

# Appendix C

## Survey of Chiropractic Practice

NATIONAL BOARD OF  
**CHIROPRACTIC  
EXAMINERS**



Executive Offices: 901 54th Avenue • Greeley, Colorado 80634 • (970) 356-9100

August 1998

Dear Colleague:

As stated in a letter sent to you a few days ago, you have been selected as a representative of chiropractors in your geographic area to participate in a milestone study of chiropractic practice in the United States.

Data from the enclosed questionnaire will serve to document what chiropractors across the United States are doing in their practices. Results of the survey will be used to prepare a comprehensive report describing the chiropractic profession and documenting future examination needs. No individual responses will be reported; responses will be reported on a group basis only. Additionally, when a section of the questionnaire asks for information you have not collected, please provide your best estimate.

As you are aware, a project of this magnitude will involve several weeks of analyses and reporting after all survey forms are returned to the National Board. Every effort will be made to provide you with a report indicating the results of this survey and to report your participation to your local newspaper if you so indicate on the survey form.

If you have any questions, please feel free to call Mark G. Christensen, Ph.D., NBCE Assistant Executive Director and Director of Testing, Martin Kollasch, D.C., NBCE Staff Chiropractor or me at **1 800 964-6223**.

Your response is critical to the success of this important study. Please return your completed survey instrument to the National Board in the enclosed self-addressed, postage-paid envelope by **SEPTEMBER 25, 1998**.

Sincerely,

Horace C. Elliott  
NBCE Executive Director

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## DEMOGRAPHIC DATA

In this section you are asked to provide background information that will be summarized to describe the group that completed this questionnaire. No individual responses will be reported.

**1. Gender:**

- Male
- Female

**2. How many hours per week do you practice chiropractic?**

- 29 or less
- 30-39
- 40-49
- 50-59
- 60 or more

**3. Ethnic Origin:**

- Asian/Pacific Islander
- Black or African American
- Caucasian
- Hispanic
- Native American
- Other \_\_\_\_\_

**4. Highest level of non-chiropractic education attained:**

- High School Diploma
- Associate Degree
- Baccalaureate Degree
- Master's Degree
- Doctoral Degree
- Other \_\_\_\_\_

**5. Post-graduate diplomate status through a 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.

**6. Institution that conferred Doctor of Chiropractic Degree:**

- Anglo-European College of Chiropractic
- Canadian Memorial Chiropractic College
- Cleveland Chiropractic College, Kansas City
- Cleveland Chiropractic College, Los Angeles
- Institut Francais de Chiropractie
- Life University, School of Chiropractic (Life College)
- Life Chiropractic College, West
- Lincoln College of Chiropractic
- Logan College of Chiropractic
- Los Angeles College of Chiropractic
- National College of Chiropractic
- New York Chiropractic College
- Northwestern College of Chiropractic
- Palmer College of Chiropractic
- Palmer College of Chiropractic, West
- Parker College of Chiropractic
- Pennsylvania College of Straight Chiropractic
- Royal Melbourne Institute of Technology (Phillip Institute of Technology)
- Quantum University (Southern California College of Chiropractic)(Pasadena College)
- Sherman College of Straight Chiropractic
- Sydney College of Chiropractic
- University of Bridgeport
- Texas Chiropractic College
- Western States Chiropractic College
- Other \_\_\_\_\_

## WORKERS' COMPENSATION, MANAGED CARE AND INSURANCE

1. Is chiropractic covered under your state Workers' Compensation laws?
  - Yes
  - No
2. If "yes" to No. 1, what amount of coverage is allowed?
  - 1-10 visits per case
  - 11-20 visits per case
  - more than 20 visits per case
  - no specified limits
3. If "yes" to No. 1, is adjunctive therapy covered?
  - Yes
  - No
4. In how many managed care programs are you a member?
  - none
  - 1-5 programs
  - 6-10 programs
  - more than 10 programs
5. Have you ever been denied membership in a managed care program as a health care provider?
  - Yes
  - No
6. If "yes" to No. 5, what was the reason you were denied membership as a provider? (Mark as many as apply.)
  - The plan did not accept chiropractors
  - The plan did not contain chiropractic coverage
  - The plan had met its membership quota
  - I did not meet the credentialing requirements
7. If "yes" to No. 5, please indicate the number of times you have been denied membership as a provider.
  - 1
  - 2-3
  - 4-5
  - 6-7
  - 8 or more
8. Does your state have chiropractic coverage under your medicaid assistance program or state program?
  - Yes
  - No
9. If "yes" to No. 8, do you participate in your state's program?
  - Yes
  - No
10. What percent of cases in your practice, during the past year, were devoted to the following categories: (Total should be approximately 100%)
 

	None	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
Personal injury	<input type="radio"/>										
Workers' Comp	<input type="radio"/>										
Private insurance (not managed care)	<input type="radio"/>										
Managed care	<input type="radio"/>										
Private pay/cash	<input type="radio"/>										
Medicare	<input type="radio"/>										
Medicaid	<input type="radio"/>										

## WORK ENVIRONMENT

1. Which one of the following best describes your position in the office where you work?
  - Individual practitioner/only chiropractor in office
  - One of two or more chiropractors in office
  - Junior associate or examining doctor
  - Practitioner in multi-disciplinary office
  - Other \_\_\_\_\_
2. Do you practice in more than one office location?
  - Yes
  - No
3. Do you primarily delegate case history taking to a chiropractic assistant?
  - Yes
  - No
4. Do you primarily delegate taking X-rays to a chiropractic assistant?
  - Yes
  - No
5. Do you primarily delegate developing of X-rays to a chiropractic assistant?
  - Yes
  - No
6. Do you primarily delegate the administration of physiotherapy to a chiropractic assistant?
  - Yes
  - No
7. Do you ever deliver chiropractic care outside an office setting, such as in a patient's home?
  - Yes
  - No
8. Do you have staff privileges at a medical or osteopathic hospital?
  - Yes
  - No
9. During the past year, have you received patient referrals from other health professionals?
  - Yes
  - No

10. If you answered "yes" to No. 9, how frequently have the following health professionals referred to you during the past year?

