

Appendix D

Job Analysis Survey



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Survey of Chiropractic Practice

This questionnaire is part of a comprehensive study of chiropractic practice which the National Board of Chiropractic Examiners is conducting. The study will benefit state boards and associations as it is used to inform legislatures and insurance carriers of chiropractic practice patterns and provides chiropractors with the data to improve coverage and reimbursement. The study also aids the NBCE in developing relevant and credible examinations and assists colleges in evaluating and outlining their curricula to accurately reflect the profession.

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. Are you currently in active, full-time chiropractic practice? (This refers to patient management and not teaching, research, etc.)

- Yes
 No

If you answered "No" to # 2, do not answer any further questions. Simply return the questionnaire in the postage-paid envelope. It's very important that you return the questionnaire for data tracking and statistical purposes. Please put it in the mail today.

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

- Yes
 No

4. The final Practice Analysis 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. 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 address of the newspaper in the boxes below.

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

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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.

6. Gender

- Male
- Female

7. Years in practice

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

8. Hours per week you practice chiropractic

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

9. Number of patients you personally treat per week

- fewer than 50
- 50-99
- 100-149
- 150-199
- 200-249
- 250-300
- more than 300

10. Ethnic origin

- 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. 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
- Marquarie University (Sydney College of Chiropractic)
- National University of Health Sciences (National College of Chiropractic)
- New York Chiropractic College
- Northwestern Health Sciences University (Northwestern College of Chiropractic)
- Palmer College of Chiropractic
- 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
- University of Quebec at Trois-Rivieres
- Western States Chiropractic College
- Other _____

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Experience and Orientation

14. 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 _____

15. 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 _____

16. In which continuing education opportunities do you participate? (Mark all that apply.)

- Read journals
- Attend conferences/seminars
- Attend diplomate courses
- Attend hospital staff CE meetings
- On-line credit courses
- Other _____

17. 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

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

(Total should be approximately 100%)

	None	1-25%	26-50%	51-75%	76-100%
Direct patient care	<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"/>
Patient education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Workers' Compensation, Managed Care, and Insurance

19. Do you participate in any managed care networks?

- Yes
- No

20. Do you participate in your state's Medicaid program?

- Yes
- No
- Does not apply in my state

21. During the past year, what percent of cases in your practice were devoted to the following categories?

(Total should be approximately 100%)

PERCENT:	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"/>	<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"/>
Workers' Comp	<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"/>
Private Insurance (Not Managed Care)	<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"/>
Managed Care/Health Insurance	<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"/>
Private Pay/Cash	<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"/>
Medicare	<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"/>
Medicaid	<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"/>
Pro Bono	<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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Chief Complaints and Etiology

Instructions: This section lists areas of chief complaints and possible etiologies. Please indicate the approximate percentage of patients in your practice during the past year who presented with each chief complaint and the percentage of patients represented by each primary etiology.

CHIEF COMPLAINTS AND WELLNESS CARE

What percent of your patients in the past year presented with the following chief complaints?
(Total should be approximately 100%)

	PERCENT:	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"/>	<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"/>
Neck pain/injury		<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"/>
Midback pain/injury		<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"/>
Low-back, pelvis pain/injury		<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"/>
Upper extremity pain/injury		<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"/>
Lower extremity pain/injury		<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"/>
Chest pain/injury		<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"/>
Abdominal pain/injury		<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"/>
Wellness/Preventive care		<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 nonmusculoskeletal condition		<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"/>
Specify: _____											

ETIOLOGIES

What percent of your patients in the past year presented with the following primary etiologies for their chief complaints? (Total should be approximately 100%)

	PERCENT:	None	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90
Activities of daily living (e.g. in and around home)		<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"/>
Motor vehicle accident		<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"/>
Overuse/repetitive stress		<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"/>
Sports/exercise/recreation		<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"/>
Work (not repetitive stress)		<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"/>
Acute illness/pathology (e.g. colds, ear infections, 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"/>
Chronic illness, pathology (e.g. cardiovascular, diabetes, 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"/>
Emotional stressors		<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"/>
Environmental stressors, including dietary		<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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, and ethnic categories?

