

Chapter 6

Overview of Survey Response Data

For ease of reference, a summary of the Australian survey response data appears in this chapter. Addressed in capsulized form are the chiropractic practitioner, the patient, the patients' conditions, and activities or treatments typically performed. *

The "Typical" Chiropractor

The NBCE job analysis survey generally depicts the typical chiropractor as an Australian-born male (Table 6.1). The practitioner receives referrals from and makes referrals to medical physicians.

The typical chiropractor does not have post-graduate certification or specialty training, is the only doctor in the office, and practices in one location. On occasion, chiropractic care is delivered outside the office setting, which may include the patient's home.

The characteristic chiropractor has been practicing in the same location for an entire career which has spanned five to 15 years or longer. Weekly practice consists of 38.7 hours with the majority of time spent on direct patient care, followed by time spent on patient education, and business management.

Australian Practitioner/Respondent Demographic Summary*			
GENDER			
Male	89.6%	Female	10.4%
PLACE OF BIRTH			
Australia	72.3%	New Zealand	6.0%
Britain	3.7%	North America	7.1%
Canada	1.4%	Vietnam	0.3%
China	0.9%	Other	3.8%
Europe	4.5%		
Highest Level of NON-CHIROPRACTIC EDUCATION			
High School Diploma	59.7%	Associate Degree	8.4%
Baccalaureate Degree	18.7%	Master's Degree	1.2%
Other	11.5%	Doctoral Degree	.5%
**SPECIALTY BOARD CERTIFICATION			
None/Does not apply			94.5%
Other			4.5%
ICA Council on Applied Chiropractic Sciences			0.5%
American Board of Chiropractic Orthopedists			0.2%
American Chiropractic Academy of Neurology			0.2%
American Chiropractic Board of Radiology			0.2%
ICA College on Chiropractic Imaging			0.2%
American Chiropractic Board of Sports			0.0%
Physicians Chiropractic Rehabilitation Association			0.0%
American Chiropractic Board of Nutrition			0.0%
American Board of Chiropractic Internists			0.0%
ICA College of Thermography			0.0%
INSTITUTION GRANTING DEGREE			
Royal Melbourne	41.3%	Sherman	0.7%
Sydney	24.6%	Life	0.6%
Palmer	17.0%	Northwestern	0.5%
Other	8.0%	New York	0.3%
Canadian Memorial	2.7%	Cleveland-Los Angeles	0.2%
Anglo-European	1.1%	Western States	0.2%
Cleveland-Kansas City	0.8%	Parker	0.2%
Los Angeles	0.8%	Logan	0.2%
* See Appendix for complete listings			
**These numbers add up to more than 100% because some practitioners have more than one specialty.			

TABLE 6.1

* Except when otherwise indicated, data in this chapter are weighted as explained in chapter 5.

The “Typical” Patient

A typical patient may be profiled as a female of European descent between 31 and 50 years of age.

Overall, patients cover a wide range of occupations, with no occupational group having a majority. According to survey responses, chiropractic patients seen most frequently were from the following occupational groups: tradesmen/skilled laborer, homemaker, and white collar/secretarial (Table 6.2).

Conditions

On a daily basis, the typical chiropractic practitioner will routinely see patients who present with complaints of back pain and neck pain. The conditions that are most frequently treated are spinal subluxations/joint dysfunctions, osteoarthritis/degenerative joint disease, and headaches.

In a typical week, a doctor of chiropractic is also likely to see patients who present with a variety of musculoskeletal and neurological conditions. Conditions often seen, in decreasing order of frequency, are: extremity subluxation/joint dysfunction, muscular strain/tear, peripheral neuritis or neuralgia, and vertebral facet syndrome.

Miscellaneous disorders which are often diagnosed through patient history and examination include high or low blood pressure, tendinitis/tenosynovitis, scoliosis, abnormal anterior-to-posterior spinal curves, allergies, various respiratory disorders, and many other conditions such as those listed on page 73.

Diagnosis and Case Management

In assessing new patients and their conditions, chiropractic practitioners routinely take case histories; perform physical and neuromusculoskeletal exams; and arrive at a diagnosis or clinical impression on the basis of history and examination findings. The practitioner will sometimes take X-rays on a new patient.