4 - Routinely (Daily)	_____	_____	_____	_____	_____
3 - Often (1 or 2 per week)	_____	_____	_____	_____	_____
2 - Sometimes (1 or 2 per month)	_____	_____	_____	_____	_____
1 - Rarely (1 or 2 per year)	_____	_____	_____	_____	_____
0 - Never	_____	_____	_____	_____	_____
	0	1	2	3	4
Dentist	<input type="radio"/>				
Internist/Family Practitioner	<input type="radio"/>				
Massage Therapist	<input type="radio"/>				
OB/GYN	<input type="radio"/>				
Ortho/Neuro Specialist	<input type="radio"/>				
Other Chiropractor	<input type="radio"/>				
Podiatrist	<input type="radio"/>				
Other _____	<input type="radio"/>				

11. How frequently have you referred to the following health professionals during the past year?

4 - Routinely (Daily)	_____	_____	_____	_____	_____
3 - Often (1 or 2 per week)	_____	_____	_____	_____	_____
2 - Sometimes (1 or 2 per month)	_____	_____	_____	_____	_____
1 - Rarely (1 or 2 per year)	_____	_____	_____	_____	_____
0 - Never	_____	_____	_____	_____	_____
	0	1	2	3	4
Dentist	<input type="radio"/>				
Internist/Family Practitioner	<input type="radio"/>				
Massage Therapist	<input type="radio"/>				
OB/GYN	<input type="radio"/>				
Ortho/Neuro Specialist	<input type="radio"/>				
Other Chiropractor	<input type="radio"/>				
Physical Therapist/Physiatrist	<input type="radio"/>				
Podiatrist	<input type="radio"/>				
Psychologist/Psychiatrist	<input type="radio"/>				
Surgeon	<input type="radio"/>				
Other _____	<input type="radio"/>				

## EXPERIENCE AND ORIENTATION

1. How many active and inactive state licenses do you hold?

- One
- Two
- Three
- Four
- Five
- More than five

2. How long have you been practicing in the state in which you are currently located?

- less than 2 years
- 2-4 years
- 5-15 years
- 16-25 years
- more than 25 years

3. How long have you been in practice altogether, including your current state and other states or countries?

- less than 2 years
- 2-4 years
- 5-15 years
- 16-25 years
- more than 25 years

4. Other than experience in your college clinic, did you have any pre-licensure clinical training?

- No formal training
- A preceptorship/field internship
- A state-mandated training program
- Other \_\_\_\_\_

5. 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 state-mandated training program
- Other \_\_\_\_\_

6. What do you do to continue your education? (Mark all that apply.)

- Read journals
- Attend conferences/seminars
- Attend diplomate courses
- Attend hospital staff CE meetings
- Other \_\_\_\_\_

7. How many hours of continuing education units have you earned during the past year?

- None
- 1-10
- 11-15
- 16-20
- 21-25
- 26-30
- More than 30

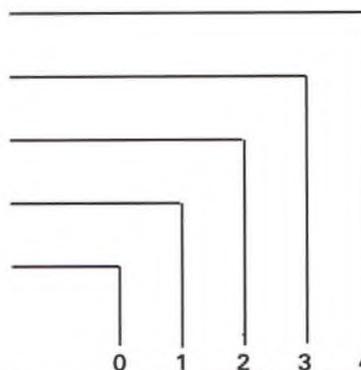
8. Approximately what percentage of your time is spent on each of the following functions during a typical week?

<p>4 = 76-100%</p> <p>3 = 51-75%</p> <p>2 = 26-50%</p> <p>1 = 1-25%</p> <p>0 = None (0%)</p>	<p>0 1 2 3 4</p>
<p>Direct patient care</p> <p>Business management (Other than insurance/ managed care documentation)</p> <p>Insurance/Managed care documentation</p> <p>Marketing</p> <p>Patient education</p> <p>College or other institutional-based research</p>	<p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>

## TYPES OF PATIENTS

Of patients that you saw in your practice during this past year, how many are from each of the following gender, age, ethnic, and occupational categories?

- 4 = MOST/ALL (76-100%)
- 3 = MORE THAN HALF (51-75%)
- 2 = HALF OR LESS (26-50%)
- 1 = FEW/SOME (1-25%)
- 0 = NONE (0%)



		0	1	2	3	4
<b>GENDER</b>	● Male	<input type="radio"/>				
	● Female	<input type="radio"/>				
<b>AGE</b>	● 5 or younger	<input type="radio"/>				
	● 6 to 17	<input type="radio"/>				
	● 18 to 30	<input type="radio"/>				
	● 31 to 50	<input type="radio"/>				
	● 51 to 64	<input type="radio"/>				
	● 65 or older	<input type="radio"/>				
<b>ETHNIC ORIGIN</b>	● Asian/Pacific Islander	<input type="radio"/>				
	● Black or African American	<input type="radio"/>				
	● Caucasian	<input type="radio"/>				
	● Hispanic	<input type="radio"/>				
	● Native American	<input type="radio"/>				
	● Other _____	<input type="radio"/>				
<b>OCCUPATION</b>	● Administrative Support, including Clerical	<input type="radio"/>				
	● Agriculture/Forestry/Fishing/Farming/Ranching	<input type="radio"/>				
	● Assembly Workers/Laborers	<input type="radio"/>				
	● Construction and Mechanical Trades	<input type="radio"/>				
	● Entertainment, including Authors, Artists	<input type="radio"/>				
	● Executive/Managerial	<input type="radio"/>				
	● Full-time parent/Homemaker	<input type="radio"/>				
	● Military	<input type="radio"/>				
	● Professional/Educational	<input type="radio"/>				
	● Professional Athlete	<input type="radio"/>				
	● Protective Services	<input type="radio"/>				
	● Retired	<input type="radio"/>				
	● Sales, including Retail	<input type="radio"/>				
	● Service occupations	<input type="radio"/>				
	● Student	<input type="radio"/>				
	● Technical occupations, including Health-Related	<input type="radio"/>				
	● Other	<input type="radio"/>				

## CHIEF COMPLAINT AND ETIOLOGY

This section lists areas of chief complaint and possible etiologies. For example, low back pain can be attributed to work-related lifting injuries, kidney infections, obesity, or simply subluxation. Please indicate the approximate percentage that each chief complaint and each primary etiology represented in your practice during the past year.

