

Chiropractic: ASA review and guidance for marketing claims

Claims for sciatica, whiplash, 'sports injuries', and treatment of babies, children and pregnant women.

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1. Executive summary

ASA review and guidance for marketing claims made for chiropractic: Claims for sciatica, whiplash, 'sports injuries' and treatment of babies, children and pregnant women

This paper details the findings of a review of evidence relating to chiropractic as a treatment for the conditions sciatica, whiplash and 'sports injuries', and to evidence for chiropractic as a treatment for the specific population subgroups of babies, children and pregnant women.

The review of evidence was carried out by CAP, at the request of the British Chiropractic Association (BCA). The conclusions reached have formed the basis of the ASA's recommendations below.

The paper sets out general principles to which chiropractors should adhere when preparing marketing communications, and provides specific guidance as to the types of claims which are unlikely (or likely) to mislead consumers in relation to the efficacy of chiropractic for the treatment of sciatica, whiplash, 'sports injuries', babies, children and pregnant women.

The paper recommends that:

- Chiropractors may claim that chiropractic can help with sciatica (new position)
- Chiropractors may not claim that chiropractic can help with whiplash (no change to position)
- Chiropractors may claim that chiropractic can help with specific conditions which may be caused by sports injuries, but may not state or imply that chiropractic can help "sports injuries" generally without appropriate qualification (new position)
- Chiropractors may not claim to treat conditions or symptoms presented as specific to babies, children and pregnant women (no change to position), but may refer to the provision of general health advice to those specific patient populations (new position)

2. Background

The ASA and CAP

The Advertising Standards Authority (ASA) is the UK's independent regulator of advertising across all media. The ASA makes sure ads across UK media comply with the advertising rules (the Advertising Codes), by responding to concerns and complaints from consumers and businesses, monitoring ads to check they're following the rules, and conducting research to test public opinion and identify where we need to take action to protect consumers.

The Committee of Advertising Practice (CAP) is the sister organisation of the ASA and is responsible for writing the Advertising Codes. Its members represent the advertising industry, covering advertisers, media owners and agencies. CAP offers authoritative advice and guidance on how to create campaigns that comply with the rules. That advice and guidance is based on ASA rulings and in some cases reviews of relevant evidence.

Chiropractic

Chiropractic is a healthcare profession that focusses on diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, with special emphasis on the spine. It emphasises manual therapy including spinal manipulation and other joint and soft-tissue manipulation, joint mobilisation, and includes exercises, and health and lifestyle counselling.

The title of 'chiropractor' is protected by law and chiropractors are regulated by statute. [The General Chiropractic Council](#) (GCC) is the UK-wide statutory body established by Parliament to regulate the chiropractic profession. They check that all chiropractors are properly qualified and fit to practise. There are five representative bodies for chiropractors in the UK: [British Chiropractic Association](#) (BCA); [Royal College of Chiropractors](#) (RCC); [United Chiropractic Association](#) (UCA); [Scottish Chiropractic Association](#) (SCA); [McTimoney Chiropractic Association](#) (MCA).

Background to this paper

The ASA is an evidence-based regulator that draws on the expertise of the wider scientific community when regulating healthcare claims in advertising. In doing so, we seek the opinions of independent others who, by virtue of their employment and professional status, we consider suitably qualified to advise us in healthcare matters. We draw on a broad consensus within the scientific community about the standard of evidence required to support claims to treat medical and health conditions across a range of healthcare practices, although we acknowledge not all healthcare practitioners agree with that consensus.

The ASA seeks to balance our responsibilities to protect members of the public, some of whom may be vulnerable, from misleading health claims in advertising at the same time as allowing chiropractors the freedom to market their services in a way that is responsible. We also seek to protect the interests of responsible practitioners from those few who might, through their marketing activity, damage the reputation of chiropractic.

CAP's previous advice in relation to the advertising of chiropractic was based on a review of evidence conducted in September 2010. It included a list of conditions which CAP accepted chiropractors could claim to treat. Based on that previous evidence review, chiropractors were also advised to avoid referencing certain conditions unless they held suitable evidence, including for sciatica and whiplash.

A further body of evidence was received from the BCA in 2015 in support of the efficacy of chiropractic for the treatment of sciatica, whiplash and 'sports injuries'. CAP commissioned an expert report (a summary of the evidence submitted is below) and invited responses to that report from the GCC, BCA and WFC. The ASA reviewed all the relevant information and devised some general key principles and guidance on marketing referring to the treatment of sciatica, whiplash and 'sports injuries' by chiropractors.