As the patient's condition changes, or as the patient presents with a new condition, the

Summary of Reported Australian Patient Demographics*			
GENDER			
Male	44.8%	Female	55.2%
AGE			
17 or younger	13.8%	51 to 64	19.8%
18 to 30	21.3%	65 or older	13.7%
31 to 50	31.5%		
ETHNIC ORIGIN			
Aboriginal	5.3%	Italian	14.1%
Chinese	8.8%	United Kingdom	19.1%
European	28.8%	Vietnamese	3.1%
Greek	11.7%	Other	6.2%
Indonesian	3.0%		
OCCUPATION			
Tradesman/Skilled Labor			15.6%
Homemaker			15.4%
White collar/Secretarial			14.3%
Executive/Professional			12.4%
Unskilled Labor			11.3%
Retired or other			11.0%
Student			10.0%
Professional/Amateur athlete			10.0%

TABLE 6.2

* See page 70 for explanation of percentages.

case history is routinely updated, the case management is revised, and the patient is encouraged to make appropriate lifestyle changes.

The typical Australian chiropractor utilizes 6.6 chiropractic adjustive techniques. The most frequently utilized technique is Diversified. Chiropractors utilize an average of 9.7 non-adjustive techniques (including making various recommendations) that are supportive to the chiropractic adjustment.

Corrective or therapeutic exercise was recommended by 95.9% of the practitioners during the past two years, while approximately two-thirds or more of the practitioners utilized or recommended the following: Ice Pack/Cryotherapy (85.9%), Nutritional Counseling, etc.(84.2%), Massage Therapy (77.6%), Bedrest (73.4%), and bracing with lumbar support, cervical collar (69.3%), and Orthotics/Lifts (67.7%). Over 50% recommended casting or athletic taping/strapping (58.8%), hot packs/moist heat (57.2%), and acupuncture (57.1%).

Summary of Routine Chiropractic Activities

The overview of chiropractic practice suggested by the data is that a chiropractor takes case histories supported by physical examination, neuromusculoskeletal examination, and radiographic examination to make a diagnosis or clinical impression and to determine the appropriateness of chiropractic care for the individual patient.

In general, the practitioners felt that lack of appropriate performance in these categories when indicated may present risk to the patient. These doctors also routinely used, among other things, chiropractic examination and adjustive/manipulative techniques, they frequently used supportive procedures in treating their patients.

Chiropractors used case management activities such as encouraging patients to make appropriate changes in habits or lifestyle, and modifying intervention strategies as the patient's condition changed. They frequently discussed alternative courses of action with patients and recommended or arranged for referral to other health professionals when necessary.

Summary of Respondent Comments

Question 1: Beneficial Trends

The first question on the survey asked the respondent "What trends or developments during the next decade would be most **beneficial** to the chiropractic profession?" A total of 501 chiropractors responded to this question. Each responding chiropractor provided one or more trends.

Nationwide, the most frequently reported trends/developments that chiropractors felt would be most beneficial to their profession included:

- increasing chiropractic research into the efficacy/cost effectiveness of chiropractic treatment (28% of respondents)

- securing full health coverage for chiropractic services in medicare, workers' compensation and other public/private health plans (30% of respondents)
- obtaining hospital privileges/access to hospital laboratories, imaging facilities and referral rights for chiropractors (17% of respondents)
- developing an effective public relations/education program to increase the public's awareness of the benefits of chiropractic care (25% of respondents)
- improving interprofessional cooperation/relations with medicine and allied health providers; cross-referral of patients (17% of respondents)

For other issues mentioned by respondents, refer to Table 6.3.

Question 2: Detrimental Trends

The second question on the survey asked the respondent "What trends or developments during the next decade would be most **detrimental** to the chiropractic profession?" A total of 481 chiropractors responded to this question. Each chiropractor provided one or more trends. Nationwide, the most frequently reported trends/developments that the chiropractors felt would be most detrimental to their profession included:

- continuing the trend to over-utilize chiropractic services; adopting practice management seminar techniques in place of sound clinical practice procedures (13% of respondents)
- training non-chiropractic health care providers in adjustive/manipulative skills; use of manipulation by non-chiropractors (15% of respondents)
- losing governmental recognition/support for chiropractic; failure to achieve inclusion in public/private health care plans (8% of respondents)
- allowing the chiropractic profession to be absorbed into medicine or to become an allied medical provider; losing chiropractic's identity as a separate and distinct profession (15% of respondents)
- decreasing unity within the chiropractic profession; factionalism and infighting among chiropractors (12% of respondents)

For other issues mentioned by respondents, refer to Table 6.4.

