

## Chapter 9

### Practice Patterns

Presented in this chapter are the activities chiropractors performed in their practices. There are 45 activities divided into nine major categories, ranging from case history to case management.

The respondent practitioners were asked to rate the **frequency**, (how often they performed the activity) and the perceived **risk** to patient health and safety if the activity were performed poorly or omitted. The frequency and risk factor ratings for the activities were averaged by individual activity and by general category. From the frequency and risk scales the importance scale was generated by obtaining the product of frequency times risk.

Below are the rating scales for this section of the NBCE job analysis:

<b>Rating Scales utilized in assessing activities</b>				
<b><u>FREQUENCY</u></b>	<b>X</b>	<b><u>RISK</u></b>	<b>=</b>	<b><u>IMPORTANCE</u></b>
0 = Never (does not apply)		0 = No risk		0 = Not important
1 = Rarely (1-25%)		1 = Little risk		4
2 = Sometimes (26-50%)		2 = Some risk		8
3 = Frequently (51-75%)		3 = Significant risk	12	
4 = Routinely (76-100%)		4 = Severe risk		16 = Extremely important

**TABLE 9.1**

In addition, the practitioners were asked to indicate the **primary technique** used in their practices, i.e. upper cervical, full spine, or another technique.

Finally, the practitioners were asked to indicate which **adjustive and non-adjustive techniques** they had utilized in their practices during the past two years.

### Rating the Activities

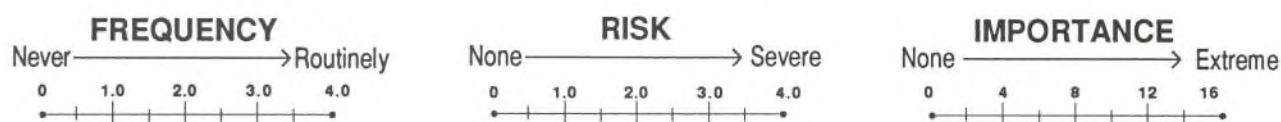
As in other parts of the survey, zero-to-four rating scales were utilized, with the exception of the **Importance** factor, which could range from zero to 16.

The importance factor is commonly obtained in job analyses. It indicates the significance of an activity when taking into account both the frequency with which the activity is performed, and the risk to patients when the activity is performed poorly or omitted.

## Case History

The survey results indicated that case histories were performed **routinely** (category average of 3.61), presenting a **significant** risk to patient health and safety if performed poorly or omitted (category average of 2.77).

Chiropractors routinely took an initial case history from a new patient, updated the case history for a patient whose condition had changed or who presented with a new condition, took Subjective, Objective, Assessment, Plan/Procedure (S.O.A.P.) notes on subsequent patient



Activity	Frequency	Risk	Importance
<b>Case History</b>			
Take initial case history	3.99 Routinely	3.29 Significant	13.14
Identify condition from case history	3.52 Routinely	2.93 Significant	10.71
Perform focused case history	3.38 Frequently	2.75 Significant	9.78
Take S.O.A.P. or case progress notes	3.62 Routinely	2.36 Some	8.96
Determine technique/case management	3.45 Frequently	2.44 Some	8.99
Update case history	3.71 Routinely	2.87 Significant	10.93

**TABLE 9.2**  
**Case History**

visits, and identified the patient's condition based on the case history.

The respondents indicated that the inadequate taking of or omission of an initial case history from a new patient would present a significant risk to patient health and safety and **rated this activity highest in importance of the 45 activities chiropractors performed**.

The other case history activities that rated high in importance were updating the case history from a patient whose condition had changed or who presented with a new condition, and identifying the nature of a patient's condition using the information from a case history (Table 9.2).

## Physical Examination

Physical examination activities were performed **routinely** (category average of 3.63), and presented a **significant** risk to patient health and safety if the activities were performed poorly or omitted (category average of 2.86).

Chiropractors routinely performed all the physical examination activities listed in this category. Survey results also indicated that practitioners rated performing a physical examination on a new patient highest in importance in the physical exam area (Table 9.3).