The ASA understands chiropractors may also wish to make claims referring to the treatment of babies, children and pregnant women, and we have therefore taken this opportunity to produce general principles and guidance on such marketing, similar to that published in November 2016 for osteopaths.

In June/July 2017 a version of this document was circulated to the chiropractic representative bodies referenced above and to [Good Thinking Society](#) (GTS), and feedback was invited. The ASA received responses from the GCC, BCA, RCC, SCA, WFC and GTS. We carefully considered the feedback received, and made some amendments to the guidance; this document incorporates those amendments.

3. Evidence base: Sciatica, whiplash, 'sports injuries'

Evidence submitted to CAP by the BCA was assessed by an independent expert (a list of the evidence is attached in Appendix I). The ASA's recommendations are based on the totality of that evidence.

Sciatica

Sciatica is the name given to any sort of pain caused by irritation or compression of the sciatic nerve. The sciatic nerve runs from the back of the pelvis, through the buttocks, and down both legs ending at the feet. Symptoms of sciatica include pain, numbness, a tingling sensation radiating from the lower back and travelling down one of the legs to the foot and toes, and weakness in the calf muscles or the muscles that move the foot and ankle. Pain can range from mild to very painful.¹

Since the review of evidence conducted in September 2010, CAP advice to chiropractors has been to avoid advertising that chiropractic can help with sciatica unless they hold suitable evidence.

The papers reviewed in 2017² included a meta-analysis which showed manipulation to be superior to inactive control, conventional care and intradiscal injections in terms of global effect. The evidence did not show strong support for the effectiveness of manipulation in terms of pain intensity and we therefore urge caution around specific claims that imply such an effect for manipulation alone.³

The ASA therefore considers that chiropractors may claim that chiropractic can help with sciatica (see section 6 for example claims).

Whiplash

Whiplash injury is a type of neck injury caused by sudden movement of the head forwards, backwards or sideways. It occurs when the soft tissues in the neck become stretched and damaged. Common symptoms include neck pain and tenderness, neck stiffness and difficulty moving the head, headaches, muscle spasms and pain in the shoulders and arms.⁴

Since the review of evidence conducted in September 2010, CAP advice to chiropractors has been to avoid advertising that chiropractic can help whiplash unless they hold suitable evidence.

The papers reviewed in 2017⁵ describe whiplash separately to, or as a form of, NAD (neck pain and associated disorders). The ASA considered whether evidence relating to NAD generally was relevant in substantiating claims relating to the specific NAD sub-condition of whiplash; we concluded that only evidence relating specifically to whiplash was relevant in substantiating such claims.

¹ NHS Choices website: <http://www.nhs.uk/conditions/sciatica/Pages/Introduction.aspx>

² See Appendix 1 for a list of the papers reviewed

³ See also NICE guideline [NG59] 1.2.7

<https://www.nice.org.uk/guidance/NG59/chapter/Recommendations#assessment-of-low-back-pain-and-sciatica>

⁴ NHS Choices website: <http://www.nhs.uk/conditions/whiplash/Pages/Introduction.aspx>

⁵ See Appendix 1 for a list of the papers reviewed

The 2017 evidence review found some evidence for the use of manual therapy for whiplash, but it was not sufficiently conclusive to support the claim that chiropractic is effective for whiplash. The ASA therefore considers that chiropractors may not claim that chiropractic can help with whiplash.

‘Sports injuries’

Sports injuries can be caused by an accident such as a fall or heavy blow, not warming up properly before exercising, using inappropriate equipment or poor technique, and pushing oneself too hard. Almost any part of the body can be injured, including the muscles, bones, joints, tendons and ligaments. The ankles and knees are some of the most commonly affected areas. Sprains and strains are the most common type of sports injury, with symptoms including pain, swelling, bruising and tenderness around a joint or in a muscle, or difficulty moving the affected body part. Other sports injuries include back pain, bone injuries, hamstring injuries, head injuries, heel pain, joint inflammation, knee pain including knee ligament damage, shoulder pain and skin injuries.⁶

Neither CAP nor the ASA has previously reviewed evidence relating to the efficacy of chiropractic for ‘sports injuries’, although evidence has been reviewed relating to particular problems which might arise from injuries sustained during sporting activities. CAP currently accepts that chiropractors may claim to treat general aches and pains including those of joints, muscle spasms and cramp, and frozen shoulder, shoulder or elbow pain, or tennis elbow arising from associated musculoskeletal conditions of the back and neck (but not isolated occurrences), which are conditions that could be the result of sports injuries.