Respondent Comments by State/Territory

Victoria

The most important **beneficial** trends/developments as indicated by the responses from chiropractors in Victoria were:

- increasing chiropractic research into the efficacy/cost-effectiveness of chiropractic treatment (29% of respondents)
- securing full health coverage for chiropractic services in medicare, workers'

What trends or developments during the next decade would be most **BENEFICIAL** to the chiropractic profession?

Response No.	Victoria	New S. Wales	Queensland	Northern Territory	Western Territory	Australian Australia	South Australia	Tasmania
1. Increasing chiropractic research into the efficacy/cost effectiveness of chiropractic treatment. (28%)	29	32	18	0	36	9	32	11
2. Securing full health coverage for chiropractic services in medicare, workers' comp and other public/private health plans. (30%)	29	26	38	0	38	27	22	22
3. Increasing emphasis on the total health care/preventive health care benefits of chiropractic treatment. (2%)	1	2	3	0	2	18	1	0
4. Maintaining continuing education and professional skills maintenance/post graduate programs for chiropractors. (2%)	4	1	1	0	0	9	5	0
5. Obtaining hospital privileges/access to hospital laboratories, imaging facilities and referral rights for chiropractors. (17%)	20	20	14	0	18	18	13	11
6. Establishing standards of care/practice guidelines for chiropractic. (4%)	4	4	2	0	4	9	4	0
7. Developing an effective public relations/education program to increase public awareness of the benefits of chiropractic care. (25%)	22	18	34	25	33	27	29	22
8. Establishing the chiropractic profession as the primary/most effective or sole provider of adjustive/manipulative care. (4%)	6	2	8	0	2	0	0	11
9. Re-establishing traditional chiropractic philosophy as the basis for chiropractic practice. (2%)	2	4	0	25	2	0	3	0
10. Merging the chiropractic profession with the physiotherapy profession. (0%-Indicated by only one respondent)	0	1	0	0	0	0	0	0
11. Increasing the emphasis on the holistic approach to patient care; additional emphasis on nutrition, herbolgy, and other holistic treatment approaches. (2%)	1	2	0	0	0	0	6	0
12. Improving interprofessional cooperation/relations with medicine and allied health providers; cross-referral of patients. (17%)	17	19	19	25	11	9	15	0
13. Establishing uniform educational standards/requirements for chiropractors; increasing educational standards/requirements. (5%)	2	5	7	0	4	0	8	11
14. Increasing emphasis on the human side of doctor/patient relationship. (1%)	0	2	2	0	0	0	3	0
15. Achieving unity within the chiropractic profession. (5%)	4	3	5	25	4	0	8	11
16. Providing information/education to other health providers concerning the benefits and nature of chiropractic practice. (2%)	2	3	1	0	0	0	3	0
17. Establishing uniform standards/federal standards for registration of chiropractors. (1%)	1	1	1	0	4	0	1	0
18. Proving the efficacy/benefits of chiropractic treatment for visceral disorders. (2%)	3	3	1	0	0	0	3	0
19. Expanding the scope of chiropractic practice; include limited prescriptive rights in the scope of practice. (1%)	1	2	1	0	2	0	0	0
20. Establishing interdisciplinary/group practices with other health care providers. (1%)	0	1	1	0	0	0	1	0
21. Increasing political action to secure favorable legislation for chiropractic. (4%)	4	2	7	0	4	0	3	0
22. Increasing ethical standards for chiropractors. (0%-Indicated by only one respondent)	0	0	0	0	0	0	1	0
23. Developing new chiropractic technology/instrumentation. (1%)	1	0	0	0	4	0	0	0
24. Limiting the number of students admitted to chiropractic colleges. (1%)	3	0	0	0	0	0	0	0

