

# Legislative approaches to the regulation of the chiropractic profession

David A Chapman-Smith, LLB (Hons)\*

*Traditional or complementary health care services have a growing and significant role in both developed and developing countries. In the United Kingdom there was new legislation to regulate the chiropractic and osteopathy professions in 1993 and 1994. This was supported by the British Medical Association. There is now legislation regulating chiropractic practice in many jurisdictions. In general chiropractic is regulated as a separate discipline, although chiropractic and osteopathy are jointly regulated in some Australian states and South Africa. Regulatory bodies generally have chiropractic and lay representation, and sometimes medical representation.*

*In Canada and the United States there is an emphasis on a defined scope of practice. In the UK, Australia, New Zealand and Hong Kong there is no definition of scope of practice and an emphasis on protection of title. This paper reviews the different approaches to regulation of the chiropractic profession. Subjects discussed include the composition of regulatory boards, scope of practice including access to diagnostic services, educational requirements and protection of title. (JCCA 1996; 40(2):108-114)*

**KEY WORDS:** chiropractic, manipulative, legislative, regulation.

*Les services de santé traditionnels ou complémentaires jouent un rôle croissant et considérable à la fois dans les pays développés et dans les pays en voie de développement. Au Royaume-Uni, on a introduit de nouvelles lois en 1993 et 1994 pour réglementer les professions de chiropraticiens et d'ostéopathes. Cette réglementation a été appuyée par la «British Medical Association». Il existe maintenant une législation qui réglemente la pratique de la chiropraxie dans plusieurs juridictions. En général, la chiropraxie est réglementée comme une discipline à part, même si la chiropraxie et l'ostéopathie sont réglementées conjointement dans certains états australiens et en Afrique du Sud. Les organismes chargés de la réglementation sont en général représentés par des chiropraticiens et par des non professionnels, et parfois par des médecins. Au Canada et aux États-Unis, on met l'accent sur un cadre d'exercice bien défini. Au Royaume-Uni, en Australie, en Nouvelle-Zélande et à Hong Kong, il n'y a aucune définition du cadre d'exercice et on insiste sur la protection du titre.*

*Cet article passe en revue les différentes approches choisies pour réglementer la profession de chiropraticien. Divers sujets sont abordés, tels que la composition des comités chargés de la réglementation, le cadre d'exercice y compris l'accès aux services de diagnostic, les exigences pédagogiques et la protection du titre. (JCCA 1996; 40(2):108-114)*

**MOTS CLÉS:** chiropraxie, manipulateur, législatif, réglementation.

\* Correspondence to: Mr. David Chapman-Smith, Secretary-General, World Federation of Chiropractic, 3080 Yonge Street, Suite 3002, Toronto, Ontario, Canada M4N 3N1. Phone: (416) 484-9978, Fax: (416) 484-9665.  
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**Figure 1**  
**Countries with legislation to recognize and regulate the chiropractic profession**

<b>AFRICA</b>	<b>EUROPE</b>	<b>LATIN AMERICA</b>
Botswana	Denmark	Mexico
Lesotho	Iceland	Panama
Namibia	Liechtenstein	Peru
Nigeria	Norway	
South Africa	Sweden	<b>NORTH AMERICA</b>
Swaziland	Switzerland – all cantons	Bahamas
Zimbabwe	United Kingdom (Britain)	Canada – all provinces
		St. Christopher and Nevis
		United States – all states
<b>ASIA</b>		
Hong Kong		
		<b>PACIFIC REGION</b>
<b>EASTERN</b>		Australia – all states
<b>MEDITERRANEAN</b>		New Zealand
Cyprus		Vanuatu
Saudi Arabia		

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*Chiropractic practice is legal in many other countries pursuant to general health legislation (e.g. Germany), judicial decisions (e.g., Brazil and Greece) or common law rights (most other countries).*

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Traditional and complementary health care services have a growing and significant role in both developed and developing countries. In the United Kingdom the British Medical Association (BMA) has identified five complementary approaches to health care that should now be regarded as "discrete clinical disciplines" because they have "established foundations of training and have the potential for greatest use alongside orthodox medical care".<sup>1</sup> These are acupuncture, chiropractic, herbalism, homeopathy and osteopathy. The BMA recommended that there should be legislation to regulate these disciplines and a Chiropractors' Act was enacted in the U.K. in 1994.