The papers reviewed in 2017⁷ related to a range of problems which may arise from sports injury. The review found some support for the use of manual therapy to treat cervicogenic headache and for the short-term management of ankle sprains and plantar fasciitis. There was also sufficient evidence for the use of manual therapy to treat the following shoulder conditions: rotator cuff injuries, diseases or disorders; shoulder complaints, dysfunction, disorders and pain; soft tissue disorders. The review found there was not sufficient evidence to support claims relating to adhesive capsulitis (frozen shoulder).

To date neither the ASA nor CAP has seen evidence supporting the efficacy of chiropractic for the treatment of general, acute or chronic backache or back pain arising from injury or accident, or neck pain following injury.

The ASA considers consumers will understand broad claims made by chiropractors for the treatment of “sports injuries” to mean that chiropractic is effective for the treatment of all, or most, problems which may arise from sports injury. Given the evidence for efficacy is limited to certain, usually minor conditions which could be caused by injuries sustained during sporting activities, the ASA considers that consumers are likely to be misled by such broad claims. Chiropractors may instead claim that chiropractic can help with “minor sports injuries”, or specific problems (for which the ASA/CAP have seen evidence of efficacy) which may arise from sports injury, including highlighting that those problems may arise from sports injury⁸.

⁶ NHS Choices website: <http://www.nhs.uk/conditions/Sports-injuries/Pages/Introduction.aspx>; <http://www.nhs.uk/Conditions/Sports-injuries/Pages/Symptoms.aspx>

⁷ See Appendix 1 for a list of the papers reviewed

⁸ See pages 13-14 of this document for a list of these conditions

4. Evidence base: Babies, children and pregnant women

There is currently a very limited evidence base relating to the use of manual therapies, including chiropractic techniques, for *conditions* specific to babies, children and pregnant women. In the course of this process to date, we have not been provided with any full studies that address the use of manual therapies, including chiropractic techniques, with these groups, and we therefore have not considered new evidence when drafting the guidance.

The current evidence base means that claims to treat symptoms and conditions that are likely to be understood to be specific to babies, children and pregnant women (e.g. colic, growing pains, morning sickness) are unsubstantiated and therefore not acceptable in marketing at the present time. Where an adequate evidence base *has* been established for the efficacy of chiropractic for the treatment of particular conditions in the general population, claims that do not depart materially from those already deemed acceptable by CAP and which describe interventions consistent with chiropractic practice standards are likely to be compliant with the Advertising Codes.

5. General Principles: Advertising of chiropractic

This document is intended to provide some general key principles and guidance on marketing claims relating to the efficacy of chiropractic for sciatica, whiplash and 'sports injuries', and on claims to treat babies, children and pregnant women, although the acceptability of a particular advertising claim in context can only be determined by an ASA investigation. When considering whether claims in marketing for chiropractic are misleading, the ASA will have regard to both the actual claim being made and the context of that claim⁹. However, we consider that if marketers have regard to the key principles and guidance outlined here, they are unlikely to breach the CAP Code.

The ASA recognises that chiropractors provide a service to a wide range of patients and we have no desire to stand in the way of the marketing of chiropractic services, providing that advertising is responsible and, in particular, that claims about the efficacy of treatment options can be backed up by evidence in all cases.

General Principle 1: Marketing claims

Claims made in chiropractors' advertising that serve the purpose of encouraging consumers to make a transactional decision (i.e. claims that directly or indirectly invite individuals to consider seeking chiropractic treatment for themselves or someone else) must comply with the Code.

General Principle 2: References to treating medical conditions

As healthcare professionals regulated by statute, chiropractors may offer advice on, diagnosis of and treatment for conditions for which medical supervision should be sought. Those claims should be limited, however, to those for which the ASA or CAP has seen evidence for the efficacy of chiropractic for the particular condition claimed, or for which the advertiser holds suitable substantiation (references to conditions for which the ASA or CAP accept chiropractic can help with should be understood on this basis; the ASA acknowledges that new evidence may emerge). The ASA retains the right to ask to review evidence for the purposes of resolving complaints should it consider the need to do so. Chiropractors should therefore ensure that they have access to substantiation before making such claims, including implied claims to treat a particular condition.

