Eight Notifications to AHPRA: Chiropractors practicing at Mt Eliza Family Chiropractic Clinic

The following chiropractors are listed on the Mt Eliza Family Chiropractic Clinic web site (http://www.mtelizachiropractic.com.au; Email: admin@mtelizachiropractic.com.au; Phone: 03 9787 6999). We presume they are all collectively responsible for its content. Thus, this document involves eight notifications. Further information about each practitioner is provided in the appendix to this document.

<table>
<thead>
<tr>
<th>Name</th>
<th>Registration Number</th>
<th>Registered at</th>
<th>Practice at</th>
<th>Address</th>
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<tbody>
<tr>
<td>Dr Glenn Maginness</td>
<td>CHI0000942427</td>
<td>MOUNT ELIZA VIC 3930</td>
<td>Mt Eliza Family Chiropractic Clinic</td>
<td>155 Mt Eliza Way Mt Eliza 3930</td>
</tr>
<tr>
<td>Dr Jemima Hoult</td>
<td>CHI0001046334</td>
<td>CHELTENHAM VIC 3192</td>
<td>Mt Eliza Family Chiropractic Clinic</td>
<td>155 Mt Eliza Way Mt Eliza 3930</td>
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<tr>
<td>Dr Braddon Atkinson</td>
<td>CHI0001071829</td>
<td>WANTIRNA VIC 3152</td>
<td>Mt Eliza Family Chiropractic Clinic</td>
<td>155 Mt Eliza Way Mt Eliza 3930</td>
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<tr>
<td>Dr George Cipurovski</td>
<td>CHI0001018516</td>
<td>PRESTON VIC 3072</td>
<td>Mt Eliza Family Chiropractic Clinic</td>
<td>155 Mt Eliza Way Mt Eliza 3930</td>
</tr>
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<td>Dr Laura Lawrence</td>
<td>CHI0001072491</td>
<td>MELBOURNE VIC 3000</td>
<td>Mt Eliza Family Chiropractic Clinic</td>
<td>155 Mt Eliza Way Mt Eliza 3930</td>
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<tr>
<td>Dr Robert Warren</td>
<td>CHI0001376920</td>
<td>MOUNT ELIZA VIC 3930</td>
<td>Mt Eliza Family Chiropractic Clinic</td>
<td>155 Mt Eliza Way Mt Eliza 3930</td>
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<td>Dr Hayley Maginness</td>
<td>CHI0002012359</td>
<td>MOUNT ELIZA VIC 3930</td>
<td>Mt Eliza Family Chiropractic Clinic</td>
<td>155 Mt Eliza Way Mt Eliza 3930</td>
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<tr>
<td>Dr Georgie Boehm</td>
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</table>

We allege that the above chiropractors are in breach of s.133 of the National Law\(^1\) that prohibits advertising that:

- is false, misleading or deceptive or is likely to be so;
- uses testimonials or purported testimonials about the service or business;
- creates an unreasonable expectation of beneficial treatment, and
- encourages the indiscriminate or unnecessary use of health services.

We also believe that the advertising claims made are not in accord with the Chiropractic Board of Australia, Code of Conduct, (March 2014):\(^2\)

- s.2.2 (g): providing treatment/care options based on the best available information and practising in an evidence-based context and not being influenced by financial gain or incentives;

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- s.2.4 (d): investigating and treating patients on the basis of clinical need and the effectiveness of the proposed investigations or treatment/care, providing necessary services and not providing unnecessary services or encouraging the indiscriminate or unnecessary use of health services;
- s.9.6 (a): complying with the National Board’s Guidelines on advertising regulated health services, (the Advertising guidelines) and relevant state and territory legislation and Commonwealth law;
- s.9.6 (b) making sure that any information published about services is factual and verifiable.

The details of our allegations follow.

