

# Framing the Argument: Chiropractic Scope & Need for Local UCC/ER

A review of scope, history, and the case for  
retaining local urgent care facilities

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# Chiropractic Insight: An Indispensable Voice Missing from the Conversation

- Chiropractic patients represent a significant portion of the community relying on non-hospital-based MSK care.
- Chiropractors are legally obligated to diagnose—not merely assess—potentially serious health conditions.
- This diagnostic responsibility demands timely access to imaging and emergency referral pathways.
- The current healthcare restructuring ignores the infrastructure chiropractors need to fulfill their role safely and legally.
- I am here to highlight this critical gap—from the unique, patient-centered Chiropractic perspective.

# Patients Need Timely Access, Not Just More Providers

- Deploying more MDs, NPs or even Pharmacists does not replace Port Colborne UCC since this does not provide avenues for critical diagnostic support.
- Patients managing chronic or acute pain through chiropractic care face serious risks when timely imaging and triage are unavailable.
- Even with additional Primary Contact Providers, when a permanent UCC is absent in Port Colborne, patients will wait longer, experience preventable complications, and perceive the health system as unreliable.

# Chiropractic Utilization in Ontario

- 26% of Ontarians (2.7 million) receive chiropractic care in a year.  
- Source: Environics Research Group, 2019 ([chiropractic.on.ca](http://chiropractic.on.ca))
- Among those with back pain, 24% consulted a chiropractor annually.  
- Source: CJHS data, 2009–2010 ([bmchealthservres.biomedcentral.com](http://bmchealthservres.biomedcentral.com))
- Global average chiropractic utilization: 9.1% annually.  
- Source: Global scoping review ([chiromt.biomedcentral.com](http://chiromt.biomedcentral.com))
- Among women with back pain, chiropractic care reduced medical visits by 18% over 5 years.  
- Source: Wong et al., 2023 ([bmchealthservres.biomedcentral.com](http://bmchealthservres.biomedcentral.com))

# Chiropractic in Ontario – Scope of Practice Reach

- Chiropractic is one of the largest regulated health professions in Ontario
- Number of Licensed Chiropractors in Ontario: Approximately 5,500 (CCO, 2024).
- Given 1 in 4 Ontarians Attending Chiropractors - Niagara Population of approx. 480,000 equates to an est. 120,000 Niagara patients relying on chiropractic care per year.
- Port Colborne – est. 4000-5000 patients under care.
- Chiropractors play a key frontline role in managing MSK disorders, reducing load on physicians and hospitals.

# Who Chooses Chiropractic Care – Patient Profiles & Motivations

- Our patients often lack access to a family doctor or have experienced long delays in medical care.
- Many are educated, health-conscious individuals who prefer non-pharmaceutical approaches for MSKs.
- Common among those dissatisfied with conventional care or seeking second opinions.
- Chiropractic care appeals to those with extended health insurance or ability to self-pay.
- Increasingly includes seniors managing chronic pain and mobility issues.
- Growing numbers seek chiropractic for early intervention and prevention strategies.

# Regulated Health Professions Act (RHPA) – Ontario

- Umbrella legislation governing all regulated health professions in Ontario.
- Establishes framework for self-regulation in the public interest.
- Sets common rules: controlled acts, professional misconduct, quality assurance.
- Requires each profession to have its own specific Act (e.g., Medicine Act, Chiropractic Act).
- Overseen by regulatory colleges that ensure competence, ethics, and public safety.

# Chiropractic Act, 1991 (Ontario)

“The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the **diagnosis**, prevention and treatment, primarily by adjustment, of:

(a) dysfunctions or disorders arising from the structures or functions of the **spine** and the effects of those dysfunctions or disorders on the **nervous system**; and

(b) dysfunctions or disorders arising from the **structures or functions of the joints.**”

(Chiropractic Act, 1991, S.O. 1991, c. 21, s.3)



# Health Care Professionals Authorized to Use Title 'Doctor' in Ontario

- Physicians and Surgeons (College of Physicians and Surgeons of Ontario)
- Chiropractors (College of Chiropractors of Ontario)
- Optometrists (College of Optometrists of Ontario)
- Psychologists with a doctoral degree (College of Psychologists of Ontario)
- Dentists (Royal College of Dental Surgeons of Ontario)
- Podiatrists (College of Chiropodists of Ontario – podiatrists only)

**Use of the title must comply with the Regulated Health Professions Act (RHPA) and be within authorized scope of practice.**

# Chiropractic Education Overview

- 4-year, doctoral-level program following at least 3 years of undergraduate study. (7-8yrs post-secondary ed.)
- Over 4,200 instructional hours in classroom, laboratory, and clinical settings.
- Extensive training in anatomy, physiology, pathology, neurology, orthopedics, radiology, and biomechanics.
- Emphasis on diagnosis, differential diagnosis, and evidence-based management of musculoskeletal and nervous system conditions.
- Includes early clinical observation and final-year internship rotations in teaching clinics to develop patient care competence.