General Principle 3: Substantiation for treatment claims

Where the efficacy of chiropractic for treating a particular condition has already been established, treatment claims that do not stray beyond the principles set out in the [CAP AdviceOnline](#) for chiropractic will be considered compliant with the Code.

General Principle 4: Chiropractic for general and specific patient populations

Chiropractors may make claims to treat general as well as specific patient populations, including babies, children and pregnant women, provided they are qualified to do so. Chiropractors may not claim to treat conditions or symptoms presented as specific to these groups (e.g. colic, growing pains, morning sickness) unless the ASA or CAP has seen

⁹ Consumer understanding of claims can be influenced by the context in which they are presented and therefore marketers should be aware that claims listed as acceptable might be rendered unacceptable if coupled with text or images that imply something beyond that for which evidence has been reviewed.

evidence for the efficacy of chiropractic for the particular condition claimed, or for which the advertiser holds suitable substantiation. Chiropractors may refer to the provision of general health advice to specific patient populations, providing they do not make implied and unsubstantiated treatment claims for conditions.

6. Guidance: Claims relating to sciatica, whiplash & 'sports injuries'

Sciatica

Chiropractors may claim that chiropractic can help with sciatica. We urge caution around claims that imply chiropractic can help with sciatic pain intensity.

Claims relating to sciatica are **unlikely** to mislead if:

- They state explicitly that chiropractic can help with sciatica
- They provide information about the causes of sciatica
- They describe methods of diagnosis and treatment that a chiropractor uses for sciatica

Example claims that are likely to be acceptable:

- *Conditions we treat: Sciatica*
- *Sciatica refers to any sort of pain that is caused by irritation of the sciatic nerve*
- *For patients with sciatica, we use a combination of highly specific manual techniques, followed by a rehabilitation exercise programme*

Claims relating to sciatica are **likely** to mislead if:

- They state explicitly or imply that chiropractic will eliminate sciatic pain

Example claims that are unlikely to be acceptable:

- *Live a life free from pain. Superb success rate in reducing the intensity of sciatic pain*
- *Spinal manipulation can provide relief from sciatic pain*

Whiplash

The ASA and CAP have not seen evidence sufficient to support claims that chiropractic is effective for the treatment of whiplash, or for neck pain arising from other types of injury (as opposed to mechanical neck pain, for which the ASA/CAP have seen evidence of efficacy). Any claims that directly state or indirectly imply that chiropractic is effective for whiplash (or pain arising from other neck injuries) are therefore likely to mislead consumers. ASA/CAP have seen evidence that supports the effectiveness of chiropractic for some symptoms which may be related to whiplash; chiropractors may make claims in relation to those symptoms.

Claims relating to neck pain are **unlikely** to mislead if:

- They do not state or imply that they can help with neck pain caused by whiplash, injury or accident
- They state explicitly that chiropractic cannot help with neck pain caused by whiplash, injury or accident
- They refer generally to "neck pain" but only in conjunction with references to the causes of simple/mechanical neck pain

Example claims that are likely to be acceptable:

- *Conditions we treat: mechanical neck pain*
- *We treat neck stiffness and soreness*
- *Chiropractic can help with neck pain caused by poor posture or awkward sitting positions*
- *See a chiropractor if you have neck pain caused by tension in the neck or shoulders*

Claims relating to neck pain are **likely** to mislead if:

- They state explicitly or imply that chiropractic may help with whiplash
- They state explicitly or imply that chiropractic may help with whiplash, including references to pain or stiffness caused by the sudden movement of the head, or to neck injuries caused by accidents (e.g. car accidents) or blows to the head
- The above also applies to any client testimonials used in marketing

Example claims that are unlikely to be acceptable:

- *Conditions we treat: whiplash*
- *See a chiropractor if your neck pain started within a few days of a car accident*
- *Injuries to the neck caused by a sudden movement of the head backward, forward, or sideways are referred to as 'whiplash'. Whether from a car accident, sports or an accident at work, whiplash or neck injuries warrant a thorough examination from a chiropractor*
- *The chiropractic approach to whiplash injuries is to use specific, gentle adjustments to help restore spinal function, followed by a rehabilitation exercise programme to further help you to recover*

'Sports injuries'

The ASA and CAP have seen evidence sufficient to support claims that chiropractic can help with a range of problems which may arise from sports injury. However, there are many conditions which may be caused by such injuries for which the ASA/CAP have not seen evidence. Chiropractors may claim that chiropractic can help with minor sports injuries and with specific conditions (for which the ASA/CAP have seen evidence of efficacy) which may be caused by sports injuries, including highlighting that those problems may arise from sports injury.