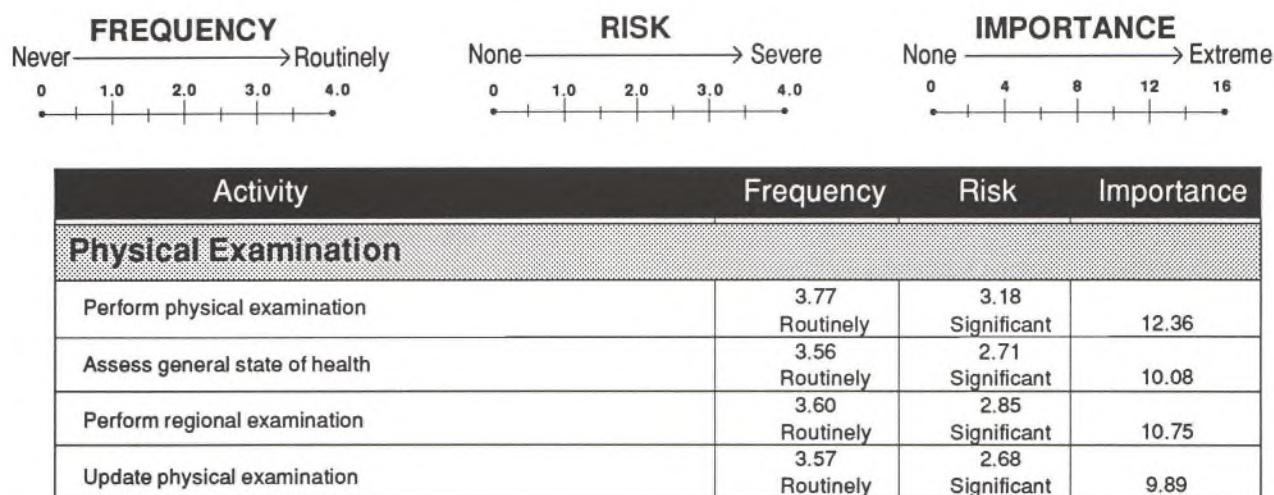


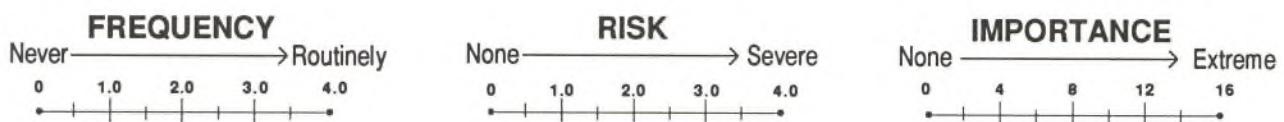
TABLE 9.3  
Physical Examination

## Neuromusculoskeletal Examination

Neuromusculoskeletal examination activities were performed **frequently** (category average of 3.43), presenting a **significant** risk to patient health and safety if performed poorly or omitted (category average of 2.77).

Chiropractors routinely performed general orthopedic and neurological examinations on new patients, and frequently performed all other NMS exams listed in this category. They associated a significant risk to patient health and safety should any of these activities be performed poorly or omitted.

The highest importance values were associated with performing general orthopedic or neurological examinations on new patients, and with determining the additional laboratory, X-ray, and special studies that were indicated by the NMS exam (Table 9.4).

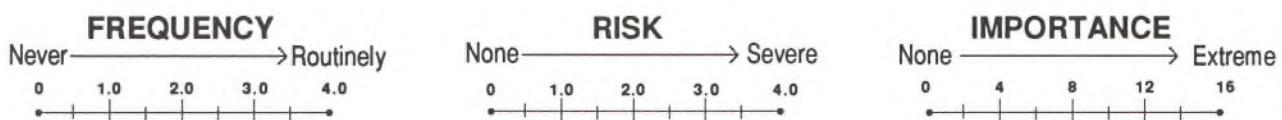


Activity	Frequency	Risk	Importance
<b>Neuromusculoskeletal examination</b>			
Perform orthopedic and/or neurological exam	3.57 Routinely	2.81 Significant	10.55
Perform focused orthopedic and/or neurological exam	3.33 Frequently	2.82 Significant	10.04
Determine patient condition using orthopedic/neurological exam	3.48 Frequently	2.74 Significant	10.07
Determine what additional lab/X-ray/special study, and/or referrals indicated	3.40 Frequently	2.90 Significant	10.51
Update orthopedic/neurological tests	3.35 Frequently	2.60 Significant	9.34

**TABLE 9.4**  
**Neuromusculoskeletal Examination**

## X-ray Examination

X-ray Examination activities were **sometimes** performed (category average of 2.49), presenting **some** risk to patient health and safety if performed poorly or omitted (category average of 2.35).