On 7 March, 2016 the Chiropractic Board of Australia released a statement on advertising that said (in part):³

*Of particular concern is the number of treatment claims in advertising relating to infants and children. Claims suggesting that manual therapy for spinal problems can assist with general wellness and/or benefit a variety of paediatric syndromes and organic conditions are not supported by satisfactory evidence. This includes claims relating to developmental and behavioural disorders, ADHD, autistic spectrum disorders, asthma, infantile colic, bedwetting, ear infections and digestive problems.*

*Advertising claims that are contrary to high level evidence are unacceptable. High level evidence will usually take the form of meta-analyses, systematic reviews or one or more high quality and well respected and acknowledged studies."

The following screenshots show that Mt Eliza Family Chiropractic Clinic, “provide chiropractic care to infants and children for conditions such as colic, reflux, sleep issues, ear infections, growing pains, posture problems, torticollis (wry neck), scoliosis and plagiocephaly” in breach of the Chiropractic Board of Australia’s statement that high level evidence is required to substantiate such advertising claims.


PAEDIATRIC CHIROPRACTIC FOR...

- Chiropractic Research
- Ear Infections
- Growing Pains
- Headaches
- Infantile Colic
- Paediatric Neurological Development Assessment
- Plagiocephaly
- Poor Posture
- Scoliosis
- Traumatic Birth Syndrome


Further information on the above conditions (with our comment) is provided in subsequent screenshots.
The text of this page argues that there is a link between ear infection, birth trauma and the vertebrae of the neck. We are unaware of any good evidence that supports this statement.

The “promising study” is not identified by author, title or publication details; basic requirements for finding and verifying research. By searching other chiropractic web sites, we have identified the paper as probably: Fallon, J. “The role of the chiropractic adjustment in the care and treatment of 332 children with otitis media”. Journal of Clinical Chiropractic Pediatrics Oct 1997, 2(2):167-183. An abstract only (not the full text) of this paper can be found at a chiropractic industry publication website.  

The abstract indicates that this is a poor quality “pilot study” and “case series” written by a doctor of chiropractic. The objective section mentions the discredited chiropractic dogma of subluxation.

There was no placebo control group and no patient blinding. There is no way of knowing, of the patients who improved, whether they improved due to the chiropractic intervention or they improved as a result of the normal course of an ear infection. This paper is cherry-picked and does not reflect the current consensus concerning ear infection and chiropractic: the evidence is inconclusive and more rigorous studies are needed. It certainly does not fit the Chiropractic Board’s requirements that high level evidence is required for advertising claims.

4 http://www.chiro.org/pediatrics/ABSTRACTS/Children_with_Otitis.shtml
5 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1208927/
6 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3437347/
7 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2841070/
Once again, the article mentioned is not identified by author, title or publication details; basic requirements for finding and verifying research. It also invokes the discredited chiropractic dogma of subluxation.³ It does not fit the Chiropractic Board’s requirements that high level evidence is required for advertising claims.
No reference is given for the highlighted statement and we are unaware of good evidence that supports it.

In addition, one study has found chiropractic manipulation for the management of childhood headaches to be ineffective.  

In short, this promotion does not fit the Chiropractic Board’s requirements that high level evidence is required for advertising claims.
Two papers are mentioned. Once again, first author name, title and publication details are not mentioned; basic requirements that research can be found and verified.


The conclusion appears to be definitive: “Spinal manipulation is effective in relieving infantile colic”. However, there are significant methodological problems with this study. The study was very short lasting only two weeks. The number of patients studied was small, control n=25 (dimethicone), intervention n=25 (chiropractic). The control group received a drug called “dimethicone”, as such, the placebo was not an equivalent sham of the treatment group who received spinal manipulative therapy (SMT). Nine patients dropped out of the control (dimethicone) group. Parents were asked to judge the length of crying to determine the study outcome. However, these parents would not have been blinded to the treatment and it would have been obvious to the parents if their child was receiving a drug or SMT. In summary, this is a short, small, poor quality trial lacking an appropriate placebo control.