Problems which may arise from sports injury which chiropractors may claim chiropractic can help with ('acceptable conditions'):

- Joint pains
- General aches and pain, including those of joints, muscle spasms and cramp
- Cervicogenic headache
- Rotator cuff injuries, diseases or disorders; soft tissue disorders of the shoulder; shoulder complaints, dysfunction, disorders and pain
- Short-term management of ankle sprains and plantar fasciitis
- Elbow pain and tennis elbow arising from associated musculoskeletal conditions of the back and neck (but not isolated occurrences)

Claims relating to sports injuries are **unlikely** to mislead if:

- Generalised claims that chiropractic can help “sports injuries” are qualified to either:
 - make clear that chiropractic cannot help with *all* conditions caused by sports injuries (e.g. “we treat minor sports injuries / we treat some sport injuries”); or
 - refer to specific problems which the ASA/CAP accept chiropractic can help with
- Explicit or implied treatment claims (including through symptoms referred to) are restricted to those which the ASA/CAP accept chiropractic can help with
- They describe methods of diagnosis and treatment that a chiropractor uses for injuries sustained during sporting activities
- They give details of the specific qualifications or experience in this area of the chiropractor/s whose services are advertised

Example claims that are likely to be acceptable:

- *We treat [acceptable condition] caused by sports injury*
- *We can help with the following conditions arising from sports injuries: [list of acceptable conditions]*
- *We treat some sports injuries depending on diagnosis*
- *We treat minor sports injuries such [acceptable condition/s]*
- *At the initial consultation, we take a full medical history, investigate lifestyle, posture etc, carry out a thorough examination and take x-rays when necessary. Once the diagnosis is made, a treatment plan is prepared*
- *It's not just tennis and golf which can cause tennis/golfer's elbow. Other risk factors include prolonged computer use, driving, DIY and sports that require a throwing motion*
- *Some chiropractors hold specialist post-graduate qualifications in sports chiropractic*
- *We work in a wide range of professional sports including football, rugby and athletics, often as members of a multi-disciplinary medical support team*
- *Chiropractors often work at major sporting events*

Claims relating to sports injuries are **likely** to mislead if:

- They refer only to “sports injuries” generally without:
 - qualifying that chiropractic can help with only some sports injuries
 - referencing specific conditions which may be caused by injuries sustained during sporting activities and which the ASA/CAP accept chiropractic can help with
- Explicit or implied references to medical conditions (including through symptoms referred to) go beyond those which the ASA/CAP accept chiropractic can help with

Example claims that are unlikely to be acceptable:

- *We treat sports injuries*
- *We treat a huge amount of sports injuries including / such as [list of acceptable conditions / non-acceptable conditions]¹⁰*
- *Chiropractors often see patients with hamstring and calf strains, Achilles tendon injuries, tendonitis, groin and thigh sprains, neck pain following injury, general, acute or chronic backache or back pain arising from sports injury¹¹*

¹⁰ This is likely to imply chiropractic can help with other unlisted conditions

7. Guidance: Claims relating to babies, children and pregnant women

References to medical conditions in general and specific patient populations

The ASA considers it is likely to be acceptable to reference conditions listed in the [CAP AdviceOnline](#) article on chiropractic in relation to specific patient populations, such as babies or pregnant women.

The ASA retains the right to request to view evidence for the purpose of resolving complaints should it see the need to do so. Chiropractors should therefore ensure they have access to documentary evidence before making such claims.

Training and qualifications, including in relation to children

Claims in this area are **unlikely** to mislead if:

- They give details of the qualifications of the chiropractor/s whose services are advertised, including their training in relation to specific patient populations such as children or babies
- They explain the status of chiropractors as statutorily regulated health professionals

Example claims that are **likely** to be acceptable:

- *Chiropractors are statutorily regulated primary healthcare professionals, who work in the private healthcare sector and NHS settings*
- *Chiropractors are trained to work with pregnant women, babies and children*
- *Your chiropractor is trained in a wide variety of techniques to help you deal with the stresses of pregnancy*
- *Your chiropractor will use safe, gentle techniques that are suitable for your condition*
- *All our chiropractors have completed extra training in paediatric care and are very experienced in treating children of all ages*
- *Many chiropractors hold specialist postgraduate qualifications in paediatric chiropractic*
- *A chiropractic degree involves extensive training in anatomy, physiology and biomechanics, with particular emphasis on the musculoskeletal system and the nervous system*
- *Chiropractors train full-time for five years where we learn medical diagnosis, radiography and radiology (apart from chiropractic skills), which means that we can diagnose your problem. We are primary care practitioners specialising in nerve, muscle and joint problems. We will refer you to another healthcare professional if necessary*

¹¹ The ASA/CAP have not seen evidence that chiropractic can help with these conditions, which may be caused by sports injuries

Claims in this area are **likely** to mislead if:

- They make explicit or implied treatment claims for specific conditions or symptoms which go beyond those with the ASA/CAP accept chiropractic can help with
- They make explicit or implied claims that the chiropractor/s whose services are advertised have received training or qualifications relating to the treatment of babies, children and pregnant women if that is not the case

Example claims that are unlikely to be acceptable:

- *Chiropractors are qualified to advise and treat patients across the full breadth of primary care practice*
- *Chiropractors have a place as an integral part of the pregnancy healthcare team*
- *Many chiropractors hold specialist postgraduate qualifications in paediatric chiropractic [*in instances where the chiropractor/s whose services are advertised do not hold such qualifications]*

Descriptions of the patient population

Claims in this area are **unlikely** to mislead if:

- They focus on the patient population, such as their age or any specific needs they might have
- Explicit or implied treatment claims (including through symptoms referred to) are restricted to those which the ASA/CAP accept chiropractic can help with.

Example claims that are likely to be acceptable:

- *There is no upper age limit or lower age limit to have chiropractic treatment! The youngest patients we have seen have been two days and the oldest 98 years old*
- *Chiropractic treatment offers safe, gentle relief of discomfort during pregnancy*
- *Chiropractors sometimes work with midwives, health visitors and lactation consultants*
- *Some chiropractors work with patients with specific needs, such as those with disabilities or learning difficulties, and with premature babies*

Claims in this area are **likely** to mislead if:

- Explicit or implied references to medical conditions (including through symptoms referred to) go beyond those which the ASA/CAP accept chiropractic can help with
- References to symptoms imply they can be treated by chiropractic

Example claims that are unlikely to be acceptable:

- *Chiropractic has been shown to be effective for treating colic*
- *Chiropractors often work with crying, unsettled babies¹²*

¹² Implies colic, which is not supported by evidence

Information about health conditions in babies, children and pregnant women

Claims in this area are **unlikely** to mislead if:

- They give general information about how women's bodies might change during pregnancy, in relation to conditions which the ASA/CAP accept chiropractic can help with
- They refer to the safe and gentle nature of techniques used on babies or other specific patient groups
- They refer to the relaxation or increase in wellbeing that patients might benefit from

Example claims that are **likely** to be acceptable:

- *A woman's body changes during pregnancy. Those changes include the softening of ligaments, weight increase and changes to posture. That can lead to additional pressure on joints in various parts of the body, including the spine or pelvis*
- *Babies' skeletons are softer than an adult's and chiropractors will therefore use gentler techniques when treating babies*

Claims in this area are **likely** to mislead if:

- They imply that the birth process is inherently traumatic for babies
- They exaggerate the seriousness of plagiocephaly and brachycephaly (flat head syndrome) or imply it can be treated by chiropractic
- Explicit or implied references to medical conditions (including symptoms) go beyond those the ASA/CAP accept chiropractic can help with – this is likely to include general references even if they don't specifically claim chiropractic can help. References to such conditions might be acceptable in some contexts if they are made in relation to other assistance chiropractic can provide, such as wellbeing, relaxation or calming

Example claims that are **unlikely** to be acceptable:

- *Even the most natural birth can result in stress to a baby's delicate system. The stress placed on the rapidly growing and developing baby can result in a certain level of dysfunction. The most common signs of this dysfunction are excessive crying, wind, constipation, reflux, positing, regurgitation/vomiting, failure to latch or feed well*
- *Birth can be a very challenging experience on a baby's skull and spine, which can result in spinal misalignment. It is important to get help from manual therapy as early as possible to assist in treatment of asymmetrical neck muscles, torticollis and the associated flat head.*
- *The number of bumps and falls toddlers have means that it is vital to regularly correct misalignment or blockages in their spine*
- *Chiropractors work on your spine and pelvis during pregnancy to promote balanced movement and alignment*
- *Symptoms of symphysis pubis dysfunction vary with the severity of the condition and symptoms will be experienced differently for every woman. Chiropractic treatment aims to address the root cause of the problem instead of addressing only symptoms*

