

WorkSpace Week 19-25 October 2026



AUSTRALIAN
CHIROPRACTORS
ASSOCIATION

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WORKSPACE

Work *Well* From Head to Toe

JOURNALIST NOTES

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National WorkSpace Week (19-25 OCTOBER 2026) is dedicated to the prevention and early intervention of work-related musculoskeletal disorders (WMSDs), Australia's most common workplace injury which accounts for the majority (57%) of workers' compensation claims for serious injuries.

An initiative of the Australian Chiropractors Association (ACA), WorkSpace Week is committed to ensuring Australia's workforce can '*work well from head to toe*' by reducing the occurrence and impact of WMSDs caused by physical stress, mental stress, repetitive work and poorly set up non-ergonomic workspaces.

Now in its fifth year, WorkSpace Week aligns with Safe Work Australia's National Safe Work Month (October) with the theme "**For Life; For Health; For the Future; For all**", and the '*Australian Work Health and Safety (WHS) Strategy 2023–2033*' to reduce the incidences of WMSDs and promote the importance of reviewing workplace controls - a critical part of risk management procedures in the prevention and early detection of WMSDs.

WMSDs are a range of inflammatory and degenerative conditions affecting the muscles, tendons, ligaments, joints, peripheral nerves, and supporting blood vessels which may be caused by a single workplace event but commonly result from repeated harmful workspace activities over an extended period.

A large range of factors influence the risk of WMSDs including body stressing caused by poorly executed lifting, pushing, pulling or bending, using computers in non-ergonomic workspaces (in an office or remotely), poor posture, extended driving of vehicles and repetitive strain injuries can all cause WMSDs including chronic neck and back pain, shoulder stiffness and headaches.

According to Safe Work Australia (2024), body stressing accounts for the highest percentage (33%) of workers' compensation claims, with WMSDs the most common injuries because of body stressing, falls, slips and trips; while an Australian Burden of Disease Study (2024) reports musculoskeletal and neurological conditions, substance use and mental health disorders among the top five diseases causing the most burden.

In 2022, an Australian Bureau of Statistics survey reported chronic musculoskeletal disorders (MSDs) impacts around **7.3 million** (29%) Australians with an estimated direct health cost in 2021-2022 of **\$14.7 billion**. However, when accounting for lost productivity, absenteeism, direct health costs and reduced quality of life, in 2018 Deloitte Access Economics reported the real cost to our economy exceeded **\$55 billion** annually.

The health burden of chronic musculoskeletal conditions is significant causing pain, disability and reduced quality of life, with conditions estimated to account for 23% of the non-fatal disease burden in Australia in 2024.

Australians most at risk of WMSDs include community and personal service workers such as healthcare, aged care, childcare, NDIS and disability service workers. Tradies, labourers, technicians, drivers, and machinery operators, are also among those at risk of physical work-related injuries.

For administration and desk workers, incorrect and non-ergonomic use of technology in workplaces or in remote locations can lead to *Tension Neck Syndrome* or '*tech neck*', a debilitating WMSD common among office workers with desk or computer users making up 10% of serious workers' compensation claims.

An independent survey '*The impact of tech neck and neck pain in Australia*' (2025) by global research company *Pureprofile* found that tech neck doesn't only affect Australians' physical health. Sufferers reported impacts on mental health and productivity with 24% experiencing higher irritability, 20% noticing poorer concentration and 23% had sleep disruption; with women 43% more effected by productivity loss than men.

By promoting prevention and minimising long-term harm through early diagnosis and effective chiropractic healthcare; ACA aims to improve the spinal health and overall wellbeing of Australian workers to minimise WMSDs and reduce the negative impact on employers and the economy.

Organisations aiming to improve the spinal health and wellbeing of employees to minimise injuries and reduce WMSD impacts on business should visit **workspaceweek.org.au** to download a range of free resources including instructional posters, checklists, factsheets and podcasts to maximise spinal health and wellbeing, minimise injuries and improve productivity ensuring all Australians can ***work well from head to toe***.

For information or to register for **National WorkSpace Week 2026** visit **workspaceweek.org.au**.

THE AUSTRALIAN CHIROPRACTORS ASSOCIATION

Established in 1938, the Australian Chiropractors Association (ACA) is the peak body representing chiropractors. The ACA promotes the importance of maintaining spinal health to improve musculoskeletal health through non-invasive, drug-free spinal health and lifestyle advice to help Australians of all ages lead healthy lives.

The premier association for chiropractic healthcare in Australia with over 3,000 members, the ACA is Australia's largest chiropractic health body taking a leadership role in promoting the importance of maintaining a healthy spine to improve the overall health and wellbeing of every Australian. ACA develops and promotes professional standards for chiropractors, has invested \$2.4 million to advance research in musculoskeletal health, builds evidence-based practice for chiropractic healthcare and actively promotes the importance of spinal health through its annual flagship campaign, national Spinal Health Month. Every week 400,000 chiropractic healthcare consultations are creating well-adjusted Australians. With so many Australians visiting a chiropractor every week, chiropractors play an important role in improving the spinal health of everyday Australians.

THE BURDEN OF WMSDs IN AUSTRALIA - KEY FACTS

- ⦿ Work-related injury and illness impact workers and their families deeply, as well as employers.
- ⦿ MSDs still account for the **majority (57%) of workers' compensation** claims for serious injuries.
- ⦿ Around **7.3 million (29%) Australians** were estimated to be living with chronic MSDs with the prevalence unchanged since the previous survey in 2017-18 (AIHW June 2024).
- ⦿ MSDs are ranked the **third highest chronic disease** in the Australian Burden of Disease Study (2023) before cardiovascular disease.
- ⦿ **Direct health costs for MSDs: \$14.7 billion** – 9.8% of total health expenditure budget (ABS 2021-2022)
- ⦿ **58% of WMSD sufferers are of working age** (25-64) in peak income-earning years
- ⦿ The real cost to the Australian economy for WMSDs exceeds **\$55 billion** annually when lost productivity, absenteeism, direct health costs and reduced quality of life for WMSD sufferers is factored in (Musculoskeletal Australia, 2020-2021 & Deloitte Industries).
- ⦿ MSDs account for the **greatest proportion of persistent pain** conditions (WHO, 2019).
- ⦿ MSDs are the **second largest contributor to disability** worldwide, with low back pain being the single leading cause of disability globally (Musculoskeletal Australia, 2020-2021).
- ⦿ Back pain is usually as a result of a musculoskeletal disorder (MSD).
- ⦿ **The increase in musculoskeletal cases is projected to be 43% over the next two decades** (Musculoskeletal Australia, 2018).
- ⦿ Back problems can cause lost social and physical activity, concentration and work capacity and are a significant cause of disability and lost productivity with the economic burden on Australia, significant.
- ⦿ International guidelines provide compelling evidence that opioids have a limited role in the management of acute back and neck pain and no role in managing chronic back pain.
- ⦿ University of Sydney study published in the Lancet medical journal (23 June 2023), found opioids (among the most commonly prescribed pain-relief for people with low back and neck pain) do not benefit people with 'acute' low back or neck pain (lasting up to 12 weeks) and can result in experiencing worse pain.
- ⦿ Opioids prescribed for low back and neck pain can cause harms ranging from common side effects including nausea, constipation, dizziness, dependency, misuse, poisoning and death and should not be recommended for 'acute' low back pain or neck pain or chronic low back pain or neck pain (RACGP).
- ⦿ Chiropractic healthcare provides effective, low risk, drug-free treatment for back pain for all Australians regardless of their age, profession or lifestyle. This is particularly effective when combined with a holistic person-centred approach, addressing factors such as exercise and stress management.