Percent of responses by state/territory

TABLE 6.3

QUESTION 2: DETRIMENTAL TRENDS	
What trends or developments during the next decade would be most <u>DETRIMENTAL</u> to the chiropractic profession?	
RESPONSES (Percent of responses nationwide appears after comment)	
1. Continuing the trend to over-utilize chiropractic services; adopting unethical practice management seminar techniques in place of sound clinical practice procedures. (13%)	11. Decreasing unity within chiropractic profession; factionalism and infighting among chiropractors. (12%)
2. Continuing use of treatment techniques of questionable/unproven clinical value. (2%)	12. Failing to take positive action to improve/advance the profession; failure of chiropractic leadership to provide direction for profession. (3%)
3. Training non-chiropractic health care providers in adjustive/manipulative skills; use of manipulation by non-chiropractors. (15%)	13. Allowing profession to become narrowly focused on "straight" philosophy. (3%)
4. Losing governmental recognition/support for chiropractic; failure to achieve inclusion in public/private health care plans. (8%)	14. Losing status as primary contact/portal of entry providers. (5%)
5. Including chiropractic in medicare/public funded health plans; allowing government/bureaucratic determination of scope of chiropractic practice. (7%)	15. Losing political initiative; increasing anti-chiropractic legislation. (5%)
6. Losing radiological examination procedures from chiropractic scope of practice. (4%)	16. Failing to pursue research; failing to prove efficacy/cost-effectiveness of chiropractic care. (5%)
7. Failing to aggressively promote chiropractic to the public. (3%)	17. Failing to define scope of practice; failing to develop practice standards or standards of care. (1%)
8. Allowing the chiropractic profession to be absorbed into medicine or to become an allied medical provider; losing chiropractic's identity as a separate and distinct profession. (15%)	18. Losing university status for chiropractic colleges. (0%-Indicated by only one respondent)
9. Continuing trend of unethical advertising in the yellow pages and in other media. (2%)	19. Narrowing the scope of chiropractic practice; becoming back doctors. (9%)
10. Excluding chiropractic from the mainstream of healthcare providers, increasing alienation from medicine and other health professions. (4%)	20. Losing control of registration for chiropractors/chiropractic educational institutions. (3%)
	21. Reducing education requirements for chiropractors; poor education of chiropractic students. (2%)
	22. Failing to maintain continuing education requirements for chiropractors; failing to provide post graduate educational opportunities for chiropractors. (1%)
	23. Abandoning chiropractic philosophy as the basis for chiropractic practice. (4%)
	24. Expanding the scope of chiropractic practice; inclusion of prescription (drug) service, manipulation under anesthesia, etc. to the scope of practice. (5%)

Response No.	Victoria	New South Wales	Queensland	Northern Territory	Western Australia	Australian Territory	South Australia	Tasmania
1	11	18	9	25	8	22	18	0
2	1	1	0	0	0	11	5	0
3	9	15	24	0	18	11	15	20
4	13	6	7	0	10	11	3	20
5	6	11	7	0	0	11	4	0
6	3	6	3	0	3	11	4	10
7	1	2	2	0	6	22	4	0
8	15	6	20	25	33	11	12	20
9	3	0	1	0	0	11	5	10
10	4	2	11	0	0	0	3	0
11	16	15	9	0	6	0	8	0
12	2	2	2	0	8	0	5	0
13	4	3	2	0	0	0	4	10
14	6	5	3	0	3	0	5	10
15	6	8	2	0	10	0	0	0
16	5	4	5	25	8	0	4	30
17	0	1	0	0	0	0	4	0
18	0	0	0	0	0	0	0	0
19	11	9	8	0	10	0	9	0
20	3	2	6	0	3	0	1	20
21	1	3	1	0	6	0	1	10
22	0	1	0	0	3	0	1	0
23	5	3	1	0	13	0	7	0
24	10	2	0	25	10	0	5	0

Percent of responses by state/territory

TABLE 6.4

- compensation and other public/private health plans (29% of respondents)
- obtaining hospital privileges/access to hospital laboratories, imaging facilities and referral rights for chiropractors (20% of respondents)
- developing an effective public relations/education program to increase the public's awareness of the benefits of chiropractic treatment (22% of respondents)
- improving the interprofessional cooperation/relations with medicine and allied health providers; cross-referral of patients (17% of respondents)

For other issues mentioned by respondents from Victoria, refer to Table 6.3.