Treatment claims for babies, children and pregnant women

Claims in this area are **unlikely** to mislead if:

- They refer to babies, children and pregnant women as representing particular subsections of the general population
 - They do not single out people in these patient groups as presenting with problems that are discrete and different from those encountered in the general population
 - They do not refer to the presentations or symptoms treated by chiropractors in these groups as a specific condition that can be alleviated (e.g. colic, birth trauma, growing pains)
 - They restrict the scope of claims for chiropractic treatment to conditional expressions of the ways in which chiropractic might help
 - Explicit or implied references to medical conditions are restricted to those for which ASA/CAP accept chiropractic can help
- The above also applies to any client testimonials used in marketing

Example claims that are **likely** to be acceptable:

- *Chiropractic care in pregnancy is a safe and gentle way to promote comfort and minimise back pain during your pregnancy*
- *Chiropractic is a gentle treatment suitable for children and babies*
- *Gentle manipulation could help soothe and relax your baby*
- *Chiropractic may help relieve the stresses and strains on your body during pregnancy and after birth*
- *Pregnancy can cause general aches and pains including joint and back pain and chiropractic could help*
- *Chiropractic techniques are suitable for children at all stages of development; I will assess your child to see what might help*

Claims in this area are **likely** to mislead if:

- They refer to chiropractic treatment of babies, children and pregnant women as discrete and different from treatment of the general population¹³
- They imply that the birth process is inherently traumatic and therefore results in damage that requires treatment¹⁴
- They suggest that general muscular aches and pains in these groups are attributable to a specific condition (e.g. colic, birth trauma, growing pains)¹⁵
- They suggest that symptoms or conditions which are specific to these groups (e.g. nausea or heartburn in pregnancy, excessive crying in babies) might be relieved by chiropractic¹⁶
- Explicit or implied references to medical conditions (or symptoms) go beyond those which the ASA/CAP accept chiropractic can help with

¹³ Such claims would require substantiation

¹⁴ This could invite people to seek unnecessary clinical intervention

¹⁵ While these are descriptive terms, they would nevertheless invoke a requirement for substantiation

¹⁶ We understand no evidence exists at present

Example claims that are unlikely to be acceptable:

- *Many midwives refer their clients and their new babies to us for chiropractic care*
- *Chiropractic treatment for babies can improve feeding*
- *Many pregnant women receive chiropractic care for breach presentation*
- *Our clients maintain their chiropractic care for issues with pregnancy and childbirth*
- *If your baby suffers from excessive crying, sometimes known as colic, chiropractic might help*
- *Children often complain of growing pains in their muscles and joints; your chiropractor can treat these pains*
- *Chiropractic can help your baby recover from the trauma of birth*
- *Chiropractic treatment during pregnancy helps to control symptoms of nausea*
- *Many women find that labour is shorter and less painful*
- *Chiropractic can play an important preventative role in the care of a baby, child or teenager and bring the body back to a state of balance in health*
- *Chiropractors see many causes of pelvic pain in pregnancy. Chiropractors offer safe, gentle manipulation and stretches*

Descriptions of a consultation and treatment aims and techniques

Claims in this area are **unlikely** to mislead if:

- The claims focus on the consultation process and what patients can expect
- The claims detail the various techniques chiropractors might use including manipulation, stretching and soft tissue manipulation, health information, self-management advice and exercise advice/techniques
- Claims relating to the safety of the technique used
- Claims refer to the care and attention the patient will receive, including taking their medical history, symptoms and other life events
- Explicit or implied references to medical conditions are restricted to those which the ASA/CAP accept chiropractic can help with
- They explain the theory behind chiropractic and the principles it is based on (provided they do not make efficacy claims beyond those accepted by the ASA/CAP)

Example claims that are likely to be acceptable:

- *We are proficient in gentle techniques suitable for babies*
- *Techniques used on babies and children are delicate, careful and always tailored for the individual*
- *Chiropractors don't just crack spines. An initial consultation will comprise a detailed discussion about your pain, lifestyle, and history of the problem, followed by postural and orthopaedic examinations*
- *Chiropractic treatment is a combination of specific massage techniques, joint manipulation or mobilisation and consultation on how to make changes which will stretch and strengthen the necessary areas and postural habits*
- *The treatment for babies and young children is modified using a slight pressure (sustained release) most commonly rather than the manipulative technique used on adults*

