

Appendix B

Survey of Chiropractic Practice 2014



40292



Survey of Chiropractic Practice

This questionnaire is part of a comprehensive study of chiropractic practice that the National Board of Chiropractic Examiners (NBCE) is conducting. The study will also benefit the profession's state boards, associations, and colleges by providing data on current chiropractic practice patterns. The study is critical in the NBCE's development of relevant and credible examinations.

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. 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 E-mail address of the newspaper in the boxes below.

Newspaper Name
<input type="text"/>
Newspaper E-mail
<input type="text"/>

3. Would you like to receive a complimentary summary of the study results?
- Yes
 No

4. The final Practice Analysis Report 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. Do you currently practice chiropractic? (This refers to patient management and not teaching, research, etc.)

Yes
 No

If you answered "No" to # 5, do not answer any further questions. Simply return the questionnaire in the postage-paid envelope. It is very important that you return the questionnaire for data tracking and statistical purposes. Please put it in the mail today.

6. Hours per week you practice chiropractic:

9 or fewer
 10-19
 20-29
 30-39
 40-49
 50-59
 60 or more



40292

Demographic Data

In this section, you are asked to provide background information that will be summarized. No individual responses will be reported.

- 7. Sex:**
- Male
 - Female
- 8. Years in practice:**
- fewer than 2 years
 - 2-4 years
 - 5-15 years
 - 16-25 years
 - more than 25 years
- 9. Number of patients (not patient visits) you personally treat per week:**
- fewer than 25
 - 25-49
 - 50-99
 - 100-149
 - 150-199
 - 200-249
 - more than 250
- 10. Ethnic origin:
(Mark all that apply)**
- Asian/Pacific Islander
 - Black or African American
 - White
 - Hispanic or Latino
 - 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 a specialty board, council, academy, college, or association:**
- None/Does not apply
 - Work toward diplomate status (or equivalent) but not completed
 - Diplomate status (or equivalent) through a specialty board, council, academy, college, or association
- 13. Institution that conferred your Doctor of Chiropractic degree:**
- Anglo-European College of Chiropractic
 - Canadian Memorial Chiropractic College
 - Cleveland Chiropractic College, Kansas City
 - Cleveland Chiropractic College, Los Angeles
 - D'Youville College
 - Institut Franco-Europeen de Chiropractique
 - Life University, College of Chiropractic (Life College)
 - Life Chiropractic College West
 - Lincoln College of Chiropractic
 - Logan College of Chiropractic
 - Macquarie University (Sydney College of Chiropractic)
 - Murdoch University (School of Chiropractic)
 - National University of Health Sciences (National College of Chiropractic)
 - New York Chiropractic College
 - New Zealand College of Chiropractic
 - Northwestern Health Sciences University (Northwestern College of Chiropractic)
 - Palmer College of Chiropractic, Davenport
 - Palmer College of Chiropractic, Florida
 - Palmer College of Chiropractic, West
 - Parker University, 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 Chiropractic
 - Southern California University of Health Sciences (Los Angeles College of Chiropractic)
 - Syddansk Universitet Odense
 - Texas Chiropractic College
 - University of Bridgeport, College of Chiropractic
 - Universite du Quebec a Trois-Rivieres
 - University of Western States
 - Other: _____



40292

Work Environment

14. **Principal practice setting:**
- Chiropractic office
 - Integrated health care facility
 - Spine surgical center
 - Community health center
 - Other: _____

15. **Which description best characterizes your role in the primary office where you work?**
- Sole proprietor
 - Partner
 - Associate/Employee
 - Other: _____

16. **What is the population density of the community in which your practice is located?**
- City/Urban
 - Suburb
 - Small town
 - Small town/Rural
 - Rural

17. **Do you have staff privileges at a hospital?**
- Yes
 - No

18. **Are you currently employed or contracted to provide chiropractic care to active or retired military personnel?**
- Yes
 - No

19. **If you take radiographs in your office, do you use plain film or digital imaging?**
- I do not take radiographs in my office
 - Plain film
 - Digital imaging

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

	(None)	(1-25%)	(26-50%)	(51-75%)	(76-100%)
Patient care and education	<input type="radio"/>				
Documentation of care	<input type="radio"/>				
Business management (personnel, marketing, etc.)	<input type="radio"/>				

21. **Of patients that you saw in your practice during the past 12 months, how many are from each of the following sex and age categories?**

	(None)	(1-25%)	(26-50%)	(51-75%)	(76-100%)
Sex					
Male	<input type="radio"/>				
Female	<input type="radio"/>				

22. **Age**

5 or younger	<input type="radio"/>				
6 to 17	<input type="radio"/>				
18 to 30	<input type="radio"/>				
31 to 50	<input type="radio"/>				
51 to 64	<input type="radio"/>				
65 or older	<input type="radio"/>				



Types of Conditions

Instructions: The following section on pages 5 to 7 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**, and **MANAGEMENT** scales presented below.

