



**MANITOBA  
CHIROPRACTORS'  
ASSOCIATION**

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February 14, 2017

Mr. Michael D. Werier  
Chairperson  
The Workers Compensation Act  
Legislative Review Committee 2016  
P.O. Box 1296  
Winnipeg, MB  
R3C 2Z1

Dear Mr. Werier;

Re: Workers Compensation Act

Thank you for your letter of November 15, 2016 inviting consultation on the work of your review committee. We are appreciative of the opportunity to present the following submission in response:

**Preamble**

The chiropractic profession is regulated in Manitoba through *The Chiropractic Act*.

<http://web2.gov.mb.ca/laws/statutes/ccsm/c100e.php>

*The mission  
of the MCA  
is to foster  
and ensure  
the highest  
standard of  
chiropractic  
healthcare  
for all  
Manitobans.*

The Manitoba Chiropractic Association has a dual role, with both regulatory and advocacy responsibilities. There are two hundred and eighty-six licensed chiropractors in Manitoba. Manitoba chiropractors treat approximately 65% of the Manitoba population over a five year period and approximately 27% of the population annually. The profession is *direct-access/primary care* with a biopsychosocial and conservative approach in patient care.

The *practice of chiropractic* as defined by the Act is:

- (a) any professional service usually performed by a chiropractor, including the examination and treatment, principally by hand

and without use of drugs or surgery, of the spinal column, pelvis and extremities and associated soft tissues; and

(b) such other services as may be approved by the regulations.

### **Overview**

The Manitoba Chiropractors Association (MCA) is grateful for the opportunity to respond to the Workers Compensation Board of Manitoba (WCB) as they undertake their exhaustive review of mandate and operations. A *fitness for purpose* review is a process that our profession frequently undertakes in order to ensure that MCA priorities are consistent with our *objects* and societal obligations.

The WCB Act has proven to be a useful instrument to maintain focus on the injured worker as the main priority in all dealings. To this end, we are satisfied that the WCB has been faithful to the tenets of the Meredith Principles.

### **Relevance to the Chiropractic Profession**

The scope of practice, identity, image, and education of Manitoba chiropractors has created a significant alignment of purpose between the MCA and the WCB. Due to the high incidence of spine and extremity injuries in the workplace, our profession's care is frequently sought by the injured worker. This relationship has a long history and as highlighted by the WHO Global Burden of Disease 2010 study regarding disability, will likely be ongoing.

<http://ard.bmj.com/content/73/6/968.full>

We are a very active and engaged profession with emphasis on high level care and responsible stewardship of resources. Our care has concisely demonstrated efficacy in service provision and timely return to work. The MCA has made a strong and ongoing commitment to the creation, dissemination and update of clinical practice guidelines. Our members are committed to delivering care that is effective, safe and respectful of financial resources.

### **Medical Services**

We are pleased to see an emphasis on expertise in the delivery of care as stated in your mandate:

*Ensure that the Workers Compensation Board of Manitoba (WCB) is current with emerging trends in injury and illness, the most up-to-date health and safety knowledge, and medical practices.*

The MCA welcomes the opportunity to participate in operational strategies that may enhance optimal care and recovery. Germane to this topic is our involvement in the lessening of the burden of addictive medications.

The MCA, in cooperation with the Canadian Chiropractic Association (a national chiropractic advocacy organization), has been actively involved in addressing the opioid crisis. The CCA is a signatory in the federal action plan addressing this crisis as opioid prescriptions for Neuromusculoskeletal (NMSK) conditions are a frequent consequence of mismanagement. The signatories of the document envision a more thorough review of the prescription of opioids for conditions that can be suitably managed with conservative care.

[https://www.canada.ca/en/health-canada/services/substance-abuse/opioid-conference/joint-statement-action-address-opioid-crisis.html?\\_ga=1.64833647.1902687051.1479770407](https://www.canada.ca/en/health-canada/services/substance-abuse/opioid-conference/joint-statement-action-address-opioid-crisis.html?_ga=1.64833647.1902687051.1479770407)

### **Relationship and Engagement**

The MCA currently is engaged with the WCB in several areas. Notably, this involves patient care standards/guidelines, remuneration through equitable service contracts, and research.