# Shared Foundations Between MDs & DCs

Area	Doctor of Chiropractic (DC)	Medical Doctor (MD)
Program Length	4 years (after ~3 years undergrad)	4 years (after bachelor's degree)
Total Hours	~4,200–4,800 contact hours	~4,000–4,200 contact hours
Basic Sciences	~1,200 hrs (anatomy, physiology, pathology, microbiology, biochemistry)	~1,300 hrs (anatomy, physiology, pathology, pharmacology, etc.)
Clinical Sciences	~1,400 hrs (diagnosis, neurology, orthopedics, radiology, nutrition, rehab)	~1,100 hrs (medicine subspecialties, pediatrics, surgery, psychiatry, pharmacology)
Adjustive/Manual Techniques	~1,000 hrs (spinal/extremity adjusting, soft tissue, biomechanics)	N/A (no manual technique component)
Clinical Experience	~1,000 hrs in student clinics (early observation + intensive final-year internship)	~1,500–2,000 hrs in hospital rotations (3rd/4th years in multiple specialties)
Licensing Requirements	National Board of Chiropractic Examiners (NBCE) Parts I–IV + Jurisprudence exam	Medical Council of Canada Qualifying Exam (MCCQE) / USMLE Steps + Residency



# Key Differences

MD covers all organ systems and surgery; DC focuses on MSK health

MDs complete 2 years hospital rotations; DCs do outpatient clinics

Pharmacology & surgery in MD vs. manual therapy focus in DC

# Chiropractors vs. Physiotherapists

## Key Distinction – Doctor Title & Diagnostic Obligation

### Chiropractors in Ontario:

- Regulated as primary-contact health professionals.
- Hold the protected title 'Doctor of Chiropractic.'
- **Legally required to render a diagnosis** within their scope.
- Must rule out non-musculoskeletal causes before treatment.

### Physiotherapists in Ontario:

- Regulated as primary-contact health professionals, no 'Doctor' title.
- Scope is to assess and treat dysfunctions in neuromuscular, musculoskeletal, and cardiorespiratory systems.
- **No legislated obligation to diagnose;**  
focus on functional assessment, treatment planning, and rehabilitation.

# OCA Advocacy Highlights for Ontario

- Over 2.7 million Ontarians use chiropractic services annually for MSK conditions.
- Chiropractic management of back and neck pain reduces imaging, opioid use, and specialist referrals.
- Cost savings for Ontario's health system by decreasing ER and family doctor visits for MSK complaints.
- Chiropractors are primary-contact providers with expertise in MSK disorders.
- Collaborative care with physicians and NPs improves patient outcomes.
- OCA advocates for integrated MSK pathways and access to evidence-based chiropractic care.

# Setting the Stage: OHIP Funding and Chiropractic's Evolution in Ontario

- Since the 1970's OHIP historically covered chiropractic services, recognizing them as cost-effective for MSK care.
- 1970s–1990s: Growth in utilization and recognition through provincial reviews.
- Government Commissioned Studies: **Wells** and **Manga** reports highlighted economic and clinical benefits of chiropractic and supported expanded coverage.
- 1994: Chiropractic Review Committee recommends barrier removal.
- Despite this recommendation on Dec 1, 2004: OHIP coverage for chiropractic ends, shifting costs to patients & EHC providers.
- Despite funding changes, chiropractic remains integral in Ontario's health system.

# 8 Most Common Conditions Seen by Chiropractors

1. Mechanical low back pain
2. Neck pain (cervical strain/sprain)
3. Tension-type or cervicogenic headaches
4. Sciatica / lumbar radiculopathy
5. Shoulder dysfunctions (rotator cuff, impingement)
6. Mid-back (thoracic) pain and rib dysfunction
7. Hip and sacroiliac joint dysfunction
8. Peripheral joint sprains and overuse syndromes



# Red Flags Suggesting Critical or Emergent Pathology

- Unexplained weight loss with back pain (possible malignancy)
- Constant night pain unrelieved by rest (possible tumor/infection)
- Saddle anesthesia or bowel/bladder dysfunction (possible cauda equina)
- Progressive neurological deficits (motor weakness, reflex loss)
- History of trauma with severe pain (possible fracture)
- Severe unremitting headache with neck stiffness (possible meningitis)
- Chest pain radiating to arm/jaw (possible cardiac event)
- Fever with spinal tenderness (possible infection)

# The Critical Role of UCC/ER in Chiropractic Clinical Escalation

## **Essential Escalation Resource**

Chiropractors, as primary contact providers, require timely access to urgent care centers (UCC) and/or emergency departments (ER) to responsibly escalate cases beyond their scope—particularly those involving serious or red-flag presentations.

# The Illusion of Coverage: Why More Doctors Cannot Replace a UCC

- UCCs and ERs offer advanced diagnostic tools (CT, MRI, X-ray, ultrasound) unavailable in traditional MD/NP offices.
- Chiropractors require timely, direct imaging access to fulfill legal diagnostic obligations under Ontario law.
- 24/7 operating hours— a standard of availability that no combination of part-time MD/NP offices can currently provide.
- Only ERs or a 24/7 UCC can provide the integrated, round-the-clock, team-based infrastructure essential for urgent triage and care escalation.