FREQUENCY:

- Never: if you mark this frequency, leave diagnosis and management blank
- 1-6 times per year
- About once per month
- About once per week
- About once per day
- Several times per day

DIAGNOSIS:
In the majority of cases, did you make the initial diagnosis of this condition 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 most common method of management.

Not treated by me in majority of cases. (patient's condition is treated elsewhere) **Treated** or managed solely by me in majority of cases **Co-managed** with other health care provider in majority of cases

FREQUENCY							DIAGNOSIS			MANAGEMENT		
Never	1-6 times per year	About once per month	About once per week	About once per day	Several times per day		Yes in > 50% of cases	> 50% of cases were:	Not treated by me	Treated solely by me	Co-managed	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	attention-deficit disorder	<input checked="" 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"/>	<input type="radio"/>	<input type="radio"/>	eating disorder	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	major depressive disorder	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	schizophrenia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



Types of Conditions (continued)

23.	FREQUENCY							DIAGNOSIS		MANAGEMENT		
	Never	1-6 times per year	About once per month	About once per week	About once per day	Several times per day		Yes in > 50% of cases	> 50% of cases were:	Not treated by me	Treated solely by me	Co-managed
<input type="radio"/>	abdominal aortic aneurysm	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	acne, dermatitis, or psoriasis	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	adrenal disorder	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	ALS, multiple sclerosis, or parkinsonism	<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"/>	angina or myocardial infarction	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	appendicitis	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	asthma, emphysema, or COPD	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	atelectasis or pneumothorax	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	avascular necrosis	<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"/>	bone tumor/metastasis	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	bursitis or synovitis	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	carpal or tarsal tunnel syndrome	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	childhood respiratory/ear infection	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	cholecystitis or pancreatitis	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	colitis or diverticulitis	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	concussion/head injury	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	congenital/developmental anomaly	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	cranial nerve disorder	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	diabetes/metabolic syndrome	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	dislocation of any joint	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	eating disorder	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	extremity subluxation/joint dysfunction	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	eye, ear, nose, or throat disorder	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	fibrocystic breast or polycystic ovary	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	fibromyalgia	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	food/environmental allergies	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	fracture	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	functional scoliosis	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	gastrointestinal infection	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						



Types of Conditions (continued)

23. (cont.)	FREQUENCY						DIAGNOSIS	MANAGEMENT				
	Never	1-6 times per year	About once per month	About once per week	About once per day	Several times per day		Yes in > 50% of cases	> 50% of cases were:	Not treated by me	Treated solely by me	Co-managed
<input type="radio"/>	headaches	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	heart murmur or rhythm irregularity	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	hemorrhoid	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	herpes simplex or herpes zoster	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	hiatal hernia/esophageal reflux	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	hyperlordosis of cervical or lumbar spine	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	hypertension/hypotension	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	hypolordosis of cervical or lumbar spine	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	immune system dysfunction	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	incontinence	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	infantile colic	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	infection of joint/disc/bone	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	infertility female/male	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	inguinal hernia	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	intervertebral disc syndrome	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	kidney or bladder tumor	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	kidney or urinary tract infection	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	kidney stones	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	kyphosis of thoracic spine	<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"/>	menstrual disorder/PMS	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	muscle strain/tear	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	muscle weakness/atrophy	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	myofasciitis	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	nutritional disorder	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	obesity	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	occupational/environmental lung disorder	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	osteoarthritis/degenerative joint disease	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	osteoporosis or osteomalacia	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	peripheral neuritis, neuralgia, or neuropathy	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	peripheral artery or vein disorder	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						



40292

Types of Conditions (continued)