The most important **detrimental** trends/developments as indicated by the responses from chiropractors in Victoria were:

- continuing the trend to over-utilize chiropractic services; adopting unethical practice management seminar techniques in place of sound clinical practice procedures (11% of respondents)
- losing governmental recognition/support for chiropractic; failure to achieve inclusion in public/private health care plans (13% of respondents)
- allowing the chiropractic profession to be absorbed into medicine or to become an allied medical provider; losing chiropractic's identity as a separate and distinct profession (15% of respondents)
- narrowing the scope of chiropractic practice; becoming "back doctors" (11% of respondents)
- expanding scope of practice to include prescriptive (drug) service, manipulation under anesthesia, etc. (10% of respondents)

For other issues mentioned by respondents from Victoria, refer to Table 6.4.

New South Wales

The most important **beneficial** trends/developments as indicated by the responses from chiropractors in New South Wales were:

- increasing chiropractic research into the efficacy/cost effectiveness of chiropractic treatment (32% of respondents)
- securing full health coverage for chiropractic services in medicare, workers' compensation and other public/private health plans (26% of respondents)
- obtaining hospital privileges/access to hospital laboratories, imaging facilities and referral rights for chiropractors (20% of respondents)
- developing an effective public relations/education program to increase the public's awareness of the benefits of chiropractic treatment (18% of respondents)
- improving the interprofessional cooperation/relations with medicine and allied health providers; cross-referral of patients (19% of respondents)

For other issues mentioned by respondents from New South Wales, refer to Table 6.3.

The most important **detrimental** trends/developments as indicated by the responses from chiropractors in New South Wales were:

- continuing the trend to over-utilize chiropractic services; adopting unethical practice management seminar techniques in place of sound clinical practices (18% of respondents)
- training non-chiropractic health care providers in adjustive/manipulative skills; use of manipulation by non-chiropractors (15% of respondents)
- including chiropractic in medicare or other public-funded health care plans; allowing government/bureaucratic determination of chiropractic scope of practice (11% of respondents)
- decreasing unity within the chiropractic profession; factionalism and infighting among chiropractors (15% of respondents)

For other issues mentioned by respondents from New South Wales, refer to Table 6.4.

Queensland

The most important **beneficial** trends/developments as indicated by the responses from chiropractors in Queensland were:

- increasing chiropractic research into the efficacy/cost-effectiveness of chiropractic treatment (18% of respondents)
- securing full health coverage for chiropractic services in medicare, workers' compensation and other public/private health plans (38% of respondents)
- obtaining hospital privileges/access to hospital laboratories, imaging facilities and referral rights for chiropractors (14% of respondents)
- developing an effective public relations/education program to increase the public's awareness of the benefits of chiropractic treatment (34% of respondents)
- improving interprofessional cooperation/relations with medicine and allied health providers; cross-referral of patients (19% of respondents)

For other issues mentioned by respondents from Queensland, refer to Table 6.3.

The most important **detrimental** trends/developments as indicated by the respondents from Queensland were:

- continuing trend to over-utilize chiropractic services; adopting unethical practice management seminar techniques in place of sound practice procedures (9% of respondents)
- training non-chiropractic health care providers in adjustive/manipulative skills; use of manipulation by non-chiropractors (24% of respondents)
- allowing the chiropractic profession to be absorbed into medicine or to become an allied medical provider; losing chiropractic's identity as a separate and distinct profession (20% of respondents)

- excluding chiropractic from the mainstream of health care providers; increasing alienation from medicine and other health professions (11% of respondents)
- decreasing unity within the chiropractic profession; factionalism and infighting among chiropractors (9% of respondents)

For other issues mentioned by respondents from Queensland, refer to Table 6.4.