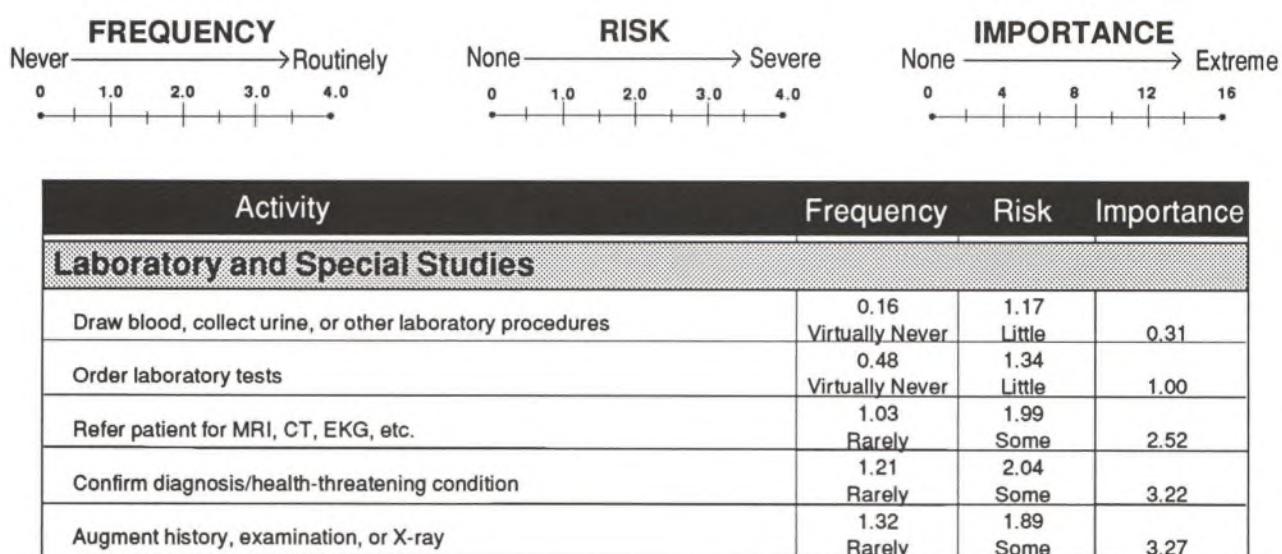
Activity	Frequency	Risk	Importance
<b>X-Ray Examination</b>			
Perform X-ray on new patient	2.69 Frequently	2.60 Significant	7.89
Determine presence of pathology, fracture, or other significant findings	3.27 Frequently	3.22 Significant	11.14
Determine instability/joint dysfunction	1.80 Sometimes	2.00 Some	4.49
Determine presence of subluxation	2.28 Sometimes	1.64 Some	4.97
Update X-ray/perform new X-ray	2.39 Sometimes	2.27 Some	6.23

**TABLE 9.5**  
**X-Ray Examination**

Practitioners frequently took X-rays on new patients and determined the presence of pathology, fracture, dislocations, or other significant findings using information from an X-ray examination. Determining the presence of pathology, fracture, dislocations or other significant findings was rated highest in importance of the activities chiropractors performed in this category (Table 9.5).

## Laboratory and Special Studies

Laboratory and special studies examinations were rarely performed (category average of 0.84), presenting some risk to patient health and safety when performed poorly or omitted (category average of 1.69).



**TABLE 9.6**  
**Laboratory and Special Studies**

Practitioners rarely confirmed a diagnosis or ruled out health-threatening conditions using information from laboratory results or specialized studies. The data indicate they perform so rarely the activities of ordering laboratory tests, drawing blood, collecting urine, or other laboratory procedures that these are categorized "virtually never." Overall, this category had the lowest importance values (Table 9.6).

## Diagnosis

Diagnosis activities were performed **frequently** (category average of 3.19), presenting a **significant** risk to patient health and safety if performed poorly or omitted (category average of 2.65).