### CHIEF COMPLAINT

**What percent of your patients in the past year presented with the following chief complaints:**

(Total should be approximately 100%)

	None	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90
Headache or facial pain	<input type="radio"/>									
Neck pain/injury	<input type="radio"/>									
Mid-back pain/injury	<input type="radio"/>									
Low back/pelvis pain/ injury	<input type="radio"/>									
Upper extremity pain/ injury	<input type="radio"/>									
Lower extremity pain/ injury	<input type="radio"/>									
Chest pain/injury	<input type="radio"/>									
Abdominal pain/injury	<input type="radio"/>									
Other non-musculo- skeletal condition	<input type="radio"/>									

### ETIOLOGY

**What percent of your patients in the past year presented with the following primary etiologies for their chief complaints:**

(Total should be approximately 100%)

	None	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90
Activities of daily living (i.e., in and around home, car, etc.)	<input type="radio"/>									
Motor vehicle accident	<input type="radio"/>									
Overuse/Repetitive stress	<input type="radio"/>									
Sports/Exercise/ Recreation	<input type="radio"/>									
Work (not repetitive stress)	<input type="radio"/>									
Acute illness/Pathology (e.g. colds, ear infections, etc.)	<input type="radio"/>									
Chronic illness/Pathology (e.g. cardiovascular, diabetes, etc.)	<input type="radio"/>									
Emotional stressors	<input type="radio"/>									
Environmental stressors, including dietary	<input type="radio"/>									
Wellness/Preventive Care	<input type="radio"/>									
Other _____	<input type="radio"/>									

# TYPES OF CONDITIONS

**INSTRUCTIONS:** This section contains a list of conditions that chiropractors may see in their practices. Please respond to the conditions in terms of your practice during the past year.

## SCALES

For each item in this inventory, you are asked to make judgments using the **FREQUENCY**, **DIAGNOSIS**, **MANAGEMENT** and **REFERRAL** scales presented below.

**FREQUENCY:** How often did you see the condition either as a presenting or concurrent condition in your patients during the past year?  
**(Mark only one)**  
 0 = Never (If you mark this frequency, leave other categories blank)  
 1 = Rarely (1 or 2 per year)  
 2 = Sometimes (1 or 2 per month)  
 3 = Often (1 or 2 per week)  
 4 = Routinely (Daily)

**DIAGNOSIS:** For those conditions seen in your practice during the past year, did you, in the majority of cases, concurrent with your subluxation-based diagnosis, make a non-subluxation-based diagnosis supported by history and/or examination?  
**(Mark the bubble only if the answer is YES)**  
 Yes = Mark bubble                      No = Leave bubble blank

**MANAGEMENT:** For those conditions seen in your practice, indicate your management:  
**(Mark only one)**  
 0 = Not treated by me in majority of cases (I am only aware condition exists)  
 1 = Treated or managed solely by me in majority of cases  
 2 = Co-managed with other health care provider in majority of cases

**REFERRAL:** For those conditions seen in your practice during the past year, did you, in the majority of cases, refer your patient to another health care provider for consultation, further diagnostics, or treatment?  
**(Mark the bubble only if your answer is YES)**  
**(Responding affirmatively does not preclude a response to any one of the Management categories.)**  
 Yes = Mark bubble                      No = Leave bubble blank

<b>FREQUENCY</b> <b>(MARK ONLY ONE)</b>  0 = Never (If you mark this frequency, leave other categories blank) 1 = Rarely (1 or 2 per year) 2 = Sometimes (1 or 2 per month) 3 = Often (1 or 2 per week) 4 = Routinely (Daily)	<b>DIAGNOSIS</b>  Yes = Mark bubble No = Leave bubble blank	<b>MANAGEMENT</b> <b>(MARK ONLY ONE)</b>  0 = Not treated by me in majority of cases (I am aware it exists) 1 = Treated or managed solely by me in majority of cases 2 = Co-managed with other health care provider in majority of cases	<b>REFERRAL</b>  Yes = Mark bubble No = Leave bubble blank
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Frequency					<b>NEUROLOGICAL</b>	Diag	Management			Ref
0	1	2	3	4			0	1	2	
<input type="radio"/>	headaches	<input type="radio"/>								
<input type="radio"/>	peripheral neuritis or neuralgia	<input type="radio"/>								
<input type="radio"/>	ALS, multiple sclerosis or Parkinson's	<input type="radio"/>								
<input type="radio"/>	damaged nerve/plexus	<input type="radio"/>								
<input type="radio"/>	stroke or cerebrovascular condition	<input type="radio"/>								
<input type="radio"/>	vertebrobasilar artery insufficiency	<input type="radio"/>								
<input type="radio"/>	cranial nerve disorder	<input type="radio"/>								
<input type="radio"/>	radiculitis or radiculopathy	<input type="radio"/>								
<input type="radio"/>	loss of equilibrium/vertigo	<input type="radio"/>								
<input type="radio"/>	brain or spinal cord tumor	<input type="radio"/>								

**FREQUENCY  
(MARK ONLY ONE)**

**DIAGNOSIS**

**MANAGEMENT  
(MARK ONLY ONE)**

**REFERRAL**

- 0 = Never (If you mark this frequency, leave other categories blank)  
 1 = Rarely (1 or 2 per year)  
 2 = Sometimes (1 or 2 per month)  
 3 = Often (1 or 2 per week)  
 4 = Routinely (Daily)

- Yes = Mark bubble  
 No = Leave bubble blank

- 0 = Not treated by me in majority of cases (I am aware it exists)  
 1 = Treated or managed solely by me in majority of cases  
 2 = Co-managed with other health care provider in majority of cases

