

Appendix E

Survey of Chiropractic Practice 2009



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Survey of Chiropractic Practice

This questionnaire is part of a comprehensive study of chiropractic practice that the National Board of Chiropractic Examiners (NBCE) is conducting. The study will also benefit the profession's state boards, associations, and colleges by providing data on current chiropractic practice patterns. The study is critical in the NBCE's development of relevant and credible examinations.

Thank you in advance for completing this important survey.

INSTRUCTIONS

Please use a soft (No. 1 or 2) lead pencil, and be careful to avoid making stray marks on the form.

Most questions have several alternative answers. Choose the answer that best applies to your practice, and blacken the appropriate circle. To change your answer, erase your first mark completely, and then blacken the desired circle.

Several questions ask for your input in percentages; please respond with your best estimate.

Your individual answers will be kept confidential.

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1. If your mailing address is different from the one on the envelope, please print your name and current mailing address in the boxes below.

Name		
<input type="text"/>		
Address		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. If you would like us to send a news release to your local newspaper recognizing your contribution to this study, please print the exact name and E-mail address of the newspaper in the boxes below.

Newspaper Name
<input type="text"/>
Newspaper E-mail
<input type="text"/>

3. Would you like to receive a complementary summary of the results of the study?

- Yes
 No

4. The final Practice Analysis Report describing the study will include a list of individuals who responded to this survey. Would you like to be included on the list?

- Yes
 No

5. Do you currently practice chiropractic? (This refers to patient management and not teaching, research, etc.)

- Yes
 No

If you answered "No" to # 5, do not answer any further questions. Simply return the questionnaire in the postage-paid envelope. It is very important that you return the questionnaire for data tracking and statistical purposes. Please put it in the mail today.

6. Hours per week you practice chiropractic

- 9 or fewer
 10-19
 20-29
 30-39
 40-49
 50-59
 60 or more



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Demographic Data

In this section, you are asked to provide background information that will be summarized. No individual responses will be reported.

7. **Gender**
 Male
 Female
8. **Years in practice**
 fewer than 2 years
 2-4 years
 5-15 years
 16-25 years
 more than 25 years
9. **Number of patients (not patient visits) you personally treat per week**
 fewer than 50
 50-99
 100-149
 150-199
 200-249
 250-300
 more than 300
10. **Ethnic origin**
(Mark all that apply)
 Asian/Pacific Islander
 Black or African American
 Caucasian
 Hispanic
 Native American
 Other _____
11. **Highest level of non-chiropractic education attained**
 High School Diploma
 Associate Degree
 Bachelor's Degree
 Master's Degree
 Doctoral Degree
 Other _____
12. **Post-graduate diplomate status (or equivalent) through an ACA or ICA specialty board, council, academy, college, or association**
 None/Does not apply
 Work toward diplomate status (or equivalent) but not completed
 Diplomate status (or equivalent) through an ACA or ICA specialty board, council, academy, college, or association
13. **How many hours of continuing education units have you earned during the past year?**
 None 21-25
 1-10 26-30
 11-15 More than 30
 16-20
14. **Institution that conferred your Doctor of Chiropractic degree**
 Anglo-European College of Chiropractic
 Canadian Memorial Chiropractic College
 Cleveland Chiropractic College, Kansas City
 Cleveland Chiropractic College, Los Angeles
 D'Youville College
 Institut Franco-Europeen de Chiropractique
 Life University, School of Chiropractic (Life College)
 Life Chiropractic College, West
 Lincoln College of Chiropractic
 Logan College of Chiropractic
 Macquarie University (Sydney College of Chiropractic)
 Murdoch University (School of Chiropractic)
 National University of Health Sciences (National College of Chiropractic)
 New York Chiropractic College
 New Zealand College of Chiropractic
 Northwestern Health Sciences University (Northwestern College of Chiropractic)
 Palmer College of Chiropractic
 Palmer College of Chiropractic, Florida
 Palmer College of Chiropractic, West
 Parker College of Chiropractic
 Pennsylvania College of Straight Chiropractic
 Quantum University (Southern California College of Chiropractic) (Pasadena College)
 Royal Melbourne Institute of Technology (Phillip Institute of Technology)
 Sherman College of Straight Chiropractic
 Southern California University of Health Sciences (Los Angeles College of Chiropractic)
 Syddansk Universitet Odense
 Texas Chiropractic College
 University of Bridgeport, College of Chiropractic
 Universite du Quebec a Trois-Rivieres
 Western States Chiropractic College
 Other _____



