

A research strategy for Advanced Bio-Structural Correction (ABC™) in Australasia: rationale, framework and implementation

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Narrative: Advanced Bio-Structural Correction (ABC™) is a methodology used internationally for the assessment and correction of subluxation, yet it remains sparsely represented in the peer-reviewed literature, where its evidence base is presently confined to single case reports and small case series. (1–22)

This paper presents the research strategy developed by the Advanced Biostructural Correction Australasia (ABCA) Research Committee and subsequently ratified by the ABCA Board and membership in 2025. The strategy sets out a vision and six objectives, organised around seven strategic initiatives spanning capacity building, network formation, a graded programme of research projects, dissemination, postgraduate pathways, funding, and ethical standards. It is accompanied by a five-year implementation timeline and a set of key performance indicators.

Early implementation is already evident: the first reliability study of an ABC™ assessment procedure has been published, (23) and a pilot clinical trial has been funded and is in progress with independent university collaborators. (24) We situate the strategy within the tradition of codified Chiropractic research recommendations in North America and Australia, (26–29) and we are candid about the principal challenge it must address: the current weakness of the ABC™ evidence base and the methodological and governance safeguards required to strengthen it credibly.

The strategy is offered as a transparent, accountable framework intended to move ABC™ from clinical observation toward formally tested knowledge, in the service of patients and the wider profession.

Indexing Terms: Chiropractic; Subluxation; Advanced Bio-Structural Correction; ABC™; Research strategy; Research capacity building.

Introduction

Advanced Bio-Structural Correction (ABC™) is a technique used by Chiropractors and other manual practitioners that is directed at the assessment and correction of subluxation. The ABC™ protocol combines spinal, pelvic and lower-limb corrections with meningeal releases and, as an adjunct for advanced practitioners, Endonasal Cranial Correction™. ABC™ has

“... ABCA has set out a structured, time-bound research strategy intended to move ABC™ from clinical observation toward formally tested knowledge. The strategy is consistent with how the wider profession has approached research prioritisation and capacity building”

been adopted by growing numbers of practitioners across North America, Europe, Southern Africa and Australasia



In Australasia it is supported by Advanced Bio-structural Correction Australasia (ABCA), a not-for-profit association formed in 2011 to advance the awareness, training and responsible utilisation of the method. Despite this international uptake, ABC™ has, in the words of one of the first reports to describe it in the peer-reviewed literature, ‘not been well described in the literature’. (3)

The peer-reviewed footprint of ABC™ is small but has grown significantly since 2021. The earliest reports appeared in 2004 under the technique’s earlier name, Advanced Bio-structural Therapy (ABT), and described its use, in each instance as one component of a multimodal course of care rather than the sole intervention. (1, 2)

The contemporary literature consists predominantly of single case reports and small case series describing changes observed during a course of care. (3 – 22) These reports document objective postural measures such as the craniovertebral angle (3) and spirometric indices, (8) alongside a wide range of patient-reported outcomes across diverse and sometimes serious presentations, including neurological and neurodevelopmental conditions, chronic and post-surgical pain, and various non-musculoskeletal complaints. (4 – 7, 9 - 22) Case reports of this kind are valuable for documenting clinical experience and generating hypotheses, but by design they cannot establish efficacy: they describe single patients, lack control groups, and cannot exclude natural history, concurrent care or placebo effects. Case studies are insufficient to determine cause and effect.

It is also relevant that the existing reports derive from a small number of contributing centres, and that proponents themselves acknowledge an absence of high-quality research substantiating the technique’s broader claims, claims that have attracted published criticism from perennial critics. (25) The published reports identified to date are summarised in Table 1.

None of this is a reason to avoid research; it is the reason research is needed.

Table 1 shows published case reports describing care using Advanced Bio-Structural Correction (ABC™), including its earlier designation Advanced Biostructural Therapy (ABT), in chronological order.

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The literature has, however, begun to extend beyond case description. The first study to evaluate the reliability of an ABC™ assessment procedure has been published: an examination of the intra- and inter-examiner Reliability of the Objective Synchronous Test (ROOSTA-L5), the procedure used to indicate correction of the fifth lumbar vertebra, which reported inter-examiner agreement (Fleiss κ = 0.49) at or above the threshold commonly accepted for clinical utility in

physical medicine. (23) In parallel, a funded pilot clinical trial is in progress (see Discussion: Early progress). These studies are summarised in Table 2.

Table 1: Published case reports describing care using Advanced Bio-Structural Correction (ABC™), including its earlier designation Advanced Biostructural Therapy (ABT), in chronological order. Findings are as reported by the authors and reflect changes observed concurrently with care; as uncontrolled single cases – and, in some instances, with ABC/ABT forming only one part of a multimodal course – they do not establish efficacy.

