

# Spinal Health for Every BODY.



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## NATIONAL SPINAL HEALTH WEEK 2024 - JOURNALIST NOTES

**National Spinal Health Week (20-26 May 2024)** is the initiative of the Australian Chiropractors Association (ACA). ACA has conducted national Spinal Health Week for more than 25 years. It is Australia's longest running, and award-winning national health awareness campaign dedicated to improving the spinal health of Australians of all ages.

Annually, the national campaign focusses on a specific spinal health issue while promoting the importance of maintaining good spinal health to improve overall health and wellbeing. In 2024, the campaign focusses on improving musculoskeletal health to address back pain and the impact it has on 4 in every 5 Australians. ACA is encouraging individuals, the community, businesses and organisations to participate by registering at [www.spinalhealthweek.org.au](https://www.spinalhealthweek.org.au).

With the cost of Musculoskeletal Disorders (MSDs) to the Australian economy exceeding \$55.1 billion annually (including direct health costs, lost productivity and reduced quality of life); with 6.1 million Australians already affected, of which 58% are of working age in peak income earning years (25-64); and, with the growth in musculoskeletal cases projected to be 43% over the next two decades (including older Australians living with spinal health conditions), the health burden on Australians and our economy is significant. By promoting a pro-active approach to improving spinal health through effective drug-free solutions, national Spinal Health Week 2024 will increase awareness of MSDs that can cause back pain and restrict the quality of life and increase the psychological distress and bodily pain of sufferers.

### 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 and maintain healthy lives.

The ACA is the premier association for chiropractic in Australia. With around 3,000 members, the ACA is Australia's largest chiropractic health body and has taken 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 \$2.2 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 Week.

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.

### Drug-free chiropractic healthcare can treat the cause, not just the symptoms

Although pain medications may offer temporary relief from back pain, recent academic studies reveal that opioids, commonly prescribed for this purpose, do not benefit people with acute low back or neck pain (lasting up to 12 weeks), and have no positive role in treatment of chronic low back pain. What's more, opioids may cause serious side-effects and potential addiction problems. While opioids may relieve LBP and neck pain in the short term, longer term outcomes are not improved with opioids.

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 back pain. By treating the cause of back pain and not just the symptoms, chiropractic healthcare improves the overall health and wellbeing of Australians.

## Australian chiropractors conduct over 400,000 consultations every week.

### The burden of back pain in Australia - Key facts

- ⦿ Back pain is a very common problem with 1 in 6 Australians reporting having back problems at any one time.
- ⦿ 4 out of every 5 Australians experience back pain at some point in their lives.
- ⦿ Of about 8 in 10 of those who suffer back pain, it is not caused by any particular condition – this is called ‘Chronic Primary Back Pain’ (also known as non-specific low back pain).
- ⦿ Back pain is usually as a result of a musculoskeletal disorder (MSD).
- ⦿ 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 (MA, 2020-2021).
- ⦿ The burden of MSDs costs the Australian economy \$55.1 billion annually in direct health costs, low productivity and reduced quality of life (MA, 2020-2021).
- ⦿ 6.1 million Australians are already affected by a musculoskeletal disorder, of which 58% are of working age in peak income earning years (25-64).
- ⦿ The increase in musculoskeletal cases is projected to be 43% over the next two decades (including older Australians living with spinal health conditions).
- ⦿ 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.
- ⦿ In Australia in 2020-21, an estimated \$3.4 billion was spent on the treatment, and management of back problems alone.
- ⦿ Opioids don’t help back pain - 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.
- ⦿ A 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 patients experiencing worse pain.
- ⦿ Prescribing opioids for low back and neck pain can also cause harms ranging from common side effects including nausea, constipation and dizziness to dependency, misuse, poisoning and death.
- ⦿ The findings show opioids should not be recommended for acute low back pain or neck pain or chronic low back pain.
- ⦿ A change in prescribing for low back pain and neck pain is urgently needed in Australia and globally to reduce opioid-related harms.
- ⦿ 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 back pain

- ⦿ **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 – and all can lead to musculoskeletal injuries causing back pain.
- ⦿ **Older Australians**, particularly those aged over 65 years are more likely to develop chronic low back pain. Low back pain is the most common health problem among older Australians that can restrict activities and limit overall enjoyment of life.
- ⦿ **Inactive Australians** who don’t exercise and spend long hours sitting can develop poor posture, weight gain and musculoskeletal problems which, if left untreated, can lead to chronic back pain.