The MCA is grateful for WCB support of MCA member Dr. Steven Passmore D.C., PhD., by funding several research project over the past five years.

[https://www.iwh.on.ca/system/files/plenaries/2014-11-18\\_isteenstra.pdf](https://www.iwh.on.ca/system/files/plenaries/2014-11-18_isteenstra.pdf)

<https://www.ncbi.nlm.nih.gov/labs/articles/27647141/>

[https://www.wcb.mb.ca/sites/default/files/files/Manitoba%20Project%20FINAL%20REPORT\\_FINAL\\_V4.pdf](https://www.wcb.mb.ca/sites/default/files/files/Manitoba%20Project%20FINAL%20REPORT_FINAL_V4.pdf)

The MCA is currently in year three of a four year contract. The contract addresses priorities of service, liaison processes, guidelines of care, and fees regarding care, communication and management.

Further, the MCA/WCB contract has provisions for *collaborative care* when deemed beneficial to expedite recovery and return to work. Although the MCA/WCB contract has included this provision for collaboration for over ten years, it is not within the contracts of other medical service providers. Although we are satisfied with this contract inclusion, we would prefer that the emphasis on collaborative care be highlighted in your vision, rather than a contracted/negotiated provision.

The MCA appreciates the ongoing utilization of contracted chiropractors at WCB who facilitate care and assist in the return to work strategies that are beneficial for all parties. The MCA is actively involved in the development of clinical practice guidelines, with support of Manitoba Health, in order to ensure evidence-based delivery of care.

<https://www.chiropractic.ca/guidelines-best-practice/>

## Act Clarity

In our experience, there has been the occasional issue regarding *language* in the Act. Specifically, the use of the term '*shall*'. In our scoping review of this term we have found that many jurisdictions are finding this word ambiguous and open to interpretation. We would welcome a review of its use.

The Canadian Department of Justice has addressed this issue:

*The auxiliary "shall" is not to be used, because of its legalistic tone, its rarity in Canadian English outside legal documents and the multiple meanings that have been ascribed to it in legislative texts.*

<http://www.justice.gc.ca/eng/rp-pr/csj-sjc/legis-redact/legistics/p1p8.html>

For example, the ability to fairly negotiate a contract is challenged by section 27 (10) and (11) in which the WCB can both negotiate *and* determine fees. This ambiguous language leads to negotiation that are inherently biased toward the WCB:

Subsection 27 (10)

*'the board **may** contract with health care providers, hospitals or other health care facilities for any medical aid required, and **agree** on a scale of fees or remuneration for any such medical aid' (emphasis added)*

Subsection 27 (11)

*The fees or charges payable for medical aid and medical reports*

*(a) **shall** be fixed by the board; and*

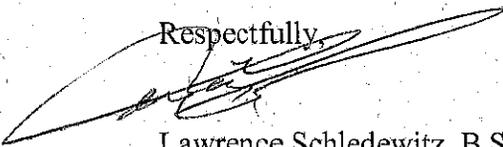
*(b) **shall** not be more than the board considers reasonable and proper for service rendered to a worker;*

*And no action lies for an amount larger than is fixed by the board.*

The MCA does have concern relating to a subtle shift in injured-worker management as it relates to communication and return to work strategies. There are organizational benefits with the WCB being intimately involved with industry and the specifics of the workplace (400 Group). There are risks, however, in having WCB overly biased toward the company and not advocating for a safe return of the injured worker to the workplace. We encourage the WCB to carefully filter all innovations of patient care and safe return to the workplace through the tenants of the Meredith Principles as they pursue optimal case management.

Thank you again for the opportunity to provide comment.

Respectfully,



Lawrence Schledewitz, B.Sc., D.C., F.R.C.C.S.S.(C.)  
Chair, MCA Negotiations Committee