (AIC) was formed and Italy joined the ECU.

In 1980, the Health Ministry sent a commission (Aniasi) to the United States to examine chiropractic education, and in light of the high educational standards that were observed, the Minister of Health further recommended that chiropractic be accepted as a legitimate healthcare occupation, and that a university curriculum be installed as soon as possible. In common with a number of other European nations, the medical profession opposed the profession and alleged that chiropractors were practising medicine without a license. However, despite this opposition, a 1998 judgement by the Constitutional Court ruled that chiropractic is an autonomous profession and that chiropractors cannot be considered to be practicing medicine without a license until such time that Parliament regulates the profession. This regulation did not occur until 25 years later in 2007, but the law was never actuated due to the continued behind the scenes lobbying of the medical profession and other healthcare stakeholders.

Following surveys demonstrating that over 9 million Italians were utilizing alternative medicine, the Italian "National Federation of the Orders of Doctors and Dentists" (FNOMCeO) in 2002 declared the practice of chiropractic as being the responsibility of a medical doctor, even though this opinion had no legal grounds.

The 2002 FNOMCeO in-house Guidelines were superseded in 2009 by revised Guidelines, still having no legal or regulatory status. The new guidelines however, excluded chiropractic and osteopathy from the list of professions considered by them to be medical acts.

Court rulings regarding chiropractic have been ambiguous. While some rulings have made a clear distinction between a medical act and a chiropractic intervention, they have failed to establish that an internationally recognised chiropractic degree must be a prerequisite to practising chiropractic in Italy. This remains impossible until chiropractic is regulated, and a Register of chiropractors is opened, but all non-EU candidates seeking a work permit are obliged to have graduated from accredited institutions

recognised in the country where the institution is located.

In the law recognising chiropractors passed in 2007, a provision for a statutory Register of Chiropractic Doctors exists (Article 2, comma 355, of Law nr 244/2007) but has never been opened due to the absence of an Italian chiropractic curriculum recognised by the University Ministry. That law defined a chiropractor as having earned a Laurea Magistrale (five-year degree or 300 ects) in Chiropractic to qualify as an autonomous primary healthcare practitioner.<sup>23</sup>

The chiropractic profession in Italy presently has the dubious distinction of having two laws which recognise chiropractic as a healthcare profession, since a second law was passed on January 11, 2018, that still does not define a chiropractor, nor does it regulate his scope of practice, but simply refers to a 2006 law that groups physical therapists and other technical healthcare professionals. The problem is, that all the professions referring to this second law have a three-year university degree of only 180 ects, and the Health Ministry is insisting that chiropractors should follow a similar university course, even though the first law from 2007 requiring a five-year course, has never been repealed. The AIC is actively opposing such a limited interpretation of the purposely vague 2006 law that regulates the technical professions. Worse yet, a relatively new commission, the Superior Healthcare Commission (CSS) can indicate the scope of practice for chiropractors and intends to base their decision in consideration of other stakeholders such as Physical Therapists, Nurses, Psychiatrists and Medical Doctors, who will be allowed to testify at the regulatory hearing. The osteopaths have already been through this and have lost all autonomy and been subordinated to the medical profession.

The AIC is an associated body with SOLVIT and has two representatives on the Expert Network of the EU Joint Action on Health Workforce Planning and Forecasting; it represents the chiropractic profession on the EU classification body for occupations (ESCO) and is a member of the European Public Health Alliance. It's Transparency Register number is 523038911260 – 79.

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<sup>23</sup> <https://www.gazzettaufficiale.it/eli/gu/2007/12/28/300/so/285/sg/pdf> page 142

## Liechtenstein

### National Association

Verein Liechtensteiner Chiropraktoren  
Eschenerstrasse 9  
9494 Schaan  
Liechtenstein

### President

Markus Kindle  
[Markus.Kindle@chirosuisse.ch](mailto:Markus.Kindle@chirosuisse.ch)

### Demographics

Population	38,053
No. of chiropractors	5
Ratio	1: 7611

### History and legal status

The first chiropractic practice in Liechtenstein was opened in 1984. Under existing law, known as the Sanitaetsgesetz), educational and scope of practice issues were regulated. In 1985, local insurance companies recognised chiropractic for the purposes of reimbursement.