The chiropractic profession was founded in the United States in 1895, and the practice of chiropractic has been regulated in the United States and Canada since the 1920s, in Australia since the late 1940s, in New Zealand and South Africa since the 1960s, and more recently in Asia, Europe, Latin America and elsewhere. Figure 1 lists the countries which currently recognize and regulate the chiropractic profession. Many countries, such as Japan with approximately 10,000 chiropractors with different levels of educa-

tion, and Trinidad and Tobago with 5 chiropractors who are graduates of accredited chiropractic colleges in North America, are considering legislation. Croatia, with 3 chiropractors, is preparing legislation. Cyprus, with 6 chiropractors, has legislation. Even in countries such as these, where the profession is small, there are compelling public interest arguments for regulation.

This is especially true in the 1990s. One reason is the growing incentive for lay healers and others without formal training to use the title 'chiropractor' as chiropractic practice gains increasing acceptance. The majority of chiropractic practice involves patients with non-specific or mechanical back and neck pain. The chiropractic approach to management, which includes spinal adjustment or manipulation, other physical treatments, postural advice, rehabilitative exercises and early return to activities, formerly only had empirical evidence of success. Now there is firm scientific support. Recent national, evidence-based, multidisciplinary guidelines in Canada (neck pain),<sup>2</sup> the United Kingdom (back pain),<sup>3</sup> and the United States (back pain)<sup>4</sup> support these methods as a first line of management



for most patients. Another reason for regulation is that international standards of chiropractic education and scope of practice have been established by appropriate chiropractic organizations, including the World Federation of Chiropractic which represents national associations of chiropractors in 63 countries. This paper now reviews current legislation worldwide.

### Separate discipline

Chiropractic (Greek: treatment by hand), which is used both as a noun and an adjective similar to the word 'pharmaceutical', is a separate discipline or profession. In most countries with chiropractic legislation that is recognized and a separate chiropractic law regulates the practice of chiropractic alone. This is the case in all US states and Canadian provinces, the European jurisdictions of Denmark, Norway, Sweden, Switzerland and the United Kingdom, and most other countries.

In Australia there is an inconsistent approach. Some states regulate chiropractic in separate legislation (e.g. Queensland, South Australia and Western Australia), others regulate chiropractic and osteopathy together (e.g. New South Wales and Victoria). In Victoria there is a Chiropractors and Osteopaths Registration Board under a Chiropractors and Osteopaths Act.<sup>5</sup> In the Northern Territory there is a Health Practitioners and Allied Professions Registration Act which regulates many professions (aboriginal health work, chiropractic, dietetics, naturopathy, occupational therapy, osteopathy, physiotherapy, psychology, speech pathology, social work) but each is self-regulated under a separate registration board.<sup>6</sup>

In South Africa the Associated Health Service Professions Act<sup>7</sup> regulates the professions of chiropractic, homeopathy, naturopathy, osteopathy and herbalism under a joint Chiropractors, Homeopaths and Allied Health Service Professions Council. This unique legislative approach is linked to educational developments in South Africa where, unlike any other country, the publicly funded five year chiropractic program at the Technikon Natal in Durban is combined with a homeopathy program in the initial basic science years.

Osteopathy is the profession nearest to chiropractic, but has significant differences and no uniform international identity. In the United States osteopathy is the equivalent of allopathic medicine in education and licensure, whereas in other countries there is traditional practice without use of

drugs and surgery and wide variance in educational standards. The United Kingdom has approximately 3,500 osteopaths and approximately 1,000 chiropractors. Recently, after careful review and consistent with the BMA's recommendation that there be a single regulatory body for each of chiropractic and osteopathy (para 8.1),<sup>1</sup> the government passed a separate Osteopaths Act (1993) and Chiropractors Act (1994).

A cause extraordinaire exists in France, the one country which has legislation to regulate la chiropratique but restricts practice to medical doctors. Practitioners with formal chiropractic training, of whom there are approximately 300 in France, practise subject to risk of prosecution.

### Scope of practice

Chiropractic is a primary contact profession, specializing in the diagnosis, management and prevention of neuromusculoskeletal (NMS) disorders. More simply these disorders are mechanical problems in the musculoskeletal system and their neurophysiological effects. The NMS disorders most commonly seen by chiropractors are back pain, neck pain and headache. Management includes physical treatments (e.g. adjustment or manipulation, mobilization, manual traction, trigger point/muscle techniques, physical therapy modalities), therapeutic exercise, rehabilitation, education and counselling. There is no use of prescription drugs or surgery. In North American jurisdictions it is normal for chiropractic statutes to have a defined scope of practice, elsewhere in the world statutes are often silent on scope of practice which is left to regulations or the regulatory body.