The second paper mentioned is likely to be, Klougart N, et al. “Infantile colic treated by chiropractors: a prospective study of 316 cases”. J Manipulative Physiol Ther. 1989 Aug;12(4):281-8.10 This is a “prospective, uncontrolled study”. There was no control group, there was no placebo control and no patient blinding. The authors of this study are aware of the methodological problems with the study and regard it as inconclusive, “Because of the study design of this study a number of questions have not been sufficiently answered. Further studies must be designed in such a way that the number of sources of noise (bias)

affecting the interpretation of the results is reduced so that the placebo effect can be more accurately estimated.”

In summary, the above mentioned papers do not reflect overall research in relation to colic and chiropractic.\textsuperscript{11,12} They appear to have been cherry-picked. This promotion does not fit the Chiropractic Board’s requirements that high level evidence is required for advertising claims.

**NEUROLOGICAL DEVELOPMENTAL ASSESSMENT**

Dr. Jemima Hoult

Dr. Jemima Hoult is a chiropractor who is trained in the field of paediatric neurological assessment and management. The Neurological Developmental Screening Tests are used to determine which parts of a child’s brain are functioning at the expected level for his/her age and/or which parts of the child’s brain are not functioning at the expected level. The results will provide us with insight as to whether your child may benefit from treatment and if so what type of treatment would be best suited. A combination of treatment modalities is usually recommended for optimal results. This also may include referrals to other health practitioners.

The neurological developmental screening includes the following tests:

- Gross motor development
- Temporal exam (sequencing)
- Sensory exam
- Cerebellar exam
- Neuromaturation
- Estimation of intellectual age
- Cranial and Neurological Examination
- Retained primitive reflexes


This page goes on to list numerous signs and symptoms that may indicate a child would benefit from a neurological developmental screening test which includes a comprehensive five-page report and a proposed management plan. These include the diagnosis of Autism Spectrum Disorder, Aspergers, Rett’s, Childhood Disintegrative disorder; Autism and ADD or ADHD.

The AHPRA June 2016 newsletter is relevant,\textsuperscript{13}

“Our staff look at each advertising complaint on a case-by-case basis, and consider the overall impression of the advertisement as well as the likely impact the advertisement may have on a member of the public. They will consider what conclusions a member of the public can reasonably

\textsuperscript{11} [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2841070/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2841070/)


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We argue that the implication the public would draw from this advertising is that chiropractic treatment has a role in the management of conditions such as Autism and ADHD which the Chiropractic Board has specifically said is unacceptable.¹

TRAGIC BIRTH SYNDROME

This is a condition which describes the damage to an infant's spine as a result of the birth process. This condition has been well documented scientifically.

A researcher by the name of Duncan, measured the amount of force it would take to severely injure a baby's neck during delivery. He found that 90 pounds of force was enough to cause still-birth, while slightly less than that would cause the spinal joints to sprain. Duncan commented, “this is not what most obstetricians would consider a great force.”

Dr. G. Gutmann, a German medical researcher discovered that over 80% of the infants he examined shortly after birth were suffering from injury to the cervical spine (the neck), causing all types of health problems.

Dr. Abraham Towbin, from the Harvard Medical School Department of Pathology presented research at the 18th Annual Meeting of the American Academy For Cerebral Palsy. In his research, he states that "the birth process, even under optimal conditions, is potentially a traumatic, crippling event for the baby." He continues “Spinal cord and brain stem injuries occur often during the process of birth but frequently escape diagnosis and death may occur during delivery or, with respiratory function depressed, a short period after birth. Infants who survive the initial effects, may be left with severe nervous system defects.”

What about those babies who don’t show immediate signs and symptoms of Traumatic Birth Syndrome? What if the signs and symptoms don’t appear until later on in life? What is the effect on that infant? How does it interfere with the baby’s potential to express their maximum health potential? What kind of symptoms and diseases could it cause later on in life?

Traumatic Birth Syndrome, whether it causes symptoms immediately or just diminishes human potential over the course of a lifetime, is a condition which should be addressed as soon as possible after birth. Often parents are misled by incorrect advice from medical doctors who say that their baby is fine. Although very well meaning, medical doctors get no training in the detection and correction of the Vertebral Subluxation complex and therefore will almost certainly miss the very subtle indications of potential spinal problems.

