Australian Chiropractic College

VERTEBROBASILAR INSUFFICIENCY (VBI)

Policy and Procedure

DEFINITIONS

Terms in this document, for which definitions are not provided in the text or may not be self-evident or for which usage at ACC may differ to that in other higher education institutions are as follows:

AHPRA: Australian Health Practitioner Regulation Agency, which, through the CBA (Chiropractic Board Australia), registers for professional practice, suitably qualified graduates of accredited Chiropractic programs.

Cervical Artery Dissection (CAD): A rare condition usually due to a tear in the inner lining of the carotid or vertebral artery. May result in blockage of the artery and/or compromise of the blood supply to the brain.

Chiropractic Board of Australia (CBA): The statutory body responsible for regulating the chiropractic profession in Australia, including registration standards and public protection, and for appointing the CCEA as the accreditation authority for chiropractic education programs.

Chiropractic Centre: A Service Learning Environment provided by the College, either directly or through a relationship with a third-party authorised by the College, for the provision of chiropractic care by Student Interns under the supervision of Chiropractic Supervisors.

Chiropractic Supervisor: Chiropractors who are contracted or otherwise authorised to supervise and/or assess ACC students within the College's SLEs and WIL environments. In particular within the College's Chiropractic Centres.

Cervical Spine Adjustment (CSA): Traditionally considered to be manual neck adjustments or 'manipulation' where a vertebral joint in the cervical spine is moved beyond its physiological range of motion, but within its anatomical limits, using a high-velocity, low-amplitude (HVLA) thrust. May also include instrument assisted adjusting using a device such as the Activator™.

Council of Chiropractic Education Australasia (CCEA): The independent accreditation authority appointed by the Chiropractic Board of Australia to accredit and monitor chiropractic education programs, ensuring they meet nationally defined standards for quality, safety, governance, curriculum, resourcing, and graduate competence.

Cultural Safety: Commonly understood as 'an environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together' (Williams, 1999 pg. 213). Refer to the College's *Cultural Safety Policy and Cultural Safety Procedure.*

Service Learning Environments (SLEs): An ACC Chiropractic Centre or other Chiropractic Practicum/WIL Environment where students, under the guidance of Chiropractic or other authorised health professional supervisors develop their knowledge and skills in Chiropractic practice.

Vertebral Artery Insufficiency or Vertebrobasilar Insufficiency (VBI): a potentially serious condition whereby the blood supply to the brainstem and posterior portions of the brain is comprised.

Work Integrated Learning (WIL): "any arrangement where students undertake learning in a work context as part of their course requirements. WIL can be undertaken as part of coursework or research training." (Tertiary

Education Quality and Standards Agency, 2022) WIL activities may include: professional workplace placements (also known as internships, clinical placements, fieldwork, practicums) whether local, interstate or international, online or virtual WIL (e.g.telehealth) with real clients or industry input, industry-partnered projects in the classroom that involve industry, community or professional partners, a simulated work environment with industry input, consultation or assessment, or activities in other contexts involving industry or community partners.' May also be synonymous with 'Service Learning'.

PURPOSE

This Policy sets out the Australian Chiropractic College's commitments and requirements in relation to VBI and cervical arterial risk within chiropractic education and supervised clinical practice. It applies to all staff, contractors, students, and supervisors engaged in SLEs and WIL activities conducted under the authority of the College.

The College is committed to the protection of patient safety, the maintenance of high standards of professional practice, and the consistent application of evidence-informed approaches to clinical risk across all ACC-controlled learning and clinical settings. These commitments apply irrespective of variations in individual practitioner practice, professional opinion, or external clinical norms.

The College requires that all clinical instruction, supervision, and assessment relating to cervical spine practice within ACC SLEs be conducted in accordance with this Policy and associated procedures.

Clinical information relating to the recognition, assessment, and management of suspected Cervical Artery Dissection (CAD) and vertebrobasilar insufficiency is provided in the *CAD and VBI Assessment & Management – Staff Data Sheet,* which must be read and applied in conjunction with this Policy.

This Policy affirms the College's obligation to ensure that clinical practice expectations, assessment standards, and supervisory responsibilities are clearly defined, consistently applied, and aligned with accreditation, regulatory, and higher education governance requirements, including the Higher Education Standards Framework (HESF 2021) and the Council on Chiropractic Education Australasia (CCEA) Accreditation Standards.

