

# Chapter 6

## Overview of Survey Response Data

In 1991, the National Board of Chiropractic Examiners (NBCE) conducted a Job Analysis survey and published in 1993 a report of the survey data entitled *Job Analysis of Chiropractic* (Christensen 1993). Using a redeveloped and expanded survey instrument, the NBCE conducted a follow-up survey in 1998. Surveys were mailed to 9,244 licensed chiropractors; 3,177 responded. In order to describe the prominent characteristics of chiropractors and their patients, this chapter summarizes and reports data collected in the 1998 NBCE job analysis survey. The next four chapters contain a more complete presentation of the 1998 survey results.

### The “Typical” Chiropractor

According to the survey data, the typical full-time chiropractor is a Caucasian male who is in professional practice from thirty to fifty hours per week and has over five years of experience as a chiropractor. Most chiropractors practice in a single-practitioner office and sometimes deliver care outside of the office. Typically, doctors of chiropractic also have a baccalaureate degree and participate in continuing education but have not worked toward diplomate certification (Refer to Chapter Seven).

### Routine Activities and Procedures

Chiropractors see patients with spinal subluxations and joint dysfunctions on a daily basis. In a typical week, chiropractors treat patients who have the following conditions: neurological problems such as headaches, neuralgia, or radiculopathy; joint problems including extremity subluxations, sprains, osteoarthritis, and intervertebral disc syndrome; and muscular problems such as myofascitis, tendinitis, and strained muscles. Less frequently, chiropractors may encounter patients with vertigo, rheumatoid arthritis or gout, carpal tunnel syndrome, and fibromyalgia. A typical month may also include patients with osteoporosis, viral infections, asthma or emphysema, high blood pressure, obesity, diabetes, and allergies (Table 6.1; Figures 6.5 and 6.6).

Chiropractors routinely take case histories, record progress notes, perform physical and neuromusculoskeletal examinations, and frequently provide adjunctive care such as physiotherapy (Table 6.2; Refer to Chapter Ten). They believe that there is significant risk to patients if many of these procedures are either poorly performed or omitted. Chiropractors consider knowledge in the following areas to be very important in a chiropractic practice: case history, neuromusculoskeletal and radiographic examinations, diagnosis, chiropractic technique, and adjunctive care (Refer to Chapter Ten). Using information from the patient history, examination, and/or radiographs, chiropractors frequently arrive at a non-subluxation-based diagnosis (Table 6.2).

The typical practitioner spends 50% of his work time on direct patient care (Figure 6.1), down from 62% as reported in the 1991 NBCE survey of chiropractic practice. After direct patient care, a chiropractor’s practice time includes patient education, documentation, business management, and marketing.



## Patient Conditions

The table below presents data from Chapter Nine of the report concerning patient conditions. The table shows how frequently chiropractors see the listed conditions in their practices, based on a five point scale.