- Yes = Mark bubble  
 No = Leave bubble blank

Frequency					ARTICULAR/JOINT	Diag	Management			Ref
0	1	2	3	4			0	1	2	
<input type="radio"/>	spinal subluxation/joint dysfunction	<input type="radio"/>								
<input type="radio"/>	extremity subluxation/joint dysfunction	<input type="radio"/>								
<input type="radio"/>	sprain of any joint	<input type="radio"/>								
<input type="radio"/>	dislocation of any joint	<input type="radio"/>								
<input type="radio"/>	vertebral facet syndrome	<input type="radio"/>								
<input type="radio"/>	intervertebral disc syndrome	<input type="radio"/>								
<input type="radio"/>	thoracic outlet syndrome	<input type="radio"/>								
<input type="radio"/>	hyperlordosis of cervical or lumbar spine	<input type="radio"/>								
<input type="radio"/>	hypolordosis of cervical or lumbar spine	<input type="radio"/>								
<input type="radio"/>	kyphosis of thoracic spine	<input type="radio"/>								
<input type="radio"/>	avascular necrosis	<input type="radio"/>								
<input type="radio"/>	scoliosis	<input type="radio"/>								
<input type="radio"/>	congenital/developmental anomaly	<input type="radio"/>								
<input type="radio"/>	osteoarthritis/degenerative joint disease	<input type="radio"/>								
<input type="radio"/>	systemic/rheumatoid arthritis or gout	<input type="radio"/>								
<input type="radio"/>	bacterial infection of joint	<input type="radio"/>								
<input type="radio"/>	bursitis or synovitis	<input type="radio"/>								
<input type="radio"/>	carpal or tarsal tunnel syndrome	<input type="radio"/>								
<input type="radio"/>	TMJ syndrome	<input type="radio"/>								
<input type="radio"/>	joint tumor or neoplasm	<input type="radio"/>								
<input type="radio"/>	spinal canal stenosis	<input type="radio"/>								
Frequency					MUSCULAR	Diag	Management			Ref
0	1	2	3	4			0	1	2	
<input type="radio"/>	muscular strain/tear	<input type="radio"/>								
<input type="radio"/>	tendinitis/tenosynovitis	<input type="radio"/>								
<input type="radio"/>	myofascitis	<input type="radio"/>								
<input type="radio"/>	fibromyalgia	<input type="radio"/>								
<input type="radio"/>	muscular dystrophy	<input type="radio"/>								
<input type="radio"/>	muscular atrophy	<input type="radio"/>								
<input type="radio"/>	muscle tumor	<input type="radio"/>								
Frequency					SKELETAL	Diag	Management			Ref
0	1	2	3	4			0	1	2	
<input type="radio"/>	fracture	<input type="radio"/>								
<input type="radio"/>	osteoporosis/osteomalacia	<input type="radio"/>								
<input type="radio"/>	congenital/developmental anomaly	<input type="radio"/>								
<input type="radio"/>	endocrine or metabolic bone disorder	<input type="radio"/>								
<input type="radio"/>	bone tumor/metastasis	<input type="radio"/>								
<input type="radio"/>	osteomyelitis/infection	<input type="radio"/>								

**FREQUENCY  
(MARK ONLY ONE)**

**DIAGNOSIS**

**MANAGEMENT  
(MARK ONLY ONE)**

**REFERRAL**

- 0 = Never (If you mark this frequency, leave other categories blank)  
 1 = Rarely (1 or 2 per year)  
 2 = Sometimes (1 or 2 per month)  
 3 = Often (1 or 2 per week)  
 4 = Routinely (Daily)

- Yes = Mark bubble  
 No = Leave bubble blank

- 0 = Not treated by me in majority of cases (I am aware it exists)  
 1 = Treated or managed solely by me in majority of cases  
 2 = Co-managed with other health care provider in majority of cases

- Yes = Mark bubble  
 No = Leave bubble blank

Frequency					Diag	Management			Ref	
0	1	2	3	4		0	1	2		
<b>RESPIRATORY</b>										
<input type="radio"/>	viral infection	<input type="radio"/>								
<input type="radio"/>	bacterial infection	<input type="radio"/>								
<input type="radio"/>	asthma, emphysema or COPD	<input type="radio"/>								
<input type="radio"/>	occupational or environmental disorder	<input type="radio"/>								
<input type="radio"/>	atelectasis or pneumothorax	<input type="radio"/>								
<input type="radio"/>	tumor of lung or respiratory passages	<input type="radio"/>								
Frequency										
0	1	2	3	4	<b>GASTROINTESTINAL</b>					
<input type="radio"/>	bacterial or viral infection	<input type="radio"/>								
<input type="radio"/>	appendicitis	<input type="radio"/>								
<input type="radio"/>	cholecystitis or pancreatitis	<input type="radio"/>								
<input type="radio"/>	ulcer of stomach, small intestine, or colon	<input type="radio"/>								
<input type="radio"/>	inguinal hernia	<input type="radio"/>								
<input type="radio"/>	colitis or diverticulitis	<input type="radio"/>								
<input type="radio"/>	hemorrhoids	<input type="radio"/>								
<input type="radio"/>	tumor of gastrointestinal tract	<input type="radio"/>								
<input type="radio"/>	hiatal hernia/esophageal reflux	<input type="radio"/>								
Frequency										
0	1	2	3	4	<b>INTEGUMENT</b>					
<input type="radio"/>	acne, dermatitis, or psoriasis	<input type="radio"/>								
<input type="radio"/>	bacterial or fungal infection	<input type="radio"/>								
<input type="radio"/>	herpes simplex	<input type="radio"/>								
<input type="radio"/>	herpes zoster	<input type="radio"/>								
<input type="radio"/>	pigment disorders	<input type="radio"/>								
<input type="radio"/>	skin cancer	<input type="radio"/>								
Frequency										
0	1	2	3	4	<b>RENAL/UROLOGICAL</b>					
<input type="radio"/>	infection of kidney or urinary tract	<input type="radio"/>								
<input type="radio"/>	kidney stones	<input type="radio"/>								
<input type="radio"/>	chronic kidney disease or failure	<input type="radio"/>								
<input type="radio"/>	tumor of the kidney or bladder	<input type="radio"/>								