The *VBI Policy and Procedure* is also aligned with the requirements inherent in HESF (2021), specifically:

- 3. Teaching (3.1 Course Design: 3.1.3)
- 5. Institutional Quality Assurance (5.4 Delivery with Other parties: 5.4.1, 5.4.2)
- 6. Governance and Accountability (6.2 Corporate Monitoring and Accountability: 6.2.1 (a); 6.3 Academic Governance: 6.3.1 (a),(c),(d)
- 7. Representation, Information and Information Management (7.2 Information or Current and Prospective Students:7.2.2 (c),(d).

Furthermore, it aligns with the CCEA's *Accreditation Standards for Chiropractic Programs and Competency Standards for Chiropractors* (2025), specifically:

- Standard 1 Public Safety (Criteria 1.1, 1.3, 1.4, 1.5, 1.6, 1.7)
- Standard 2 Governance and quality improvement (Criteria 2.4, 2.6 g., 2.6 h.)
- Standard 3 Program of study (Criteria 3.2 e., 3.2 f., 3.8)
- Universal Competency 1 Practising Professionally (1.1, 1.3, 1.4)
- Universal Competency 3 Communication, Collaboration and Leadership (3.1, 3.2, 3.3)
- Practice Competency 4 Clinical Assessment (4.2, 4.3, 4.5)
- Practice Competency 5 Planning Care (5.1, 5.2, 5.3)
- Practice Competency 6 Implementing, Monitoring and Evaluating Care (6.1, 6.2, 6.3, 6.4).

In addition, the ACC requires that all staff (employed or contracted) and students engaged in SLEs and/or WIL are familiar with the concept of Cultural Safety as defined above, and requires that they foster Cultural Safety in all ACC contexts, including the ACC Chiropractic Centres and other SLEs.

SCOPE

This Policy applies to all staff, contractors, and enrolled students, and covers all learning and teaching activities and settings, whether on- or off-campus. This includes scheduled classes, 'Outreach' Chiropractic Centres, and approved extra-curricular activities.

POLICY

1. **Position on Vertebrobasilar Insufficiency Testing**

The Australian Chiropractic College does not support the use of VBI positional testing as a screening or risk-assessment tool for cervical arterial compromise within ACC-controlled clinical and educational environments.

2. **Prohibited Practices within ACC Environments**

Vertebrobasilar insufficiency positional tests must **not** be performed by:

- ACC staff (employed or contracted);
- Chiropractic Supervisors; or
- Students

within any ACC SLE or WIL activity conducted under the authority of the College.

3. **Curriculum and Assessment Requirements**

- The theoretical basis, historical use, and critique of VBI positional testing may be included within the curriculum for educational purposes.
- VBI positional testing is **not** included as a required clinical skill and **must not** be assessed as a component of competence to practice.
- Competence in cervical spine practice must be assessed through evidence-informed clinical reasoning, risk recognition, and appropriate management and referral pathways.

4. **Clinical Safety and Risk Management**

The College requires that clinical safety in relation to cervical arterial risk be achieved through:

- comprehensive history-taking;
- recognition of clinical indicators suggestive of CAD or VBI; and
- timely referral to appropriate medical services where indicated.

Provocative vascular testing is not considered an acceptable risk-management strategy within ACC-controlled environments.

5. **Supervision and Consistency of Practice**

Chiropractic Supervisors are required to ensure that clinical practices undertaken by students within ACC SLEs comply with this Policy. Supervisors must not instruct, permit, or require students to perform practices prohibited by this Policy.

6. **External Practice Contexts**

The College acknowledges that students may observe practices inconsistent with this Policy during external WIL placements. Observation of such practices does not alter the requirements of this Policy, nor does it permit their performance within ACC-controlled environments.

7. **Compliance**

Compliance with this Policy is mandatory. Failure to comply may result in corrective action, restriction of clinical activities, or disciplinary processes in accordance with relevant ACC policies and procedures.

PROCEDURE

1. Communication and Induction

1.1 The Academic Dean is responsible for ensuring that all ACC staff (employed or contracted) are informed of the requirements of this Policy as part of staff induction and ongoing professional development activities. The Academic Dean may delegate responsibility for the induction and ongoing briefing of Chiropractic Supervisors to the Program Coordinator – Chiropractic Practice.

1.2 The Program Coordinator – Chiropractic Practice is responsible for ensuring that all students are informed of the requirements of this Policy as part of orientation to clinical practice and prior to participation in SLEs or WIL activities.

1.3 Chiropractic Supervisors engaged by or on behalf of the College must be informed of this Policy and associated requirements as part of supervisor induction and briefing processes.