		None (0%)	Few/Some (1-25%)	Half or Fewer (26-50%)	More than Half (51-75%)	Most/All (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"/>
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"/>
Ethnic Origin	Asian/Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Caucasian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Hispanic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Native American	<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"/>

Types of Conditions

Instructions: The following section on pages 7 to 10 contains a list of conditions that chiropractors may see in their practices. Using the scales below, please respond to these conditions in terms of your practice during the past year.

Scales: For each item in this section, you are asked to make judgements 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?

Never: If you mark this frequency, leave other categories blank.

Rarely: 1 to 10 per year

Sometimes: 1 to 3 per month

Often: 1 or 2 per week

Routinely: more than 2 per week

DIAGNOSIS:

In the majority of cases, did you make a non-subluxation-based diagnosis supported by history and/or examination concurrent with your subluxation-based diagnosis?

Mark the bubble only if the answer is **yes**.

MANAGEMENT:

For those conditions seen in your practice, indicate your management.

Not treated by me in majority of cases (I am aware condition exists)	Treated or managed solely by me in majority of cases	Co-managed with other health care provider in majority of cases
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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 diagnosis, or treatment? (Responding affirmatively does not preclude a response to any one of the Management categories.)

Mark the bubble only if the answer is **yes**.

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FREQUENCY					DIAGNOSIS MANAGEMENT REFERRAL						
Never: 0	Rarely: 1-10/year	Sometimes: 1-3/mo	Often: 1-2/wk	Routinely: >2/wk	Yes in > 50% of cases	> 50% of cases	Not Treated by me	Treated solely by me	Co-Managed	Yes in > 50% of cases	
RENAL/UROLOGICAL											
<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"/>	<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"/>	<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"/>	<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"/>
CARDIOVASCULAR											
<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"/>	<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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<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ENDOCRINE/METABOLIC											
<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"/>	<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"/>	<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"/>	<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"/>
<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"/>
SEXUALLY TRANSMITTED DISEASES											
<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"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EYES, EARS, NOSE AND THROAT											
<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<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"/>	<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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FREQUENCY					DIAGNOSIS MANAGEMENT REFERRAL					
Never: 0	Rarely: 1-10/year	Sometimes: 1-3/mo	Often: 1-2/wk	Routinely: >2/wk	Yes in > 50% of cases	> 50% of cases	Not Treated by me	Treated solely by me	Co-Managed	Yes in > 50% of cases
HEMATOLOGICAL/LYMPHATIC										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	anemia	<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"/>	immunological disorder	<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"/>	hereditary disorder	<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"/>	polycythemia	<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"/>	marrow or lymphatic system cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE REPRODUCTIVE OR BREAST										
<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"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	noncancerous breast disorder	<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"/>	breast or reproductive system tumor	<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"/>	menopause	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MALE REPRODUCTIVE										
<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	benign prostatic hypertrophy	<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"/>	prostatic carcinoma	<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 reproductive system tumor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILDHOOD DISORDERS										
<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	colic	<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"/>	infectious diseases (mumps, measles, chicken pox)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MISCELLANEOUS										
<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"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	psychological disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Professional Functions

Instructions: 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 the statements in terms of 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 the risk to public health or patient safety due to a chiropractor's poor performance or omission of the activity.

FREQUENCY: How often do you perform the activity in a typical series of patients or in a group of the type of patients specified?

Never: does not apply to my practice
Rarely: 1-25%
Sometimes: 26-50%
Frequently: 51-75%
Routinely: 76-100%

RISK FACTOR: If a chiropractor poorly performs or omits the activity, how would you characterize the risk to public health or safety?

No risk
Little risk
Some risk
Significant risk
Severe risk

Note: You may perform a procedure rarely, but the risk 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. Frequency and risk should be considered independent of each other.