Appendix
B

23. (cont.)	FREQUENCY							DIAGNOSIS		MANAGEMENT	
	Never	1-6 times per year	About once per month	About once per week	About once per day	Several times per day		Yes in > 50% of cases	> 50% of cases were:	Not treated by me	Treated solely by me
<input type="radio"/>	pregnancy-related condition	<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"/>	psychological disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	radiculitis or radiculopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	respiratory infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	rheumatoid/inflammatory arthritis or gout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	sexually transmitted disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	sinus condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	sleep disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	spinal stenosis/neurogenic claudication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	spinal subluxation/joint dysfunction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	sprain of any joint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	stroke or cerebrovascular condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	structural scoliosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	TMJ syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	tendinopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	thoracic outlet syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	thyroid disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	tumor of lung or respiratory passages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	ulcer of stomach, small intestine, or colon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	vertigo/loss of equilibrium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						



Frequency of Professional Functions

INSTRUCTIONS FOR QUESTIONS 24-71:

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 statements in terms of your practice during the past 12 months, using the "FREQUENCY" scale provided.

FREQUENCY

FOR QUESTIONS 24 - 41b.
How frequently during the past 12 months did you _____?

	Never	1-6 times per year	About once per year	About once per month	About once per week	Several times per day
24. obtain a problem-focused case history (i.e. limited to chief complaint)	<input type="radio"/>					
25. obtain a detailed or comprehensive case history (i.e. including: past health history, family health history, biopsychosocial history, and review of systems)	<input type="radio"/>					
26. perform a comprehensive physical examination (i.e. including: vital signs, EENT, cardiopulmonary, and abdominal examination)	<input type="radio"/>					
27. perform a focused EENT examination	<input type="radio"/>					
28. perform a focused cardiopulmonary examination	<input type="radio"/>					
29. perform a focused abdominal examination	<input type="radio"/>					
30. perform a focused orthopedic/neurologic examination (i.e. limited to the area of complaint)	<input type="radio"/>					
31. perform a comprehensive orthopedic/neurologic examination (i.e. not limited to the area of complaint and including: cranial nerves, DTRs, dermatomes, myotomes, spinal ROM, pathologic reflexes, etc.)	<input type="radio"/>					
32. perform a gait analysis	<input type="radio"/>					
33. perform a cervical, thoracic, lumbopelvic and/or extremity palpation examination	<input type="radio"/>					
34. <u>take</u> radiographs in your office	<input type="radio"/>					
35. <u>order</u> radiographs from an outside facility	<input type="radio"/>					
36. read imaging studies that you did not take or order	<input type="radio"/>					
37. <u>draw</u> blood, collect urine and/or perform other laboratory tests in your office	<input type="radio"/>					
38a. <u>order</u> blood, urine, or other laboratory tests from an outside facility	<input type="radio"/>					
b. obtain the results of previously performed laboratory tests	<input type="radio"/>					
39a. order a nerve conduction velocity (NCV) and/or needle electromyography (EMG) study	<input type="radio"/>					
b. obtain the results of a previously performed NCV or EMG study	<input type="radio"/>					
40a. order an MRI or CT	<input type="radio"/>					
b. obtain the results of a previously performed MRI or CT	<input type="radio"/>					
41a. order a bone scan	<input type="radio"/>					
b. obtain the results of a previously performed bone scan	<input type="radio"/>					



Frequency of Professional Functions (continued)

FREQUENCY

FOR QUESTIONS 42 - 63.
How frequently during the past 12 months did you _____?