### 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 had a musculoskeletal disorder in 2017–18, around 7 million people according to the Australian Institute of Health and Welfare (AIHW, 2019).
- ⦿ MSDs cost the Australian economy \$55.1 billion in direct health costs, lost productivity and reduced quality of life (MA, 2020-21).

## THE IMPACT OF BACK PAIN & MUSCULOSKELETAL INJURIES IN AUSTRALIA

### An Independent National Consumer Survey Conducted By Pureprofile

1006 Respondents ⦿ 506 Female ⦿ 499 Male ⦿ 1 Non-Binary

907 Reported a MSD to their spine/back in their lifetime: 462 Female; 444 Male; 1 Non-Binary

891 Experienced a MSD during past 12 months: 455 Female; 435 Male; 1 Non-Binary

### KEY POINTS

- ⦿ **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.**
  - **6,368 individual MSDs were reported by 907 of 1006 respondents.**
  - 51.5% of all respondents experienced 7-12 MSDs. 61% of female and 47.1% of male respondents.
- ⦿ **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.
- ⦿ 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 over weight”.
- ⦿ 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.**
- ⦿ **Chronic Pain**
  - **30% of back pain (low, mid, upper or non-specific) sufferers reported their back pain became chronic (persisting for greater than 3 months or constantly recurring).**
  - **18% of total respondents classified their MSD as chronic.**
  - **Low-back pain was the most reported chronic condition reported by all respondents (37%).**
- ⦿ 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.

## Chiropractic: Key Findings

- ⦿ **44% of all respondents (441) and 43% of MSD sufferers (426) reported consulting a chiropractor.**
- ⦿ 80.3% of patients reported gaining relief when they consulted a chiropractor. 10.2% noted minimal improvement and 9.5% saw no improvement.
- ⦿ 41% reported their back pain either significantly improved or totally resolved through chiropractic healthcare. 18% reported a partial improvement.
- ⦿ **81% of female patients reported relief when consulting a chiropractor for back pain.**
- ⦿ **79% of male patients reported relief when consulting a chiropractor for back pain.**

**[DOWNLOAD FULL REPORT: https://bit.ly/SHW-Impact-of-Back-Pain](https://bit.ly/SHW-Impact-of-Back-Pain)**

# WHO GUIDELINE - For non-surgical management of chronic primary low back pain in adults in primary and community care settings.

## 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 researched and was written by a world-wide range of neuro-musculoskeletal health practitioners including chiropractors.

For people who experience persistent **Low Back Pain (LBP)**, their ability to participate in family, social, and work activities is often reduced, which can negatively affect their mental health and bring substantial costs to families, communities, and health systems. Those who experience CPLBP, particularly older people, are more likely to experience poverty, a premature exit from the workforce and accumulate less retirement wealth.

The purpose of the WHO guidelines is to provide evidence-based recommendations on non-surgical interventions for chronic primary LBP (CPLBP) in adults including older people, to improve health and wellbeing outcomes. The guidelines supports other WHO activities to improve outcomes for adults with LBP and supports the WHO Integrated care for older people (ICOPE) approach in primary healthcare.

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.

## WHO GUIDELINE - KEY POINTS

### Low Back Pain (LBP)

- ⦿ LBP is currently the leading cause of disability world-wide across both sexes and is considered a global public health issue by the WHO.
- ⦿ LBP is a very common condition experienced by most people across their life course.
- ⦿ In 2020, approximately one in 13 people globally experienced LBP, equating to an estimated 619 million people – representing a 60% increase in cases since 1990.
- ⦿ Between 1990 and 2020, global disability estimates attributed to LBP increased by around 60%.
- ⦿ Cases of LBP are expected to rise to an estimated 843 million by 2050.
- ⦿ Often LBP is recurrent and acute episodes become more frequent in older age.
- ⦿ In some people, concurrent spine-related leg pain may also be experienced.
- ⦿ Those who suffer from LBP can benefit from an integrated, person-centred rehabilitation approach.
- ⦿ LBP is a primary reason why people consult a chiropractor for a person-centred, non-surgical, drug-free approach to effective treatment.
- ⦿ Chiropractic healthcare is recommended as a first-line approach to LBP treatment.