The national association was founded in 1995 and in 1998, Liechtenstein was accepted as a full member of the ECU.

Historically, the national regulation of chiropractors followed the health law from 2007 art.6, 1c and E art. 27a, b. According to "Gesundheitsgesetz Art. 7 ff sowie Gesundheitsverordnung Art. 29 bis 31" educational demands for chiropractors practising in Liechtenstein were:

- (a) a diploma documenting the accomplishment of the chiropractor educational programmes prescribed in Switzerland; or
- (b) an external diploma according to the list of approved international educational programmes (gemäss der nach Art. 33 des schweizerischen Medizinalberufegesetzes durch Verordnung des Departements des Inneren (EDI) and a minimum of two years supervised by a chiropractor.

As a consequence of legislation ("Chiropraktoren", health law E art. 27), a chiropractor is legally entitled to refer patients for physiotherapy, prescribe sick leave, and order x-rays and advanced imaging. Pursuant to further legislation passed in 2004, chiropractors enjoy the same legal status as other regulated health professionals. This portion of the law is covered by a different portion of the law (Article 27 and 28 of the Gesundheitsgesetz)<sup>24</sup>. The legislative reference for chiropractic in Liechtenstein is: Art. 6 Abs. 1 lit. C Gesundheitsgesetz, LGBl. 2008 Nr. 30 iVm. Art. 29 ff Gesundheitsverordnung, LGBl. 2008 Nr. 39.

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<sup>24</sup> <https://www.gesetze.li/DisplayLGBl.jsp?Jahr=2008&Nr=-300>

## Luxembourg

### **National Association**

Chiroletzebuerg  
239 Val des Bon Malades  
L-2121  
Kirchberg  
Luxembourg

### **President**

Sandy Dargere  
[sdargere@hotmail.com](mailto:sdargere@hotmail.com)

### **Demographics**

Population	622,827
No. of chiropractors	13
Ratio	1:47.910

### **History and legal status**

In 2004, chiropractic was recognised as a profession, yet formal changes in the law have yet to be enacted. There is, therefore, as yet no legislation governing the practise of chiropractic although chiropractors practise freely as healthcare professionals and the Association has an ongoing dialogue with the Ministry of Health regarding statutory recognition. Meanwhile, patients are treated at their own risk.

In 2005, Chiroletzebuerg joined the ECU.

## Malta

### **National Association**

#### **(registered address)**

Malta Chiropractic Association  
156 Vjal il-Wiehed  
U Ghoxrin Ta' Settembru  
Naxxar  
NXR 1010  
Malta

#### **(correspondence address)**

San Rafael Clinic, Triq Hal Far,  
Zurrieq, ZRQ 2609  
Malta

[www.maltachiropracticassociation.org](http://www.maltachiropracticassociation.org)

### **President**

Nicolo Orlando

[nicolorlando@netscape.net](mailto:nicolorlando@netscape.net)

### **Demographics**

Population	416,055 (2011 census) – next census 2021
No of chiropractors	20 (17 EU list and 3 non-EU list)
No of Practising Chiropractors	10
Ratio	1:20,803 (overall number of chiropractors)

### **History and legal status**

Full Legislation

Health Care Profession Act. - 21/Nov/2003

Regulatory Body

Council for the Professions Complementary to Medicine, CPCM

## Netherlands

### National Association

Nederlandse Chiropractoren Associatie

Waagplein 4a

8501 Be Joure

The Netherlands

[www.nca.nl](http://www.nca.nl)

[info@nca.nl](mailto:info@nca.nl)

### President

Gitte Tønner

[voorzitter@nca.nl](mailto:voorzitter@nca.nl)

### Demographics

Population 17,123,985

No. of chiropractors 402

Ratio 1: 42,597

### History and legal status

In the Netherlands, chiropractic is classified under the heading of “alternative or complementary medicine”. To date, the profession has not been officially recognised or regulated by the government.

The “Nederlandse Chiropractoren Associatie” was established in 1968 and formally registered in the Netherlands in 1975. The Association has subcommittees concerned with public relations, quality assurance, research and a Graduate Education Programme. It part-sponsors researchers at the Vrije University in Amsterdam. In 2020 the Association joined with the Belgian Chiropractic Union to form a non-profit making Dutch-Belgian Research Institute of Chiropractic intended to increase the number of PhD qualified chiropractors and reinforce the profession’s cultural authority.