EXAMPLES:

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

	FREQUENCY					RISK FACTOR				
	Never: 0	Rarely: 1-25%	Sometimes: 26-50%	Frequently: 51-75%	Routinely: 76-100%	No risk	Little risk	Some risk	Significant risk	Severe risk
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"/>
Refer a patient with a suspected heart problem to a cardiologist	<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 type="radio"/>	<input checked="" type="radio"/>
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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

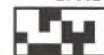




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	FREQUENCY					RISK FACTOR				
	Never: 0	Rarely: 1-25%	Sometimes: 26-50%	Frequently: 51-75%	Routinely: 76-100%	No risk	Little risk	Some risk	Significant risk	Severe risk
CASE HISTORY										
Obtain an initial case history from a new patient	<input 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"/>
Identify the nature of a patient's condition using the information from the case history	<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"/>
Perform a focused case history in order to determine what additional examination procedures or tests may be needed	<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"/>
Determine the appropriate technique or case management procedure using the information from the case history information	<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"/>
Take S.O.A.P. notes or case progress notes on subsequent patient visits	<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"/>
Update case history for a patient whose condition has changed or who presents with a new condition	<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 EXAMINATION										
Perform physical examination procedures on a new patient	<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"/>
Determine the patient's general state of health using the information from the physical examination	<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"/>
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"/>	<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"/>
Re-examine periodically or when a patient's condition changes	<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"/>
NMS EXAMINATION										
Perform general orthopedic and/or neurological examination procedures on a new patient	<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"/>
Perform focused orthopedic and/or neurological examination procedures based on the preliminary clinical findings	<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"/>
Determine the nature of a patient's condition using information from the orthopedic and/or neurological examination	<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"/>
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"/>	<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"/>
Perform appropriate orthopedic and/or neurological tests periodically or as a patient's condition changes	<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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FREQUENCY

RISK FACTOR

X-RAY EXAMINATION

- Perform an x-ray examination on new patients and develop x-rays
- Determine the presence of anomaly, pathology, fracture, dislocation, or other significant findings using information from an x-ray examination
- Determine areas of instability or dynamic joint dysfunction using information from stress x-rays
- Determine the possible presence of a subluxation or a spinal listing using x-rays
- Perform new x-rays on a patient whose condition has deteriorated or is not responding
- Perform new x-rays on a patient who has a new condition
- Perform follow-up x-rays to monitor a patient's progress

LABORATORY AND SPECIAL STUDIES

- Draw blood, collect urine, or perform laboratory or other specialized procedures in your office
- Order laboratory tests from hospital or private laboratory
- Refer patients for MRI or CT scan
- Refer patients for bone scan
- Refer patients for EMG/nerve conduction studies
- Refer patients for EKG or vascular studies
- Refer patients for other specialized studies
- Augment history, examination, or radiographic findings using information from laboratory or specialized studies
- Confirm a diagnosis or rule out health-threatening conditions using information from laboratory or specialized studies

DIAGNOSIS

- Relate positive findings identified in the history and examination to a pathologic, pathophysiologic, or psychopathologic process
- Distinguish between life- or health-threatening conditions and less urgent conditions using information from the history and examination
- Refer patients to other health care practitioners based on information from the history and examination
- Arrive at a specific musculoskeletal working diagnosis or clinical impression (other than subluxation) on the basis of history and examination findings
- Arrive at a specific nonmusculoskeletal (i.e. visceral) working diagnosis or clinical impression (other than subluxation) on the basis of history and examination findings