### Chronic Primary Low Back Pain (CPLBP)

- ⦿ For those who experience persisting LBP symptoms beyond three months, this is defined as chronic primary low back pain (CPLBP) – a non-sinister non-pathological cause of back pain.
- ⦿ CPLBP is the name given by the WHO replacing 'non-specific low back pain'.
- ⦿ Over 90% of back pain in sufferers is due to CPLBP.
- ⦿ CPLBP is often associated with a reduced ability to participate in family, social and work roles, and incurs major costs to families, communities and health systems.
- ⦿ WHO's non-surgical management of CPLBP provides a patient-centred approach with treatment of chronic low back pain including:
  - Spinal manipulative therapy – hands on care provided by chiropractors
  - Person centred care relating to a suite of activities including:
    - Patient activities - diet, rest, mental attitude and exercise are critical.
    - Chiropractic healthcare - manual, physical interventions (chiropractic adjustments)

## The Impact of LBP on Older People

- ⦿ Among older people LBP is common and often leads to loss of physical and mental capacities.
- ⦿ For older people, LBP restricts mobility and the ability to participate in society leading to psychosocial impacts.
- ⦿ LBP is also associated with significant comorbidities, higher mortality and is strongly related to a decrease in health-related quality of life, particularly when spine-related leg pain is also present.
- ⦿ Concurrent musculoskeletal pain, loss of mobility, frailty, falls, urinary incontinence and poor sleep are important adverse health outcomes associated with chronic LBP in older people.
- ⦿ Older people require tailored care specific to the needs of the individual.
- ⦿ Addressing CPLBP among older populations can facilitate healthy ageing, so older persons have the functional ability to maintain their own health and wellbeing.

## 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

### Chronic Primary Low Back Pain (also known as Non-specific back pain)

According to HealthDirect, about 8 in 10 Australians who suffer back pain, their back pain is not caused by any particular condition. This is called Chronic Primary Low Back Pain (also known as non-specific low back pain) which is most common in people aged 35 to 55 years, but it can affect people of all ages.

### 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.

### ACA'S PREVENTION & INTERVENTION RESOURCES – [consultachiro.org.au](https://consultachiro.org.au)

- **Straighten Up app** – A resource to improve posture, stabilise core muscle groups and can help prevent spinal disability and enhance users' overall health and wellbeing.
- **Consult A Chiro Podcast** – A resource that provides information on preventing and managing work-related musculoskeletal disorders
- **Factsheets** – Back pain sufferers can download free factsheets including the Back Pain Factsheet, and the Sitting, Standing, Lifting/Bending Factsheets as well as the Back Pain Checklist from [spinalhealthweek.org.au](https://spinalhealthweek.org.au)

### 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 conducted by the University of Sydney, in Australia (29.6.2023), 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, published in the *Lancet* medical journal, found opioids (among the most commonly prescribed pain-relief for people with low back and neck pain lasting up to 12 weeks) 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 ranging from common side effects such as nausea, constipation and dizziness, to misuse, dependency, poisoning and death. This study provides 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

On 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. Following a report commissioned by the TGA that examined the incidence of serious injury and death from intentional paracetamol overdose, the restrictions to packaging will come into effect from 1.2.2025.

### THE BURDEN OF MUSCULOSKELETAL DISORDERS ON AUSTRALIA

#### Around 7 million Australians had a musculoskeletal disorder in 2017–18

According to Musculoskeletal Australia (2020–21), the health, social and economic burden of musculoskeletal disorders (MSDs) including back pain in Australia are extensive.

- MSDs are the second largest contributor to disability worldwide, with low back pain being the single leading cause of disability globally.
- The greatest proportion of persistent pain conditions is accounted for by MSDs (WHO, 2019).
- Almost 1 in 3 (29%) Australians had a musculoskeletal disorder in 2017–18, around 7 million people - Australian Institute of Health and Welfare (AIHW, 2019).
- MSDs and injuries are not just conditions of older age.
- MSDs significantly limit mobility and dexterity, leading to early retirement from work, reduced socio-economic circumstances and reduced ability to participate in social roles.
- AIHW data show that almost 4 in 5 (79%) people with arthritis and 2 in 3 (65%) people with back pain and back problems had at least 1 other chronic condition.
- MSDs are often linked with depression with one in five Australians with arthritis experiencing high or very high levels of psychological distress (AIHW, 2019).