Northern Territory

The most important **beneficial** trends/developments as indicated by the responses from chiropractors in the Northern Territory were:

- developing an effective public relations/education program to increase the public's awareness of the benefits of chiropractic care (25% of respondents)
- re-establish traditional chiropractic philosophy as the basis for chiropractic practice (25% of respondents)
- improving the interprofessional cooperation/relations with medicine and allied health providers; cross-referral of patients (25% of respondents)
- achieving unity within the chiropractic profession (25% of respondents)

The most important **detrimental** trends/developments as indicated by the responses from chiropractors in the Northern Territory were:

- continuing the trend to over-utilize chiropractic services; adopting unethical practice management seminar techniques in place of sound clinical practices (25% of respondents)
- allowing the chiropractic profession to be absorbed into medicine or to become an allied medical provider; losing chiropractic's identity as a separate and distinct profession (25% of respondents)
- failing to pursue research; failing to prove the efficacy/cost-effectiveness of chiropractic care (25% of respondents)
- expanding the scope of practice to include prescription (drug) service, manipulation under anesthesia, etc. (25% of respondents)

NOTE: Four chiropractors from the Northern Territory provided responses for questions 1 and 2.

Western Australia

The most important **beneficial** trends/developments as indicated by the responses from chiropractors in Western Australia were:

- increasing chiropractic research into the efficacy/cost-effectiveness of chiropractic treatment (36% of respondents)
- securing full health coverage for chiropractic services in medicare, workers' compensation and other public/private health plans (38% of respondents)
- obtaining hospital privileges/access to hospital laboratories, imaging facilities

- and referral rights for chiropractors (18% of respondents)
- developing an effective public relations/education program to increase the public's awareness of the benefits of chiropractic treatment (33% of respondents)
- improving the interprofessional cooperation/relations with medicine and allied health providers; cross-referral of patients (11% of respondents)

For other issues mentioned by respondents from Western Australia, refer to Table 6.3.

The most important **detrimental** trends/developments as indicated by the responses from chiropractors in Western Australia were:

- training non-chiropractic health care providers in adjustive/manipulative skills; use of manipulation by non-chiropractors (18% of respondents)
- losing governmental recognition/support for chiropractic; failing to achieve inclusion in public/private health care plans (10% of respondents)
- allowing the chiropractic profession to be absorbed into medicine or to become an allied medical provider; losing chiropractic's identity as a separate and distinct profession (33% of respondents)
- losing political initiative; increasing anti-chiropractic legislation (10% of respondents)
- narrowing scope of chiropractic practice; becoming "back doctors" (10% of respondents)
- abandoning chiropractic philosophy as the basis for chiropractic practice; incorporating other holistic practices into chiropractic (13% of respondents)
- expanding scope of practice to include prescriptive (drug) service, manipulation under anesthesia, etc. (10% of respondents)

For other issues mentioned by respondents, refer to Table 6.4.

South Australia

The most important **beneficial** trends/developments as indicated by the responses from chiropractors in South Australia were:

- increasing chiropractic research into the efficacy/cost-effectiveness of chiropractic treatment (32% of respondents)
- securing full health coverage for chiropractic services in medicare, workers' compensation and other public/private health plans (22% of respondents)
- obtaining hospital privileges/access to hospital laboratories, imaging facilities and referral rights for chiropractors (13% of respondents)
- developing an effective public relations/education program to increase the public's awareness of the benefits of chiropractic care (29% of respondents)
- improving interprofessional cooperation/relations with medicine and allied health providers; cross-referral of patients (15% of respondents)

For other issues mentioned by respondents from South Australia, refer to Table 6.3.

The most important **detrimental** trends/developments as indicated by the responses from chiropractors in South Australia were:

- continuing the trend to over-utilize chiropractic services; adopting unethical practice management seminar techniques in place of sound clinical practice procedures (18% of respondents)
- training non-chiropractic health care providers in adjustive/manipulative skills; use of manipulation by non-chiropractors (15% of respondents)
- allowing the chiropractic profession to be absorbed into medicine or to become an allied medical provider; losing chiropractic's identity as a separate and distinct profession (12% of respondents)
- narrowing the scope of chiropractic practice; becoming "back doctors" (9% of respondents)

Australian Territory

The most important **beneficial** trends/developments as indicated by the responses from chiropractors in the Australian Territory were:

- securing full health coverage for chiropractic services in medicare, workers' compensation and other public/private health plans (27% of respondents)
- increasing emphasis on the total health care/preventive health care benefits of chiropractic treatment (18% of respondents)
- obtaining hospital privileges/access to hospital laboratories, imaging facilities and referral rights for chiropractors (18% of respondents)
- developing an effective public relations/education program to increase the public's awareness of the benefits of chiropractic care (27% of respondents)

For other issues mentioned by respondents from the Australian Territory, refer to Table 6.3.