Of particular importance may be unresolved compression in the suboccipital region (the base of the skull/top of the neck). Motion restrictions and asymmetries in this region are categorised as kinematic imbalances caused by suboccipital strain, otherwise known as KISS syndrome. This is a well documented condition throughout the medical literature. Medical researcher Dr. Heiner Bierdermann refers to this condition extensively in his book, ‘Manual Therapy in Children’. So it is a very real issue for newborn babies.


Chiropractors have been detecting and correcting Birth Trauma Syndrome and the Vertebral Subluxation Complex for over a century.

Our recommendation, and this is supported by ‘best evidence’, is that all children should be examined by a Chiropractor immediately after birth.


Once again, this promotion invokes the discredited chiropractic dogma of subluxation.³ In addition, it refers to the “KISS Syndrome” a creation of Dr Heiner Bierdermann. The following abstract by Happle C, et al. “Cases against ‘KiSS’: a diagnostic algorithm for children with torticollis”, Klin Padiatr 2009; 221(7): 430-435 is relevant (regrettably the full article was in German that we could not read).¹⁴

"In 1991, Biedermann coined the term "kinetic imbalance due to suboccipital strain" ("KiSS-syndrome"). He assumed a functional abnormality of the suboccipital-high cervical spine, resulting in positional preference of the infant’s head. A broad spectrum of symptoms and complaints have been attributed to "KiSS-Syndrome". Patients are advised to undergo manual therapy, with pressure applied locally in order to readjust the cervical spine. Life threatening side-effects have been published repeatedly. We present two infants with brain tumours who developed torticollis and further neurological findings such as ataxia and reflex differences. In both cases, symptoms caused by the tumour were interpreted as "KiSS-syndrome", and appropriate diagnostics and therapy were delayed for months. There is no scientific evidence for the actual existence of "KiSS-syndrome" as a clinical entity or for the positive effects of manual therapy. Approximately 12% of all infants <12 months show a positional preference of the head, about 8% present with body asymmetry. Whereas most cases are benign, there is a long list of serious differential diagnoses for torticollis in infants. We give an updated review of the literature regarding "KiSS-Syndrome" and discuss the differential diagnostics in infants with torticollis”.

We do not believe that the case has been made that "Traumatic Birth Syndrome" exists or that chiropractic manipulation is a solution. Nor is there good evidence to support the assertion that “Traumatic Birth Syndrome" or “suboccipital strain" diminishes human potential over the course of a lifetime" and "is a condition which should be addressed as soon as possible after the birth".

Rather, we believe that this advertising is using an old and unsubstantial opinion of an “authority” to promote unnecessary chiropractic examination and manipulation of the newborn. In short, the information presented is false, misleading and deceptive, likely to create an unreasonable expectation of beneficial treatment and encourage the indiscriminate or unnecessary use of health services.
The claim that “women who received Chiropractic adjustments in their third trimester were able to carry and deliver their child with much more comfort” was attributed (on some other chiropractic web sites) to:

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This reference could not be found by our University librarian and a broader search of http://www.ncbi.nlm.nih.gov/pubmed/?term=Henderson+I%5Bauthor%5D+pregnancy also found no relevant articles by this author.

The common claim that chiropractic adjustments during the patient’s pregnancy produced a 50% decrease in the need for painkillers during delivery was attributed (on some other chiropractic web sites) to:


This reference could also not be found by our University librarian and a broader search of http://www.ncbi.nlm.nih.gov/pubmed/?term=Frietag+%5Bauth%5D+pregnancy also found no other relevant articles by this author.

It can only be assumed that such statements are the personal opinion of those attributed to them; if they were based on legitimate studies the latter should have been published in the public domain.