The problems of a legislative definition, which may be an inappropriate compromise or may become obsolete with the passage of time, are apparent from the United States where there are 50 different state definitions. Many of these are inconsistent. Many try to be detailed and exhaustive but are legally complex. In Pennsylvania, chiropractic is defined as:

A branch of the healing arts dealing with the relationship between the articulations of the vertebral column, as well as other articulations, and the neuromusculoskeletal system and the role of these relationships in the restoration and maintenance of health. The term shall include systems of locating misaligned or displaced vertebrae of the human spine and other articulations; the examination preparatory to the adjust-



ment or manipulation of such misaligned or displaced vertebrae and other articulations; the adjustment or manipulation of such misaligned or displaced vertebrae and other articulations; the furnishing of necessary patient care for the restoration and maintenance of health; and the use of Board approved scientific instruments of analysis, including x-ray. The term shall also include diagnosis, provided that such diagnosis is necessary to determine the nature and appropriateness of chiropractic treatment; the use of adjunctive procedures in treating misaligned or dislocated vertebrae or articulations and related conditions of the nervous system; and nutritional counselling, provided that nothing herein shall be construed to require licensure as a chiropractor in order to engage in nutritional counselling. The term does not include the practice of obstetrics or gynaecology, the reduction of fractures or major dislocations, or the use of drugs or surgery.<sup>8</sup>

Other state legislation defines the scope of practice of chiropractic in simple and generic terms that provide little guidance. In California the practice of chiropractic is "all methods taught in approved chiropractic colleges" and the definition found in the Illinois law is "the treatment of human ailments without the use of drugs and without operative surgery."<sup>9</sup> If there is to be a legislative definition it should be brief and inclusive in form, but provide some meaningful description. One example of this is found in the Chiropractors Act in Newfoundland, a province of Canada, which carries the following definition:

"chiropractic" means a professional service usually performed by a chiropractor directed towards the diagnosis, examination and treatment, principally by hand, and without use of drugs or surgery, of the spinal column, pelvis, extremities and associated tissues.<sup>10</sup>

Even this has difficulties of interpretation. It is suggested that the better approach, which is the one adopted in Australian state legislation, in Hong Kong, Mexico, New Zealand, South Africa, the United Kingdom and other countries, is to have no definition in the legislation because description of scope of practice is a matter best left to the regulatory body. There may be need for individual exclusions, such as the use of drugs and surgery, but even that may be unnecessary because of the provisions found in medical and other legislation.

### Diagnosis and imaging

Chiropractors, like dentists and optometrists, are primary practitioners who see patients directly and have a legal duty to perform a diagnosis. One of the diagnostic methods employed by chiropractors is plain film radiology, which may reveal fractures, demineralization and other contraindications to spinal manipulation.<sup>11</sup>

Where statutes define the practice of chiropractic, definitions typically make general reference to diagnosis. Sometimes there is explicit reference to methods used including use of x-rays, as in the example from Pennsylvania already cited, but often there is not. In Ontario, Canada, for example, the definition of practice of chiropractic in The Chiropractic Act includes "the diagnosis ... of disorders arising from the structures or functions of the spine ... and joints of the extremities",<sup>12</sup> but the Act makes no reference to methods of diagnosis. The authority for chiropractors to take, order and interpret x-rays is found in separate legislation dealing specifically with imaging, the Healing Arts Radiation Protection Act.<sup>13</sup>

One convenient method of making provision for imaging and other diagnostic methods is to establish appropriate broad powers of regulation in the Act, then use regulations. This is the approach used, for example, in Hong Kong, New Zealand and the United Kingdom, where there is no legislative definition of chiropractic and no reference to radiology. The Hong Kong Chiropractors Registration Ordinance authorizes regulations by the Governor in Council for "anything that is to be or may be prescribed" and for "generally carrying into effect the provisions of this ordinance."<sup>14</sup> On the other hand the Danish law makes specific reference to x-rays under the section giving authority for the making of regulations, authorizing the Minister of Health to provide "regulations for the practice of chiropractors ... including regulations for chiropractors' use of x-rays ..."<sup>15</sup>

### Regulatory authority

There are three models of regulation in chiropractic legislation, these being self-regulation, regulation under an interdisciplinary board and, in instances where there are very few chiropractors in the jurisdiction, regulation by another regulatory organization or individual. The first and most common is self-regulation, under a chiropractic board or council. This usually has a majority of practising chiropractors but some lay representation.