The most important **detrimental** trends/developments as indicated by the responses from chiropractors in the Australian Territory were:

- continuing the trend to over-utilize chiropractic services; adopting unethical practice management seminar techniques in place of sound clinical practice procedures (22% of respondents)
- failing to aggressively promote chiropractic to the public (22% of respondents)

For other issues mentioned by respondents from the Australian Territory, refer to Table 6.4a-b.

Tasmania

The most important **beneficial** trends/developments as indicated by the responses from chiropractors in Tasmania were:

- securing full health coverage for chiropractic services in medicare, workers'

- compensation and other public/private health plans (22% of respondents)
- developing an effective public relations/education program to increase the public's awareness of the benefits of chiropractic care (22% of respondents)

For other issues mentioned by respondents from Tasmania, refer to Table 6.3.

The most important **detrimental** trends/developments as indicated by the responses from chiropractors in Tasmania were:

- training non-chiropractic health care providers in adjustive/manipulative skills; use of manipulation by non-chiropractors (20% of respondents)
- losing governmental recognition/support for chiropractic; failure to achieve inclusion in public/private health care plans (20% of respondents)
- allowing the chiropractic profession to be absorbed into medicine or to become an allied medical provider; losing chiropractic's identity as a separate and distinct profession (20% of respondents)
- failing to pursue research; failing to prove the efficacy/cost effectiveness of chiropractic care (30% of respondents)
- losing control of registration for chiropractors/chiropractic educational institutions (20% of respondents)

For other issues mentioned by respondents from Tasmania, refer to Table 6.4.

Activities: Write-in Section (Survey Page 13)

In this essay section of the survey, respondents were asked to describe other essential activities (those which did not appear elsewhere in the survey activity section) which they use in their practices, and which they consider to be absolutely essential to the health or safety of their patients.

Procedures noted one or more times by survey respondents were categorized and tabulated by individual state. The procedural categories, which have been summarized or paraphrased for ease of reference, appear in the Table 6.5.

It should be noted that a significant number of comments provided by respondents in this section were not directly related to activities performed in their practices. Rather, respondents tended to provide comments that reflected their opinions on issues confronting the chiropractic profession, the nature or intent of the job analysis survey, or an endorsement of a particular technique or a personal approach to practice.

Many of the respondents emphasized the desirability of good bedside manner with statements such as, "Take time to listen to the patient," and, "Care about your patients." Other comments reflected the respondents' inability to completely describe their practices within the framework of the survey instrument. At least one respondent from each state

indicated that he/she referred patients to a hospital or radiology center for X-ray examination and/or a radiological report of findings. The most frequently reported essential activities were:

- educating patient on chiropractic approach to health care
- instructing patient on appropriate exercise technique
- communicating with patient

Several comments provided by respondents included techniques used in their practices. The techniques mentioned in this section were:

- deep tissue massage
- visceral technique
- prostate massage
- laser therapy
- herbology

SUMMARY OF 'OTHER ESSENTIAL ACTIVITIES' (As noted by survey respondents)	
1.	Educate patient on the chiropractic approach to health care.
2.	Conduct wellness workshops/preventive health counseling.
3.	Educate patient on proper spinal hygiene.
4.	Instruct patient on appropriate exercise technique.
5.	Communicate with patient.
6.	Have patient fill out extensive health questionnaire.
7.	Perform psychological testing.
8.	Counsel patients for stress reduction, marriage problems and other socially-related problems.
9.	Monitor patient blood pressure on a routine basis.
10.	Perform appropriate vertebral artery screening procedures prior to initiating treatment.
11.	Perform posture and body kinetics/movement analysis.
12.	Perform ergonomics counseling.
13.	Perform job screening/work environment analysis.
14.	Perform environmental, food and allergy testing.
15.	Perform heavy metal/toxicity testing; hair analysis.
16.	Perform internal organ analysis; relate visceral condition to spinal condition.
17.	Refer patient/patient X-rays to radiological facility.
18.	Use appropriate radiological protection measures; use techniques to minimize exposure to ionizing radiation.
19.	Perform first-aid measures including CPR.
20.	Contact patient at home following initial treatment; follow-up patient care.

TABLE 6.5