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Work Environment

15. **Other than experience in your college clinic, did you have any pre-licensure clinical training?**
 No formal training
 A preceptorship/field internship
 A mandated training program
 Other _____
16. **What kind of clinical training did you receive in your first field practice setting after licensure?**
 No formal training
 A preceptorship/field internship
 An associateship
 A mandated training program
 Other _____
17. **Are you currently employed under contract to provide chiropractic care to active or retired military personnel?**
 Yes
 No
18. **What is the size of the community in which your practice is located?**
 City
 Suburb
 Small town
 Small town/Rural
 Rural
19. **Do you have staff privileges at a hospital?**
 Yes
 No
20. **If you take radiographs in your office, do you use plain film or digital imaging?**
 I do not take radiographs in my office
 Plain Film
 Digital imaging

21. **Approximately what percentage of your time is spent on each of the following functions during a typical week?**

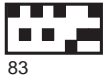
	(None)	(1-25%)	(26-50%)	(51-75%)	(76-100%)
Patient care and education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Documentation of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business management (personnel, marketing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. **Of patients that you saw in your practice during the past 12 months, how many are from each of the following gender and age categories?**

	(None)	(1-25%)	(26-50%)	(51-75%)	(76-100%)
Gender Male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. **Age**

5 or younger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 to 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 to 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31 to 50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51 to 64	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Work Environment (continued)

24. How frequently have each of the following health professionals made referrals to you during the past 12 months?

25. How frequently have you made referrals to each of the following health professionals during the past 12 months?

Never	Rarely (fewer than 1 per month)	Sometimes (1 to 3 per month)	Often (1 to 2 per week)	Routinely (more than 2 per week)		Never	Rarely (fewer than 1 per month)	Sometimes (1 to 3 per month)	Often (1 to 2 per week)	Routinely (more than 2 per week)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Acupuncturist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Another Chiropractor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family Nurse Practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family Practitioner (M.D., D.O.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	General Surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Internist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Massage Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neurologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neurosurgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nutritionist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	OB/GYN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Orthopedic Surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pediatrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Podiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Psychologist/Psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Frequency of Professional Functions

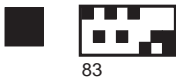
INSTRUCTIONS FOR QUESTIONS 26-71:

This section contains a list of professional activities that chiropractors may perform in their practices. Some activities may not apply to your practice. Please respond to statements in terms of your practice during the past 12 months, using the "FREQUENCY" scale provided.

FOR QUESTIONS 26 - 71.

How frequently during the past 12 months did you _____?

	Never	1-6 times per year	About once per year	About once per month	About once per week	Several times per day
26. obtain a problem-focused case history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. obtain a detailed or comprehensive case history (i.e. including: past health history, family health history, biopsychosocial history, and review of systems)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. perform a comprehensive physical examination (i.e. including: vital signs, EENT, cardiopulmonary, and abdominal examination)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. perform a focused EENT examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Frequency of Professional Functions (continued)

FOR QUESTIONS 26 - 71.
How frequently during the past 12 months did you _____?