Claims in this area are **likely** to mislead if:

- Explicit or implied references to medical conditions go beyond those which the ASA/CAP accept chiropractic can help with
- References to what will be assessed during a consultation imply that symptoms or conditions which go beyond those which the ASA/CAP accept chiropractic can help with can be treated
- They include unsubstantiated claims about how the therapy works

Example claims that are unlikely to be acceptable:

- *Our spinal and cranial techniques improve the function of your child's spine, nervous system and cranial system*
- *In assessing a newborn baby, a chiropractor checks for asymmetry or tension in the pelvis, spine and head, and ensures that a good breathing pattern has been established*
- *The diagnosis of growing pains is more often than not a diagnosis given when the physician cannot find the cause of the pain. It is important to have your child checked by somebody who is qualified to treat these problems and also takes the time to do an appropriate examination*

The ASA recognises that chiropractors provide a service to a wide range of patients and we have no desire to stand in the way of the marketing of chiropractic services, providing that advertising is responsible and, in particular, that claims about the efficacy of treatment options can be backed up by evidence in all cases.

Appendix: Evidence reviewed

The evidence review was conducted by Professor Julius Sim, School of Health and Rehabilitation at Keele University.

All comments and queries about the evidence review should be directed to the ASA rather than to Professor Sim.

Sciatica

- **Lewis et al.** Comparative effectiveness of management strategies for sciatica: systematic review and network meta-analysis. *The Spine Journal*, 2015; 15: 1461-1477.
- Trauma Programme of Care Pathfinder Project – Low Back Pain and Radicular Pain: Report of the Clinical Group 17th December 2014.

Whiplash

- **Côté et al.** Initial patterns of clinical care and recovery from whiplash injuries. *Archives of Internal Medicine*, 2005; 165: 2257-2263.
- **Van der Velde et al.** Which interventions are cost-effective for the management of whiplash-associated and neck pain-associated disorders? A systematic review of the health economic literature by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration. *The Spine Journal*, 2015, doi; 10.1016/j.spinee.2015.08.025.
- **Wong et al.** Are manual therapies, passive physical modalities, or acupuncture effective for the management of patients with whiplash-associated disorders or neck pain and associated disorders? An update of the Bone and Joint Decade Task Force on neck pain and its associated disorders by the OPTIMa Collaboration. *The Spine Journal*, 2015 doi; 10.1016/j.spinee.2015.08.024.
- **Sutton et al.** Is multimodal care effective for the management of patients with whiplash-associated disorders or neck pain and associated disorders? A systematic review by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration. *The Spine Journal*, 2014 doi; 10.1016/j.spinee.2014.06.019.
- **Haldeman et al.** The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and its Associated Disorders. *European Spine Journal*, 2008;17(suppl 1): S5-S7.
- **Côté et al.** Management of neck pain and associated disorders: a clinical practice guideline from the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration. *European Spine Journal*, 2016; 25: 2000-2022.

'Sports injuries'

- **Poulson et al.** Patient education with or without manual therapy compared to a control group in patients with osteoarthritis of the hip. A proof-of-principle three-arm parallel group randomised clinical trial. *Osteoarthritis and Cartilage*, 2013; 21: 1494-1503.

- **Clar et al.** Clinical effectiveness of manual therapy for the management of musculoskeletal and non-musculoskeletal conditions: systematic review and update of UK evidence report. *Chiropractic & Manual Therapies*, 2014; 22: 12.
- **Lubbe et al.** Manipulative therapy and rehabilitation for recurrent ankle sprain with functional instability: a short-term, assessor-blind, parallel-group randomized trial. *Journal of Manipulative and Physiological Therapeutics*, 2015; 38: 22-34.
- **van Ochten et al.** Chronic complaints after ankle sprains: a systematic review on effectiveness of treatments. *Journal of Orthopaedic and Sports Physical Therapy*, 2014; 44: 862-871.
- **Brantingham et al.** Manipulative therapy for lower extremity conditions: update of a literature review. *Journal of Manipulative and Physiological Therapeutics*, 2012; 35: 127-166.
- **Brantingham et al.** Manipulative therapy for shoulder pain and disorders: expansion of a systematic review. *Journal of Manipulative and Physiological Therapeutics*, 2011; 34: 314-346.

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