Never	0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0
		Rarely (1 or 2/yr)	Sometimes (1 or 2/mo)	Often (1 or 2/wk)	Routinely (Daily)				
		<b>Routinely</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Rarely (continued)</b>			
		<b>Often</b>							
Spinal subluxation/joint dysfunction	3.9		Hiatal hernia/esophageal reflux	1.4	Cholecystitis or pancreatitis	0.4			
Headaches	3.3		Menopause	1.4	Disorder of throat or larynx	0.5			
Osteoarthritis/degenerative joint disease	3.3		Pregnancy	1.4	Impotency	0.5			
Hypertension of cervical or lumbar spine	3.2		Bacterial infection	1.3	Infectious diseases (mumps, etc.)	0.5			
Extremity subluxation/joint dysfunction	3.1		Damaged nerve/plexus	1.3	Non-cancerous disorder of breast	0.5			
Muscular strain/tear	3.1		Alopecia, dermatitis, or psoriasis	1.1	Vertebrobasilar artery insufficiency	0.5			
Sprain of any joint	3.1		Infection of kidney or urinary tract	1.1	<b>Virtually Never</b>				
Intervertebral disc syndrome	3.0		Muscular atrophy	1.1	Arterial aneurysm	0.4			
Myofasciitis	2.9		Thyroid or parathyroid disorder	1.1	Bacterial infection of joint	0.4			
Vertebral facet syndrome	2.9		Bacterial or viral infection	1.0	Congenital anomaly (cardiovascular)	0.4			
Radiculitis or radiculopathy	2.8		Colitis or diverticulitis	1.0	Disorder of nose or sense of smell	0.4			
Tendinitis/tenosynovitis	2.8		Fracture	1.0	Hereditary disorder	0.4			
Hyperlordosis of cervical or lumbar spine	2.6		Psychological disorders	1.0	HIV/AIDS	0.4			
Peripheral neuritis or neuralgia	2.6		Occupational or environmental disorder	0.9	Joint tumor or neoplasm	0.4			
Kyphosis of thoracic spine	2.5		Ulcer of stomach, small intestine, or colon	0.9	Muscular dystrophy	0.4			
		<b>Sometimes</b>	A.L.S., multiple sclerosis or Parkinson's	0.8	Pigment disorders	0.4			
			Anemia	0.8	Significant ear pathology	0.4			
Scoliosis	2.4		Bacterial or fungal infection	0.8	Significant eye pathology	0.4			
Bursitis or synovitis	2.2		Colic	0.8	Appendicitis	0.3			
Carpal or tarsal tunnel syndrome	2.2		Cranial nerve disorder	0.8	Brain or spinal cord tumor	0.3			
Fibromyalgia	2.2		Dislocation of any joint	0.8	Chronic kidney disease or failure	0.3			
High blood pressure	2.2		Eating disorders	0.8	Herpes II	0.3			
Allergies	2.1		Heart murmur or rhythm irregularity	0.8	Male infertility	0.3			
Obesity	2.1		Hemorrhoids	0.8	Osteomyelitis/infection	0.3			
Osteoporosis/osteomalacia	2.1		Prostate disorder	0.8	Parasites	0.3			
T.M.J. syndrome	1.9		Angina or myocardial infarction	0.7	Pharyngeal disorder	0.3			
Congenital developmental anomaly (spinal)	1.8		Herpes simplex	0.7	Thymus or pineal disorder	0.3			
Dizziness/vertigo	1.8		Herpes zoster	0.7	Tumor of breast or reproductive system	0.3			
Thoracic outlet syndrome	1.8		Kidney stones	0.7	Tumor of lung or respiratory passages	0.3			
Menstrual disorder	1.7		Peripheral artery or vein disorder	0.7	Atelectasis or pneumothorax	0.2			
Asthma, emphysema or COPD	1.6		Stroke or cerebrovascular condition	0.7	Cancer of the marrow or lymphatic system	0.2			
Congenital developmental anomaly (extraspinal)	1.6		Adrenal disorder	0.6	Hepatitis B	0.2			
Loss of equilibrium/vertigo	1.6		Endocrine or metabolic bone disorder	0.6	Muscle tumor	0.2			
Nutritional disorders	1.6		Female infertility	0.6	Other sexually transmitted diseases	0.2			
Systemic/rheumatoid arthritis or gout	1.6		Immunological disorder	0.6	Polycythemia	0.2			
Upper respiratory or ear infection	1.6		Inguinal hernia	0.6	Tumor of gastrointestinal tract	0.2			
Diabetes	1.5		Skin cancer	0.6	Tumor of kidney or bladder	0.2			
Spinal canal stenosis	1.5		Avascular necrosis	0.5	Tumor of reproductive system (male)	0.2			
Viral infection	1.5		Bone tumor/metastasis	0.5	Endocrine tumor	0.1			
					Tumor of eye, ear, nose, or throat	0.1			

**Table 6.1. Frequency with which Patients with the Above Conditions Are Seen in Chiropractic Practices**



## Frequency of Professional Functions

The table below presents data from Chapter Ten of this report concerning professional functions within a chiropractic practice. The table shows the frequency with which the tasks are performed, based on a five-point scale.