Year	Author (ref)	Presentation	Main reported findings
2004	Kukurin (1)	70-y-old female, cervical spinal stenosis with MRI-documented spinal cord deformation after a motor-vehicle accident (initially misdiagnosed as stroke)	Complete relief of neck pain, headache and left-sided paraesthesia; remained symptom-free at one-year follow-up. ABT was applied with the Atlas Coccygeal Technique, not as the sole treatment.
2004	Kukurin (2)	38-y-old male, cervical dystonia (anterolateral torticollis) unresponsive to medication, injection and physiotherapy	Cervical dystonia score fell from 16 to 5 over an extended course. ABT was applied together with the Atlas Coccygeal Technique, not as the sole treatment.
2021	Venning et al. (3)	Adult with forward head posture	Increased craniovertebral angle (reduced forward head posture) on photogrammetry.
2022	Luc et al. (4)	67-y-old male, chronic sinusitis (10 years)	~50-60% reduction in sinusitis symptoms and ~50% reduction in sinus medication.
2022	Leahy et al. (5)	25-y-old female, poor posture and fatigue	Reduced forward head carriage and greater pelvic stability; reported better sleep, energy, vitality and immunity.
2024	Hawkes et al. (6)	26-y-old male, intermittent thigh pain (cancer survivor)	Decreased thigh pain; reported improved mental acuity and physical performance.
2024	Leahy et al. (7)	24-y-old male athlete, irritable bowel syndrome	~70% symptom improvement within four weeks, with full resolution thereafter.
2025	Birnie et al. (8)	Adult with chronic low back pain	Improved spirometry (forced vital capacity, peak expiratory flow) and posture.
2025	Osborne et al. (9)	66-y-old female, Stiff Person Syndrome	Progressed from wheelchair-bound to ambulatory over nine months alongside meningeal releases plus manipulation.
2025	Coupe S et al. (10)	57-y-old female, Krabbe disease	Cessation of episodic migraines; fewer severe head/neck episodes; improved posture and quality of life.
2025	Cobb et al. (11)	11-y-old male, ADHD, ASD and Ehlers-Danlos syndrome	Improved respiratory function, mood, behaviour, engagement and quality of life.
2025	Coupe B et al. (12)	52-y-old female, cerebral palsy	Reduced pain and urinary/faecal incontinence; improved quality of life.

Table 1: concluded

Year	Author (ref)	Presentation	Main reported findings
2025	Leahy et al. (13)	30-y-old male, chronic headaches	Resolution of headaches; improved neck and knee pain, posture, energy and mental clarity.
2025	Tymms et al. (14)	68-y-old female, plantar fasciitis	Reduction in pain; improvement in balance and mobility.
2025	Coupe S et al. (15)	6-month-old female, low muscle tone	Improvement in infant mobility and muscle tone.
2025	Te Rito et al. (16)	53-y-old female, bilateral plantar pain	Improved posture and range of motion; decreased plantar pain; return to normal walking.
2025	Leahy et al. (17)	38-y-old female, vertigo and headaches	Resolution of vertigo; reduced headaches; improved quality of life.
2025	Leahy et al. (13)	30-y-old male, chronic headaches	Resolution of headaches; improved neck and knee pain, posture, energy and mental clarity.
2025	Tymms et al. (14)	68-y-old female, plantar fasciitis	Reduction in pain; improvement in balance and mobility.
2025	Leahy et al. (17)	38-y-old female, vertigo and headaches	Resolution of vertigo; reduced headaches; improved quality of life.
2025	Camm et al. (18)	30-y-old male, hip pain and immobility	Improved spinal curvature and posture, pain and quality of life.
2026	Walker et al. (19)	30-y-old female, back and neck pain with ADHD (history of multiple physical trauma)	Reduced back and neck pain; improved ADHD symptoms and mental ease.
2026	Coupe B et al. (20)	42-y-old male opera singer, long COVID	With added Endonasal Cranial Correction: improved posture, pain, breathing and vocal performance (range, consistency, reduced warm-up).
2026	Hartmann et al. (21)	32-y-old male, prior microdiscectomy and laminectomy	Resolution of low back and cervicothoracic pain; ceased opioid use; improved mood and work capacity.
2026	Hawkes et al. (22)	24-y-old female, endometriosis and dysmenorrhea	Reduced spinal and menstrual pain; improved posture, sleep and daily function.

Table 2: Advanced Bio-Structural Correction (ABC™) research beyond case reports.

