

# Chiropractic and the Dept. of Veterans Affairs -- Another Perspective

Warwick Bateman

New South Wales, AUSTRALIA -- I must write regarding the article, "Chiropractic and the Dept. of Veterans Affairs," by Drs. Dragasevich and Trevisan in the International Forum (May 6, 1996). I cannot let this article pass without quoting the correct facts so that your readers may gain a true and accurate picture of the situation in Australia.

It is true that at the October meeting of the association a motion was passed against the DVA. I would comment that this was mainly a proxy vote fight and that the majority of voters were not in attendance to hear the various positions put by the speakers. Many relied on the type of information published in your magazine.

1. In the first paragraph of the article, and later, the point is made of a limitation of eight visits.

The facts are there is a limitation of eight visits without gaining approval for extra visits. Extra visits are available on request and subject to being clinically necessary. In this state, extensions have been readily obtained for an average around 18-20 visits, some even as high as 60 visits. (Maintenance, preventative treatment is not allowed by chiropractors, osteopaths, physiotherapists, etc.)

2. What procedures, and based on what evidence, will DVA determine the need for extra visits?

The approval is given by the DVA chiropractic adviser. The adviser must be a registered, practicing chiropractor with extensive clinical experience. The extra visits are determined in discussion between the adviser and chiropractor concerned, with information based on the chiropractor's initial clinical report and any updates.

In the state where Drs. Dragasevich and Trevisan practice, I was that person until April this year, nominated to the position by the Chiropractors Assoc. of Australia (New South Wales), responding to a DVA request for them to nominate a suitable chiropractor.

3. Why is there a limit of eight visits a year when physiotherapists have 10 every three months?

A. Chiropractors need only one medical referral per patient per calendar year. This means the chiropractor doesn't need a new referral to see the patient for any musculoskeletal problem for the rest of the year, just show the chiropractic adviser that any extra visits are clinically necessary. Not a real problem in my experience.

B. Physiotherapists need one referral per condition and, with some minor exceptions, a new referral is needed every three months.

C. The physiotherapists are now demanding the same referral conditions as chiropractors (e.g., one medical referral per patient per year with an eight visit limit before extras are approved). The chiropractic conditions can't be too bad then.

4. In the case of a dispute whose authority will be recognized?

Any dispute is handled by the chiropractic adviser in conjunction with the DVA medical adviser.

Since the Veterans Act was instituted decades ago, all treatment/care has to be as a result of a referral from a licensed medical officer (LMO), a description that covers most medical practitioners. Initially all professions, including dentistry, had to have LMO referral, with the passage of time, the DVA's experience of their responsibility and history has enabled them to be eventually exempted from LMO referrals.

There are a number of areas where LMOs will not refer. However many chiropractors are surprised how many referrals they are getting. A number of chiropractors circulated their local LMOs and found they started to get both ordinary and DVA referrals.

The acceptance of chiropractic by the DVA had to be tabled before the federal parliament as a formality; no parliamentary debate was needed. Changes to parliamentary procedure scheduled to start Jan. 1, 1996, meant the acceptance would have then had to be more formally approved by the parliament. As a result it could be, and most likely would be, strongly debated and perhaps defeated.

The above facts have been widely published. Some of them even raised at meetings attended by Dr. Dragasevich; some in our newsletters.

The DVA has been quite supportive; special posters prepared and distributed free encourage people to seek chiropractic care. Many chiropractors have had these displayed in Returned Soldiers Clubs. Also many chiropractors have taken the initiative to inform "welfare officers" in clubs of the availability of chiropractic.

*Warwick Bateman, OAM, DC*  
*Chatswood*  
*New South Wales*  
*Australia*

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