**FREQUENCY  
(MARK ONLY ONE)**

**DIAGNOSIS**

**MANAGEMENT  
(MARK ONLY ONE)**

**REFERRAL**

0 = Never (If you mark this frequency, leave other categories blank)  
 1 = Rarely (1 or 2 per year)  
 2 = Sometimes (1 or 2 per month)  
 3 = Often (1 or 2 per week)  
 4 = Routinely (Daily)

Yes = Mark bubble  
 No = Leave bubble blank

0 = Not treated by me in majority of cases (I am aware it exists)  
 1 = Treated or managed solely by me in majority of cases  
 2 = Co-managed with other health care provider in majority of cases

Yes = Mark bubble  
 No = Leave bubble blank

Frequency					CARDIOVASCULAR	Diag	Management			Ref
0	1	2	3	4			0	1	2	
<input type="radio"/>	high blood pressure	<input type="radio"/>								
<input type="radio"/>	angina or myocardial infarction	<input type="radio"/>								
<input type="radio"/>	arterial aneurysm	<input type="radio"/>								
<input type="radio"/>	peripheral artery or vein disorder	<input type="radio"/>								
<input type="radio"/>	murmur or rhythm irregularity	<input type="radio"/>								
<input type="radio"/>	congenital anomaly	<input type="radio"/>								
Frequency					ENDOCRINE/METABOLIC	Diag	Management			Ref
0	1	2	3	4			0	1	2	
<input type="radio"/>	obesity	<input type="radio"/>								
<input type="radio"/>	thyroid or parathyroid disorder	<input type="radio"/>								
<input type="radio"/>	adrenal disorder	<input type="radio"/>								
<input type="radio"/>	pituitary disorder	<input type="radio"/>								
<input type="radio"/>	thymus or pineal disorder	<input type="radio"/>								
<input type="radio"/>	diabetes	<input type="radio"/>								
<input type="radio"/>	endocrine tumor	<input type="radio"/>								
Frequency					SEXUALLY TRANSMITTED DISEASES	Diag	Management			Ref
0	1	2	3	4			0	1	2	
<input type="radio"/>	hepatitis B	<input type="radio"/>								
<input type="radio"/>	herpes II	<input type="radio"/>								
<input type="radio"/>	HIV/AIDS	<input type="radio"/>								
<input type="radio"/>	other sexually transmitted disease	<input type="radio"/>								
Frequency					EYES, EARS, NOSE AND THROAT	Diag	Management			Ref
0	1	2	3	4			0	1	2	
<input type="radio"/>	significant eye pathology	<input type="radio"/>								
<input type="radio"/>	significant ear pathology	<input type="radio"/>								
<input type="radio"/>	disorder of nose or sense of smell	<input type="radio"/>								
<input type="radio"/>	disorder of throat or larynx	<input type="radio"/>								
<input type="radio"/>	tumor of eye, ear, nose, or throat	<input type="radio"/>								
<input type="radio"/>	dizziness/vertigo	<input type="radio"/>								
Frequency					HEMATOLOGICAL/LYMPHATIC	Diag	Management			Ref
0	1	2	3	4			0	1	2	
<input type="radio"/>	anemia	<input type="radio"/>								
<input type="radio"/>	immunological disorder	<input type="radio"/>								
<input type="radio"/>	hereditary disorder	<input type="radio"/>								
<input type="radio"/>	polycythemia	<input type="radio"/>								
<input type="radio"/>	cancer of the marrow or lymphatic system	<input type="radio"/>								

**FREQUENCY  
(MARK ONLY ONE)**

**DIAGNOSIS**

**MANAGEMENT  
(MARK ONLY ONE)**

**REFERRAL**

- 0 = Never (If you mark this frequency, leave other categories blank)  
 1 = Rarely (1 or 2 per year)  
 2 = Sometimes (1 or 2 per month)  
 3 = Often (1 or 2 per week)  
 4 = Routinely (Daily)

- Yes = Mark bubble  
 No = Leave bubble blank

- 0 = Not treated by me in majority of cases (I am aware it exists)  
 1 = Treated or managed solely by me in majority of cases  
 2 = Co-managed with other health care provider in majority of cases

- Yes = Mark bubble  
 No = Leave bubble blank

Frequency					Diag	Management			Ref	
0	1	2	3	4		0	1	2		
<b>FEMALE REPRODUCTIVE OR BREAST</b>										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	female infertility	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	pregnancy	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	menstrual disorder/PMS	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	non-cancerous disorder of breast	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	tumor of breast or reproductive system	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	menopause	<input type="radio"/>				
Frequency					Diag	Management			Ref	
0	1	2	3	4		0	1	2		
<b>MALE REPRODUCTIVE</b>										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	male infertility	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	impotency	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	prostate disorder	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	tumor of reproductive system	<input type="radio"/>				
Frequency					Diag	Management			Ref	
0	1	2	3	4		0	1	2		
<b>CHILDHOOD DISORDERS</b>										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	upper respiratory or ear infection	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	infectious diseases (mumps/measles/chicken pox)	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	parasites	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	colic	<input type="radio"/>				
Frequency					Diag	Management			Ref	
0	1	2	3	4		0	1	2		
<b>MISCELLANEOUS</b>										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	allergies	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	nutritional disorders	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	eating disorders	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	psychological disorders	<input type="radio"/>				

## ACTIVITIES PERFORMED

**INSTRUCTIONS:** This section contains a list of activities that chiropractors may perform in their practices. Some of these activities may not apply to your practice. Please respond to the statements in terms of what you did in your practice during the past year.

### SCALES

For each item in this inventory, you are asked to make two judgments using the rating scales presented. In the column labeled "FREQUENCY," use the scale provided to indicate how often during the past year you have performed the activity in a typical series of patients or in a group of the type of patients specified. In the column labeled "RISK FACTOR," use the scale to provide your opinion of what would be the risk to public health or patient safety due to poor performance or omission of the activity by a chiropractor.

**FREQUENCY:** How often do you perform the activity in a typical series of patients?

- 0 = Never (does not apply to my practice)
- 1 = Rarely (1-25%)
- 2 = Sometimes (26-50%)
- 3 = Frequently (51-75%)
- 4 = Routinely (76-100%)

**RISK FACTOR:** In your opinion, what would be the risk factor to public health or patient safety due to **poor performance** or **omission** of the activity by a chiropractor?