2. Application in Clinical and Educational Settings

2.1 The requirements of this Policy apply in all ACC-controlled Service Learning Environments, including ACC Chiropractic Centres, and to all WIL activities conducted under the authority of the College.

2.2 Staff and supervisors must ensure that clinical instruction, supervision, and assessment activities comply with this Policy and do not include practices prohibited under the Policy.

2.3 Students must comply with the requirements of this Policy when undertaking any clinical or simulated clinical activity within ACC-controlled environments.

3. Clinical Risk Escalation and Referral

3.1 Where staff, supervisors, or students identify clinical presentations suggestive of Cervical Artery Dissection or VBI, they must act in accordance with the *CAD and VBI Assessment & Management – Staff Data Sheet*.

3.2 Chiropractic Supervisors are responsible for ensuring that students are supported to escalate clinical concerns appropriately and that referral pathways are followed without delay.

4. Supervision and Assessment

4.1 Chiropractic Supervisors must not instruct, permit, or assess students in practices that are inconsistent with this Policy.

4.2 Assessment of competence in cervical spine practice must align with the College's approved assessment frameworks and must not include vertebrobasilar insufficiency positional testing.

IMPLEMENTATION and MONITORING

The Program Coordinator – Chiropractic Practice is responsible for monitoring implementation of this Policy within ACC SLEs.

Any suspected or actual breaches of this Policy must be reported to the Academic Dean and the Chief Executive Officer (CEO).

The CEO will ensure that matters relating to compliance, risk, or adverse events associated with this Policy are reported through the College's quality assurance processes, including reporting to the Academic Board and, where appropriate, the Finance, Audit and Risk Committee.

RELATED LEGISLATION, REGULATORY REQUIREMENTS, REFERENCES and SUPPORTING LITERATURE

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- *Accreditation Standards for Chiropractic Programs and Competency Standards for Chiropractors.* (2025). Council on Chiropractic Education Australasia. https://www.ccea.com.au/standards
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- Taylor, A. J., & Kerry, R. (2010). A 'system based' approach to risk assessment of the cervical spine prior to manual therapy. *International Journal of Osteopathic Medicine*, *13*(3), 85–93. https://doi.org/10.1016/j.ijosm.2010.05.001
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- Thomas, L., & Treleaven, J. (2020). Should we abandon positional testing for vertebrobasilar insufficiency? *Musculoskeletal Science and Practice*, *46*, 102095. https://doi.org/10.1016/j.msksp.2019.102095

REVIEW

The ACC's Vertebrobasilar Insufficiency Policy and Procedures is reviewed every three years.

It is a policy of the ACC that any Policy or Procedure may be reviewed earlier as indicated by internal or external factors (including but not limited to such factors as changes in the guidelines of regulatory authorities,

accreditation/registration requirements of the profession, or relevant legislation at state or federal level) as determined the Board of Directors and/or Academic Board.

RELATED POLICY DOCUMENTS

- Staff Induction and Professional Development
- Student Information and Communication Policy and Procedures
- Code of Conduct Policy and Procedures
- Staff Performance and Development Review Policy and Procedures
- Grievance Management Non-Academic (Students) Policy and Procedures
- Grievance Management (Staff) Policy and Procedures
- Code of Conduct Policy and Procedures
- Grievance Management Non Academic (Students) Policy and Procedures
- Grievance Management (Staff) Policy and Procedures
- Clinical Policies and Procedures including: Caring for Children, Informed Consent

VERSION CONTROL

Document: A022 Vertebrobasilar Insufficiency Policy & Procedure		
Responsible Officers: Program Coordinator – Chiropractic Practice		
Initially Endorsed by: Academic Board		**Date:** 10th February 2026
Reviewed and Approved by: Academic Board		**Date:** 6th May 2026
HESF	1.4 Learning Outcomes and Assessment	1.4.2b 1.4.2c
Version: V2		**Next Review:** January 2029
Nature of change	**May 2026:** Comprehensive review and restructure of the Vertebrobasilar Insufficiency Policy and Procedure to align with updated CCEA Accreditation Standards and Competency Standards (2025), contemporary governance expectations, and current evidence relating to cervical arterial risk assessment. Revisions clarify the College's position prohibiting VBI positional testing within ACC-controlled environments, strengthen requirements relating to supervision, curriculum, assessment, referral and risk escalation pathways, update terminology and governance responsibilities, and separate operational clinical guidance into an associated CAD and VBI Assessment & Management Staff Data Sheet.	