AUSTRALIANS MOST AT RISK OF WMDSs

- Working Australians who do a lot of physical work are among the highest percentage of Australians at risk of back pain because their work typically involves strenuous activities that strain the spine including lifting, repetitive actions such as bending, squatting or standing for extended periods – all can lead to musculoskeletal injuries causing back pain.
- Those most at risk include community and personal service workers such as healthcare, aged care, childcare, NDIS and disability service workers. Tradies, labourers, technicians, drivers, and machinery operators, are also among those with the highest rates of physical work-related injuries while desk or computer users make up 10% of serious claims.

COSTS OF MSDs IN AUSTRALIA

A Deloitte Access Economics report commissioned by Musculoskeletal Health Australia found the rising cost of musculoskeletal conditions in Australia makes a case for why a proactive, strategic response is needed:

- \$55.1 billion cost to the Australian economy**, including direct health costs, lost productivity and reduced quality of life (burden of disease).
- 6.1 million Australians are already affected**, of which 58% are of working age in peak income earning years (25-64 years).
- 43% growth in musculoskeletal cases** is projected over the next two decades, including a surge in older Australians living with the conditions. (*Musculoskeletal Australia* - <https://muscha.org/wp-content/uploads/2018/07/APWS-PLS.pdf>)

SAFE WORK AUSTRALIA - Key Work Health and Safety Statistics Australia October 2025

<https://data.safeworkaustralia.gov.au/insights/key-whs-statistics-australia/latest-release>

According to Safe Work Australia, the workplace injury challenges to overcome are significant with harm occurring in a concentration of certain industries.

- 84% of all serious claims involve body stressing, falls, slips and trips**, being hit by moving objects, or mental stress.
- Claims for Mental health conditions continued to increase in 2023-24p, and now account for 12% of all serious claims. The median time lost from work in these claims is almost 5 times that recorded across all other injuries and diseases.**
- Work-related injuries and illnesses can occur in any industry or occupation, and the impacts are felt by workers, their families and the community.
- 188 workers lost their lives due to traumatic injuries in 2024
- There were 146,700 serious workers' compensation claims involving at least one week of working time lost in 2023-24p3 – that's more than 400 serious claims a day across Australia.
- 80% of work-related traumatic injury fatalities and 61% of serious workers' compensation claims occurred in just 6 industries:
 - Agriculture, forestry and fishing
 - Public administration and safety
 - Transport, postal and warehousing
 - Manufacturing
 - Health care and social assistance
 - Construction.
- Vehicle incidents continue to account for the largest.
- Key Work Health and Safety Statistics Australia 2025 proportion of fatal injuries (42% or 79 fatalities), followed by falls from a height (13% or 24 fatalities).

Work-related injury and illness – Serious claims by mechanism of incident

More than four-fifths (83.8%) of serious claims were concentrated in 4 of the 10 Mechanism of incident classification major groups.

- Body stressing is the most common mechanism across every major occupation group
- 50,600, (34.5%) of serious claims was the largest count attributed to body stressing
- 32,000 (21.8%) of serious claims were falls, trips and slips.

Work-related serious claims increased by 34.5% over 10 years

Compared with 10 years ago (2013-14), the number of serious claims has increased by 37,600 (34.5%).

- 146,700 serious claims
- 7.4 weeks median time lost
- \$16,300 median compensation paid

Work-related injuries “from head to toe”

More than half (55.5%) of serious claims recorded in 2023-24p involved work-related injuries or illnesses affecting:

- Head - 4.0%
- Neck - 1.8%
- Trunk - 20.2%
- Upper limbs - 48,700 serious claims (33.2%)
- Lower limbs - 32,700 serious claims (22.3%)

Serious claims by most common Nature of injury or disease (major groups), 2023-24p

- 53,300 - Traumatic joint/ligament and muscle/tendon injury
- 22,500 - Musculoskeletal and connective tissue diseases
- 21,300 - Wounds, lacerations, amputations and internal organ damage
- 17,600 - Mental health conditions
- 15,200 - Fractures

Serious claims for musculoskeletal and connective tissue diseases

- 15.3% of claims were due to musculoskeletal and connective tissue diseases
- \$24,300 – Median compensation paid
- 12.9 – Median time lost

Work-related injury and illness serious claims by sex and most common nature (major group), 2023-24p

- 84,300 (58%) male V 61,500 female (42%)
- Mental health condition: Women (17.2%) V Men (8.2%)
- Work-related injury or illness relating to wounds, lacerations, amputations and internal organ damage: Men (17.7%) V Women (9.9%). (Differences influenced by types of work that men and women undertake)

5 most common nature of injury or disease of all serious claims

The 5 most common nature of injury or disease (major groups) accounted for 88.5% of all serious claims in 2023-24p (or 129,800), and two-thirds (or 66.1%) of all serious claims were concentrated in just 3 of these groups:

- 53,300 serious claims (36.4%) - Traumatic joint/ligament and muscle/tendon injuries**
- 22,500 serious claims (15.3%) - Musculoskeletal and connective tissue diseases**
- 21,200 serious claims (14.4%) - Wounds, lacerations, amputations and internal organ damage

Serious claims for mental health conditions

Mental health conditions accounted for 12.0% of serious claims in 2023-24p, or 17,600 serious claims.

This represents an increase of 2,300 serious claims (or 14.7%) over the year.