- 0 = No risk
- 1 = Little risk
- 2 = Some risk
- 3 = Significant risk
- 4 = Severe risk

Note: You may perform a procedure rarely, but the risk factor may be significant if performed poorly or omitted. Conversely, you may perform a procedure frequently, but omission of the activity may not, in your opinion, necessarily present a significant risk to public health or patient safety.

These examples are hypothetical and are not intended to influence your rating of the procedures.

- 0 = Never (does not apply)
- 1 = Rarely (1-25%)
- 2 = Sometimes (26-50%)
- 3 = Frequently (51-75%)
- 4 = Routinely (76-100%)

- 0 = No risk
- 1 = Little risk
- 2 = Some risk
- 3 = Significant risk
- 4 = Severe risk

EXAMPLES	Frequency					Risk Factor				
	0	1	2	3	4	0	1	2	3	4
1. Order or perform an electrocardiogram as part of an initial or routine physical examination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Order an electrocardiogram or refer a patient with a suspected heart problem to a cardiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3. Determine the appropriate placements of chest leads for an EKG	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Interpret an EKG tracing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

## ACTIVITIES

0 = Never (does not apply)  
 1 = Rarely (1-25%)  
 2 = Sometimes (26-50%)  
 3 = Frequently (51-75%)  
 4 = Routinely (76-100%)

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 1 = Little risk  
 2 = Some risk  
 3 = Significant risk  
 4 = Severe risk

<b>CASE HISTORY</b>	Frequency					Risk Factor				
	0	1	2	3	4	0	1	2	3	4
1. Obtain an initial case history from a new patient	<input type="radio"/>									
2. Identify the nature of a patient's condition, using the information from the case history	<input type="radio"/>									
3. Perform a focused case history in order to determine what additional examination procedures or tests may be needed	<input type="radio"/>									
4. Determine the appropriate technique or case management procedure, using the information from the case history information	<input type="radio"/>									
5. Take S.O.A.P. notes or case progress notes on subsequent patient visits	<input type="radio"/>									
6. Update case history for a patient whose condition has changed or who presents with a new condition	<input type="radio"/>									
<b>PHYSICAL EXAMINATION</b>	0	1	2	3	4	0	1	2	3	4
7. Perform physical examination procedures on a new patient	<input type="radio"/>									
8. Determine the patient's general state of health, using the information from the physical examination	<input type="radio"/>									
9. Perform regional physical examination procedures to further define the nature of the patient's presenting complaint or to determine what, if any, further testing procedures may be indicated	<input type="radio"/>									
10. Re-examine periodically or when a patient's condition changes	<input type="radio"/>									

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 1 = Rarely (1-25%)  
 2 = Sometimes (26-50%)  
 3 = Frequently (51-75%)  
 4 = Routinely (76-100%)

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 1 = Little risk  
 2 = Some risk  
 3 = Significant risk  
 4 = Severe risk

NMS EXAMINATION	Frequency					Risk Factor				
	0	1	2	3	4	0	1	2	3	4
11. Perform general orthopedic and/or neurological examination procedures on a new patient	<input type="radio"/>									
12. Perform focused orthopedic and/or neurological examination procedures based on the preliminary clinical findings	<input type="radio"/>									
13. Determine the nature of a patient's condition using information from the orthopedic and/or neurological examination	<input type="radio"/>									
14. Determine what additional laboratory study, X-ray, special study, and/or referral may be indicated, using information from the orthopedic and/or neurological examination	<input type="radio"/>									
15. Perform appropriate orthopedic and/or neurological tests periodically or as patient's condition changes	<input type="radio"/>									
X-RAY EXAMINATION	Frequency					Risk Factor				
	0	1	2	3	4	0	1	2	3	4
16. Perform an X-ray examination on new patients and develop X-rays	<input type="radio"/>									
17. Determine the presence of anomaly, pathology, fracture, dislocation or other significant findings, using information from an X-ray examination	<input type="radio"/>									
18. Determine areas of instability or dynamic joint dysfunction using information from stress X-rays	<input type="radio"/>									
19. Determine the possible presence of a subluxation or a spinal listing, using X-rays	<input type="radio"/>									
20. Perform new X-rays on a patient whose condition has deteriorated or is not responding	<input type="radio"/>									
21. Perform new X-rays on a patient who has a new condition	<input type="radio"/>									
22. Perform new X-rays to monitor a patient's progress	<input type="radio"/>									

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 1 = Rarely (1-25%)  
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 3 = Frequently (51-75%)  
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 1 = Little risk  
 2 = Some risk  
 3 = Significant risk  
 4 = Severe risk

LABORATORY AND SPECIAL STUDIES	Frequency					Risk Factor				
	0	1	2	3	4	0	1	2	3	4
23. Draw blood, collect urine, or perform laboratory or other specialized procedures in your office	<input type="radio"/>									
24. Order laboratory tests from hospital or private laboratory	<input type="radio"/>									
25. Refer patients for MRI or CT scan	<input type="radio"/>									
26. Refer patients for bone scan	<input type="radio"/>									
27. Refer patients for EMG/Nerve conduction studies	<input type="radio"/>									
28. Refer patients for EKG or vascular studies	<input type="radio"/>									
29. Refer patients for other specialized studies	<input type="radio"/>									
30. Augment history, examination or radiographic findings using information from laboratory or specialized studies	<input type="radio"/>									
31. Confirm a diagnosis or rule out health-threatening conditions, using information from laboratory or specialized studies	<input type="radio"/>									
DIAGNOSIS	0	1	2	3	4	0	1	2	3	4
32. Relate positive findings identified in the history and examination to a pathologic, pathophysiologic, or psychopathologic process	<input type="radio"/>									
33. Distinguish between life- or health-threatening conditions and less urgent conditions, using information from the history and examination	<input type="radio"/>									
34. Refer patients to other health care practitioners, based on information from the history and examination	<input type="radio"/>									
35. Arrive at a specific musculoskeletal working diagnosis or clinical impression (other than subluxation) on the basis of history and examination findings	<input type="radio"/>									
36. Arrive at a specific non-musculoskeletal (i.e. visceral) working diagnosis or clinical impression (other than subluxation) on the basis of history and examination findings	<input type="radio"/>									