The *Stichting Chiropractie Nederland* (SCN) is an independent organisation established in 2001 which focuses on quality assurance and performance monitoring for the majority of chiropractors in the Netherlands and all NCA members. Its actions are parallel to the Individual Health Care Act (BIG). The quality of SCN – registered chiropractors, their postgraduate education and their practices are periodically checked. Chiropractors must re-register with the SCN every five years.

## Norway

### National Association

Norsk Kiropraktorforening  
Storgata 10A  
0155 Oslo  
Norway  
[www.kiropraktikk.no](http://www.kiropraktikk.no)

### President

Espen Ohren  
[ohren@kiopraktikk.no](mailto:ohren@kiopraktikk.no)

### Demographics

Population	5,367,580
No. of chiropractors	913
Ratio	1: 5,879

### History and legal status

In 1906, the first four chiropractic students from Europe matriculated at the Palmer School of Chiropractic, among them two Norwegians; Marie S. Nesseth and C. Rassmussen. Both are said to have returned to Europe after graduation, but this has so far not been verified. However, there is documented that have been chiropractors continuously practicing in Norway since 1920. As a consequence of aggressive criticism from the medical profession and unsuccessful attempts to have chiropractors convicted of practising medicine without a license, the Norwegian Chiropractors' Association was founded in 1935.

In 1974, legislation was passed that allowed for reimbursement of chiropractors' fees on medical referral. In 1988, legislation to create statutory regulation of the chiropractic profession was passed. Since 1990, chiropractors have been officially recognised as health care professionals. Only licensed chiropractors are permitted to use the title of chiropractor. To be licensed, a candidate must have completed a training programme and passed examinations at an approved institution; undertaken additional training in Norwegian health law and chiropractic disciplines; completed one year of practical training; and not be in a position that would lead to withdrawal of the authorization – for instance, the candidate must not be found unsuitable for practising chiropractic due to old age, illness, alcohol/drug abuse, or other circumstances.

Further developments included a highly successful trial to determine the effectiveness of chiropractors prescribing sick leave and referring patients to hospital specialists, including physiotherapy. As consequence of this trial, which showed high levels of patient satisfaction and both fewer and shorter episodes of sick leave, in 2005 the Norwegian Parliament voted to extend the rights of chiropractors.

At the request of the NCA the Norwegian Ministry of Health agreed, in 2017, to increase the patient reimbursement rate allocated to chiropractic research to 5 %, tripling the NCA Research Found. This have resulted in both considerably increased chiropractic research activities, and increased recognition of chiropractors within the interdisciplinary research field and among national decision makers.

Chiropractic is today recognised in Norway as a highly structured and mainstream health profession.



## Poland

### **National Association**

Polish Chiropractic Association  
ul. Armii Krajowej 72  
81-844 Sopot  
Poland

### **President**

Arek Mazur  
[arekmazur@hotmail.co.uk](mailto:arekmazur@hotmail.co.uk)

### **Demographics**

Population	37,859,000
No. of chiropractors	7
Ratio	1: 5,408,429

### **History and legal status**

There is no legislation governing the practice of chiropractic in Poland, although chiropractors practise freely as healthcare professionals. In 2012, the Polish Chiropractic Association formally adopted the CEN Standard for chiropractic.

There is currently no institution providing chiropractic education in Poland, although preliminary talks are taking place with medical schools with a view to offering a chiropractic programme.

## Spain

### National Association

Asociación Española de Quiropráctica  
Calle Marqués de Cubas 25 3º ext.izq. of.2  
28014  
Madrid  
Spain  
[www.quiropractica-aeq.com](http://www.quiropractica-aeq.com)

### President

Guillermo Busto  
[presidencia@quiropractica-aeq.com](mailto:presidencia@quiropractica-aeq.com)

### Demographics

Population	47,100,000
No. of chiropractors	380
Ratio	1: 123,948

### History and legal status

The first chiropractor came to Spain in the 1920s but only in the late 1950s a second chiropractor started to practise in Barcelona. The Spanish Chiropractic Association (AEQ) was founded in 1986 and joined the ECU that same year. Since then, the numbers of chiropractors practising in Spain has risen substantially. In 2019 the Association adopted a strong statement supporting evidence informed practice.