Over the 10 years to 2023-24p, serious claims **for mental health conditions experienced the largest change of any Nature of injury major group, up by 10,900 (or 161.1%).**

- \$67,400 median compensation paid**
- 35.7 median weeks lost**
- The most common types of Mental stress serious claims were Harassment / workplace bullying (33.2%), Work pressure (24.2%) and Exposure to violence and harassment (15.7%).**

WMSD CHIROPRACTIC TREATMENT 'FROM HEAD TO TOE'

- **Head:** Headaches, migraines, cervicogenic headaches and tension-type headaches.
 - ACA chiropractors look at whether restriction, muscle tension or nerve irritation through the neck may be contributing to the headache, then work on restoring movement and reducing those mechanical triggers.
- **Jaw:** Jaw pain, stiffness, clenching and temporomandibular joint dysfunction (TMJ) and Bruxism-associated musculoskeletal pain.
 - ACA chiropractors assess how the jaw is moving, release tight surrounding muscles and mobilise the jaw.
- **Neck and shoulders:** Neck pain, “tech neck”, cervical radiculopathy, referred arm pain, shoulder pain, rotator cuff-related shoulder pain, shoulder impingement, frozen shoulder and whiplash-associated disorders.
 - ACA chiropractors work on restoring joint motion, reducing muscle tension and improving movement through the neck and shoulders, alongside nerve flossing, rehabilitation and workplace advice.
- **Spine:** Upper, middle and lower back pain, disc injuries, postural strain, facet joint pain, muscular sprains and strains, lumbar radiculopathy and sciatica.
 - ACA chiropractors use spinal adjustments or mobilisation and rehabilitation to improve movement, reduce irritation around the joints and nerves, and build strength and support around the spine.
- **Chest:** Rib and costovertebral joint pain, muscular tension, joint stiffness, and occupational sprains and strains.
 - ACA chiropractors identify which joints and muscles are not moving or working well, then use mobilisation, soft-tissue techniques and tailored exercises to restore movement
- **Arms, elbows, wrists and hands:** Carpal tunnel syndrome, repetitive strain injuries, tennis elbow, golfer’s elbow, thoracic outlet syndrome, wrist pain and De Quervain’s tenosynovitis.
 - ACA chiropractors assess the whole pathway from the neck and shoulder through to the hand to determine where the irritation may be coming from, then use mobilisation, soft-tissue techniques, nerve flossing and rehabilitation.
- **Hips and pelvis:** Hip pain, sacroiliac joint pain or dysfunction, gluteal tendinopathy, greater trochanteric pain syndrome and piriformis-related pain.
 - ACA chiropractors examine how the pelvis, hips and lower back are moving together, including pelvic balance and weight-bearing patterns, then use joint mobilisation, soft-tissue work and strengthening exercises where appropriate.
- **Legs and knees:** Referred leg pain, sciatica, knee pain, patellofemoral pain, iliotibial band syndrome, calf strains and Achilles tendinopathy.
 - ACA chiropractors assess whether symptoms are coming from the spine or the leg itself and look at pelvic balance, weight-bearing and movement through the hips, knees and ankles before providing targeted mobility and strengthening exercises.
- **Feet and toes:** Ankle pain and sprains, plantar fasciitis, heel pain, heel spurs, and foot or toe joint pain.
 - ACA chiropractors examine foot and ankle movement, weight-bearing and how the whole lower limb is functioning, then use joint mobilisation, soft-tissue work and exercises to improve mobility, strength and load tolerance.
- **Muscular tension:** Joint stiffness and occupational sprains and strains.

ACA’S FREE PREVENTION & INTERVENTION RESOURCES – workspaceweek.org.au

Workers and employers can download all free WorkSpace Week resources from workspaceweek.org.au.

- **Factsheets Checklists & Posters:** ACA’s factsheets to help minimise WMSDs include: Sitting, Standing, Lifting/Bending and Headache, and checklists/guides: Ergonomic Checklist, Tech Neck Checklists for Adults, Students and Children and Stand Corrected Stretching poster.
- **Avoiding Tech Neck** Factsheets and Electronic Device Checklists for adults, parents and students.
- **Consult A Chiro Podcast:** Information on preventing and managing WMSDs.

BACK PAIN & MUSCULOSKELETAL DISORDERS

What are back problems?

'Back problems' are mostly commonly musculoskeletal problems described as a range of problems related to the bones, joints, connective tissue, muscles and nerves of the back that can affect the neck (cervical spine), upper back (thoracic spine) and lower back (lumbar spine) as well as the sacrum and tailbone. Examples of back problems include back or spine pain (such as lower back pain, and sciatica), vertebrae and disc disorders (such as narrowing of the spinal canal, disc degeneration and disc bulge herniation), deforming disorders (such as scoliosis).

The causes of back pain

Back pain can come from the muscles, ligaments, discs and joints. Chiropractors have been successfully helping people with back pain for over 100 years and understand much about the proper functioning of the spine, and the nervous system which runs through it.

Causative factors include trauma, heavy physical work, insufficient exercise, prolonged sitting, poor postural habits, being overweight and enduring mental stress. There can also be more systemic health conditions that contribute such as arthritic conditions, disc conditions and infection. Chiropractors are well-trained to recognise these situations.

Back pain caused from injuries

- ⦿ Back injuries, especially to the lower back, are very common. Any injury to the back's bones, joints, connective tissue, muscles or nerves can cause pain and discomfort.
- ⦿ Injuries can affect any part of the back, but most injuries happen in the lower back. Common injuries include sprains and strains, disk protrusion or fractured vertebrae.
- ⦿ The injuries vary in seriousness depending on the cause of the injury and what damage is done

Common risk factors for 'Chronic Primary Low Back Pain'

- ⦿ Heavy physical work
- ⦿ Frequent twisting, bending or lifting
- ⦿ Poor posture
- ⦿ Weakness in back and abdominal muscles
- ⦿ Sitting too long — for example, sitting in an office environment
- ⦿ Too little physical activity
- ⦿ Being overweight

The impact of back pain on sufferers

Back pain is very common with one-in-six Australians reporting experiencing back problems which can impact both their physical and mental health. For many, back pain can arise suddenly (acute back pain) but typically improves or resolves within three to six weeks. However, recurrence is common, and some individuals may experience more persistent pain lasting beyond three months.

People experience low back pain in different ways. Most feel pain, stiffness and soreness or find it hard to turn or bend in certain directions. Some say the pain feels like a sharp pain while others report dull aches or spasms. With sciatica, the pain can travel down one or both of the legs. Some people with back pain may feel irritable or short-tempered. Others may worry about whether the pain will control their life, and some experience feelings of helplessness.

The impact on the mental health of sufferers - Back pain and depression

- ⦿ It's common for people with back pain to feel distressed about their recovery.
- ⦿ People with persistent back pain can develop fear of movement and activity (including work), worrying that it will make things worse or increase their pain.
- ⦿ Living with persistent back pain may also lead to mood issues such as anxiety, irritability, frustration and depression.

ABS – Work-Related Injuries 2021-22 - Key statistics

- 497,300 people had a work-related injury or illness with 34% requiring more than ten days off.
- Of the 497,300 people had a work-related injury or illness, 63% (311,100) of people who experienced a work-related injury or illness were working full-time and 32% (157,200) were shift workers.
- Only 1% of work-related injuries occurred while working from home.
- Most work-related injuries occurred in the workplace (91%).
- The most common cause of injury or illness was 'Lifting, pushing, pulling or bending' (24%).
- 66% had time off as a result of the injury or illness.
- 31% received workers compensation for the injury or illness.
- More than half of the people who experienced a work-related injury or illness were men (58%).