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 1 = Rarely (1-25%)  
 2 = Sometimes (26-50%)  
 3 = Frequently (51-75%)  
 4 = Routinely (76-100%)

0 = No risk  
 1 = Little risk  
 2 = Some risk  
 3 = Significant risk  
 4 = Severe risk

CHIROPRACTIC TECHNIQUE	Frequency					Risk Factor				
	0	1	2	3	4	0	1	2	3	4
37. Perform specific chiropractic examination procedures on patients with spinal or extra-spinal joint conditions	<input type="radio"/>									
38. Utilize instruments unique to chiropractic or used primarily in the chiropractic domain as part of the patient examination	<input type="radio"/>									
39. Determine the appropriate chiropractic case management or technique, using information from a chiropractic examination	<input type="radio"/>									
40. Perform chiropractic adjustive techniques	<input type="radio"/>									
41. Perform chiropractic examination procedures on subsequent visits to determine appropriate use of technique or case management	<input type="radio"/>									
ADJUNCTIVE CARE	Frequency					Risk Factor				
	0	1	2	3	4	0	1	2	3	4
42. Evaluate the patient's condition to determine if procedures other than adjustive techniques may be indicated	<input type="radio"/>									
43. Determine indications or contraindications for the use of adjunctive care	<input type="radio"/>									
44. Perform treatment procedures other than adjustive techniques in the management of patient care	<input type="radio"/>									
45. Refer patients to a physical therapist, massage therapist, nutritionist or other non-M.D./D.C./D.O. health care practitioner, based on patient's condition	<input type="radio"/>									
46. Monitor the effectiveness of non-adjustive techniques, therapeutic procedures, and adjunctive care	<input type="radio"/>									

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 1 = Rarely (1-25%)  
 2 = Sometimes (26-50%)  
 3 = Frequently (51-75%)  
 4 = Routinely (76-100%)

0 = No risk  
 1 = Little risk  
 2 = Some risk  
 3 = Significant risk  
 4 = Severe risk

CASE MANAGEMENT	Frequency					Risk Factor				
	0	1	2	3	4	0	1	2	3	4
47. Discuss treatment options with a patient, based on assessment of patient's condition	<input type="radio"/>									
48. Recommend and/or arrange for services of other health professionals when patient's condition warrants	<input type="radio"/>									
49. Predict the effectiveness of chiropractic care for the individual patient, using information from the history and examination	<input type="radio"/>									
50. Modify or revise case management as patient's condition improves or fails to improve	<input type="radio"/>									
51. Encourage patient to make appropriate changes in habits or lifestyle that will result in prevention of reoccurrences or improvement of health	<input type="radio"/>									
52. Maintain written record of problem(s), goals, intervention strategies, and case progress	<input type="radio"/>									

## KNOWLEDGE AREAS

- 0 = Not done by me
- 1 = Of no importance
- 2 = Of little importance
- 3 = Moderately important
- 4 = Very important
- 5 = Extremely important

Using the following scale, please indicate how important each knowledge area is in your current practice. If you do not perform or utilize the function, please mark Category 0 = "Not done by me."

<b>CASE HISTORY KNOWLEDGE AREAS</b>	Importance 0 1 2 3 4 5																																																
<p>I. Rate the importance of knowledge in the following areas of taking and interpreting a case history:</p> <ol style="list-style-type: none"> <li>1. Chief complaint</li> <li>2. Present illness</li> <li>3. Past history</li> <li>4. Family history</li> <li>5. Personal and social history</li> <li>6. Review of systems</li> </ol>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>	<input type="radio"/>																																															
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<b>PHYSICAL EXAMINATION KNOWLEDGE AREAS</b>	Importance 0 1 2 3 4 5																																																
<p>II. Rate the importance of knowledge in the following areas of performing and interpreting a physical examination:</p> <ol style="list-style-type: none"> <li>1. General survey</li> <li>2. Head and neck examination</li> <li>3. Thorax and lung examination</li> <li>4. Cardiovascular examination</li> <li>5. Breast and axilla examination</li> <li>6. Abdominal examination</li> <li>7. Urogenital examination</li> <li>8. Rectal examination</li> </ol>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>	<input type="radio"/>																																															
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<b>NMS EXAMINATION KNOWLEDGE AREAS</b>	Importance 0 1 2 3 4 5																																																
<p>III. Rate the importance of knowledge in the following areas of performing and interpreting a neuromusculoskeletal (NMS) examination:</p> <ol style="list-style-type: none"> <li>1. Posture and locomotion assessment</li> <li>2. Standard spinal and extremity orthopedic procedures</li> <li>3. Standard neurologic testing procedures</li> <li>4. Peripheral vascular examination procedures</li> </ol>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>	<input type="radio"/>																																															
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- 4 = Very important
- 5 = Extremely important

<b>RADIOGRAPHIC EXAMINATION KNOWLEDGE AREAS</b>	Importance					
	0	1	2	3	4	5
<p>IV. Rate the importance of knowledge in the following areas of performing a radiographic examination and interpreting radiographs:</p> <ol style="list-style-type: none"> <li>1. X-ray physics</li> <li>2. Indications and contraindications for radiographic procedures</li> <li>3. Patient protection</li> <li>4. Patient positioning</li> <li>5. Normal radiographic anatomy</li> <li>6. Radiographic analytic procedures</li> <li>7. Radiographic interpretation and diagnosis</li> </ol>	○	○	○	○	○	○
<b>DIAGNOSIS KNOWLEDGE AREAS</b>	Importance					
	0	1	2	3	4	5
<p>V. Rate the importance of knowledge to arrive at a diagnosis based on information gathered from each of the following portions of the examination:</p> <ol style="list-style-type: none"> <li>1. History</li> <li>2. Physical and neuromusculoskeletal examinations</li> <li>3. Roentgenologic examination</li> <li>4. Clinical laboratory and special studies examinations</li> </ol>	○	○	○	○	○	○
<b>CHIROPRACTIC TECHNIQUE KNOWLEDGE AREAS</b>	Importance					
	0	1	2	3	4	5
<p>VI. Rate the importance of knowledge in the following areas of chiropractic technique:</p> <ol style="list-style-type: none"> <li>1. Spinal analysis</li> <li>2. Spinal adjustive techniques</li> <li>3. Extremity adjustive techniques</li> <li>4. Skeletal biomechanics</li> <li>5. Non-adjustive techniques</li> </ol>	○	○	○	○	○	○