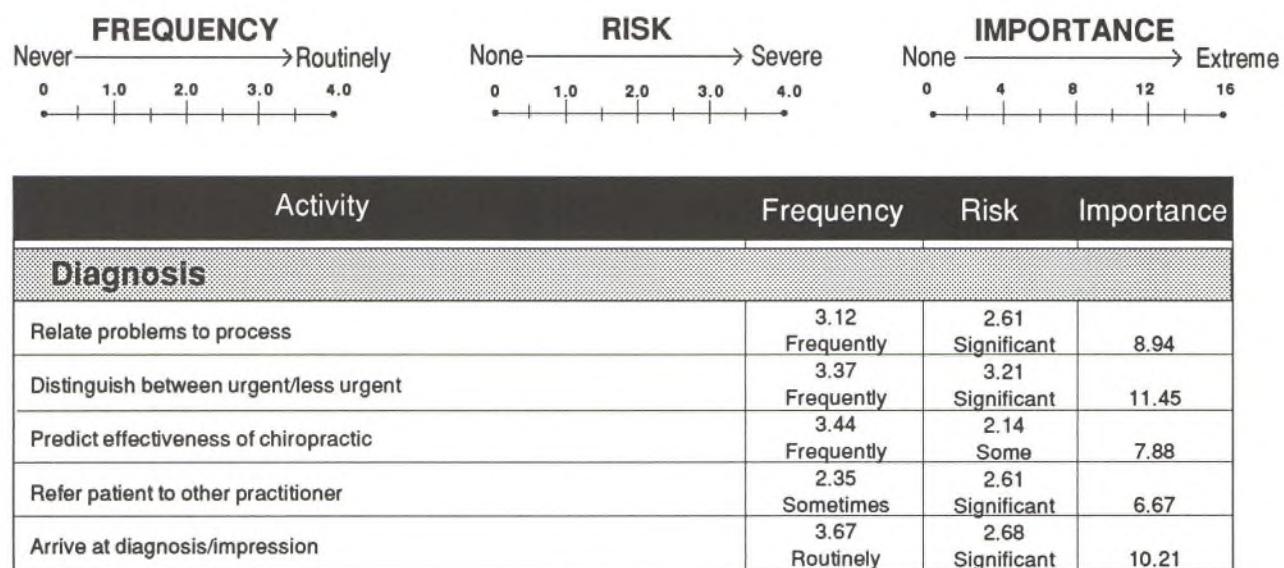


TABLE 9.7  
Diagnosis

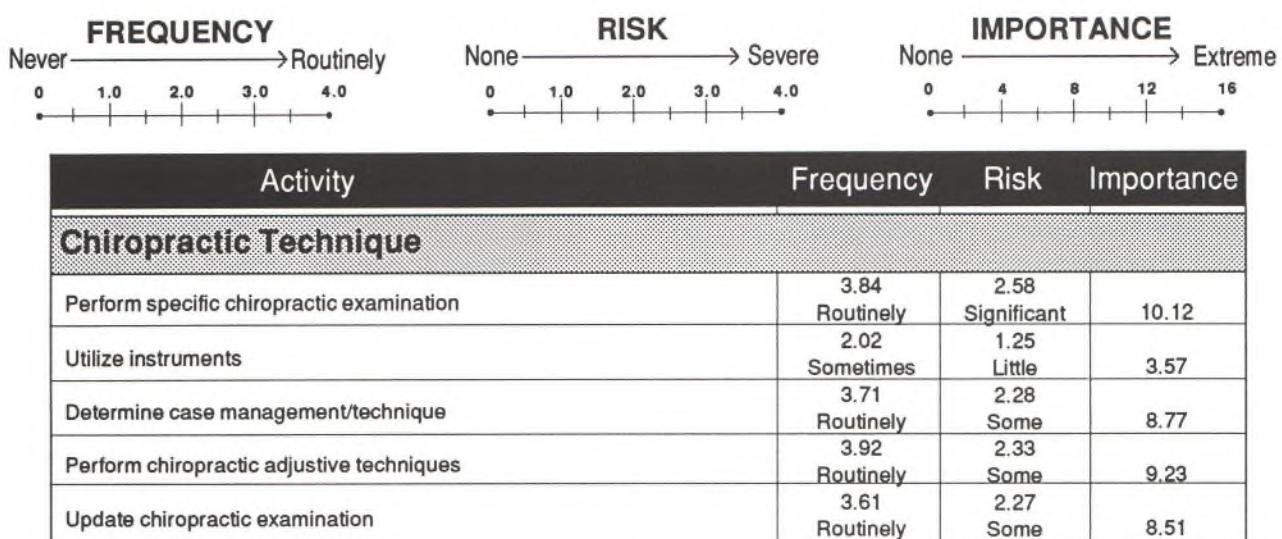
Chiropractors routinely arrived at a diagnosis or clinical impression on the basis of the patient's case history and examination findings. They frequently distinguished between life- or health-threatening conditions and less urgent conditions, and predicted the effectiveness of chiropractic care in treating the patient's condition.