<https://www.abs.gov.au/statistics/labour/earnings-and-working-conditions/work-related-injuries/latest-release#:~:text=In%202021%2D22%2C%203.9%25,3.1%25%20in%202021%2D22.>

WORK-RELATED MUSCULOSKELETAL DISORDERS IN AUSTRALIA

Work-related Musculoskeletal Disorders in Australia 2019 - A report published by Safe Work Australia, and the *Australian Work Health & Safety Strategy 2012–2022* identifies work-related musculoskeletal disorders (WMSDs) as the first of its six priority disorders (Safe Work Australia, 2018b) with **a total of serious injury claims for traumatic joint/ligament and muscle/tendon injury exceeding 124,600.**

- MSDs had substantial economic impacts at both societal and individual levels (Schofield et al., 2013).
- The subset 'back pain and problems' contributed 31% of Australia's MSD burden, and 17% of such cases have been attributed to occupational exposures and hazards (AIHW, 2017).
- Previous research has estimated "37% of back pain worldwide" is attributable to workplace hazards.
- For Australia's workforce, WMSDs continue as the leading WHS problem, both in frequency and cost, which in 2012–2013 totalled more than \$24 billion in direct health costs.
- MSDs may result from a single event, but more commonly arise from cumulative exposure to one or more hazards over an extended period (NHC, 2001); this data is not captured accurately in workers' compensation statistics.
- Systematic approaches to appropriate identification and management of all relevant hazards in the development of WMSDs are not being implemented in organisations.

www.safeworkaustralia.gov.au/system/files/documents/1912/work-related_musculoskeletal_disorders_in_australia_0.pdf

The health burden of musculoskeletal disorders on Australians

- Back pain is usually as a result of a musculoskeletal disorder (MSD).
- MSDs are the second largest contributor to disability worldwide, with low back pain being the single leading cause of disability globally (MA, 2020-2021).
- MSDs account for the greatest proportion of persistent pain conditions (WHO, 2019).
- Almost 1 in 3 (29%) Australians reported a musculoskeletal disorder in 2022, around 7.3 million people according to the Australian Institute of Health and Welfare (AIHW, 2024).

The impact of back problems resulting from WMSDs

- Back problems often lead to poorer quality of life, psychological distress, bodily pain, and disability.
- People with back problems had over double the rates of reporting 'fair' to 'poor' health (26%), 'moderate' to 'very severe' bodily pain (50%), and 'high' to 'very high' psychological distress (22%), compared with those without the condition.
- Back problems were the third leading cause of disease burden overall, accounting for 4.3% of Australia's total disease burden in 2023.
- Back problems contributed to 1,024 deaths or 4 deaths per 100,000 population in 2021 (0.6% of all deaths).

THE IMPACT OF WORK-RELATED MUSCULOSKELETAL DISORDERS & INJURIES IN AUSTRALIA 2023 – OVERVIEW

In 2023, ACA commissioned an independent national consumer survey conducted by global research company *Pureprofile* to gather data to better understand the prevalence, range and impact of work-related musculoskeletal disorders and injuries on workers. To view the full survey results: <https://bit.ly/WSW-WMSD-REPORT> Along with a survey of ACA Chiropractors, the results were compelling with the key findings:

- ⦿ **87% of respondents reported having experienced musculoskeletal pain or injury (MSD) while at work or as a result of working with 73% of sufferers experiencing 3 or more WMSDs.**
- ⦿ The survey highlighted that **community understanding of what constitutes a “work-related injury to the neck or back (WMSD)” is lacking.**
 - When initially asked if the respondent had experienced a work-related injury to their neck or back (muscles, ligaments, tendons, joints, spine or bones) only 26% of respondents answered yes. But when asked if they had experienced 12 specific types of neck/back pain or injuries ‘while at work or as a result of working’, 87% answered that they had experienced a WMSD.
- ⦿ **The most prevalent WMSDs reported by Australians are low back pain (62%), neck pain (55%), mid back pain (53%) and tension/cervicogenic headaches (52%).**
- ⦿ **Workplace stress has a direct impact on WMSD with 96% of ACA Chiropractors treating WMSD patients as a result of workplace stress with a third reporting WMSD patients also suffer poor mental health as result of their WMSD. The Pureprofile survey showed 84% of WMSD sufferers experienced workplace stress with 24% experiencing regular stress.**
- ⦿ **89% of workers who use a desk reported suffering a WMSD (including those who do a combination of desk work with standing and/or physical work) with female desk workers reporting the highest incidence (91%) compared to men (76%).** Only 17% of WMSD sufferers did only physical work and 9% only standing work.
- ⦿ **Workers undertaking repetitive movements and standing or sitting for prolonged periods of time reported a high rate of WMSDs.**
 - 93% of workers who undertake repetitive movements reported experiencing WMSDs
 - 88% of workers who sit for prolonged periods reported experiencing a WMSD
 - 87% of computer users reported suffering a WMSD
- ⦿ **Computer usage was identified as a leading cause of the top four WMSDs (low back, neck, mid back and tension/cervicogenic) and was the only trigger ranked first or second for 9 WMSDs. Computer usage ranked as the third or fourth most common trigger for the remaining 3 WMSDs.**
- ⦿ **86% of workers who regularly work at their workplace (1-2 days, 3-4 days or always) reported experiencing a WMSD compared to 34% of people working from home on a regular basis.**
 - Women who always work from their workplace reported the largest number (53%) of WMSD followed by men (47%).
 - 20% of men and 16% of women who work from home 1-2 days per week reported an WMSD

'THE IMPACT OF TECH NECK & NECK PAIN IN AUSTRALIA – 2025'

Key Findings of ACA's Independent National Survey

To view the full survey results: <https://bit.ly/SHW-Impact-of-Back-Pain>

Incorrect and non-ergonomic use of technology in the workplace (or remotely) can lead to *Tension Neck Syndrome* or 'tech neck', a debilitating WMSD common among office workers. 75.5% of Australians aged 16 to 64 use computers daily. Desk or computer users make up 10% of serious workers' compensation claims. In May 2025, ACA commissioned an independent survey 'The impact of tech neck and neck pain in Australia' (2025) conducted by global research company *Pureprofile* that found tech neck doesn't only affect Australians' physical health. Sufferers reported impacts on mental health and productivity with 24% experiencing higher irritability, 20% noticing poorer concentration and 23% had sleep disruption; with women 43% more effected by productivity loss than men.

Survey details

- 1019 respondents participated – 522 female and 497 males.
- Questions related to neck pain, device use focussing on smartphone, tablets, laptop computers, desktop computers and game console use and chiropractic.
- 651 reported neck pain – 298 male and 553 female.