- 0 = Not done by me
- 1 = Of no importance
- 2 = Of little importance
- 3 = Moderately important
- 4 = Very important
- 5 = Extremely important

<b>ADJUNCTIVE CARE KNOWLEDGE AREAS</b>	Importance					
	0	1	2	3	4	5
<p>VII. Rate the importance of knowledge in the following areas of adjunctive care:</p> <ol style="list-style-type: none"> <li>1. Physiotherapy</li> <li>2. Nutrition</li> <li>3. Rehabilitative exercises</li> <li>4. Ergonomics</li> <li>5. Patient education and home care</li> <li>6. Orthopedic supports and taping procedures</li> </ol>	○	○	○	○	○	○
<b>CASE MANAGEMENT KNOWLEDGE AREAS</b>	Importance					
	0	1	2	3	4	5
<p>VIII. Rate the importance of knowledge in the following areas of case management:</p> <ol style="list-style-type: none"> <li>1. Indications and contraindications for chiropractic care</li> <li>2. Formulation of treatment plan</li> <li>3. Appropriate procedures for case follow-up and review</li> <li>4. Consultation and referral</li> </ol>	○	○	○	○	○	○

- 0 = Not done by me
- 1 = Of no importance
- 2 = Of little importance
- 3 = Moderately important
- 4 = Very important
- 5 = Extremely important

LABORATORY AND SPECIAL STUDIES KNOWLEDGE AREAS	Importance					
	0	1	2	3	4	5
IX. Rate the importance of knowledge in the following areas of ordering and interpreting laboratory and special studies: (It is recognized that you may refer the exam or procedure to the appropriate specialist or laboratory for expertise and reports.)						
Angiograms	<input type="radio"/>					
Blood chemistries	<input type="radio"/>					
Blood serology	<input type="radio"/>					
Bone scans	<input type="radio"/>					
CT scans	<input type="radio"/>					
Diagnostic ultrasound	<input type="radio"/>					
Discograms	<input type="radio"/>					
Electrocardiograms	<input type="radio"/>					
Electroencephalograms	<input type="radio"/>					
Electromyography	<input type="radio"/>					
Hematology	<input type="radio"/>					
Joint fluid analysis	<input type="radio"/>					
Kidney function tests	<input type="radio"/>					
Liver function	<input type="radio"/>					
Magnetic resonance imaging	<input type="radio"/>					
Nerve conduction velocity studies	<input type="radio"/>					
Serous fluid analysis	<input type="radio"/>					
Stool analysis	<input type="radio"/>					
Urinalysis	<input type="radio"/>					

## TREATMENT PROCEDURES

Please indicate the primary technique approach that you use in your practice. (Mark only one.)

- Upper cervical
- Full spine
- Full spine and extremity
- Other \_\_\_\_\_

For what percent of patients, during the past year, did you utilize the following adjustive procedures? (You may have utilized more than one procedure on a given patient.)

- 0 = Never (does not apply)
- 1 = Rarely (1-25%) of patients
- 2 = Sometimes (26-50%) of patients
- 3 = Frequently (51-75%) of patients
- 4 = Routinely (76-100%) of patients

<b>ADJUSTIVE PROCEDURES</b>	Frequency				
	0	1	2	3	4
Activator Methods	<input type="radio"/>				
Adjustive instrument	<input type="radio"/>				
Applied Kinesiology	<input type="radio"/>				
Cox/Flexion-Distracton	<input type="radio"/>				
Cranial	<input type="radio"/>				
Diversified	<input type="radio"/>				
Extremity adjusting	<input type="radio"/>				
Gonstead	<input type="radio"/>				
Logan Basic	<input type="radio"/>				
Meric	<input type="radio"/>				
NIMMO/Receptor tonus	<input type="radio"/>				
Palmer upper cervical/HIO	<input type="radio"/>				
Pierce-Stillwagon	<input type="radio"/>				
SOT	<input type="radio"/>				
Thompson	<input type="radio"/>				
Other _____	<input type="radio"/>				

For what percent of patients, during the past year, did you utilize the following adjunctive procedures?

- 0 = Never (does not apply)
- 1 = Rarely (1-25%)
- 2 = Sometimes (26-50%)
- 3 = Frequently (51-75%)
- 4 = Routinely (76-100%)

PASSIVE ADJUNCTIVE CARE	Frequency				
	0	1	2	3	4
Acupressure or meridian therapy	<input type="radio"/>				
Acupuncture with needles	<input type="radio"/>				
Biofeedback	<input type="radio"/>				
Bed rest	<input type="radio"/>				
Bracing with lumbar support, cervical collar, etc.	<input type="radio"/>				
Casting	<input type="radio"/>				
Diathermy - shortwave or microwave	<input type="radio"/>				
Direct current, electrodiagnosis, or iontophoresis	<input type="radio"/>				
Electrical stimulation/therapy	<input type="radio"/>				
Heel lifts	<input type="radio"/>				
Homeopathic remedies	<input type="radio"/>				
Hot pack/moist heat	<input type="radio"/>				
Ice pack/cryotherapy	<input type="radio"/>				
Infrared - baker, heat lamp, or hot pad	<input type="radio"/>				
Massage therapy	<input type="radio"/>				
Mobilization therapy	<input type="radio"/>				
Nutritional counseling, therapy, or supplementation	<input type="radio"/>				
Paraffin bath	<input type="radio"/>				
Taping/strapping	<input type="radio"/>				
Traction	<input type="radio"/>				
Trigger point therapy	<input type="radio"/>				
Ultrasound	<input type="radio"/>				
Vibratory therapy	<input type="radio"/>				
Whirlpool or hydrotherapy	<input type="radio"/>				
Other _____	<input type="radio"/>				