These claim that chiropractic care reduces the duration of labour is also repeated on a number of chiropractic web sites, some of whom cite the following references:


Neither of these references could be found on-line but the first was obtained from an inter-library loan from RMIT and is attached. We quote,

"Statistics from the author’s case files were tabulated and a comparison of average labor time made. Twenty-seven primagravida and 31 multiparous women were compared as to their mean duration of labor. We can see by these statistics what with all else being equal, the mean labor times were reduced by 25 percent in the primagravida women, and by 31 percent in the multiparous women”. This in no way represents a controlled study..."

The second reference was eventually obtained from Macquarie University. We quote:

“Sixty five (65) women were used as subjects, all of whom received chiropractic care from at least the 10th week of pregnancy through labor and delivery. Their mean labor times were recorded and compared to the mean labor times as statistically averaged by at least 4 sources, as well as compared to those of a local midwife/obstetrician practice. The national averages for labor time are primigravidae 16 hours, multiparous 10 hours, with the midwife/obstetrician group primigravidae 9 hours and multiparous 8.5 hours. With chiropractic care primigravidae 9 hours and multiparous 5.5 hours. These statistics represent a decrease of approximately 24% in the primigravidae and 39% in the multiparous over the national average for labor time”.

In our opinion, the results of these old uncontrolled (and unreplicated) case series reported by the same chiropractic author does not justify its widespread citation by chiropractors as to the benefits of chiropractic in reducing the time of labour.

Finally, a search of http://www.ncbi.nlm.nih.gov/pubmed/?term=chiropractic+AND+caesarean also produced no relevant studies.

We conclude that strong claims made about the benefits of chiropractic manipulation in pregnancy lack an appropriate evidence base and breach s.133 of the National Law.
We are unaware of high-quality evidence that chiropractic care is effective for Alzheimer’s disease, osteoporosis, osteoarthritis, rheumatoid arthritis, symptoms associated with the pre-menstrual syndrome, menopause, chronic pelvic pain, infertility, period pain as well as health issues associated with pregnancy. We submit that these claims breach s.133 of the National Law.

In addition, the statement, “We simply remove nerve interference along your spine, allowing your body to be the best that it can be, to enable you to experience optimal health” invokes the discredited chiropractic dogma of subluxation as an explanation.

Once again, these claims invoke the discredited chiropractic dogma of subluxation as an explanation;³ and implies that chiropractic manipulation is effective for, “headaches, asthma, colic, constipation, indigestion, tonsillitis, recurrent fevers just to name a few”. We submit that these claims breach s.133 of the National Law as they are false, misleading and deceptive, likely to create an unreasonable expectation of beneficial treatment, and encourage the indiscriminate or unnecessary use of health services.
Section 133 of the National Law prohibits the use of testimonials or purported testimonials about the service or business. We submit that the above claims are based on testimonials.

In addition, the screen shot above implies efficacy for chiropractic treatment for “sleep patterns”, “digestive processes”, “immune system”, and “emotional balance” for which we do not believe good evidence exits. We submit that these issues represent additional breaches of s.133 of the National Law.

The “research” pages of this web site list many papers and text books. However, it fails to distinguish between high level evidence such as meta-analyses, systematic reviews and high quality, replicated randomised controlled trials (required by the Chiropractic Board to substantiate advertising claims) and lower level evidence such as case reports and “expert” opinion. The former is sparse, the latter plentiful.

Perhaps some chiropractors have little understanding of levels of evidence\(^\text{15}\) because the problems detailed in this notification remain common. Alternatively, it may be that chiropractors ignore such distinctions because it suits their business model to do so. Regardless, we hope that this detailed notification will help address this problem.

\(^{15}\) http://evidencebasedmedicine.com.au/?page_id=30
The Facebook Page of the Mt Eliza Family Chiropractic Clinic

Section 133 of the National Law prohibits the use of testimonials or purported testimonials about the service or business. The Facebook page of this clinic breaches this provision.

From: https://www.facebook.com/mtelizafamilychiropractic/reviews/
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YouTube Video: Australian Paediatric Chiropractor Hits Back!