Key findings

- 65% of respondents reported that neck pain affected their daily life.
- 64% of Australian respondents reported experiencing neck pain: 68% of women vs 60% of men.
- 70% of neck pain sufferers reported neck pain impeded on their movement or daily activities.
- Women in every age group (except 51-60) reported higher neck pain rates than men.
- The most affected group was women aged 31-40 (73%).
- Women are more affected by device-related neck pain across all devices than men.
- 45% of respondents said their neck pain could be linked to device use.
- Only 33% of sufferers sought a medical diagnosis.
- Only 29% had the cause of the pain identified with tech neck being the second top cause.
- The most common posture causing tech neck was bending the neck down, with 72% reporting neck pain.
- 42% of smartphone users spend between 2-6 hours daily on their phones.
- Across all devices, women reported 8-26% higher prevalence of neck pain than men for each timeframe.
- 78% of all respondents took over-the-counter pain relief – the most common treatment method.
- 47% of all respondents took prescription medication to relieve neck pain.
- Women reported as being significantly more likely to: slouch or lean back while using devices at work; used devices while seated on the floor; working from non-ergonomic setups at work and at home and, suffered higher pain rates and chronic neck pain.
- 37% of all respondents and 44% of neck pain sufferers had consulted a chiropractor.
- 76.9% of all chiropractic patients reported some level of relief; 79% experienced neck pain improvement.
- Since the COVID-19 pandemic, ACA chiropractors reported a noticeable rise in tech neck cases across all age groups with teens and children the most affected.
- 34% of ACA chiropractors reported seeing a significant increase in teens presenting with tech neck while 27% saw a moderate increase.
- 29% of ACA chiropractors reported a significant increase in children presenting with tech neck while another 25% noting a moderate increase.
- Sedentary female workers experienced the highest rate of neck pain and were 22% more likely to experience neck pain than men – 71.7% vs 59%
- Correct posture, taking regular breaks and ergonomics while using devices had a significant impact on reducing prevalence of neck pain when using all devices.
- Holding a smartphone at eye level, the recommended position, was associated with the lowest neck pain prevalence (64%) but was only used by only 37.5% of smartphone users.

THE IMPACT OF BACK PAIN & MUSCULOSKELETAL INJURIES IN AUSTRALIA 2024

To view the full survey results visit: <https://bit.ly/WSW-Impact-Back-Pain>

In 2024 ACA commissioned an independent national consumer survey conducted by Pureprofile to gather data to better understand the prevalence, range and impact of work-related musculoskeletal disorders on workers. The results were compelling with key findings as follows:

Of the 1006 Respondents - 506 Female - 499 Male - 1 Non-Binary

- **907 Reported an MSD to their spine/back in their lifetime:** 462 Female; 444 Male; 1 Non-Binary
- **891 Experienced an MSD during past 12 months:** 455 Female; 435 Male; 1 Non-Binary
- **90.2% of respondents reported experiencing specific back/spine related MSD in their lifetime.**
- **91.3%** of female respondents and 89.0% of male respondents.
 - 98.2% of all back/spine related MSD sufferers experienced a back related MSD pain/injury during past 12 months (98.5% of female and 98.0% male).
 - 50.4% of all MSD Sufferers have never sought a medical diagnosis for their back pain.
 - 93.7% of regional Australian women and 89.9% of metropolitan women reported experiencing MSD
- **88.6% of total respondents** experienced a back related MSD pain/injury during past 12 months (89.9% of female and 87.2% male).
- **80.3% of respondents reported that their households have occupants who experience back pain.**
 - 65.9% reported themselves, 28.6% reported their partner, 6% their children and 6.3% a flatmate and 19.7% reported “no one in my household”.
 - According to the ABS (Oct 2023), Australia had 10.4million households in June 2023 indicating 8.35m Australian households are likely to have occupants who experience back pain.
- **85% of respondents reported experiencing “back pain – low, mid, upper or ‘non-specific’”.**
 - 86% of female respondents experienced low, mid, upper or ‘non-specific’ back pain.
 - 83% of male respondents experienced low, mid, upper or ‘non-specific’ back pain.
 - According to the ABS (April 2024), Australia’s adult population at 30 June 2023 was 19.62 million indicating that approximately 16.4 million Australians could experience back pain (low, mid, upper or non-specific).
- **Only 40% of low-back pain sufferers received a medical diagnosis – 42% of men and 39% of women. 60% of low-back pain sufferers have not sought a medical diagnosis.**
- 75% of respondents with back pain are aged 18-60 which represents the peak working age.
- **Of the respondents who reported experiencing low, mid, upper or non-specific back pain, ‘low-back pain’ was the most prevalent (80.6%) with 82.2% of all female respondents and 79% of all males suffering low-back pain.**
- 6,368 individual MSDs were reported by 907 of 1006 respondents. 3,318 (52%) by women and 3042 (48%) by men
- The top three MSDs reported were **Low-back pain (80.6%), Neck pain (67.9%) and Mid-back pain (66.3%).**
- Over the past 12 months:
 - **82% of women experienced low-back pain** with 28% of sufferers experiencing low-back pain weekly, 12% daily, 18% monthly, 15% occasionally (one every few months) and 15% seldom.
 - **78% of men experienced low-back pain** with 21% of sufferers experiencing it weekly, 14% daily, 17% monthly, 16% occasionally (one every few months) and 17% seldom.
- **Individuals** with a highly-active lifestyle outside work who undertook daily exercise reported the lowest prevalence of back pain (77%) compared to 86% of individuals who are only ‘somewhat active’ undertaking light physical activity (mix of standing and walking).
 - **Women** with a highly-active lifestyle outside work who undertook daily exercise reported the lowest prevalence of back pain (76%) compared to 87.4% of women who were ‘somewhat active’ and undertook only light physical activity - a mix of standing and walking.

- **Men** with an ‘active lifestyle’ (undertake physically exertive activities; on their feet most of the day) reported the greatest prevalence of back pain (85%) with men with a ‘highly-active’ lifestyle having the lowest prevalence (78%).
- The data suggests weight can influence the likelihood of experiencing back pain with **95% of very overweight** and **90% of underweight** respondents suffering back pain compared to **81% of “ideal” weight** respondents and 86% of “bit overweight”.
- 51.5% of all respondents experienced 7-12 MSDs. 61% of female and 47.1% of male respondents.
- 23% of low-back pain sufferers required time off work, 53% required treatment and 6% were no longer able to work.
- 28% of LB pain lasts for 1-3 days with 19% of sufferers experiencing ongoing pain.
- **81% of low-back pain sufferers take pain relief medication to manage their symptoms. Of those, 13% take pain relief medication on a daily basis, while 12% use it frequently (3+ days per week).**
- **28% of all respondents (285) reported experiencing moderate low-back pain, pain which interferes significantly with daily life with** 35% of low-back pain sufferers classifying the pain as moderate and 8% as severe.
- **93.2% of all workers who “sit AND stand”** reported a musculoskeletal condition followed by 92.7% of workers who have a job which combines “sitting, standing and physical work”.
- **95.5% of Female workers** engaged in occupations that involve a combination of sitting and standing reported the highest prevalence of musculoskeletal disorders (MSDs).
- **86.9% of workers who “stand”** have a greater prevalence of back pain, even when combined with sitting or physical work.
- **Workers undertaking repetitive movements and standing for prolonged periods** of time reported highest incidence of back pain:
 - **Female workers in sedentary occupations exhibited the highest prevalence of back pain at 89.1%,** whereas women engaged in highly active roles reported a lower prevalence of 83.3%.
 - **58.2% of Back Pain sufferers indicated work contributed to their back pain.**
 - **56.1% of Back Pain sufferers indicated home contributed to their back pain.**
- **17.9%** of MSDs reported required workers compensation.
- **33.7%** of all reported MSDs affected respondents' movement or their ability to carry out daily activities.
- The survey highlighted that community understanding of what constitutes “back pain or discomfort to muscles, ligament, tendons, joints, spine and/or bone” is lacking. When initially asked if the respondent had experienced back pain or discomfort to their muscles, ligaments, tendons, joints, spine or bones, only 66% of respondents answered yes. But when asked if they had experienced 12 specific types of back pain or injuries, 90% answered that they had in fact experienced back pain or discomfort to their muscles, ligaments, tendons, joints, spine or bones.