	FREQUENCY					
	Never	1-6 times per year	About once per month	About once per week	Several times per day	
30. perform a focused cardiopulmonary examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. perform a focused abdominal examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. perform a focused orthopedic/neurologic examination (i.e. limited to the area of complaint)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. perform a comprehensive orthopedic/neurologic examination (i.e. not limited to the area of complaint and including: cranial nerves, DTRs, dermatomes, myotomes, spinal ROM, pathologic reflexes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. perform a gait analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. perform a cervical, thoracic, lumbopelvic and/or extremity palpation examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. take radiographs in your office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. order radiographs from an outside facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. read imaging studies that you did not take or order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. draw blood, collect urine and/or perform other laboratory tests in your office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. order blood, urine, or other laboratory tests from an outside facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. order a nerve conduction velocity (NCV) and/or needle electromyography (EMG) study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. order an MRI or CT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. order a bone scan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. perform other specialized studies (e.g. EKG, diagnostic or Doppler ultrasound, bone density, etc.) in your office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. order other specialized studies (e.g. EKG, diagnostic or Doppler ultrasound, bone density, etc.) from an outside facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. develop a differential diagnosis or clinical impression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. develop a case management plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. develop a prognosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. create complete, readable documentation of a patient's case history and examination findings, the diagnosis and prognosis, and the case management plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. review with a patient his or her relevant case history and examination findings, the diagnosis, prognosis, and case management plan options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. obtain written informed consent for treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. completely and legibly document each patient visit in the SOAP note format	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Frequency of Professional Functions (continued)

FREQUENCY

FOR QUESTIONS 26 - 71.
How frequently during the past 12 months did you _____?

	Never	1-6 times per year	About once per month	About once per week	Several times per day
53. completely and legibly document, on each visit, the patient's presentation in the PART format (<u>p</u> ain/tenderness, <u>a</u> symmetry, <u>r</u> ange of motion, and <u>t</u> issue tone) as required for Medicare reimbursement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. monitor a patient's progress or response to treatment utilizing objective outcome measures (e.g. pain and/or disability questionnaires)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. monitor a patient's progress or response to treatment utilizing follow-up radiographic examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. write a physical restriction order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. write a narrative report (<u>not</u> daily notes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. assess the existence of risk factors and contraindications to chiropractic care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. perform an objective assessment of the involved joints' function immediately prior to a chiropractic adjustment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. perform a chiropractic adjustment of the occiput, spine and/or pelvis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. perform a chiropractic adjustment of an extra spinal articulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. perform an objective assessment of the involved joints' function immediately following a chiropractic adjustment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. review radiographic images to identify or rule out fracture, dislocation, and other pathology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. review radiographic images to determine the possible presence of a spinal listing and/or subluxation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. review MRI, CT, or bone scan images to identify or rule out pathology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. review laboratory studies and interpret the results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. review specialized studies such as NCV, EMG, EKG, etc. and interpret the results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. re-examine a patient with physical examination procedures, either periodically or when the patient's condition materially changed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. re-examine a patient with orthopedic/neurologic examination procedures, either periodically or when the patient's condition materially changed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. refer a patient to a specialist for consultation or co-management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. release a patient from active care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Risk Assessment of Professional Functions

INSTRUCTIONS FOR QUESTIONS 72-85:

This section contains descriptions of professional activities that chiropractors may perform in their practices in certain circumstances. Please consider the circumstances as presented and, regardless of how frequently you may perform the function, **provide an opinion of the risk to a patient's health or safety** due to a chiropractor's omission or poor performance of the activity using the "RISK" scale provided.

FOR QUESTIONS 72 - 85.

Consider a patient who needs the following professional functions performed so that an appropriate working diagnosis and an effective case management plan can be developed.

What is the risk to the patient's health or safety if a chiropractor omits or poorly performs each of the following functions?