As a paediatric chiropractor, the last month or so has been agonising for me both personally and professionally. I have seen the profession I love be dragged through the muck by the bullies of our profession. I have received numerous emails and phone calls from chiropractors, chiropractic students, members of the public as well as patients who are feeling very disheartened by the constant stream of bad press and downright lies being peddled out by a media who it seems loves nothing better than to denigrate our wonderful profession.

As patients of our practice, you too may be getting some heat from (perhaps) well meaning friends and family members about your choice of healthcare profession for yourselves or your children.

So I urge you to please take a moment to view the video. It just may change the way you think about the chiropractic - and medical - professions.

Please feel free to share

https://youtu.be/Z0Z2jBeL870

Australian Paediatric Chiropractor Hits Back!

Australian Paediatric Chiropractor Hits Back! This is a well referenced response to the medical bullying the chiropractic profession has endured over the rec...

https://www.facebook.com/mtelizafamilychiropractic/

We argue that this video promoted on the clinic Facebook page and via YouTube also contains numerous breaches of s.133 of the National Law. It is the subject of a separate notification.
In conclusion, we accept that the eight chiropractors involved in the Mt Eliza Family Chiropractic Clinic are caring practitioners who genuinely believe that their interventions on paediatric patients are effective. However, belief based on disproven dogma, the selective use of poor-quality evidence, and personal experience subject to bias, is no longer an appropriate basis on which to promote and practice therapeutic interventions.

The Chiropractic Board of Australia has attempted to educate practitioners about these matters for the last 5 years, most recently in their detailed statement of 7 March, 2017. Despite this, the Mt Eliza Family Chiropractic Clinic chiropractors continue to promote and provide chiropractic treatment for conditions which the Chiropractic Board of Australia has said are unacceptable. We agree with Ernst and Gilbey that this behaviour is both an ethical and public health issue.

As argued at a recent Health-Law seminar on “The Advertising of Therapeutic Good and Services”, we submit that blatant disregard of the National Law requires prosecution in the Magistrates Court (Part 7 of National Law) and/or discipline by referral to a tribunal (Part 8 of National Law). This would also allow the determination made in such cases to be published as a deterrent to others.

Yours sincerely,

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June 8, 2016

Cc

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16 http://www.dcscience.net/Ernst-Gilbey-Chiropractic-claims-NZMJ.pdf
Appendix

The screenshots that follow are from: http://www.mtelizachiropractic.com.au/meet-the-team/

Dr Glenn Maginness
Chiropractor

Dr Glenn Maginness graduated in 1986 from RMIT University as a Doctor of Chiropractic and has lived, worked and built his impressive reputation in Mt Eliza ever since.

Dr. Maginness' special interest, in fact his passion is infants and children's health and he is a true Paediatric Chiropractor – as he sees only children as patients. Glenn holds a Masters degree in Chiropractic Paediatrics and is one of only a handful of Chiropractors Australia wide to have achieved this degree. In fact Glenn holds seminars throughout Australia, New Zealand, Canada, South Africa and the U.K., lecturing to other chiropractors in the field of Chiropractic Paediatrics.

Glenn lives here in Mt.Eliza with his family, wife Lindy and three children Tom, Hayley and Brianna. Glenn has been in Mt.Eliza now for over 30 years and hence his roots are firmly planted in his community – and he will be here for many years to come.

Dr Jemima Houl	
Chiropractor

Dr. Jemima Houl	 also has extensive training in the field of chiropractic paediatrics. She has completed additional paediatric post graduate studies including being trained in the field of paediatric neurological assessment and management. This aspect of chiropractic paediatrics involves assessing which parts of a child’s brain are functioning at the expected level for his/her age and/or which parts of the child’s brain are not functioning at the expected level. The results provide us with insight as to whether the child may benefit from treatment and if so what form of treatment best suits the child. Due to her extensive experience and training, the majority of Dr Jemima’s patients are babies and young children. Dr Jemima graduated from RMIT University in 1999 with a double degree in a Bachelor of Applied Science (Clinical Science) and a Bachelor of Chiropractic Science and she started in our practice in 2002. She has since focused her practice on family health with special attention to paediatrics, as well as women’s health. As a mother of three young children herself, Dr Jemima understands the importance of chiropractic care through the pregnancy, for newborns and for growing kids.