ACA MEMBER SURVEY: PATIENTS PRESENTING WITH WMSDS 2024 - KEY FINDINGS

Stress

- 96% of ACA Members surveyed treat patients with spinal health issues as a result of workplace stress.
- 24% of ACA Members reported over 51% of their patients suffered spinal health issues as a result of workplace stress. 34% reported 11-25% of patients, 23% reported 26-50% of patients, Only 4% said they don't treat any patients with spinal health conditions as a result of workplace stress.

Physical activity

- 50.5% of WMSD patients when initially presenting are described as having a sedentary level of physical activity: 26% Somewhat sedentary, 22% moderately sedentary and 2% completely sedentary. 34% of WMSD are only somewhat active, with 14% moderately active and only 2% as very active.

Workspace type

- 49% of ACA Members surveyed reported sitting/desk work as the main cause of WMSD presentations.
- 25% reported a combination of sitting and physical activities as the dominant cause
- 17% reported the combination of standing, sitting and physical activities as the leading cause.

Workspace activities the top 5 workspace activities leading to WMSDS

- 73% Computer use at workplace
- 73% Prolonged sitting
- 67% Repetitive movements
- 67% Lifting, pulling or pushing
- 60% Computer use at home

Mental health

- 24% of members reported 'many patients' (51-74%) experience poor mental health or increased stress as a result of their WMSD with 18% reporting most patients (75%+).

Most prevalent WMSDs and causes reported

- ACA Chiropractors reported patients aged 41-50 as the most prevalent age requiring treatment for WMSDs followed by 31-40 year olds. With women aged 41-50 the most treated patients for WMSD followed by women aged 31-40 and men aged 31-50.
- 88% of ACA Chiropractors reported prolonged sitting as the leading cause or trigger for WMSDs followed by computer usage at work (75%) with computer use at home and repetitive movements equal third (71%).
- ACA Chiropractors reported the top WMSDs treated are back pain, neck pain and headaches.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (AIHW)

Chronic Musculoskeletal Conditions (17 June 2024) – Around 7.3 million (29%) people in Australia were estimated to be living with chronic musculoskeletal conditions, according to self-reported data in the 2022 Australian Bureau of Statistics (ABS) National Health Survey (NHS). Prevalence has not changed since the last survey in 2017–18.

Women reported the highest proportion of Australians living with MSDs with 30.8% of women compared to 26.8% of men. Of these people:

- 4.0 million (16%) were estimated to be living with back problems
- 3.7 million (15%) were estimated to be living with arthritis
- 854,000 (3.4%) were estimated to be living with osteoporosis or osteopenia (ABS 2023).

Modifiable risk factors contribute to burden: In 2018, 16% of the total burden (DALY) due to musculoskeletal conditions could be attributed to modifiable risk factors. These risk factors included:

- Weight: overweight and obesity, which contributed to 8.9% of the musculoskeletal burden, and 28% of the osteoarthritis burden
- WHS: occupational exposures and hazards, which contributed to 5.6% of the musculoskeletal burden, and 17% of the back problems burden
- Smoking: tobacco use, which contributed to 2% of the musculoskeletal burden (AIHW 2021a).
- For definitions and information on the burden of disease associated with these conditions, see [Australian Burden of disease Study 2023](#).

Direct Health Costs of MSD in 2021-2022 \$14.7 Billion – 9.8% of total health expenditure budget.

- \$9.95B hospital costs (Public/Private inpatient and public outpatient) – 67.5% of MSD costs
- \$3.31B primary care costs (GP, Allied health, PBS, Dental) – 22.4% of MSD costs
- \$1.49B in referred costs (imaging, specialists) – 6.4% of MSD costs

In 2020–21, musculoskeletal conditions accounted for:

- 22% (\$5.5 billion) of all private hospital service expenditure – ranking first of all disease groups
- 21% (\$943.7 million) of all medical imaging expenditure – ranking second of all disease groups
- For more information, see [Health system spending on disease and injury in Australia, 2020–21](#).

<https://www.aihw.gov.au/reports/chronic-musculoskeletal-conditions/musculoskeletal-conditions/contents/summary>

SAFework NSW MSD PREVENTION PLAN 2024-2026

- MSDs are the most common injury and disease in NSW
- Body Stressing such as lifting, carrying and repetitive movements are a major contributing factor for WMSDs alongside falls on the same level
- 57% of all serious claims are for WMSDs (SIRA – State Insurance Regulatory Authority)
- \$64,759 is the average cost of one serious WMSD claim between 2018-2023. A serious claim requires one or more weeks absence, averaged almost \$65k per claim between 2018-2023 (SIRA – State Insurance Regulatory Authority)
- Action Areas include raising awareness in the workplace about WMSDs and how they occur and building workplace capability to eliminate and reduce risks

Australian WHS Strategy 2023-2033 (June 2024)

Musculoskeletal conditions still account for the majority (57%) of workers' compensation claims for serious injuries. While their frequency has declined from 4.7 claims per million hours worked since 2007-08, to 3.4 claims per million hours worked in 2019-20, the reduction rate has slowed in recent years.

- Body-stressing, falls, slips and trips, and being hit by moving objects are the cause of most workplace injuries in Australia. www.safeworkaustralia.gov.au/sites/default/files/2024-06/australian_whs_strategy_2022-32_june2024.pdf

WHS Statistics Australia 2024 (September 2024)

The most current data shows: <https://data.safeworkaustralia.gov.au/insights/key-whs-stats-2024>

Serious Claims by Most Common Mechanism, 2021-22p

- Body stressing** – 32.6% (the highest percentage causing musculoskeletal injuries)
 - 41,600 claims – 25,600 male and 15,900 female
- Falls, trips and slips** – 22%
 - 28,100 claims – 16,200 male and 11,900 female

Serious Claims Demographic

Those most likely to suffer a workplace injury are predominantly Australian men who are 22.8% more likely to make a serious workers' compensation claim than women.

- Male – 77,400 (68.8%)
- Female – 49,900 (39.2%)

Serious Claims by Age group, 2021-22p

- 55-65 years - age group with the highest claims
- 35-44 years - age group with the lowest claim rate

Serious Claims by Occupation 2021-22p

The following four occupational groups accounted for over three quarters (77.7%) of serious claims in 2021-22p, despite representing only 38.2% of workers.