Year	Author (ref)	Study (design and focus)	Main reported findings
2023	Woods et al. (23)	Reliability study of the Objective Synchronous Test (OST) for L5 dysfunction; intra- and inter-examiner; four ABC™ examiners (two instructor-, two basic-level) and 23 participants (7 with spine pain)	Inter-examiner reliability across all examiners Fleiss $\kappa = 0.49$ (moderate; at or above the ~0.4 threshold for clinical utility). Intra-examiner agreement $\kappa = 0.13-0.91$ (0.9 is considered near perfect), higher for instructor-level examiners. The first reliability study of an ABC™ assessment procedure.
In progress	Woods et al. (24)	Pilot clinical trial: effects of chiropractic adjustment on sleep in chronic snorers; led from the Australian Chiropractic College with the New Zealand College of Chiropractic and the Auckland University of Technology; funded by the Australian Spinal Research Foundation	Designed to estimate effect sizes and refine recruitment, data-collection and analysis logistics to inform a future randomised controlled trial. A planned second phase will evaluate ABC™ with Endonasal Cranial Correction™ and compare to other techniques.

The wider chiropractic profession has confronted comparable evidence gaps (to varying degrees) by developing formal recommendations and research agendas to coordinate effort and channel limited resources. In the United States, successive reviews set out priorities for health-services, clinical, basic-science and outcomes research and for the research infrastructure the profession would require, (26, 27) and these were revisited and renewed a decade later. (28) More recently, the research priorities of the Australian chiropractic profession have been articulated through a structured survey of academics and practitioners. (29) Against this backdrop it is both timely and appropriate for ABCA to set out a coordinated research strategy of its own. This paper presents that strategy, describes how it was developed and ratified, and discusses its strengths, limitations and the safeguards required for it to be credible.

Development of the strategy

The strategy was drafted by the ABCA Research Committee, a standing committee constituted to oversee and coordinate research activity within the association. The committee developed the document iteratively, drawing on the structure of established chiropractic research recommendations (26 - 29) and on the wider literature concerning research capacity building in allied health. (30, 31) The draft was then presented to the ABCA Board and to the membership and was ratified in 2025. Ratification by both governance and membership is a deliberate feature; it is intended to give the strategy a mandate, to align practitioner expectations with the realities and timelines of research, and to encourage broad participation. The strategy is intended to be a living document, with scheduled review every two years (see Implementation).

The strategy

Vision

To advance the understanding and recognition of ABC™ by investigating the clinical outcomes observed in practice, fostering research that tests its effectiveness, and integrating findings to support evidence-informed application within the broader healthcare community. The framing is deliberately investigative rather than promotional: the aim is to determine, through rigorous scientific enquiry, where, for whom and to what extent the technique is effective.

Objectives

Expand the evidence base: investigate and substantiate the clinical outcomes observed in ABC™ practice, progressing from descriptive reports toward higher-level designs.

Build practitioner research capacity: equip practitioners with the skills, tools and opportunities to document outcomes and contribute to research by making the first step as 'clinician-authors'.

Engage in postgraduate and doctoral studies: support practitioners pursuing Masters and PhD study on topics relevant to ABC™.

Promote research literacy: foster a culture of informed decision-making by developing practitioners' ability to critically appraise and apply research.

Facilitate collaboration: build partnerships with academic institutions, independent researchers and funding bodies.

Enhance dissemination: publish and present findings to chiropractic and multidisciplinary audiences through both traditional and contemporary channels.

Strategic initiatives

The objectives are operationalised through seven interlinked initiatives. They are presented separately for clarity, but the evidence on research capacity building emphasises that such strategies are interdependent and most effective when implemented as a coordinated, whole-of-system approach with sustained leadership support. (30, 31)

1. **Research development and capacity building:** Methodology workshops, training in case-report writing, study design and basic statistics, and a mentorship programme pairing novice researchers with experienced supervisors. Scholarships and small grants will support relevant research education, including training that is not ABC™-specific but that builds transferable research skills. This reflects evidence that skill development, mentorship, protected time and funded opportunity are core, mutually reinforcing components of building research capability in allied-health settings. (30,31)
2. **Establishing a research network:** Formalising the research committee, partnering with universities and research organisations, and encouraging co-authorship with

interdisciplinary and international teams. A practice-based research network (PBRN) is a natural vehicle for this work: PBRNs are sustained collaborations between clinicians and academics that collect data within everyday practice, improving the relevance and generalisability of findings relative to laboratory settings. The components required of a chiropractic PBRN – practitioner-researcher partnership, centralised data management, standardised quality assurance, and funding from multiple sources – have been described in the literature and would provide the governance that distinguishes a credible network from ad hoc reporting. (32)