		RISK TO PATIENT				
		No risk	Little risk	Some risk	Significant risk	Severe risk
72.	a problem-focused case history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73.	a detailed or comprehensive case history (i.e. including: past health history, family health history, biopsychosocial history, and review of systems)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74.	a comprehensive physical examination (i.e. including: vital signs, EENT, cardiopulmonary, and abdominal examinations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75.	a focused EENT examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76.	a focused cardiopulmonary examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77.	a focused abdominal examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78.	a focused orthopedic and/or neurologic examination (i.e. limited to the area of complaint)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79.	a comprehensive orthopedic/neurologic examination (i.e. not limited to the area of complaint and including most or all of these: cranial nerves, DTRs, dermatomes, myotomes, spinal ROM, pathologic reflexes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80.	a gait analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81.	a cervical, thoracic, lumbopelvic and/or extremity palpation examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82.	taking or ordering plain film radiographs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83.	ordering, performing, or obtaining the results of previously performed blood, urine, or other laboratory test(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84.	determining the location or severity of the injury by ordering or obtaining the results of a previously performed nerve conduction velocity (NCV) and/or needle electromyography (EMG) study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85.	ordering or obtaining the results of a previously performed MRI or CT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Risk Assessment of Professional Functions (continued)

FOR QUESTION 86 a - c.
Consider a patient who needs the following professional functions performed so that an appropriate working diagnosis and an effective case management plan can be developed.

86. What is the risk to the patient's health or safety if a chiropractor omits or poorly performs each of the following functions?

- a. ordering or obtaining the results of a previously performed bone scan
- b. ordering, performing, or obtaining the results of an other previously performed specialized study (e.g. EKG, diagnostic or Doppler ultrasound, bone density, etc.)
- c. referring the patient to a specialist for consultation or co-management

RISK TO PATIENT

	No risk	Little risk	Some risk	Significant risk	Severe risk
a.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FOR QUESTION 87 a - d.
Consider a patient who requires an accurate interpretation of the following information so that an appropriate working diagnosis and an effective case management plan can be developed.

87. What is the risk to the patient's health or safety if a chiropractor omits or poorly interprets each of the following?

- a. a patient's radiographs (with or without a radiologist's report)
- b. a patient's MRI, CT, or bone scan imaging (with or without a radiologist's report)
- c. the results of a patient's laboratory study
- d. the results of a patient's specialized study: e.g. NCV, EMG, EKG etc. (with or without a specialist's report)

FOR QUESTION 88.
Consider a patient who has spinal radiographs.

88. What is the risk to the patient's health or safety if a chiropractor omits or poorly interprets the radiographs to identify the possible presence of a chiropractic listing and/or subluxation?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

FOR QUESTION 89.
Consider a patient whose chiropractor has obtained the patient's chief complaint, history, and examination findings.

89. What is the risk to the patient's health or safety if a chiropractor omits or poorly develops focused differential diagnoses (or clinical impressions) that lead to an appropriate diagnosis (or clinical impression)?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------



Risk Assessment of Professional Functions (continued)

		RISK TO PATIENT				
		No risk	Little risk	Some risk	Significant risk	Severe risk
<p>FOR QUESTION 90 a - b. Consider a patient whose chiropractor has developed an appropriate diagnosis (or clinical impression).</p>						
90.	<p>What is the risk to the patient's health or safety if a chiropractor omits or poorly performs the following professional functions?</p> <p>a. the development of a reasonable prognosis</p> <p>b. the development of a case management plan</p>	○	○	○	○	○
<p>FOR QUESTIONS 91 and 92. Consider a patient whose chiropractor has obtained the patient's case history, examined the patient, and developed an appropriate diagnosis (or clinical impression), prognosis, and case management plan.</p>						
91.	<p>What is the risk to the patient's health or safety if a chiropractor does not document or poorly documents these items?</p>	○	○	○	○	○
92.	<p>What is the risk to the patient's health or safety if a chiropractor does not communicate or poorly communicates to the patient these items in such a manner that the patient can not provide an informed consent to treatment?</p>	○	○	○	○	○
<p>FOR QUESTION 93 a - c. Consider a patient who presents for chiropractic care.</p>						
93.	<p>What is the risk to the patient's health or safety if a chiropractor omits or poorly performs the following professional functions?</p> <p>a. an assessment of risk factors and contraindications to chiropractic care</p> <p>b. an objective assessment of the function of the patient's involved joints prior to an adjustment</p> <p>c. an objective assessment of the function of the patient's involved joints following an adjustment</p>	○	○	○	○	○
<p>FOR QUESTION 94. NOTE: This question concerns an act of commission vs. omission. Consider a patient whose presentation indicates the need for a chiropractic adjustment and for whom there are no contraindications.</p>						
94.	<p>What is the risk to the patient's health or safety if a chiropractor performs a chiropractic adjustment?</p>	○	○	○	○	○



