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EDITORIAL

Why Chiropractic needs a more accountable language of subluxation and adjustment

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Narrative: This editorial advocates a clinically accountable, evidence-informed language of subluxation and adjustment that preserves Chiropractic's professional identity while advancing contemporary musculoskeletal care. Subluxation is reframed as a dynamic, context-dependent functional state encompassing altered movement, mechanical sensitivity, pain modulation, sensorimotor interpretation and adaptive capacity. Chiropractic adjustment is distinguished from spinal manipulation through clinical reasoning, target selection, procedural characteristics, therapeutic intent and reassessment, with professional distinctiveness requiring demonstrable evidence rather than assertion. Clinicians are encouraged to document observable findings, clarify intended mechanical-sensory inputs and evaluate patient-centred functional responses. The editorial calls for operationally defined constructs, rigorous investigation and proportionate communication across clinical practice, education, research and regulation. This approach supports professional traditions while promoting scientific responsibility, shared understanding and explanations that strengthen patient confidence rather than reinforce fear or unsupported therapeutic claims.

Indexing Terms: Chiropractic; Subluxation; Chiropractic adjustment; cultural authority; professional identity; language.

Chiropractic has always carried a distinctive clinical language. Terms such as subluxation and adjustment are not merely historical artefacts. They remain part of the way many Chiropractors organise clinical reasoning, communicate professional identity, and describe the skilled manual encounter.

> *'... Chiropractic has often been forced into an unhelpful binary: either defend inherited terminology as though it were already settled science, or abandon it in order to appear evidence-based. Neither position is sufficient ...'*

Yet these same terms have also become points of internal division and external criticism. The problem is no longer simply whether Chiropractic should retain or abandon its traditional language. The more important question is whether that language can be used in a way that is clinically meaningful, scientifically responsible, and understandable to patients, educators, regulators, researchers and other health professionals.

This editorial is needed because Chiropractic sits at an important professional threshold. Contemporary musculoskeletal care increasingly emphasises person-centred assessment, active care, reassurance, self-management, functional outcomes and prudent

use of manual therapies. (1, 2) Within that environment, chiropractic cannot rely on early 20th Century explanatory models that imply fixed spinal lesions, universal correction or broad health restoration unless those claims are observable, testable and supported by condition-specific evidence. (3, 4) At the same time, Chiropractic should not be required to surrender all of its distinctive terminology simply because some historic explanations are no longer adequate.

The third path

The value of the paper is that it offers a third path. It does not discard subluxation language, nor does it defend it dogmatically. Instead, it reframes subluxation as a dynamic, context-dependent functional state involving altered movement, mechanical sensitivity, pain modulation, sensorimotor interpretation, recovery state and adaptive capacity. This is a more accountable formulation because it asks clinicians to describe what they observe, what they test, what they change and what outcomes matter to the patient.

The paper also makes an important distinction between Chiropractic adjustment and spinal manipulation. These terms should not be collapsed into one another without thought, but neither should they be separated by assertion alone. A Chiropractic adjustment may be professionally distinctive because of its clinical reasoning, target selection, contact, setup, force characteristics, intent and re-testing. However, distinctiveness should be demonstrated through clearly specified claims, procedures, mechanisms, outcomes and safety data.

A recent call to action on manual therapy mechanisms makes this point especially relevant, arguing that force-based manipulation is mechanistically complex, influenced by local and regional interactions, time, clinician, context and patient variability, and therefore requires improved study design and greater clarity of inference. (5) This directly supports the need to investigate Chiropractic adjustment more precisely, rather than relying on terminology or assumed mechanism.

For clinicians, the practical contribution is equally important. The paper encourages documentation and communication that move beyond labels. If subluxation is used, the relevant clinical finding should be described in observable language: painful movement, altered sensitivity, guarding, reduced confidence, impaired load tolerance, recurrent flare behaviour or diminished adaptive capacity. If adjustment is used, the intended mechanical-sensory input and patient-centred response should be re-tested. This makes Chiropractic language more useful at the point of care and less vulnerable to misinterpretation.

For the profession, the broader significance is cultural. Chiropractic has often been forced into an unhelpful binary: either defend inherited terminology as though it were already settled science, or abandon it in order to appear evidence-based. Neither position is sufficient. A mature profession should be able to preserve meaningful clinical traditions while revising their explanatory basis in light of contemporary evidence. That is the contribution this manuscript seeks to make.

The Asia-Pacific Chiropractic community is well placed to host this discussion. The region contains diverse clinical traditions, educational systems, regulatory expectations and healthcare contexts. A paper that seeks shared language across philosophy, technique, research, education, clinical care and public accountability is therefore timely. It invites Chiropractic to speak more clearly, not less distinctively.

The need for this paper is ultimately practical. Patients deserve explanations that build confidence rather than fear. Clinicians deserve terminology that helps rather than obscures reasoning. Educators need concepts that can be taught, assessed and refined. Researchers need constructs that can be operationalised. Regulators and other health professionals need language that is intelligible and proportionate. The Chiropractic profession needs a way to honour its manual identity while participating more constructively in contemporary healthcare.

A modernised account of subluxation and adjustment will not resolve every debate. Nor should it. But it can change the quality of the debate. It can move Chiropractic from inherited assertion toward observable function, from professional defensiveness toward clinical accountability, and from tribal language toward shared understanding. For those reasons, this manuscript is not only appropriate for publication consideration. It is timely, necessary and professionally important.

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