- Labourers (34,900)
- Community and personal service workers (27,500)
- Technicians and trades workers (20,000)
- Machinery operators and drivers (16,200)
- Professionals (office/desk workers) (13,900)
- Sales workers (4,200)

Serious Claims By Industry, 2021-22p

These industries accounted for 25.3% of serious claims in 2021-22p despite representing 14.6% of workers.

- 18.9% – Health care and social assistance (24,100)
- 12.2% – Constructions (15,600)
- 10.8% – Manufacturing (13,800)
- 10.1% – Public administration and safety (12,800)

The Serious claims frequency rate was highest for agriculture, forestry and fishing industry (10.9 serious claims per million hours worked), followed by construction (9.8), and public administration and safety (9.8). These industries accounted for 25.3% of serious claims in 2021-22p yet represent only 14.6% of workers.

Work-related Injury – Serious Claims by Nature 2021-22p

- The highest percentage of serious claims were due to injury at 66%

Serious Claims by Most Common Nature, 2021-22p

- 46,800 claims, 28,400 male (36.7% of male claims) and 18,300 female (36.7% of all female claims)
- 36.6% - traumatic joint/ligament and muscle/tendon injuries were the most common serious claim
- 14.3% - wounds, laceration, amputation and internal organ damage
- 13.7% - musculoskeletal and connective tissue diseases
- 10.6% - fractures

WHO GUIDELINE:

Non-surgical management of chronic primary low back pain in adults in primary and community care settings.

<https://www.who.int/publications/i/item/9789240081789>

Overview

In December 2023, the World Health Organisation (WHO) published the first guideline released by the WHO aimed at addressing **Chronic Primary Low Back Pain (CPLBP)**. The guideline is based on in-depth research and was written by a world-wide range of neuro-musculoskeletal health practitioners including chiropractors.

Optimising the clinical management of people with CPLBP is a current priority for WHO Member States.

Key Recommendations

WHO recommends non-surgical interventions in the treatment of CPLBP through an integrated, person-centred approach. This approach includes education programs that supports knowledge and self-care strategies; exercise programs; some physical therapies, such as (chiropractic) spinal manipulative therapy and massage; psychological therapies, such as cognitive behavioural therapy; and, in some cases, non-steroidal anti-inflammatory medicines. However, it's important to note that the common use of opioids and paracetamol prescribed to treat LBP is NOT recommended as these medications are largely ineffective in treating LBP and come with a range of associated risks.

SHOULD BACK PAIN BE TREATED WITH MEDICATION ALONE?

University of Sydney Study: Opioids ineffective for acute back/neck pain - June 2023

According to a study by the University of Sydney, in Australia (29.6.2023) published in the Lancet, around 40% of people with low back and neck pain who present to their GP and 70% of people with low back pain who visit a hospital emergency department are prescribed opioids such as oxycodone. The study found opioids do not relieve 'acute' low back or neck pain and can result in patients experiencing worse pain. Prescribing opioids for low back and neck pain can also cause harms providing compelling evidence opioids have a limited role in managing acute low back and neck pain and should not be recommended in the treatment of acute low back pain or neck pain.

Paracetamol and the Therapeutic Goods Administration - 3 May 2023

The Australian Therapeutic Goods Administration (TGA) published its final decision to reduce the maximum size of packs for various paracetamol products to address overuse of paracetamol that can lead to liver injury and paracetamol overdose. The TGA restrictions to packaging will come into effect from 1.2.2025.

DRUG-FREE CHIROPRACTIC HEALTHCARE TREATS THE CAUSE, NOT JUST THE SYMPTOMS

ACA chiropractors are 5-year university educated healthcare professionals who effectively treat a wide range of musculoskeletal disorders including the causes of back pain and a range of spinal health conditions. ACA chiropractors use specialised drug-free, evidence-based, non-surgical techniques including specific spinal adjustments to manage spinal health. They apply low-force intervention and use various manual therapies including soft tissue techniques while assessing lifestyle factors and providing relaxation methods to reduce reliance on medication and minimise stress caused by spine-related pain. By treating the cause of pain and not just the symptoms, chiropractic healthcare improves the overall health and wellbeing of Australians.

KEY CHIROPRACTIC FACTS

- **The Australian Chiropractors Association (ACA)** is the peak body representing chiropractors nationally with over 3,000 members dedicated to promoting the importance of maintaining a healthy spine to improve the health and wellbeing of all Australians.
- **ACA has invested over \$2.3 million** in evidence-based research into chiropractic healthcare.
- **Chiropractic healthcare targets the cause**, not just the symptoms, offering effective, low-risk, drug-free treatment for WMSDs for all professions. This approach is especially beneficial when combined with holistic, person-centred care, including exercise and stress management.
- **Australian chiropractors conduct over 400,000** chiropractic healthcare consultations every week.
- **With so many Australians visiting a chiropractor every week**, chiropractors play an important role in treating WMSDs and improving the spinal health of Australians including workers suffering WMSDs.
- **Chiropractors use a patient-centred model of healthcare** to provide a therapeutic approach incorporating a range of manual therapies to treat a range of MSDs including back pain.
- **Chiropractors are degree qualified healthcare professionals** who undergo a minimum five years of university study encompassing a bachelor's and a master's degree that covers a breadth of health subjects, including anatomy, physiology, radiology, diagnostic techniques, and clinical training.
- **Chiropractors are registered with the Chiropractic Board of Australia** under the Health Practitioner Regulation National Law. Board members are appointed by the Australian Workforce Ministerial Council. The Board regulates chiropractors in Australia under the National Registration and Accreditation Scheme with chiropractors one of 16 health professions in the National Scheme.

CHIROPRACTIC HEALTHCARE IN AUSTRALIA – THE FACTS

Chiropractors are 5-year university educated healthcare professionals

- Chiropractors are university degree qualified healthcare professionals who undergo five years of university study encompassing a double bachelor's degree that covers a breadth of health subjects including anatomy, physiology, radiology, diagnostic techniques, and clinical training.
- Chiropractic clinical training requires over 1,600 hours, including clinical placement treating hundreds of patients under the expert supervision of registered chiropractic healthcare professionals.
- Chiropractors are recognised as primary healthcare service providers certified to diagnose and treat health ailments. With a primary focus on musculoskeletal health, often they can be the first point of contact within the healthcare system when a person encounters a musculoskeletal problem.
- Chiropractors offer a drug-free, hands-on approach to spinal healthcare with growing evidence supporting early referral and assessment of patients experiencing musculoskeletal pain to an appropriately qualified musculoskeletal clinician such as a chiropractor.
- Chiropractors use a patient-centred model of healthcare to provide a therapeutic approach incorporating a range of manual therapies to treat a range of MSDs including back pain.