There is no dedicated legislation governing the education or the practice of chiropractic in Spain, and the prospects for regulation in the near future are uncertain even though the AEQ Executive has engaged with the Ministries of Health, Education and Science and has met with all the political groups represented in the Spanish Parliament. Additionally, the Executive has been in contact with all associations representing regulated health professions in Spain, with the aim of improving interprofessional relations. These meetings have been reasonably productive. Nevertheless, the President of the Spanish Physiotherapy Council has refused every invitation to meet the AEQ and that council has endeavoured to subsume chiropractic into its own scope of practice and is prosecuting chiropractors for practising physiotherapy without a licence (so far unsuccessfully).

In the second half of 2018 the Spanish media started a strong anti-chiropractic campaign, publishing fake news on a regular basis and in October of that year the Minister of Science, once an advocate for the chiropractic, publicly stated that he no longer supported the profession and that he considered chiropractic to be pseudo-therapy. Towards the end of the year the Ministries of Health and Science launched a "Plan to protect health against pseudo-therapies" and started to assess every non-regulated healthcare technique. As of May 2019, 73 therapies have been included in a blacklist by the Government though chiropractic is still waiting for its judgement.

There are two chiropractic educational institutions in Spain, both of which hold accredited status by the ECCE. The Madrid College of Chiropractic graduated its first students in 2012 and the Barcelona College

of Chiropractic followed suit in 2014.

## Sweden

### National Association

Legitimerade Kiropraktorers Riksorganisation  
Rådmansgatan 40  
11357 Stockholm  
Sweden [www.lkr.se](http://www.lkr.se)

### President

Fredrik Lange  
[fredrik.lange@lkr.se](mailto:fredrik.lange@lkr.se)

### Demographics

Population	10.080,000
No. of chiropractors	950
Ratio	1: 10,611

### History and legal status

The first chiropractors in Sweden started practising in 1921. Numbers grew and drew the attention of the medical profession, which through newspaper articles made accusations of improper practice. As a consequence, the *Diplomerade Kiropraktorers Förening*, the forerunner of the Swedish Chiropractors Association, was formed in 1936. Attitudes towards chiropractors became more accepting over time, to the extent that there was a recognition of their effectiveness for disorders of the spine.

Following formal proposals by the Committee of Alternative Medicine, in 1989 a law was passed that authorised chiropractors as regulated health professionals. As a consequence, they were listed as health professionals under the Patient Safety Act<sup>25</sup>, Chapter 4, §1 and §5. This legislation enabled patients to obtain partial reimbursement in some regions.

The Skandinaviske Kiropraktorhögskolan in Stockholm has not been accredited by the ECCE though early in 2020 the Legitimerade Kiropraktorers Riksorganisation voted to permit its graduates to join the association.

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<sup>25</sup> the Swedish Government passed the Patient Safety Act in 2011, which makes it easier to report mistakes to the National Board of Health and Welfare. <https://www.government.se/sb/d/15471/a/184679>.

## Switzerland

### National Association

Chiro Suisse / Schweizerische Chiropraktoren- Gesellschaft  
Sulgenauweg 38  
3007 Bern  
Switzerland  
[www.chirosuisse.ch](http://www.chirosuisse.ch)

### President

Thomas Thurnherr  
[thomas.thurnherr@chirosuisse.ch](mailto:thomas.thurnherr@chirosuisse.ch)

### Demographics

Population	8,635,000
No. of chiropractors	275
Ratio	1: 31,400

### History and legal status

The first two known chiropractors to practise in Switzerland were female and worked in Berne and Interlaken during the 1920s. As a consequence of fierce criticism from the medical profession, resulting in fines and imprisonment, the Swiss Federation of Chiropractors was founded in 1932. Its members were instrumental in the formation of the European Chiropractors' Union.

In the late 1930s chiropractic became accepted as a health profession in the Cantons of Lucerne and Zurich. The laws that were passed were the first in Europe to statutorily regulate chiropractic as an independent profession. By 1963, over 70% of the Swiss population were covered by established chiropractic legislation.

As a consequence of strong lobbying by the Swiss Pro-Chiropractic Association (including a 400,000 strong petition to the Government) chiropractors became regulated as a conventional health profession by the Federal Law on Medical Professions (MedBG). This allowed chiropractors to practise independently without the need for medical referral for the purposes of insurance reimbursement.