Dr. Brad Atkinson
Chiropractor

Dr. Brad Atkinson graduated from RMIT in 2002 and has since gained extensive experience across a wide range of practice settings. In addition to being very busy in private practice, Dr. Brad has also worked at the RMIT School of Chiropractic as a clinician for a number of years, which has given him a wonderful opportunity to impart his extensive clinical knowledge to students. Dr. Brad has an interest in family wellness as well as athletic sports injury and performance. In 2012 Dr. Brad completed post graduate training in Sports Chiropractic, and has since worked with elite basketball and beach volleyball sportsmen and women assisting them to not only maximise their health, but also to improve their athletic performance.
Dr George Cipurovski
Chiropractor

Dr George Cipurovski graduated from RMIT University in 1996. He has previously lectured at RMIT University Faculty of complementary medicine (Chiropractic Unit), and at the Australian College of Natural Medicine and has also held an appointment as the Chiropractic Consultant with the Transport Accident Commission. Prior to completing his Chiropractic degrees George completed a double degree in Biochemistry and Microbiology and hence has a wide range of experience and knowledge. George has a special interest in managing acute and chronic musculoskeletal conditions, work related and motor vehicle related injuries, paediatrics as well as optimizing sports performance through Chiropractic.

Dr. Laura Lawrence
Chiropractor

Dr. Laura Lawrence is a graduate of RMIT in Melbourne and has been a member of our team for over a decade. She is a third generation Chiropractor adjusted from birth and as such has a firm foundation and belief in Chiropractic care for young children. Laura’s father, also a chiropractor has been practicing for over 45 years. Laura has a special interest in female development especially teenage growth and posture. Her prime focus in practice has always been on all aspects of women’s health with particular emphasis on support during pregnancy as well as breastfeeding and infant care. Laura utilises many different techniques and maintains her clinical experience by attending post graduate seminars and conferences on health, nutrition and exercise throughout Australia.

Dr Robert Warren
Chiropractor

Dr Robert Warren has a Bachelor of Science Degree majoring in Neurology, a Bachelor of Complimentary Medicine in Chiropractic, as well as a Masters Degree in Clinical Chiropractic. Dr Rob’s focus has always been on family health, disease prevention and wellness. He is always widening his knowledge and clinical expertise by attending postgraduate nutrition, sports and paediatric seminars and conferences throughout Australia. Dr Rob has a special interest in nutrition, and holds monthly classes teaching families in our community on the importance of eating well.
Dr Hayley Maginness
Chiropractor

Dr Hayley Maginness graduated from RMIT University with a bachelor degree in Health Science (Chiropractic) and a Masters degree in Chiropractic. Dr. Hayley has previously cared for patients in the northern suburbs from a clinic in Bundoora. Hayley comes from a family boasting four chiropractors and two current chiropractic students, and as such is an enthusiastic and passionate advocate for maximising your health through chiropractic and a healthy lifestyle. Dr. Hayley has a special interests in paediatrics and family care and has completed post graduate studies in the field of chiropractic paediatrics. Dr Hayley frequently presents this message in talks to groups within our local community, including mothers groups and childcare centres on issues essential to mothers with young children.

Dr Georgie Boehm
Chiropractor

Dr Georgie Boehm graduated from RMIT University with a bachelor degree in Health Science (Chiropractic) and a Masters degree in Chiropractic. Georgie has previously cared for patients at chiropractic clinics in Bundoora as well as Brighton. She is an enthusiastic and passionate Chiropractor with special interests in paediatrics, family care as well as nutrition. Georgie is passionate about health and wellness for families and frequently presents this message in talks to groups within our local community. Georgie also frequently speaks within our community to mothers groups on issues essential to mothers with young children.