## What are musculoskeletal disorders (MSDs)?

- ⦿ The model Work Health and Safety Regulations define musculoskeletal disorders (MSDs) as ‘an injury to, or disease of, the musculoskeletal system, whether occurring suddenly or over time’.
- ⦿ A ‘disorder’ implies a condition that has multiple factors acting together to cause the disorder.
- ⦿ MSDs are a wide range of inflammatory and degenerative conditions affecting the muscles, tendons, ligaments, joints, peripheral nerves and supporting blood vessels (Oakman, Clune & Stuckey, 2019).
- ⦿ WMSDs often develop from exposure to more than one workplace hazard and do not always fit neatly into an ‘injury’ or ‘disease’ category.
- ⦿ This group of disorders includes repetitive strain injuries, occupational overuse syndrome, back injury, osteoarthritis, backache, sciatica, slipped disc, carpal tunnel syndrome’ and tendinitis, among others.

## The rising cost of musculoskeletal disorders in Australia

In addition to the personal cost to sufferers of back pain, the rising cost of musculoskeletal disorders (MSDs) in Australia (including back pain) makes a case for why there needs to be a proactive, strategic response.

- ⦿ \$55.1 billion cost to the economy, including direct health costs, lost productivity and reduced quality of life.
- ⦿ 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.

## 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, multi-modal 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 15 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 14 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-pharmacological, non-surgical spine care and musculoskeletal-allied healthcare professional.



**Dr David Cahill – President, Australian Chiropractors Association - National, NSW & Victoria**

ACA President, Dr David Cahill has been a registered, practicing chiropractor since 1991, in the Malvern East area since 1998. He loves helping people of all ages, from newborn babies and toddlers, to those in their more senior years. David has always been very active in post-graduate education, continually upskilling in many aspects of chiropractic. From 2016 to 2020 David was also the chiropractor for the Hawthorn Football Club. He enjoys taking care of the elite footballers, integrating his chiropractic care in a team with the other support disciplines, particularly physiotherapy. David's passion is to truly help people have transformative experiences through chiropractic, and to better explore their magnificent potential.

**Dr Damian Kristof – Vice President, Australian Chiropractors Association - National, NSW & Victoria**

Nutritionist, Naturopath and Chiropractor, Dr Damian Kristof is a highly sought-after presenter and speaker in the Wellness industry. With over 20 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 before 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 Anthony Coxon – National & Victoria**

Dr Anthony Coxon is a caring and respected chiropractor with 30 years' experience. In 2009, he completed Post Doctorate studies in Chiropractic Neurorehabilitation. This additional qualification gives Anthony skills in dealing with more complex cases, particularly patients that experience balance disorders and dizziness. He is the current Vice President of the Australian Chiropractors Association (ACA). In addition to running a busy practice, Anthony has also appeared on countless print, radio and television media spots including 'A Current Affair', 'Today Tonight', the 'Today Show' and the Evening news on all commercial television stations. Anthony sees daily how chiropractic care and a healthy lifestyle can bring vitality and wellbeing to his patients.

**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 masters through RMIT.

**Dr Kim Lie Jom – NSW**

Dr Kim Lie Jom is a caring, dynamic and talented chiropractor with over 20 years' experience that has earned the respect and trust of his professional colleagues and patients alike. Kim's knowledge of chiropractic grew as did his interest within the profession. Paediatric chiropractic, sports chiropractic and the concept of wellness chiropractic are of particular interest to him. With three young children of his own he is very aware of how making healthy lifestyle choices from a young age will serve you later in life. He is passionate about chiropractic and feels that the profession has enormous health benefits to offer the community at large and his goal is to educate and adjust as many families as possible toward optimal health through natural chiropractic care.

**Dr Billy Chow – South Australia**

Dr Billy Chow graduated as a chiropractor from RMIT University in 1998. Since graduating he has had a varied and enriching career in private practice, on boards and in business. Dr Chow is passionate about educating and inspiring people to make better choices and to live happier and healthier lives. Dr Chow believes that being on the Spinal Research Board is an honour and allows him to give back to his profession through service and provides him an avenue to promote, fund and facilitate more research faster for the chiropractic profession.