Chiropractors are registered to practice and regulated under Australian law

- Chiropractors are required to register with the Chiropractic Board of Australia under the Health Practitioner Regulation National Law. Board members are appointed by the Australian Workforce Ministerial Council. The Board's role is to regulate chiropractors in Australia under the National Registration and Accreditation Scheme with chiropractors one of 16 health professions in the National Scheme.
- As is the case for all healthcare service providers, Australian chiropractors are also regulated by the Federal Government's Australian Health Practitioner Regulation Agency (AHPRA) to ensure public trust and confidence in all health practitioners. Chiropractors are one of 16 health professions regulated by AHPRA including medical practitioners, nurses, pharmacists, paramedics, physiotherapists, psychologists, and dentists.
- All Australian registered chiropractors complete mandatory continuing education annually to maintain registration and practice as a, non-surgical spine care and musculoskeletal-allied healthcare professional.

Note: Case studies are also available on request.

Dr Billy Chow – President, Australian Chiropractors Association – National & South Australia

Dr Billy Chow, President of the Australian Chiropractors Association, graduated as a chiropractor from RMIT University in 1998. Since graduating, he has built a varied career in private practice, on boards, and in business. Dr Chow is passionate about educating and inspiring people to make better choices and live healthier lives. He serves as a Lecturer and ACC Program Coordinator (Diploma) at the Australian Chiropractic College, Adelaide, and runs a healthcare business consultancy providing practitioners with personalised business support and mentorship.

Dr David Cahill – Vice President, National & Victoria

ACA Vice President, Dr David Cahill has been a registered, practicing chiropractor since 1991, in the Malvern East area of Melbourne since 1998. He loves helping people of all ages, from newborn babies and toddlers to those in their more senior years. David is very active in post-graduate education, continually upskilling in many aspects of chiropractic. David's passion is to help people have transformative experiences and help the chiropractic profession advance its standing in the Australian community.

Dr Damian Kristof – National & Victoria

Nutritionist, Naturopath and Chiropractor, Dr Damian Kristof is a highly sought-after presenter and speaker in the Wellness industry. With 30 years of experience, Damian's in-depth knowledge of the body, nervous system, food functions and responses coupled with his friendly and dynamic presenting style, has him in high demand. Focusing on food as key to unlocking optimal health and wellness, Damian presents in-depth facts and concepts that have never been readily available to the public - offering all audiences from industry experts to the general public highly valuable content as he engages, educates and inspires audiences across the globe.

Dr Kim Lie Jom – NSW & National

Dr Kim Lie Jom has been a registered and practicing chiropractor in NSW for the past 30 years. His commitment to the wellbeing of his patients extends beyond chiropractic adjustments, as he understands the importance of holistic health for every individual. With a family of three kids of his own, he truly comprehends the value of family wellness. As a respected community leader, Dr Jom has become an integral part of the local community. His reputation extends not only for his exceptional chiropractic skills but also for his dedication to community service. He is a Board Director and proud member of the Australian Chiropractors Association (ACA), showcasing his commitment to the highest standards of professional practice. His involvement in the ACA goes beyond membership – he currently holds several key positions within the organisation, including Public Education, Audit and Risk, the Eastern Regional Committee. He is a dedicated member of the Australian Spinal Research Foundation (ASRF), demonstrating his commitment to advancing chiropractic knowledge and contributing to research in the field. Dr Jom's prominence in the chiropractic community is exemplified by his passion, dedication, and leadership in promoting health and wellbeing for individuals and families alike.

Dr Ashley Dent – Tasmania

Dr Dent graduated from Macquarie University in Sydney in 2010, where he received the Ed Devereaux Award for Services to the Student Body. He is actively involved with the Australian Chiropractors Association (ACA) at both state and national levels, currently chairing the Public Engagement Committee and contributing to two other committees. In 2023, he was recognised with a Meritorious Service Award from the ACA. Dr Dent has a keen passion for helping people improve their long-standing (chronic) back and neck pain and then progressing their spinal health through exercise and rehabilitation so that they are stronger and healthier than they've ever been.

Dr Michelle Ronan – Victoria

Michelle has been a registered chiropractor since graduating from RMIT in 2005 and has practiced in the Albert Park area since 2010. Michelle's passion lies in helping people's bodies perform better to allow them to get more out of life, whether that be to enhance sports performance, rehabilitation of chronic conditions, during pregnancy, or to support general health and wellbeing. Michelle loves helping people of all ages and stages of life on their health journey. Michelle previously sat on the Victorian branch of the CAA (now the Australian Chiropractors Association) and is currently completing a Master's through RMIT.

Dr Adam Smith – Queensland

Dr Adam Smith (Chiropractor) has over 22 years of experience in family-based chiropractic care. He has experience working in many communities around Australia and internationally, including regularly serving on committees that guide health policy on a state and Australian federal level, as well as in the UK. With a special interest in family health and wellness, Dr Smith works with local community groups, charities, workplaces and schools to improve access to chiropractic care for those who want it. He believes that all Australians should have access to quality chiropractic services, so he is currently working with a group that is expanding chiropractic access in regional and rural areas of Australia across six states and territories.

Dr Joshua Tymms – Western Australia

Dr Joshua Tymms is a registered chiropractor with two decades of clinical experience, having graduated from Murdoch University in 2006. Throughout his career, he has worked with a wide range of patients, including elite-level athletes, with a strong focus on structural correction and long-term spinal health outcomes. Josh holds dual Master's degrees in Public Health and Business Administration, equipping him with advanced expertise in health leadership, strategy, and research. He serves as Vice President of the Advanced Bio-Structural Correction Australasia (ABCA), where he leads initiatives to expand the research base supporting structural correction and strengthen the profession's evidence-informed direction. Over the past decade, Josh has held multiple leadership and advocacy roles within the Australian Chiropractors Association, contributing to policy, professional standards, and the future direction of chiropractic in Australia. In addition to his clinical and leadership work, Josh is the founder of Chiro Van, a mobile healthcare service designed to improve access to chiropractic care across the community. He remains committed to helping people move better, feel better, and live more active lives through high-quality, patient-centred care.

Dr Ali Young – Western Australia

Dr Ali Young is a Chiropractor with over 23 years' experience working specifically with families, children and women. She has owned practices and worked in both Western Australia and Queensland and loves taking care of those children who love that extra jolt of frivolity, playfulness and joy in their healthcare. She is an advocate for Working Mothers, with her book, *Work. Mama. Life* widely received upon its publication in 2022. She is a mother of two and now works with female chiropractors inside her coaching and membership programs, combining these two great loves with her chiropractic work. She is a sought-after speaker, MC, and strategist for female chiro's wanting to "have it all" – a supercharged practice, a work/life balance and a whole lot of fun. She has written for most major newspapers around Australia, has a podcast "Work Mama Life" with over 20,000 downloads, and is often called upon as an expert for the neurological regulation for working mothers. She has been a chiropractic patient since she was 15 years old and thinks there is no greater gift than providing the support families need to allow their health to shine.

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