	Never: 0	Rarely: 1-25%	Sometimes: 26-50%	Frequently: 51-75%	Routinely: 76-100%	No risk	Little risk	Some risk	Significant risk	Severe risk
Perform an x-ray examination on new patients and develop x-rays	<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"/>
Determine the presence of anomaly, pathology, fracture, dislocation, or other significant findings using information from an x-ray examination	<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"/>
Determine areas of instability or dynamic joint dysfunction using information from stress x-rays	<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"/>
Determine the possible presence of a subluxation or a spinal listing using x-rays	<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"/>
Perform new x-rays on a patient whose condition has deteriorated or is not responding	<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"/>
Perform new x-rays on a patient who has a new condition	<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"/>
Perform follow-up x-rays to monitor a patient's progress	<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"/>
Draw blood, collect urine, or perform laboratory or other specialized procedures in your office	<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"/>
Order laboratory tests from hospital or private laboratory	<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"/>
Refer patients for MRI or CT scan	<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"/>
Refer patients for bone scan	<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"/>
Refer patients for EMG/nerve conduction studies	<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"/>
Refer patients for EKG or vascular studies	<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"/>
Refer patients for other specialized studies	<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"/>
Augment history, examination, or radiographic findings using information from laboratory or specialized studies	<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"/>
Confirm a diagnosis or rule out health-threatening conditions using information from laboratory or specialized studies	<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"/>
Relate positive findings identified in the history and examination to a pathologic, pathophysiologic, or psychopathologic process	<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"/>
Distinguish between life- or health-threatening conditions and less urgent conditions using information from the history and examination	<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"/>
Refer patients to other health care practitioners based on information from the history and examination	<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"/>
Arrive at a specific musculoskeletal working diagnosis or clinical impression (other than subluxation) on the basis of history and examination findings	<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"/>
Arrive at a specific nonmusculoskeletal (i.e. visceral) working diagnosis or clinical impression (other than subluxation) on the basis of history and examination findings	<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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FREQUENCY

RISK FACTOR

CHIROPRACTIC TECHNIQUE

- Perform specific chiropractic examination procedures on patients with spinal or extra-spinal joint conditions
- Utilize instruments unique to chiropractic or used primarily in the chiropractic domain as part of the patient examination
- Determine the appropriate chiropractic case management or technique using information from a chiropractic examination
- Perform chiropractic adjustive techniques
- Perform chiropractic examination procedures on subsequent visits to determine appropriate use of technique or case management

ADJUNCTIVE CARE

- Evaluate the patient's condition to determine if procedures other than adjustive techniques may be indicated
- Determine indications or contraindications for the use of adjunctive care
- Perform treatment procedures other than adjustive techniques in the management of patient care
- 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
- Monitor the effectiveness of nonadjustive techniques, therapeutic procedures, and adjunctive care

CASE MANAGEMENT

- Discuss treatment options with a patient based on assessment of patient's condition
- Provide patient with a written informed consent to treatment
- Counsel patient concerning the meaning and implication of informed consent to treatment.
- Recommend and/or arrange for services of other health professionals when patient's condition warrants
- Predict the effectiveness of chiropractic care for the individual patient using information from the history and examination
- Modify or revise case management as patient's condition improves or fails to improve
- Encourage patient to make appropriate changes in lifestyle that will result in improvement of health or prevention of reoccurrences
- Maintain written record of problem(s), goals, intervention strategies, and case progress

	Never: 0	Rarely: 1-25%	Sometimes: 26-50%	Frequently: 51-75%	Routinely: 76-100%	No risk	Little risk	Some risk	Significant risk	Severe risk
<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>
<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"/>	<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"/>	<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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<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"/>

29012





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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.)

ADJUSTIVE PROCEDURES	FREQUENCY				
	Never: 0	Rarely: 1-25%	Sometimes: 26-50%	Frequently: 51-75%	Routinely: 76-100%
Activator methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustive instrument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applied kinesiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cox/Flexion-distraction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cranial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diversified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extremity adjusting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gonstead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Logan basic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NIMMO/receptor tonus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palmer upper cervical/HIO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pierce-Stillwagon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SOT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thompson	<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"/>

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

HEALTH PROMOTION/WELLNESS CARE	FREQUENCY				
	Never: 0	Rarely: 1-25%	Sometimes: 26-50%	Frequently: 51-75%	Routinely: 76-100%
Changing risky/unhealthy behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disease prevention/early screening advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ergonomic/postural advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutritional/dietary recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical fitness/exercise promotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relaxation/stress reduction recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-care strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