This is the case, for example, in all Canadian provinces. In Ontario where there are approximately 1900 chiropractors and 24 regulated health professions, each profession has a College (the regulated practitioners) and a Council (its controlling board), and the Council of the College of Chiropractors has 16 persons. Nine of these are chiropractors elected by the members, and 7 are laypersons appointed by government. These 7 may not be members of another health profession (Section 6).<sup>12</sup> The province of Newfoundland, which had only 11 chiropractors when it became the last jurisdiction in North America to pass chiropractic legislation in 1990, has self-regulation under a Newfoundland and Labrador Chiropractic Board of 5 persons. All are appointed by government, 3 being chiropractors "from a list of at least five chiropractors recommended by the Newfoundland and Labrador Chiropractic Association" and the others "two persons who are not chiropractors and who are appointed to represent the public interest" (Section 4).<sup>10</sup>

In the United States state chiropractic boards are generally smaller in size and composed of 4 to 8 members with only 1 or 2 laypersons. The state with the most licensed chiropractors, 10,100, is California. Each of the California Board and the Florida Board, which regulates 3,900 chiropractors, has 7 members – 5 chiropractors and 2 laypersons, with all members appointed by the government. Montana, with 360 chiropractors, and Nebraska with 250, each has an appointed board with 3 chiropractors and 1 layperson.<sup>9</sup>

Local conditions may influence the composition of a Board or Council. In the United Kingdom, where there are approximately 100 chiropractors, the General Chiropractic Council established by the Chiropractors Act 1994 is relative large and complex because of the existence of two groups of chiropractors, a majority comprised of graduates of accredited colleges and represented by the British Chiropractic Association, and a minority comprised of chiropractors from two newer institutions that must now meet higher standards within a 5 year period. The Council has 20 members, consisting of 10 chiropractic members elected by registered chiropractors (7 from England and 1 each from Wales, Scotland and Northern Ireland); 6 members appointed by government (all are non-chiropractors, 1 of whom "shall be a registered medical practitioner"); 3 members appointed by the General Council's Education Committee and having expertise in chiropractic education, who may or may not be chiropractors; and 1 member who

is appointed by government and has expertise "on matters relating to professional education."<sup>16</sup>

The second method of regulation is modified self-regulation under an interdisciplinary board, and there is a variety of arrangements. In the State of Illinois, with approximately 2400 chiropractors, there is a Medical Licensing Board that coordinates regulation of three categories of health providers defined as physicians in that state – medical doctors, doctors of chiropractic and doctors of osteopathy. The Board has 7 members – 5 'MDs', 1 'DC' and 1 'DO'. However, day-to-day licensing and disciplinary functions for each profession are handled by separate subsidiary boards on which professional members have a majority. In the US Virgin Islands, which has only 9 resident licensed chiropractors, the Board of Chiropractic Examiners has a minority of chiropractors. It is comprised of 5 members – 2 doctors of chiropractic, 2 medical doctors and 1 layperson.<sup>9</sup>

The State of Victoria in Australia, as previously mentioned, is one where there is joint regulation of the professions of chiropractic and osteopathy. The Chiropractors and Osteopaths Registration Board consists of 7 members, namely 2 chiropractors and 1 osteopath elected by their professions, 3 medical doctors appointed by government with 1 each from the backgrounds of medical education, orthopaedic surgery and general medicine, and 1 layperson appointed by government (Section 3).<sup>5</sup> In South Africa the Chiropractors, Homeopaths and Allied Health Service Professions Council "shall consist of not less than 12 and not more than 15 members appointed by the Minister", of whom 5 are chiropractors appointed from a list of 15 names submitted by the Chiropractic Association of South Africa. Other Council members are representatives of the other allied professions and one officer from the Department of Health and Welfare (Section 5).<sup>7</sup>

The third method of regulation has been used in countries with few chiropractors. In these jurisdictions law has been established, in order to ensure that only duly trained persons may practise as chiropractors and to regulate their practice, but there is an insufficient number of practitioners to establish a board and institute self-regulation. In Cyprus for example, where there were only 5 chiropractors when the Chiropractors' Registration law was passed in 1991, there is no chiropractic board or council. Regulation is under a Registrar, an officer of the Ministry of Health.<sup>17</sup> In St. Christopher and Nevis, the Leeward Islands of the West



Indies, there was only one chiropractor newly arrived in the islands when the practice of chiropractic was regulated in 1992. Registration and regulation is simply under the Medical Board.<sup>18</sup>

### Education

In Australia and New Zealand, Europe and North America, chiropractic colleges and schools, some of which are within the university system and some of which are private, are accredited by national and international accrediting agencies. Legislation in these jurisdictions requires graduation from an accredited educational program as a prerequisite for regulation or licensure.