The area rated highest in importance was distinguishing between life- or health-threatening conditions and less urgent conditions (Table 9.7).

## Chiropractic Technique

Chiropractic techniques (excluding use of instruments) were **routinely** utilized (overall category average of 3.42 including instruments), presenting **some** risk to patient health and safety if performed poorly or omitted (category average of 2.14).

Practitioners indicated a significant risk to patient health and safety if a specific chiroprac-

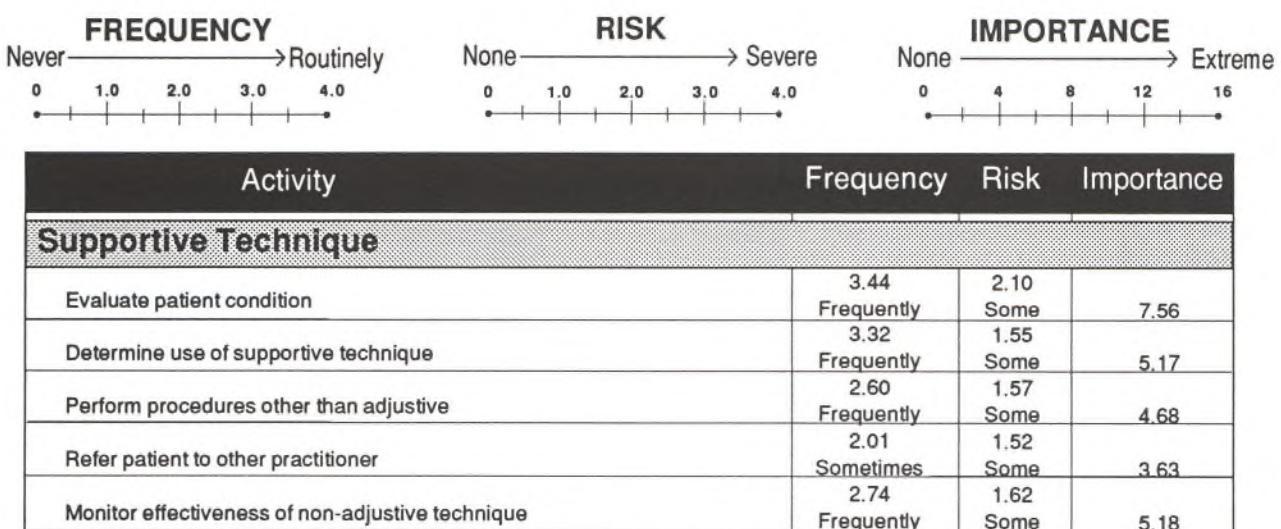


**TABLE 9.8**  
**Chiropractic Technique**

tic examination of a patient were performed poorly or omitted; this same activity was rated highest in importance of activities listed in this category (Table 9.8).

## Supportive Technique

Supportive techniques were performed **frequently** (category average of 2.82), presenting **some risk** to patient health and safety if performed poorly or omitted (category average of 1.67).



**TABLE 9.9**  
**Supportive Techniques**

Chiropractors frequently evaluated the patient's condition to determine if procedures other than adjustive techniques were indicated. In addition, determining the use of supportive techniques, performing treatment procedures other than adjustive techniques, and monitoring the effectiveness of non-adjustive techniques or therapeutic procedures were also frequently performed.