3. **Research projects:** A graded programme is proposed, beginning with larger and better-reported case series and progressing toward controlled designs. Reporting of all case material will follow the CARE guidelines, the consensus standard for clinical case reports, which improve rigour and allow individual cases to be aggregated and compared. (33) Subsequent work includes: controlled clinical studies of ABC™ in defined musculoskeletal and, where justified, non-musculoskeletal presentations – a stream already begun with a funded pilot trial of the effects of chiropractic adjustment on sleep in chronic snorers, with a planned second phase evaluating ABC™ and Endonasal Cranial Correction™ (see Early progress); (24) evaluation of supportive products (for example pillows, mattresses, seat-wedges and chairs); evaluation of assessment technologies (postural photography and three-dimensional analysis, radiographic and gait assessment, spirometry and heart-rate variability); reliability and validity studies of ABC™ assessment procedures, extending the first such study of the Objective Synchronous Test; (23) and anatomical and biomechanical investigation of the proposed mechanisms, including meningeal and dural tension. The methodology is grounded in the foundational work of Breig on adverse mechanical tension in the central nervous system, (34) and of Yamada and colleagues on the stretch-induced pathophysiology of the spinal cord, (35) while contemporary cadaveric work on suboccipital soft-tissue connections to the dura mater offers one model for rigorous further enquiry. (36) The strategy also explicitly values qualitative and mixed-methods research, recognising that patient experience and meaning are not fully captured by trial designs alone.
4. **Engagement and dissemination:** Encouraging conference presentation, targeting peer-reviewed and open-access journals, communicating progress to the community through webinars, newsletters and social media, and recognising practitioners who publish, with particular encouragement for first-time authors. Dissemination is treated as a core obligation of publicly accountable research rather than as promotion.
5. **Postgraduate and education support:** Resources and pathways for practitioners entering research training (for example Master of Health Research, Master of Public Health or Master of Research methods) and, in time, doctoral study. An education-practice-research feedback loop is proposed whereby research findings inform how the technique is taught and practised, supporting iterative refinement. This addresses a recognised need to build people, not only fund projects, within the profession.
6. **Funding and resources:** A blended model of external grant applications, an in-house research fund for pilot studies and scholarships, and member fundraising. Diversified funding from multiple sources is a recognised requirement for sustaining a research network. (32) This model is already producing results: approximately AUD 40,000 has been committed to the programme to date, including a competitive grant from

the Australian Spinal Research Foundation and the case study project (see Early progress). (24)

7. **Ethical and rigorous research standards:** All research will comply with ethical requirements and obtain approval from a relevant Human Research Ethics Committee, and quality-assurance protocols will be implemented to support reproducible, best-practice research. Given the governance considerations discussed below, these standards are central rather than peripheral to the strategy.

Implementation

The strategy is sequenced across five years, with an ongoing phase to sustain activity thereafter.

Table 3: Phased implementation of the ABCA research strategy.

Phase	Headline deliverables
Year 1 (2025): Laying the foundation	Establish and formalise the research committee and define roles; formalise partnerships with at least three academic or research organisations; develop a grant-application process and identify five grant opportunities; launch a fundraising campaign targeting AUD 50,000; publish twenty new case reports or case series.
Years 2-3 (2026-2027): Building momentum	Commence larger clinical and biomechanical studies; secure ethics approval for all studies through a Human Research Ethics Committee; expand the funding pool (target AUD 100,000 by Year 3); support practitioners who have published a case report into postgraduate programmes; encourage practitioners with postgraduate training toward roles in educational institutions.
Years 4-5 (2027-2028): Delivering results	Publish findings from clinical and biomechanical studies; present research at major conferences; support at least two practitioners into academic positions within chiropractic institutions.
Ongoing (2029+): Sustaining progress	Maintain funding, collaboration and dissemination; sustain an annual fundraising target; produce quarterly stakeholder summaries and an annual collation of research activity; review and adjust the agenda every two years against emerging priorities.

Key performance indicators

Progress will be monitored against the following indicators:

1. Number of ABC™-related papers published annually.
2. Number of practitioners engaged in research projects.
3. Attendance at research workshops and training programmes.
4. Volume of research funding secured and funds raised annually.
5. Postgraduate enrolments and completions related to ABC™.
6. Citations and recognition in academic and professional circles.

7. Number of partnerships formed with academic or research institutions.
8. Number of ABC™-specific research training modules and resources created.