Never	Rarely (1-25%)	Sometimes (26-50%)	Frequently (51-75%)	Routinely (76-100%)
0	1.0	2.0	3.0	4.0
<b>Routinely (76-100%)</b>		<b>Frequently (continued)</b>		
Take initial case history		3.98	Distinguish urgency	3.19
Perform adjustive techniques		3.93	Arrive at musculoskeletal diagnosis (other than subluxation) based on examination and history findings	3.17
Perform physical examination procedures on a new patient		3.82	Monitor effectiveness of treatment	3.15
Perform specific chiropractic examination procedures		3.79	Predict effectiveness of chiropractic care	3.07
Take S.O.A.P./case progress notes		3.79	Perform non-adjustive procedures	2.96
Encourage patient to change habits/lifestyle appropriately		3.73	Perform X-ray on new patients	2.93
Determine appropriate case management/technique		3.72	Relate problems to a pathologic or psychopathologic process	2.85
Perform general orthopedic/neurological examinations		3.71	Determine possible presence of subluxation/spinal listing	2.67
Discuss treatment options		3.70	Perform new X-rays on patient with unresponding condition	2.65
Update case history		3.70	Perform new X-rays on a patient who has a new condition	2.64
Modify case management as patient's condition warrants		3.69	<b>Sometimes (26-50%)</b>	
Identify condition using information from case history		3.67	Refer to other health care practitioners	2.45
Maintain written record of problems and/or progress		3.62	Arrive at specific nonmusculoskeletal diagnosis/impression (other than subluxation) based on findings	2.18
Determine need for additional lab, X-ray, special study and/or referral		3.60	Determine instability and/or joint dysfunction	2.09
Perform focused case history		3.60	Utilize chiropractic instruments	2.09
Determine patient's general state of health		3.59	Confirm a diagnosis using laboratory information	1.98
Perform regional physical examination procedures		3.59	Refer patients for adjunctive care	1.93
Update chiropractic examination		3.59	Augment findings using lab information	1.88
Re-examine periodically		3.57	Refer patients for MRI or CT scan	1.76
Determine case management		3.55	<b>Rarely (1-25%)</b>	
Perform focused orthopedic/neurological examinations		3.54	Perform new X-rays to monitor a patient's progress	1.16
Determine patient condition using orthopedic/neurological exam		3.52	Order laboratory tests from hospitals or private laboratory	1.14
Determine if other than adjustive techniques are indicated		3.51	Refer patients for EMG/Nerve conduction studies	1.14
			Refer patients for other studies	1.11
			Refer patients for bone scan	0.95
			Refer patients for EKG or vascular studies	0.87
<b>Frequently (51-75%)</b>		<b>Virtually Never</b>		
Determine need for adjunctive care		3.48	Draw blood, collect urine, or perform other lab procedures	0.33
Determine anomaly, fracture, dislocation, etc.		3.45		
Update orthopedic and/or neurological tests		3.42		
Recommend other services		3.22		

**Table 6.2.** Frequency of Professional Functions

## Treatment Procedures

Nearly eighty percent (79.5%) of practitioners surveyed indicated that they utilize a “Full Spine” approach. A typical chiropractor will utilize seven different adjusting techniques in practice. Ninety-six percent of chiropractors use diversified technique and 73.5% of patients will be treated with this technique (Refer to Chapter Ten).

Ice packs are frequently utilized by chiropractic practitioners; trigger point therapy, electrical stimulation, hot packs, massage therapy, nutritional counseling, mobilization therapy, ultrasound, bracing, and accupressure are sometimes utilized. Many other therapies are less frequently implemented (Refer to Chapter Ten).

Corrective exercises and activities of daily living are frequently recommended to patients while rehabilitation procedures are sometimes suggested. Several other active adjunctive care activities/procedures are less frequently a part of patient care (Table 6.2; Refer to Chapter Ten).

## Reimbursement Categories Managed Care, and Referral

Generally, one-fourth of chiropractic patients pay cash for services and nearly one-fourth are covered by private (nonmanaged care) insurance. The remaining 53% of reimbursement funds are divided among personal injury, managed care, Medicare, Workers’ Compensation, and Medicaid (Figure 6.2).

Seventy percent (70%) of practitioners are involved, to some extent, in managed care programs. Referral of patients between chiropractors and other health care practitioners does occur, but the typical doctor of chiropractic makes and receives, on average, fewer than two referrals per month (refer to Chapter Seven, Figure 7.8 and Figure 7.11).