	Never	1-6 times per year	About once per year	About once per month	About once per week	Several times per day
42. <u>perform</u> other specialized studies (e.g. ECG, diagnostic or Doppler ultrasound, bone density, etc.) in your office	<input type="radio"/>					
43a. <u>order</u> other specialized studies (e.g. ECG, diagnostic or Doppler ultrasound, bone density, etc.) from an outside facility	<input type="radio"/>					
b. obtain the results of other previous specialized studies	<input type="radio"/>					
44. develop a differential diagnosis or clinical impression	<input type="radio"/>					
45. search online databases for evidence to assist in patient management	<input type="radio"/>					
46. develop a case management plan	<input type="radio"/>					
47. develop a prognosis	<input type="radio"/>					
48. create complete, readable documentation of a patient's case history and examination findings, the diagnosis and prognosis, and the case management plan	<input type="radio"/>					
49. review with a patient his or her relevant case history and examination findings, diagnosis, prognosis, and case management plan options	<input type="radio"/>					
50. obtain written informed consent for treatment	<input type="radio"/>					
51. completely and legibly document each patient visit in the SOAP note format	<input type="radio"/>					
52. completely and legibly document, on each visit, the patient's presentation in the PART format (<u>p</u> ain/tenderness, <u>a</u> symmetry, <u>r</u> ange of motion, and <u>t</u> issue tone) as required for Medicare reimbursement	<input type="radio"/>					
53. monitor a patient's progress or response to treatment utilizing patient-reported outcome measures (e.g. pain and/or disability questionnaires)	<input type="radio"/>					
54. monitor a patient's progress or response to treatment utilizing follow-up radiographic examinations	<input type="radio"/>					
55. write a physical restriction order	<input type="radio"/>					
56. write a narrative report (<u>not</u> daily notes)	<input type="radio"/>					
57. assess the existence of risk factors and contraindications to chiropractic care	<input type="radio"/>					
58. perform an objective assessment of the involved joints' function immediately prior to a chiropractic adjustment	<input type="radio"/>					
59. perform a chiropractic adjustment of the occiput, spine and/or pelvis	<input type="radio"/>					
60. perform a chiropractic adjustment of an extra-spinal articulation	<input type="radio"/>					
61. perform an objective assessment of the involved joints' function immediately following a chiropractic adjustment	<input type="radio"/>					
62. review radiographic images to identify or rule out fracture, dislocation, and other pathology	<input type="radio"/>					
63. review radiographic images to determine the possible presence of a spinal listing and/or subluxation	<input type="radio"/>					



Frequency of Professional Functions (continued)

FREQUENCY

FOR QUESTIONS 64 - 70.
How frequently during the past 12 months did you _____?

	Never	1-6 times per year	About once per year	About once per month	About once per week	Several times per day
64. review MRI, CT, or bone scan images to identify or rule out pathology	<input type="radio"/>					
65. review laboratory studies and interpret the results	<input type="radio"/>					
66. review specialized studies such as NCV, EMG, ECG, etc. and interpret the results	<input type="radio"/>					
67. re-examine a patient with physical examination procedures, either periodically or when the patient's condition materially changed	<input type="radio"/>					
68. re-examine a patient with orthopedic/neurologic examination procedures, either periodically or when the patient's condition materially changed	<input type="radio"/>					
69. refer a patient to a specialist for consultation or co-management	<input type="radio"/>					
70. release a patient from active care	<input type="radio"/>					

FOR QUESTION 71 a-i.
How frequently during the past 12 months did you make specific recommendations to a patient regarding _____?

71a. changing risky or unhealthy behaviors	<input type="radio"/>					
b. disease prevention and early screening advice	<input type="radio"/>					
c. ergonomic or postural advice	<input type="radio"/>					
d. nutritional and dietary recommendations	<input type="radio"/>					
e. physical fitness and exercise promotion	<input type="radio"/>					
f. relaxation or stress reduction recommendations	<input type="radio"/>					
g. self-care strategies	<input type="radio"/>					
h. smoking cessation	<input type="radio"/>					
i. other: _____	<input type="radio"/>					



Risk Assessment of Professional Functions

INSTRUCTIONS FOR QUESTIONS 72-99: This section contains descriptions of professional activities that chiropractors may perform in their practices in certain circumstances. Please consider the circumstances as presented and, regardless of how frequently you may perform the function, **provide an opinion of the risk to a patient's health or safety** due to a chiropractor's omission or poor performance of the activity using the "RISK" scale provided.

FOR QUESTIONS 72 - 85. Consider a patient who needs the following professional functions performed so that an appropriate working diagnosis and an effective case management plan can be developed.

What is the risk to the patient's health or safety if a chiropractor omits or poorly performs each of the following functions?