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Risk Assessment of Professional Functions (continued)

FOR QUESTION 95 a - c.
Consider a patient who presents for chiropractic care.

95. **What is the risk** to the patient's health or safety if a chiropractor omits or poorly records the following types of documentation such that the documentation does **not** support the care given or can **not** be effectively understood by other health care providers, payors, or regulators?
- a. each patient visit in the SOAP note format
 - b. the patient's presentation in the PART format (pain/tenderness, **a**symmetry, **r**ange of motion, and **t**issue tone) as required for Medicare reimbursement
 - c. the patient's progress or response to treatment utilizing objective outcome measures (e.g. pain and/or disability questionnaires)

FOR QUESTION 96 a - c.
Consider a patient who manifests a material change in his or her presentation or whose case management plan indicates the need for a chiropractor to perform the following professional functions.

96. **What is the risk** to the patient's health or safety if a chiropractor omits or poorly performs each function such that the findings can **not** lead to updating a diagnosis or can **not** be integrated into an updated case management plan?
- a. repeating physical examination procedures
 - b. repeating orthopedic and/or neurologic examination
 - c. obtaining follow-up radiographs to monitor the patient's progress

FOR QUESTION 97.
Consider a patient whose typical physical requirements may aggravate his or her condition.

97. **What is the risk** to the patient's health or safety if a chiropractor omits, poorly writes, or ineffectively transmits a physical restriction order such that it is **not** acceptable to, or **not** timely received by, necessary recipients (e.g. workers' compensation payors and employers)?

FOR QUESTION 98.
Consider a patient whose chiropractor receives a request for a narrative report.

98. **What is the risk** to the patient's health or safety if a chiropractor omits, poorly writes, or ineffectively transmits the narrative report such that the patient's relevant clinical information is **not** effectively or timely communicated to necessary recipients?

FOR QUESTION 99.
Consider a patient who has reached maximum therapeutic benefit.

99. **What is the risk** to the patient's health or safety if a chiropractor fails to timely release the patient from active care?

	RISK				
	No risk	Little risk	Some risk	Significant risk	Severe risk
a.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Adjunctive Care

INSTRUCTIONS FOR QUESTIONS 100 a - z; 101 a - h; AND 102 a - i:

This section contains a list of adjunctive treatments and health promotion/wellness care procedures that chiropractors may perform in their practices. You are asked to provide two rankings: "FREQUENCY" and "RISK." Some activities may not apply to your practice, and therefore you are asked not to provide an opinion on "RISK" for that procedure. If this is true for you, please mark "NEVER" for "FREQUENCY," and leave the "RISK" ranking for that procedure blank.

Please indicate how frequently you performed each procedure during the past 12 months in your practice, using the "FREQUENCY" scale provided. Additionally, if you performed the procedure, please **provide an opinion of the risk to a patient's health or safety** due to a chiropractor's poor performance of the activity using the "RISK" scale provided.