Revision of the Law on Health and Accident Insurance in 1964 meant that chiropractic was covered by mandatory social insurance in cases of sickness and accident. Coverage was later extended to also include Military and Disability Insurance.

Chiropractors have the right to diagnose and treat patients and have also been granted privileges similar to medical practitioners, including limited prescribing rights, referral for laboratory tests and the ability to prescribe sickness absence. As a consequence of strong legislation governing the practice of chiropractic in Switzerland, chiropractors must undertake a two-and-a-half-year assistantship programme (including a hospital rotation of four months) before entering independent practice.

Undergraduate education is a six-year programme provided at the University of Zürich. Here,

chiropractic students train in the basic medical sciences alongside medical students, before specialising in chiropractic in the latter years of the degree. In 2019 a project was launched to accommodate French-speaking students for the sixth clinical year of chiropractic education.

Post graduate education is well developed and mandatory postgraduate education has existed since 1960. The Swiss Chiropractic Academy was established in 1985. Legislation passed in 2007 now affords Swiss chiropractors' recognition as medical professionals (alongside medicine, dentistry, veterinary science and pharmacy).

## Turkey

### **National Association**

Turkish Chiropractic Association  
1420 sok.no 64 murat apt Kat  
5/15 kahramanlar-ismir  
35110 Turkey  
[www.kayropraktikdernegi.org](http://www.kayropraktikdernegi.org)

### **President**

Mustafa H Agaoglu  
[agaoglu.kayropraktik@gmail.com](mailto:agaoglu.kayropraktik@gmail.com)

### **Demographics**

Population	84,060,000
No. of chiropractors	7
Ratio	1: 12,008,571

### **History and legal status**

Turkey has enjoyed an improved quality of healthcare reform over the past decade. The Government has devoted time and energy to health, including promoting health tourism. The quality of healthcare and its accessibility and price have made the country an unattractive destination for people seeking medical procedures.

The Health Ministry has also expanded traditional and complementary medicine education and regulation are. Previously holistic healthcare was not recognised by the Ministry, only the allopathic medical model was recognised. Hence, the Turkish Chiropractic Association was formed in 2007.

A Masters of Chiropractic Sciences course was established in 2015 at Bahçeşehir University in Istanbul. It is offered to medical physicians and physiotherapists as a conversion programme. The first cohort has now graduated with 19 students and the overall number of students has risen to 109. The programme is monitored by the Ministry of Education and has elicited much interest from other professions which, at least for the time being, are not allowed to join the programme.

This is the only chiropractic education that is recognised by the Government of Turkey. The programme has been approved by the Council of Higher Education and the ECCE accreditation process was started in September 2018.

These are the first steps towards legal recognition of the chiropractic profession. Currently, only medical doctors are able to diagnose or treat patients. Others, found guilty, face a 2-year gaol sentence for practising medicine without a licence.

## United Kingdom

### National Association

British Chiropractic Association  
Blackburn House  
Redhouse Road  
Seafield  
Bathgate  
EH47 7AQ  
[www.chiropractic-uk.co.uk](http://www.chiropractic-uk.co.uk)

### President

Catherine Quinn  
[catherine.quinn@chiropractic-uk.co.uk](mailto:catherine.quinn@chiropractic-uk.co.uk)

### Demographics

Population	67,777,000
No. of chiropractors	3273
Ratio	1: 20,708

### History and legal status

The first chiropractors returned to Britain after completing training at Palmer College of Chiropractic in around 1910. By 1922, the Chiropractors' Association of the British Isles held its first meeting in Belfast, but this organization did not last, being replaced by the British Chiropractic Association in 1925. Despite having fewer than 20 members, it established an insurance scheme for its members and drew up a code of ethics. The BCA is the largest representative body for chiropractors in the UK.

In 1931, following a dinner at the BCA Annual Conference, talk of a pan-European organization led to the establishment of the ECU. With practical difficulties prohibiting aspiring British students from travelling to the USA to train, the numbers of chiropractors practising in Great Britain decreased to around 35 after the Second World War.