		RISK TO PATIENT				
		No risk	Little risk	Some risk	Significant risk	Severe risk
72.	a problem-focused case history (i.e. limited to chief complaint)	<input type="radio"/>				
73.	a detailed or comprehensive case history (i.e. including: past health history, family health history, biopsychosocial history, and review of systems)	<input type="radio"/>				
74.	a comprehensive physical examination (i.e. including: vital signs, EENT, cardiopulmonary, and abdominal examinations)	<input type="radio"/>				
75.	a focused EENT examination	<input type="radio"/>				
76.	a focused cardiopulmonary examination	<input type="radio"/>				
77.	a focused abdominal examination	<input type="radio"/>				
78.	a focused orthopedic and/or neurologic examination (i.e. limited to the area of complaint)	<input type="radio"/>				
79.	a comprehensive orthopedic/neurologic examination (i.e. not limited to the area of complaint and including most or all of these: cranial nerves, DTRs, dermatomes, myotomes, spinal ROM, pathologic reflexes, etc.)	<input type="radio"/>				
80.	a gait analysis	<input type="radio"/>				
81.	a cervical, thoracic, lumbopelvic and/or extremity palpation examination	<input type="radio"/>				
82.	taking or ordering radiographs	<input type="radio"/>				
83.	ordering, performing, or obtaining the results of previously performed blood, urine, or other laboratory test(s)	<input type="radio"/>				
84.	determining the location or severity of an injury by ordering or obtaining the results of a previously performed nerve conduction velocity (NCV) and/or needle electromyography (EMG) study	<input type="radio"/>				
85.	ordering or obtaining the results of a previously performed MRI or CT	<input type="radio"/>				



**Risk Assessment of
Professional Functions (continued)**

FOR QUESTION 86 a - e.

Consider a patient who needs the following professional functions performed so that an appropriate working diagnosis and an effective case management plan can be developed.

86. **What is the risk** to the patient's health or safety if a chiropractor omits or poorly performs each of the following functions?

- a. ordering a bone scan
- b. obtaining the results of a previously performed bone scan
- c. ordering or performing other specialized studies (e.g. ECG, diagnostic or Doppler ultrasound, bone density, etc.)
- d. obtaining the results of other previously performed studies
- e. referring the patient to a specialist for consultation or co-management

FOR QUESTION 87 a - e.

Consider a patient who requires an accurate interpretation of the following information so that an appropriate working diagnosis and an effective case management plan can be developed.

87. **What is the risk** to the patient's health or safety if a chiropractor omits or poorly interprets each of the following?

- a. a patient's radiographs (with or without a radiologist's report)
- b. a patient's MRI, CT, or bone scan imaging (with or without a radiologist's report)
- c. the results of a patient's laboratory study
- d. the results of a patient's specialized study: e.g. NCV, EMG, ECG, etc. (with or without a specialist's report)
- e. an online search and evaluation of research evidence relevant to the patient's condition

FOR QUESTION 88.

Consider a patient who has spinal radiographs.

88. **What is the risk** to the patient's health or safety if a chiropractor omits or poorly interprets the radiographs to identify the possible presence of a chiropractic listing and/or subluxation?

FOR QUESTION 89.

Consider a patient whose chiropractor has obtained the patient's chief complaint, history, and examination findings.

89. **What is the risk** to the patient's health or safety if a chiropractor omits or poorly develops focused differential diagnoses (or clinical impressions) that lead to an appropriate diagnosis (or clinical impression)?

RISK TO PATIENT

	No risk	Little risk	Some risk	Significant risk	Severe risk
a. ordering a bone scan	<input type="radio"/>				
b. obtaining the results of a previously performed bone scan	<input type="radio"/>				
c. ordering or performing other specialized studies (e.g. ECG, diagnostic or Doppler ultrasound, bone density, etc.)	<input type="radio"/>				
d. obtaining the results of other previously performed studies	<input type="radio"/>				
e. referring the patient to a specialist for consultation or co-management	<input type="radio"/>				
a. a patient's radiographs (with or without a radiologist's report)	<input type="radio"/>				
b. a patient's MRI, CT, or bone scan imaging (with or without a radiologist's report)	<input type="radio"/>				
c. the results of a patient's laboratory study	<input type="radio"/>				
d. the results of a patient's specialized study: e.g. NCV, EMG, ECG, etc. (with or without a specialist's report)	<input type="radio"/>				
e. an online search and evaluation of research evidence relevant to the patient's condition	<input type="radio"/>				
88. What is the risk to the patient's health or safety if a chiropractor omits or poorly interprets the radiographs to identify the possible presence of a chiropractic listing and/or subluxation?	<input type="radio"/>				
89. What is the risk to the patient's health or safety if a chiropractor omits or poorly develops focused differential diagnoses (or clinical impressions) that lead to an appropriate diagnosis (or clinical impression)?	<input type="radio"/>				