100. PASSIVE ADJUNCTIVE CARE	FREQUENCY						RISK				
	Never	1-6 times per year	About once per year	About once per month	About once per week	Several times per day	No risk	Little risk	Some risk	Significant risk	Severe risk
a. Acupressure/Meridian therapy without needles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Acupuncture/Meridian therapy with needles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Bed rest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Biofeedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Bracing with lumbar support, cervical collar, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Casting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Cold laser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Diathermy (shortwave or microwave)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Direct current or iontophoresis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Electrical stimulation/therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Flexion/Distracton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Heel lifts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Homeopathic remedies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Hot pack/moist heat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Ice pack/cryotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Infrared, heat lamp, or heating pad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Massage therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Mechanically assisted traction/decompression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Mobilization therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Paraffin bath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. Taping/strapping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. Trigger point therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w. Ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x. Vibratory therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
y. Whirlpool or hydrotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z. Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Adjunctive Care (continued)

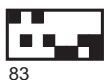
101. ACTIVE ADJUNCTIVE CARE

	FREQUENCY						RISK				
	Never	1-6 times per year	About once per year	About once per month	About once per week	Several times per day	No risk	Little risk	Some risk	Significant risk	Severe risk
a. Back school (formal program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Corrective or therapeutic exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Foot orthotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Rehabilitation/Stabilization exercise - Extremity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Rehabilitation/Stabilization exercise - Spine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Training in activities of daily living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Work hardening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

102. HEALTH PROMOTION/WELLNESS CARE

	FREQUENCY						RISK				
	Never	1-6 times per year	About once per year	About once per month	About once per week	Several times per day	No risk	Little risk	Some risk	Significant risk	Severe risk
a. Changing risky/unhealthy behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Disease prevention/early screening advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Ergonomic/postural advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Nutritional/dietary recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Physical fitness/exercise promotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Relaxation/stress reduction recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Self-care strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Smoking cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMENTS



Survey Concerning Chiropractic Assistants

INSTRUCTIONS FOR QUESTIONS 103 - 105:

This section asks you to indicate the duties performed by, and number of, non-D.C. Assistants working in your office environment who have direct patient contact duties such as applying physical modalities, or performing examination procedures. If no such assistants work with you, please check this box and skip this section.

		FREQUENCY					
		Never	1-6 times per year	About once per month	About once per week	Several times per day	
103.	How frequently are each of the following duties performed by non-D.C. Assistants who work in your office environment?						
a.	Obtain vital signs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b.	Perform postural assessments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c.	Perform thermography/EMG scans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d.	Perform orthopedic/neurological examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e.	Take x-rays.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f.	Draw blood for testing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
g.	Perform urine dipstick analysis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
h.	Apply cold laser treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
i.	Apply diathermy (shortwave or microwave).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
j.	Apply direct current or iontophoresis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
k.	Apply electrical stimulation/therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
l.	Apply hot packs/moist heat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
m.	Apply ice packs/cryotherapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
n.	Apply infrared, heat lamp, or heating pad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
o.	Apply mechanically assisted traction/decompression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
p.	Apply paraffin baths.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
q.	Apply ultrasound therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
r.	Apply vibratory therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
s.	Apply whirlpool or hydrotherapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
t.	Teach and/or supervise exercises.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
u.	Perform massage treatments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
v.	Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
w.	Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



Survey Concerning Chiropractic Assistants (continued)

104. Does your state certify or license non-D.C. Assistants to perform contact duties such as physical modalities or examination procedures?

- Yes
- No

105. Please indicate the number of full time and part time non-D.C. Assistants who perform direct patient contact duties in your office environment with each of these certifications.

	Number of Full Time						Number of Part Time					
	0	1	2	3	4	5 or more	0	1	2	3	4	5 or more
a. Chiropractic Assistants who are not certified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. State Certified Chiropractic Assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. State Licensed Chiropractic Assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Certified Radiologic Technologist (ACRRT or ARRT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Licensed/Certified Massage Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Licensed/Certified Physical Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Licensed/Certified P.T. Assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Licensed/Certified Medical Assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Licensed/Certified Medical Technologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMENTS CONCERNING CHIROPRACTIC ASSISTANTS