Discussion

This strategy aligns ABCA with a well-established approach in the profession, in which organisations articulate research priorities explicitly so that scarce resources are directed coherently and collaboratively. (26 – 29) Its emphasis on practitioner engagement, mentorship and a practice-based network is consistent with the best available evidence on building research capacity in allied health, which finds that capacity-building strategies are interdependent and require sustained organisational and leadership commitment. (30 – 32) Its insistence on standardised case reporting (33) and on ethics approval and quality assurance reflects the methodological and governance expectations of contemporary health research.

Early progress

Implementation is already under way. The case study project has thus far precipitated the publication of 20 case studies by clinician-authors.

The first reliability study of an ABC™ assessment procedure, ROOSTA-L5, has been published, (23) and an initial pilot clinical trial has been funded and is in progress: a study of the effects of Chiropractic adjustment on sleep in chronic snorers, in collaboration with the New Zealand College of Chiropractic and the Auckland University of Technology. (24) The trial is designed to estimate effect sizes and refine the logistics of recruitment, data collection and analysis to inform a future randomised controlled trial, with a planned second phase evaluating Endonasal Cranial Correction™. Approximately AUD 40,000 has been committed to the programme to date, including a competitive grant of AUD 19,500 from the Australian Spinal Research Foundation, AUD 10,000 from ABCA and AUD \$10,000 from SOT-Australasia. (24) That this early work is being conducted with independent university-based researchers is itself consistent with the governance safeguards set out below.

The current state of the evidence

Candour about the present evidence base is essential. The published ABC™ literature is at an early, descriptive stage, dominated by single case reports and small series drawn from a limited number of contributors. (1 – 22) Such reports describe associations, changes observed concurrently with care, and cannot, by design, demonstrate that the intervention caused the observed change, control for natural history or placebo effects, or support generalisation. This limitation is most acute for the serious and rare conditions that appear in some reports, (9, 10, 12) where enthusiastic interpretation could foreseeably mislead patients or delay other care. The reliability study and pilot trial noted above mark the beginning of a move beyond description, (23, 24) and the strategy commits to continuing that graded progression toward controlled and reliability studies, and to reporting standards that allow cases to be appraised and aggregated rather than read as proof. (33) Framing the work this way is not a concession; it is what will make the resulting evidence persuasive to readers outside the technique's existing community of practice. (25)

Challenges and safeguards

Three challenges deserve particular attention:

First, resourcing and time: surveys using the Evidence-Based Practice Attitude and Utilisation Survey consistently report that Chiropractors hold favourable attitudes toward evidence-based practice and wish to improve their skills, while identifying lack of time and lack of accessible clinical evidence as the principal barriers, and access to free online databases and full-text articles as key facilitators. (37) The strategy's investment in protected opportunity, funding and accessible tools responds directly to these findings.

Second, methodological rigour and the risk of bias: an early-stage field investigating outcomes it expects to find is vulnerable to confirmation bias, selective reporting and outcome-measure drift. Pre-specified protocols, registration of studies where applicable, validated and objective outcome measures, blinded assessment where feasible, and the inclusion of independent researchers are the appropriate countermeasures, and are embedded in the strategy's commitment to best-practice quality assurance and external collaboration.

Third, and most importantly, independence and conflict of interest: ABCA both promotes and trains practitioners in the technique and proposes to fund and conduct research into it. This dual role is not unusual for a professional association, but it must be managed transparently if findings are to carry weight. Genuine partnership with universities and independent investigators, already evident in the collaborations underpinning the current pilot trial (32), transparent declaration of funding and interests, ethics-committee oversight, and a willingness to publish negative or null results are the mechanisms by which the strategy can convert advocacy into credible enquiry. The explicit valuing of qualitative and mixed-methods research is a strength in this regard, provided it complements rather than substitutes for the controlled designs needed to test effectiveness claims.

Strengths

The strategy's principal strengths are its breadth, its sequencing and its mandate. It addresses people, infrastructure, projects, funding and ethics together rather than in isolation, consistent with whole-of-system capacity-building models. (30) It sequences activity realistically, beginning where the field is, case material, and building toward controlled studies, a progression already begun. And, having been ratified by both Board and membership, it carries an organisational mandate that capacity-building initiatives often lack.

Conclusion

ABCA has set out a structured, time-bound research strategy intended to move ABC™ from clinical observation toward formally tested knowledge. The strategy is consistent with how the wider profession has approached research prioritisation and capacity building, (26 – 31) and it is realistic about the early state of the ABC™ evidence base. Its success should be judged not by the volume of supportive findings it produces but by the rigour, transparency and independence of the enquiry it enables. Pursued in that spirit, with ethical oversight, methodological discipline and genuine external collaboration, the strategy can make a meaningful contribution to the evidence base and, ultimately, to the care of patients.

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