Risk Assessment of Professional Functions (continued)

		RISK TO PATIENT				
		No risk	Little risk	Some risk	Significant risk	Severe risk
<p>FOR QUESTION 90 a - b. Consider a patient whose chiropractor has developed an appropriate diagnosis (or clinical impression).</p>						
90.	<p>What is the risk to the patient's health or safety if a chiropractor omits or poorly performs the following professional functions?</p> <p>a. the development of a reasonable prognosis</p> <p>b. the development of a case management plan</p>	<input type="radio"/>				
<p>FOR QUESTIONS 91 and 92. Consider a patient whose chiropractor has obtained the patient's case history, examined the patient, and developed an appropriate diagnosis (or clinical impression), prognosis, and case management plan.</p>						
91.	<p>What is the risk to the patient's health or safety if a chiropractor does not document or poorly documents these items?</p>	<input type="radio"/>				
92.	<p>What is the risk to the patient's health or safety if a chiropractor does not communicate or poorly communicates to the patient these items in such a manner that the patient cannot provide an informed consent to treatment?</p>	<input type="radio"/>				
<p>FOR QUESTION 93 a - c. Consider a patient who presents for chiropractic care.</p>						
93.	<p>What is the risk to the patient's health or safety if a chiropractor omits or poorly performs the following professional functions?</p> <p>a. an assessment of risk factors and contraindications to chiropractic care</p> <p>b. an objective assessment of the function of the patient's involved joints prior to an adjustment</p> <p>c. an objective assessment of the function of the patient's involved joints following an adjustment</p>	<input type="radio"/>				
<p>FOR QUESTION 94. Consider a patient whose presentation indicates the need for a chiropractic adjustment and for whom there are no contraindications.</p>						
94.	<p>What is the risk to the patient's health or safety if a chiropractor performs a chiropractic adjustment?</p>	<input type="radio"/>				



**Risk Assessment of
Professional Functions (continued)**

FOR QUESTION 95 a - c.
Consider a patient who presents for chiropractic care.

95. **What is the risk** to the patient's health or safety if a chiropractor omits or poorly records the following types of documentation such that the documentation does **not** support the care given or can **not** be effectively understood by other health care providers, payors, or regulators?

- a. each patient visit in the SOAP note format
- b. the patient's presentation in the PART format (**p**ain/tenderness, **a**symmetry, **r**ange of motion, and **t**issue tone) as required for Medicare reimbursement
- c. the patient's progress or response to treatment utilizing patient-reported outcome measures (e.g. pain and/or disability questionnaires)

FOR QUESTION 96 a - c.
Consider a patient who manifests a material change in his or her presentation or whose case management plan indicates the need for a chiropractor to perform the following professional functions.

96. **What is the risk** to the patient's health or safety if a chiropractor omits or poorly performs each function such that the findings can **not** lead to updating a diagnosis or can **not** be integrated into an updated case management plan?

- a. repeating physical examination procedures
- b. repeating orthopedic and/or neurologic examination procedures
- c. obtaining follow-up radiographs to monitor the patient's progress

FOR QUESTION 97.
Consider a patient whose typical physical requirements may aggravate his or her condition.

97. **What is the risk** to the patient's health or safety if a chiropractor omits, poorly writes, or ineffectively transmits a physical restriction order such that it is **not** acceptable to, or **not** timely received by, necessary recipients (e.g. workers' compensation payors and employers)?

FOR QUESTION 98.
Consider a patient whose chiropractor receives a request for a narrative report.

98. **What is the risk** to the patient's health or safety if a chiropractor omits, poorly writes, or ineffectively transmits the narrative report such that the patient's relevant clinical information is **not** effectively or timely communicated to necessary recipients?

FOR QUESTION 99.
Consider a patient who has reached maximum therapeutic benefit.

99. **What is the risk** to the patient's health or safety if a chiropractor fails to timely release the patient from active care?

	RISK				
	No risk	Little risk	Some risk	Significant risk	Severe risk
a.	<input type="radio"/>				
b.	<input type="radio"/>				
c.	<input type="radio"/>				
a.	<input type="radio"/>				
b.	<input type="radio"/>				
c.	<input type="radio"/>				
	<input type="radio"/>				
	<input type="radio"/>				
	<input type="radio"/>				
	<input type="radio"/>				