**Dr Ashley Dent – Tasmania**

Dr Dent graduated from Macquarie University in Sydney in 2010 where he was awarded the Ed Devereaux Award for Services to the Student Body. He is active within the Australian Chiropractors Association at a state and national level chairing the public engagement committee and being a member of two other committees. He volunteers his time with St Vincent de Paul to bring chiropractic care to the homeless and vulnerable in Hobart. 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 Adam Smith – Queensland

Dr Adam Smith (Chiropractor) has nearly 20 years' 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 Adam 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 discovered chiropractic as a child and has been fascinated with its application ever since. He graduated from Murdoch University with a Double Degree in 2006 and is registered as a chiropractor. He finished his International Chiropractic Sports Science Diploma in 2007 and has worked at many international level sports events. He is studying a double masters in public health and business administration to help build skills in these areas.

### Dr Ali Young – Western Australia

Dr Ali Young is a Chiropractor with over 20 years' experience working specifically with families, children and women. She has owned practices & worked in both Western Australia and Queensland, and loves taking care of those children that 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 women in her Holistic Health Business space, combining these two great loves with her chiropractic work. She is a sought after speaker, MC, and strategist for working mothers in the allied health space who both own businesses, & want to live large whilst avoiding burnout. She has written for most major newspapers around Australia, has a podcast "Work Mama Life" with nearly 20,000 downloads, and provides support in the online space for women and mothers. She has been a chiropractic patient since 15 years of age, and thinks there is no greater gift that providing the support families need to allow their health to shine.

## REFERENCES

- WHO guideline for non-surgical management of chronic primary low back pain in adults in primary and community care settings. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO. <https://www.who.int/news/item/07-12-2023-who-releases-guidelines-on-chronic-low-back-pain#:~:text=LBP%20affects%20life%20quality%20and,accumulate%20less%20wealth%20for%20retirement.>
- Australian Institute of Health and Welfare: [https://www.aihw.gov.au/reports/chronic-musculoskeletal-conditions/back-problems#common\\_back](https://www.aihw.gov.au/reports/chronic-musculoskeletal-conditions/back-problems#common_back)
- Health direct – Government Health: <https://www.healthdirect.gov.au/back-injuries#searchGeneralResults>
- Work-related Musculoskeletal Disorders in Australia – 2019 - The latest research on work-related musculoskeletal disorders - J.Oakman, S. Clune and R. Stuckey: [https://www.safeworkaustralia.gov.au/system/files/documents/1912/work-related\\_musculoskeletal\\_disorders\\_in\\_australia\\_0.pdf](https://www.safeworkaustralia.gov.au/system/files/documents/1912/work-related_musculoskeletal_disorders_in_australia_0.pdf)
- World Health Organisation: <https://www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions>
- Better Health Channel: <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/back-pain>
- Musculoskeletal Australia - The rising cost of musculoskeletal conditions: <https://msk.org.au/a-problem-worth-solving/#:~:text=This%20groundbreaking%20report%20details%20the,and%20reduced%20quality%20of%20life>
- Musculoskeletal Australia 2020–21 Pre-budget Submission - [https://treasury.gov.au/sites/default/files/2020-09/115786\\_MUSCULOSKELETAL\\_AUSTRALIA.pdf](https://treasury.gov.au/sites/default/files/2020-09/115786_MUSCULOSKELETAL_AUSTRALIA.pdf)
- University of Sydney- Opioids ineffective for acute low back or neck pain: Study: <https://www1.racgp.org.au/newsgp/clinical/opioids-ineffective-for-acute-low-back-or-neck-pain#:~:text=and%20neck%20pain,-.Opioids%20are%20the%20one%20of%20the%20most%20prescribed%20pain%2Drelief,prescribed%20opioids%20such%20as%20oxycodone>
- TGA decision to reduce paracetamol pack sizes [www.tga.gov.au/news/media-releases/tga-makes-final-decision-reduce-paracetamol-pack-sizes](http://www.tga.gov.au/news/media-releases/tga-makes-final-decision-reduce-paracetamol-pack-sizes)