The first chiropractic educational institution in Europe, the Anglo-European College of Chiropractic (AECC), opened in Bournemouth in September 1965. In 1997, the first University-based programmes for chiropractors were established at the Universities of Surrey<sup>26</sup> and Glamorgan. Chiropractors are also trained at the McTimoney College of Chiropractic, established in 1972 in Abingdon, Oxfordshire.

In 2018 a not-for-profit organisation, the Society for the Promotion of Chiropractic Education, was formed to stimulate the provision of chiropractic courses in the UK and their distribution across the country. Largely due to its efforts, in 2018 London South Bank University opened an undergraduate chiropractic course and plans are well advanced for courses at the University of Central Lancashire and Teesside University. As a consequence, the number of chiropractors practising in the UK has

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<sup>26</sup> The Masters programme in chiropractic at the European Institute of Health and Medical Science, University of Surrey, ran from 1997 to 2002. The programme gained full accreditation by the ECCE for the period 2003-2006. However, this programme is no longer offered at Surrey.



grown such that it now boasts the largest national association in Europe.

In 1990, the profile of chiropractic rose following the publication of a study in the British Medical Journal which favourably compared chiropractic with physiotherapy for the management of low back pain. Royal patronage and the publicity surrounding chiropractic treatment of high-profile personalities further enhanced chiropractic's reputation.

In 1991, the educational programme at AECC was awarded degree status by the Council for National Academic Awards. All chiropractic programmes of study in the UK now offer education to Masters level. In 2019 the College became AECC University College with the right to award its own degrees.

The Chiropractors Act of 1994<sup>27</sup> established a statutory regulator, the General Chiropractic Council (GCC), and a Register was opened in 1999. The Act gives protection of title and made it an offence for any person not registered with the GCC to call themselves a chiropractor. The Act also provided for mandatory standards of education and patient protection through a Code of Practice and Standard of Proficiency<sup>28</sup> a College of Chiropractors was established during 1997 and incorporated in 1998 as an independent body to develop, encourage and maintain the highest possible standards of chiropractic practice for the benefit of patients. It was granted a Royal Charter in 2012 as an academic membership organisation, The Royal College of Chiropractors.

Most chiropractors in the UK operate in the private sector, but health legislation has led to chiropractic being utilised within the National Health Service. In 2018, NHS England regional teams worked to deliver "High Impact Interventions" in the localities where they were most needed. This included the development of First Contact Practitioner services to ensure that, where appropriate, patients with MSK conditions are seen by the right person in a primary care setting and that they receive appropriate care in a timely manner.

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<sup>27</sup> [https://www.legislation.gov.uk/ukpga/1994/17/pdfs/ukpga\\_19940017\\_en.pdf](https://www.legislation.gov.uk/ukpga/1994/17/pdfs/ukpga_19940017_en.pdf)

<sup>28</sup> General Chiropractic Council. Code of Practice and Standard of Proficiency (2010). [https://www.gcc-uk.org/files/link\\_file/COPSOP\\_2010.pdf](https://www.gcc-uk.org/files/link_file/COPSOP_2010.pdf)

## Chiropractic in non-member European Nations

### France

#### **National Association**

Association Française de Chiropraxie  
66 Avenue des Champs Elysees  
Lot 41  
75008  
Paris  
France  
[www.chiropraxie.org](http://www.chiropraxie.org)

#### **President :**

Philippe Fleuriau  
[president@chiropraxie.org](mailto:president@chiropraxie.org)

#### **Demographics**

Population	67,000,000
No. of chiropractors	1,400
Ratio	1:47,857

#### **History and legal status**

The first chiropractic practice started in France in the early 1920s.

Chiropractic is legally recognised pursuant to Article 75 of a 2002 law referred to as *Droit de Malades* (Sick Peoples' Rights).<sup>29</sup> The profession is regulated by two Ministerial Decrees:

- § No. 2011-32 of 7 January 2011(acts and activity)
- § Decree N° 2011-1127 of 20 September 2011 (formation and institutional accreditation).

The law grants the right to permit the title of “chiropracteur” to be used under specific conditions by health care professionals (medical practitioner, midwife, physiotherapist, nurse) and non-health care professionals .The title is protected and gives the right to treat patients without requiring a medical referral or diagnosis.

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<sup>29</sup> <http://www.ladocumentationfrancaise.fr/dossiers/droits-malades/index.shtml> .