When regulatory law is first passed in a country there is typically a system of grandparenting for those who have not graduated from an accredited chiropractic program but have been in practice for a period of years. In some cases this may be quite restrictive, as in Denmark. In that country there has been government funding for chiropractic services since 1975 but professional regulation was through a national agreement between the government and the Danish Chiropractors' Association until passage of the Authorization in 1991. Pursuant to Article 17.2 grandparenting is only available to persons who "have completed an education which may be considered equivalent to an approved education ... and who have practised chiropractic corresponding to a full time occupation for at least three years during the preceding five years." Article 17.3 provides that the board of Health "may dispense from this time limit when special circumstances call for it". However applicants must have the "equivalent of an approved education."

The Chiropractors Act 1994 in the United Kingdom provides that persons may be deemed to have a recognized qualification and may be grandparented where they are in practice as a chiropractor and satisfy the Registrar that, for five years during the past seven years, "(they have) spent a substantial part of (their) working time in the lawful, safe and competent practice of chiropractic." Provisional registration may be given to others with no "recognized qualification" and a lesser period in practice at the discretion of the General Council and subject to such terms as the Council establishes (Section 3).<sup>16</sup>

Governments in a number of countries without chiropractic educational programs are currently drafting chiropractic legislation. What educational qualifications should

be required? In the Chiropractors Act in New Zealand in 1982, some ten years before the recent commencement of a chiropractic program in that country, applicants for registration had to be a graduate of one of a list of colleges appearing in the First Schedule to the Act. The list includes institutions in Australia, Canada and England which at that time were not accredited by any outside agency. Today there are chiropractic programs in a number of other countries in a similar situation. The limitation of the approach in New Zealand is that it is inflexible, requiring a statutory amendment to accommodate any changes. A more flexible and perhaps more appropriate approach is taken in Cyprus where a successful applicant for registration must be "the holder of a degree, diploma or certificate of chiropractor (sic) granted by any school recognized by the Council of Ministers by its notification published in the Official Gazette of the Republic" (Section 6).<sup>17</sup> Amendments may be made by executive government by regulation without the need for statutory amendment by the legislative.

### Protection of title

A major reason for legislation to regulate a health profession is to prevent unqualified practitioners from passing themselves off as members of that profession, thereby exposing the public to ineffective or harmful treatments. To achieve this goal wide protection of title is necessary. The protection should not only prevent a person from claiming to be a member of the profession, but should also prevent the claim or implication that the same methods of treatment are being used. The relevant section in the Danish Authorization is:

Article 13.1: The person who without authorization as a chiropractor designates him/herself as such or in any other terms that are likely to create the impression that he/she has such an authorization shall be punished by the imposition of a fine.<sup>15</sup>

This prohibition, which is given in official translation but may have lost something in the transcription from Danish, is effective against someone who claims to be a duly authorized chiropractor. It may also be effective against someone who claims to be a chiropractor, but is probably not wide enough to secure a conviction against someone who merely claims to incorporate chiropractic methods



into his or her practice. The following provision from the province of Alberta, Canada is:

4. Use of title: No person, except a registered member, registered practitioner or a professional corporation, shall represent or hold out, expressly or by implication, that
  - (a) he or it is entitled to engage in the practice of chiropractic, or
  - (b) he or it is entitled to represent or hold himself or itself out as a registered member, registered practitioner or professional corporation, as the case may be.

and, without restricting the generality of the foregoing, no person except a registered member shall advertise or use the title "Doctor of Chiropractic", "Chiropractor" or "Registered Chiropractor", or any suffix, prefix, word, title or designation, abbreviated or otherwise, implying that he is registered as a member of the College *or that he is engaged in or entitled to engage in the practice of chiropractic*.<sup>19</sup> (emphasis added)

This provision, which refers to the titles of 'doctors of chiropractic' and 'chiropractor', raises the separate question of what titles should be authorized under chiropractic legislation. This is a matter that ultimately depends upon the wider question of use of titles by all health professionals in a given jurisdiction. Use of the title 'doctor of chiropractic' is common throughout North America. Many states in the United States also authorize use of the title 'chiropractic physician'. This reflects the fact that in North America the title 'doctor' is used by all primary practice health professionals with the right and duty to diagnose, including dentists, optometrists, osteopaths, podiatrists and psychologists.

### Conclusion

This review of current legislation to regulate the practice of chiropractic illustrates the way in which major issues have been resolved in many jurisdictions. Although all legislation is influenced by domestic matters, the review may be of help to governments presently considering the regulation of chiropractic or other emerging complementary health care professions. The author wishes to acknowledge that no detailed reference was made to law in a number of countries, including Mexico, Norway, Sweden and Switzerland, because of lack of access to official translations in English.

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