# 1. No UCC = No Imaging: The Risk of Delayed Diagnosis in Port Colborne

- Without the Port Colborne UCC, every chiropractic patient requiring X-rays or other imaging must travel to Welland or Niagara Falls. Closing the Fort Erie UCC services would worsen these impacts.
- Even routine imaging for chiropractic red-flags becomes delayed or avoided.
- Aging and mobility-limited patients face disproportionate barriers.

**Reference: City of Port Colborne Healthcare Survey, 2025; Ontario Ministry of Health Imaging Reports.**

## 2. No UCC = Breakdown of Critical Referral Pathways for Urgent Cases

- Chiropractors are required by law to rule out non-MSK pathology before treatment.
- Without the Port Colborne UCC, medical collaboration is delayed, compromising local chiropractic patient safety. Any reduced services at Fort Erie UCC would further limit options.
- Immediate escalation for infection, fractures, or vascular issues becomes unachievable.

**Reference: Regulated Health Professions Act, 1991; College of Chiropractors of Ontario Standards.**

### 3. No UCC = Subacute Conditions Ignored Until They Become Critical

- Port Colborne has a high senior population (25% over 65) and seasonal population surges.
- Without a local triage point at Port Colborne UCC, time-sensitive conditions of local population overwhelm distant ERs or go untreated.
- Patient outcomes deteriorate, and system-wide costs escalate

**Reference: Stats Canada, City of Port Colborne Healthcare Survey, 2025.**

## 4. No UCC = Non-Emergency Patient Volume Straining Distant ERs—Issues That Could Be Resolved Locally

- Loss of the Port Colborne UCC shifts urgent cases to already overburdened Welland and Niagara Falls hospitals. Many of these cases are not true emergencies and simply require mid-acuity healthcare services.
- Travel times: Welland 16 mins, Niagara Falls 33 mins, St. Catharines 50 mins. Plans to further curtail Fort Erie UCC services would worsen these impacts.
- Increased wait times and congestion for the entire Niagara region.

**Reference: Niagara Health System Access Reports.**

# 5. Patient Safety and Legal Compliance

## Demand UCC Infrastructure

- Chiropractors, as primary-contact health professionals, are legally and ethically required to provide accurate diagnoses and appropriate referrals.
- The closure or unavailability of Port Colborne's UCC compromises our ability to meet these obligations, potentially resulting in delayed or missed diagnoses of serious conditions.
- This failure not only puts patient safety at risk but may also expose providers and the system to legal action for unmet standards of care.

Reference: RHPA, 1991; College of Chiropractors of Ontario Standards.



## 6. Additional Harms to Chiropractic Patients Without Local UCC Access

- Delays in returning to chiropractic management due to missing diagnostics.
- Greater strain on family physicians and primary care services.
- Weakened inter-professional relationships and care coordination.

# Preserving Port Colborne UCC Protects All Patients, including Chiropractic Patients

- Port Colborne UCC keeps care close to home, especially for seniors and vulnerable residents.
- It prevents overloading distant hospitals, improving wait times and treatment quality for everyone.
- Without it, more patients will face delayed diagnoses, worse outcomes, and reduced trust in the health system.
- Preserving the UCC is essential to maintain safe, timely, and equitable care in Niagara.

# Primary Contact, Shared Crisis...

- Adding more MDs, NPs, Pharmacists or Chiropractors does not replace the need for local 24/7 urgent care facilities and diagnostic imaging services.
- All primary-contact health professionals—including MDs, NPs, and Chiropractors—are required to assess for serious conditions and initiate timely referrals when red flags emerge.
- When UCC infrastructure is lacking, diagnostic delays, avoidable complications, and patient harm increase—regardless of the provider's discipline.
- Patients suffer when escalation pathways break down: longer waits, missed diagnoses, and a growing loss of trust in local care.

# Port Colborne UCC – A Critical Pressure Valve for Niagara's Health System

- Port Colborne UCC already manages thousands of cases annually (17,000), absorbing local demand including successfully meeting the demands of Chiropractic referrals.
- Eliminating Port Colborne UCC forces patients into overburdened hospitals, worsening unacceptable wait times.
- Local Chiropractors and their patients rely on the UCC to rapidly refer for diagnostic imaging and urgent triage.
- UCC access allows chiropractors to meet legal duties to rule out serious conditions for their patients.
- Without a Port Colborne UCC, system degradation is guaranteed—its preservation is essential.

# Recommendations

- Maintain full, consistent UCC hours year-round (including evenings and weekends).
- Ensure on-site diagnostic imaging availability during all UCC operating hours.
- Implement a formal escalation protocol for primary-contact providers to rapidly access UCC services.
- Engage in ongoing dialogue with local providers to align UCC capacity with community needs.

Thank you for your time

Q&A