A chiropractor has more rights and a wider scope of practice than a massage therapist (“masseur kinésithérapeute”). Under the law, chiropractors are permitted to perform medical manipulation, make a differential diagnosis and determine whether or not they accept or reject a patient for treatment. They are allowed to refer to a medical doctor (surgeon, paediatric, radiologist) for evaluation and or opinion.

In 2018, a new text regarding education was published. Now in France, a chiropractor needs 5 years in full time, 4960 hours of contact (with private or public hospital internship and chiropractic clinics); all of the 5 years gives 300 ETCS.

All DCs may ask for an ADEL number at the ARS (regional health agency) and contract an insurance (malpractice).

Only one school is accredited in France : IFEC ([www.ifec.net](http://www.ifec.net))

The text below gives all the referential of the profession with all definitions, acts and activities, competencies and education.

- [Les décrets / actes autorisés](#)

<https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000023387301>

<https://www.legifrance.gouv.fr/eli/decret/2018/2/13/SSAH1717554D/jo/texte>

<https://www.legifrance.gouv.fr/eli/arrete/2018/2/13/SSAH1717550A/jo/texte>

[https://solidarites-sante.gouv.fr/fichiers/bo/2018/18-02/ste\\_20180002\\_0000\\_p000.pdf](https://solidarites-sante.gouv.fr/fichiers/bo/2018/18-02/ste_20180002_0000_p000.pdf) (page 224-381)

- [La RCP /malpractice insurance](#)

<https://www.legifrance.gouv.fr/eli/decret/2014/11/10/AFSH1413257D/jo/texte>

<https://www.legifrance.gouv.fr/affichTexteArticle.do?cidTexte=JORFTEXT000028652182&idArticle=JORFARTI000028652183&categorieLien=cid>

[https://www.legifrance.gouv.fr/affichTexte.do;jsessionid=506D93CB133D251673C7B860E94A52D9.tpdila11v\\_2?cidTexte=JORFTEXT000028652182&dateTexte=2017012](https://www.legifrance.gouv.fr/affichTexte.do;jsessionid=506D93CB133D251673C7B860E94A52D9.tpdila11v_2?cidTexte=JORFTEXT000028652182&dateTexte=2017012)

- [Le partage des informations :](#)

<https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000032922455&categorieLien=id>

## Portugal

### **National Association**

Associação Portuguesa dos Quiropráticos

[www.quiropratica.org/contactos](http://www.quiropratica.org/contactos)

### **President**

Paulo Valente

Rua Mestre de Avis nº62

6300-731 Guarda

Portugal

[presidenteapq2@gmail.com](mailto:presidenteapq2@gmail.com)

### **Demographics**

Population 10,206,000

No. of chiropractors 28

Ratio 1: 364,500

### **History and legal status**

The first chiropractor to settle in Portugal and establish a practice was Antonio Alves. In 1986 he began work to establish a national chiropractic association. This became a reality in 1999 and in 2000 a patients' association, Pro-Quiro, was also formed.

Four legal actions against chiropractors took place between 1993 and 2000, each of which was unsuccessful. In delivering their verdicts, a number of judges spoke favourably about the education and training of chiropractors. Chiropractic was finally legalised in 2003 as part of a number of non-medical health professions that were included under the same legislation.

In 2008 the ECU responded to a comprehensive questionnaire about chiropractic in Europe sent by the Directorate General of Higher Education and Technology (DGEST) which published a resolution in November 2009 (No 1493/2009) granting recognition to various medical degrees, including Doctor of Medicine (Medical), Doctor of Medicine in Dentistry (Dentist) and other health professions and sciences for which study is undertaken in the United States of America and are practised in Portugal. This resolution included chiropractic.

The European Norm EN 16224:2012 has been translated and officially adopted by the Portuguese Institute for Quality (IPQ). At present chiropractic is fully regulated including higher education minimum guidelines, title protection and restricted to State issued license holders.

## Acknowledgements

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In particular, my thanks go to the members of the ECU General Council and the respective leaders of the national chiropractic associations who checked and corrected the information relating to their countries and to the Executive Council of the ECU for their constructive comments.

Finally, my thanks go to the ECU Administrators, Claire Wilmot and Paul Roberts for their work in helping compile and correct the text.

A handwritten signature in blue ink, appearing to read 'Ian Beesley'.

Ian Beesley

London, 20 April 2020