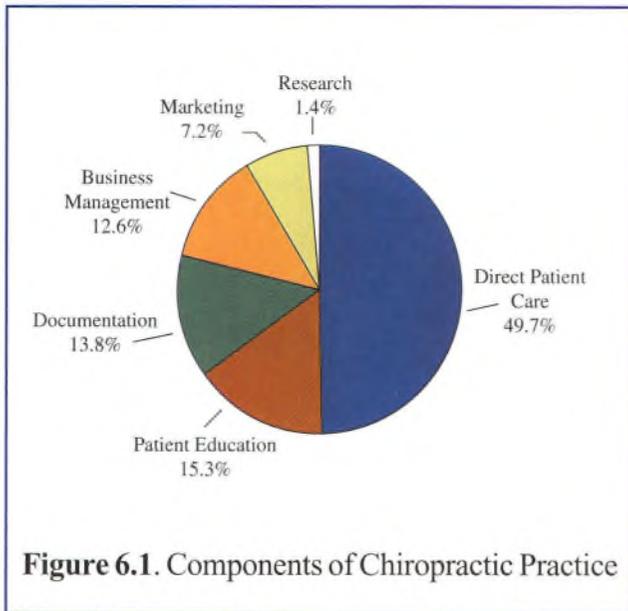


Figure 6.1. Components of Chiropractic Practice

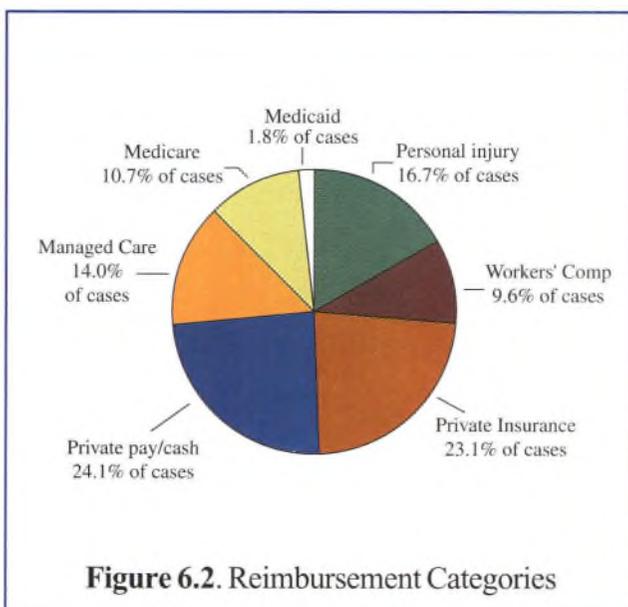
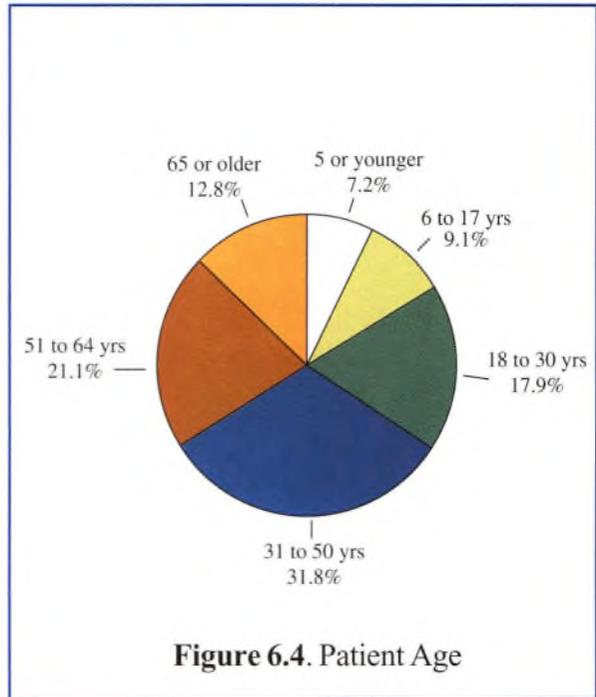
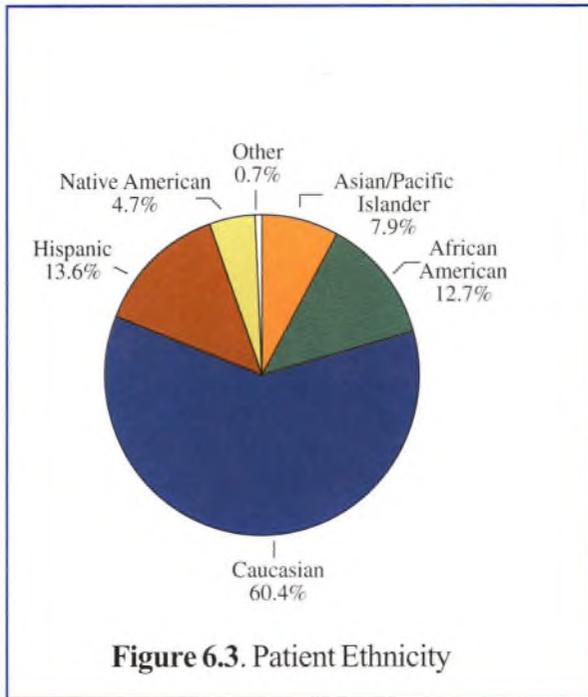


Figure 6.2. Reimbursement Categories



### The “Typical” Patient

The typical chiropractic patient is characterized as an 18- to 64-year-old Caucasian (Figures 6.3 and 6.4), 59% of whom are female. Since 1991, however, chiropractors are managing young patients more frequently. Patients’ most frequent chief complaints concern low-back and neck problems; other common complaints are headache or facial pain and mid-back pain/injury (Figure 6.5). One-fifth of patients’ problems arise from activities of daily living; the next two most common causes of patient complaints are motor vehicle accidents and overuse/repetitive stress (Figure 6.6).

