

# Dr. Mikhail Mikheev's Address to the World Chiropractic Congress

Editorial Staff

Mr. President, distinguished guests, ladies and gentlemen,

It is a great honor and privilege to represent the World Health Organization in addressing the World Chiropractic Congress.

Welcome to London and to the 1993 World Chiropractic Congress.

The academic program for the next three days includes the theme of low-back pain and occupational health. In this respect, it is worthwhile to mention that industrialization and automation brought new types of epidemics, such as musculoskeletal disorders and low-back pain, which require a multidisciplinary approach in their prevention as well as treatment. Thus, chiropractic can contribute a lot.

In terms of social and economic cost, disability from back pain is one of the major problems in occupational health. Dr. Gordon Waddell from Glasgow, who is to speak to us at this meeting, has drawn attention to the nature and size of the problem in the United Kingdom, which reflects the situation in other developed countries. In the 25-year period from 1955 to 1980, the number of episodes of incapacity from back pain in the UK rose by approximately 350 percent for men, and 500 percent for women. By 1982, the estimated annual cost of back pain was 1,000 million pounds.

Experience in the last decade has shown that traditional management based on rest and passive care has been unsuccessful, actually promoting disability. A new model of care -- in which the main theme of management must change from passive to active treatment, from rest to early rehabilitation and restoration of function -- has shown to be more effective and efficient.

In the United States, a similar situation has been observed. Between 1971 and 1981, a 10-year period in which the population grew by 12.5 percent, the number of people disabled by back pain grew by about 168 percent. This means that, at a time when there were huge improvements in diagnostic equipment, labor saving mechanical devices and ergonomic knowledge, disability from low-back pain grew at a rate 14 times greater than the population -- and this was the single greatest cause of increased disability. In the words of Dr. Vert Mooney, past president of the International Society for the Study of the Lumbar Spine, "We apparently could not find the source of the pain." He calls for fundamental changes to traditional management, saying:

"Prolonged rest and passive physical therapy modalities no longer have a place in the treatment of chronic (low-back pain) ... basic studies and clinical experience suggest that this mechanical therapy is the most rational approach to relief of chronic low-back pain."

The low back pain epidemic is, of course, not confined to the United Kingdom and North America. There are "sky-rocketing costs for back pain in all industrialized countries," as Dr. Alf Nachemson from Sweden said, and we do not yet understand well the causes and natural history of back pain

and how best to manage this, our greatest challenge in occupational health.

However, a few things are now clear: one is that there are many causes of back pain and resulting disability; some are physical, and these include structural and mechanical causes; some are psychological; some are social. Effective management requires an understanding of this multifactorial basis to back pain, especially chronic low-back pain.

A second matter that is now clear is that no one profession or specialty has all the answers. The rising rates of disability and cost can only be controlled, and the individual patient's best interests can only be met through interprofessional cooperation and multidisciplinary management. Chiropractors, general medical practitioners, neurologists, orthopedic specialists, physiotherapists, psychologists, rheumatologists, and others must pool their different knowledge and skills and work together as a team.

Over the next three days we will hear from experts and clinicians from different disciplines, specialties, and countries sharing their knowledge with the common goal of better prevention of back pain in occupational health.

Only good things can come from this spirit of cooperation between people of diverse backgrounds, but all committed to the better understanding and management of back pain. When, for example, chiropractors, rheumatologists, and psychologists work together, two things happen. On one hand, they see more clearly the unique perspective and skill they have -- why they are important to a solution to the back pain epidemic. But, on the other hand, they understand the limitations of their training and practice, and the great importance of a collaborative and team approach. This is not only best for the patient, it is also professionally best to everyone in the health care team.

In a number of member states of the World Health Organization, they are now 186, the chiropractic profession is not yet established. As a result, occupational health physicians are not aware of what the chiropractic profession has to offer. This is unfortunate because there is now a growing body of research evidence that chiropractic management offers cost-effective care for various occupational health disorders including acute and chronic low-back pain. That evidence includes in this country the large multicenter controlled trial by Dr. Meade -- who is also speaking on this scientific program -- and his colleagues that was published in 1990 in the British Medical Journal.

I would like now, before closing my remarks, to make brief mention of another collaborative project between the World Health Organization and the World Federation of Chiropractic, which both organizations hope will introduce physicians to the chiropractic profession, and have a beneficial effect on occupational health programs in many countries in the years ahead. This project involves the preparation and publication of a World Health Organization Monograph (manual) titled Chiropractic in Occupational Health. It will be designed to provide occupational health physicians and managers with an introduction to chiropractic services and their potential role in occupational health programs.

The first scientific review meeting on this project was held yesterday in London at the St. James Court Hotel. It was chaired by Dr. John Triano from the United States, a member of the World Federation of Chiropractic's Research Council. Dr. Triano, who is well published and highly regarded in the fields of chiropractic, biomechanics, and occupational health, is to be principal editor of the publication.

The meeting was to discuss the final format, chapter contents, and authors for the publication. It brought together prominent occupational health physicians and chiropractors from Europe

(England, Denmark, Finland, the Russian Federation, Sweden, and Switzerland), Asia and the Pacific (Australia, China, and Singapore), and North America (Canada, and the United States). Most of those who were present are now attending this academic program over the next three days, as speakers or otherwise, and I am sure that this meeting will help give direction and quality to the proposed publication. Approximately half of the authors will be chiropractors, about half from other professions, and we hope that Chiropractic in Occupational Health, WHO's first major publication relating to the chiropractic profession, will be available in early 1995.

On behalf of the World Health Organization, and myself personally, welcome once more to this timely and important meeting. Much greater experts than I, who come from different fields, say that the socioeconomic cost of disability from low-back pain is truly an epidemic, and one which can only be controlled by in-depth collaboration between specialists. This meeting is exactly the right way to go about such collaboration. Please join me in offering particular thanks and appreciation to the British Chiropractic Association, our host association, for the great skill and hard work it has put into the planning and convening of this meeting.

Finally, I wish the Congress successful deliberations and a pleasant stay in London to every one of you.

Thank you for your attention.

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