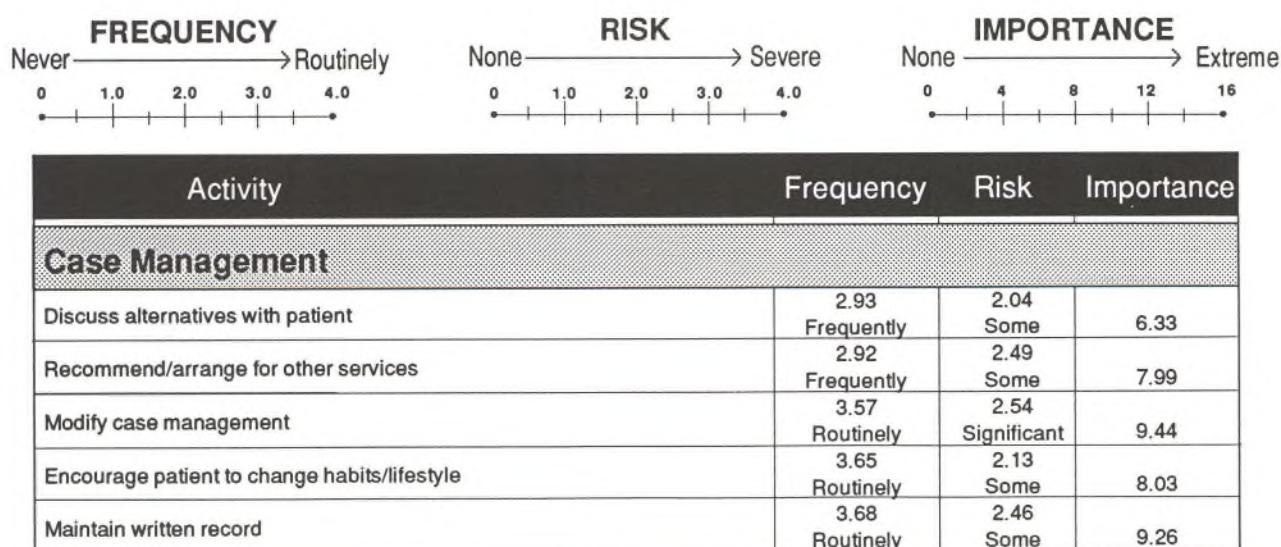
The survey respondents indicated some risk to patient health and safety should any of these supportive techniques be performed poorly or omitted.

The highest importance rating was given to the evaluation of the patient's condition (Table 9.9).

## Case Management

Case Management activities were performed **frequently** (category average of 3.35), presenting **some** risk to patient health and safety if performed poorly or omitted (category average of 2.33).

Case management activities routinely performed included maintaining written records of case problems, goals, intervention strategies, and case progress; encouraging the patient to make appropriate changes in habits or lifestyle to prevent reoccurrences of the condition; and modifying or revising case management as the patient's condition improved or failed to improve.



**TABLE 9.10**  
**Case Management**

In the activities pertaining to case management, respondents indicated that modifying case management as conditions improved or failed to improve was rated highest in importance (Table 9.10).

## Treatment Procedures

Practitioners were asked to indicate the primary technique approach they used in their practices. Results indicated 95.1% utilized **full spine**, while 2.1% used the **upper cervical** approach. **Other** was noted by 2.8% (Table 9.11).

## Specific Adjustive Techniques

Results indicated that only the Diversified technique was used by a majority of practitioners (Table 9.11). All other techniques were used by 44% or fewer of the respondents. Results also indicated that the responding practitioners used an average of 4.7 specific adjustive techniques in their practices.

## Non-Adjustive Techniques

As indicated in Table 9.11, approximately two-thirds or more of the practitioners utilized 8 of the supportive techniques listed. This begins with Corrective Exercises (96.5%) and ends with Acupressure (66.3%). Data indicated that the average number of supportive techniques utilized by practitioners was 10.3.

Chiropractic Treatment Procedures	Primary Approach		% 95.1 2.1 2.8
	Full Spine		
	Upper Cervical		
	Other		
Adjustive Techniques	%	Non-Adjustive Techniques	%
Diversified	87.3	Corrective/Therap. Exercises	96.5
SOT	44.2	Ice Pack/Cryotherapy	87.9
Activator	43.6	Bracing	80.9
Meric	37.7	Orthotics/Lifts	77.8
Gonstead	35.0	Nutritional Counseling	76.2
NIMMO/Tonus receptor	32.4	Massage Therapy	70.1
Applied kinesiology	31.0	Bedrest	67.0
Thompson	30.0	Acupressure/Meridian Therapy	66.3
Logan	25.9	Hot Pack/Moist Heat	59.1
Cox/Flexion-Distraction	22.4	Traction	58.0
Palmer upper cervical/HIO	22.3	Casting/Taping, Strapping	53.4
Cranial	22.2	Electrical Stimulation	44.9
Other	15.5	Vibratory Therapy	40.4
Pierce-Stillwagon	13.6	Ultrasound	37.6
Grostic	4.3	Interferential Current	27.4
Life upper cervical	2.9	Homeopathic Remedies	24.7
Toftness	2.2	Diathermy	15.0
Barge	1.6	Direct Current, etc.	14.0
Pettibon	1.3	Other	12.4
NUCCA	1.0	Acupuncture	12.2
		Infrared Baker, etc.	12.1
		Whirlpool/Hydrotherapy	8.0
		Biofeedback	5.7
		Paraffin Bath	1.9
		Ultraviolet Therapy	1.4

TABLE 9.11  
Chiropractic Treatment Procedures