Chapter 9

Professional Functions and Treatment Procedures

The primary purpose of this practice analysis report is to inform and provide validity evidence for the content of the National Board of Chiropractic Examiners' written and practical clinical competency examinations. Specifically, those responsible for test development need empirical evidence to guide the selection of test content. The frequency, risk, and importance of the tasks that doctors of chiropractic perform and the decisions they make each day are of particular interest. Accordingly, the 2014 Survey of Chiropractic Practice instructed respondents to indicate the **frequency** with which they perform professional functions; respondents were also asked to provide an opinion of the **risk** to a patient's health or safety if the function or care were omitted or poorly performed. An **Importance Value**[1] for each function was then calculated from the practitioner's responses to the **frequency** and **risk** scales. **Importance Values**[2] are commonly reported in practice, job, and task analyses because importance incorporates both frequency and risk. Although **Importance Values** in this study can range from 0 to 20, the significant information is the relative value of each professional function.

Scales

The *Frequency of Professional Functions* section of the survey asked chiropractic practitioners to indicate how frequently during the last 12 months they had performed each of 60 professional functions. **Frequency** was reported on a 6-point scale ranging from **never** to **several times per day**. The *Frequency and Risk Assessment of Professional Functions* section presented a context in which the respondent was asked to consider a patient who needed a chiropractor to perform each function. Then, the respondent was asked to assess the risk to that patient's health or safety if a chiropractor omitted or poorly performed the function. The respondent was instructed to assess risk independent of how frequently they may perform the function. **Risk** was assessed on a 5-point scale of **no risk** to **severe risk**. Multiplying **frequency** by **risk** yields an **Importance Value** that may range from 0 (not important) to 20 (extremely important).

1 All values in the tables in this chapter represent averages; further, some of the table values are the average of products. Mathematically, the average of products is not always the same as the product of averages. Thus, multiplying the listed value for each **frequency** by its corresponding **risk** may not produce the same result as the **importance** value shown in each table.

2 Refer to Chapter 6 for an expanded discussion of **Importance**.

The percent of chiropractors utilizing each health promotion/wellness care recommendation and adjunctive care intervention was calculated from the respondents' frequency responses. The **frequency**, **risk**, and **importance** scales are presented in Figure 9.1.

Frequency	Risk	Importance
0 = Never	0 = No risk	0 = Not important
1 = 1-6 times per year	1 = Little risk	4
2 = About once per month	2 = Some risk	8
3 = About once per week	3 = Significant risk	12
4 = About once per day	4 = Severe risk	16
5 = Several times per day		20 = Extremely important

Figure 9.1 Rating Scales Used in Assessing the Frequency, Risk, and Importance of Chiropractic Functions

Frequency and Risk Assessment of Professional Functions

The 60 professional functions were presented in a logical order in the survey beginning with the chiropractor initially obtaining a case history, followed by performing examinations, then performing or ordering additional studies and tests, and interpreting results. Next, respondents considered the following professional functions: developing differential diagnoses, a prognosis, and a case management plan; obtaining informed consent for treatment and documenting each aspect of care. They then reported on case management functions such as providing care, monitoring a patient's progress, etc., and finally, releasing a patient from ongoing care. The professional functions, along with their **frequency**, **risk**, and **importance** ratings are presented in Tables 9.1 through 9.8. Within each section, the professional functions are listed in order of frequency; for those with identical frequencies, the one with the greatest risk rating is listed first. The health promotion/wellness care functions are presented with frequency data only as risk was not considered to be a concern with this type of care; therefore, importance was not calculated (Table 9.9). The percentages of chiropractors performing each of the health promotion/wellness care functions are then presented in Table 9.10, and the percentages utilizing each of the passive and active adjunctive procedures in 2009 are presented in Tables 9.11 and 9.12. References to the question numbers in this chapter refer to the survey questions in Appendix B.

Case History

Doctors of chiropractic (Table 9.1) obtain problem-focused case histories (question 24) and detailed or comprehensive case histories (question 25) **daily** (frequency of 3.8 and 3.7 respectively). Omission of or poor performance when obtaining either type of case history represents a **significant** risk to a patient's health or safety (risk of 2.6 and 2.5, respectively).

Professional Function	Frequency 0 1 2 3 4 5 Never … Several/ day	Risk 0 1 2 3 4 No risk … Severe risk	Importance 0 10 20 None … Extreme importance
Obtain a problem-focused case history (i.e. limited to chief complaint) (Questions 24 & 72)	3.8 Daily	2.6 Significant	10.3
Obtain a detailed or comprehensive case history (i.e. including: past health history, family health history, biopsychosocial history, and review of systems) (Questions 25 & 73)	3.7 Daily	2.5 Significant	9.5

Table 9.1 Case History

Physical and Orthopedic/Neurologic Examinations

Chiropractors perform various specific examinations (questions 26 through 33) as often as several times per day or as infrequently as a few times per year (Table 9.2). Respondents indicated that they perform cervical, thoracic, lumbopelvic and/or extremity palpation examinations (question 33) **several times per day** (frequency of 4.7) and focused orthopedic/neurologic examinations (question 30) **daily** (frequency of 3.9). The risk to a patient's health or safety from a chiropractor's omission or poor performance of a focused orthopedic/neurologic examination was assessed as **significant** (2.6). Omission or poor performance of palpation and the less frequently performed examination functions were deemed to have **some** risk, except for gait analysis, which was rated as having **little** risk (1.3).

Professional Function	Frequency 0 1 2 3 4 5 Never — Several/day	Risk 0 1 2 3 4 No risk — Severe risk	Importance 0 10 20 None — Extreme importance
Perform a cervical, thoracic, lumbopelvic and/or extremity palpation examination (Questions 33 & 81)	4.7 Several/day	2.4 Some risk	11.3
Perform a focused orthopedic/ neurologic examination (i.e. limited to the area of complaint) (Questions 30 & 78)	3.9 Daily	2.6 Significant	10.4
Perform a gait analysis (Questions 32 & 80)	3.1 Weekly	1.3 Little risk	4.2
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.) (Questions 31 & 79)	3.0 Weekly	2.2 Some risk	7.2
Perform a comprehensive physical examination (i.e. including: vital signs, EENT, cardiopulmonary, and abdominal examination) (Questions 26 & 74)	2.1 Monthly	2.2 Some risk	5.0
Perform a focused EENT examination (Questions 27 & 75)	1.1 Yearly	1.5 Some risk	2.0
Perform a focused abdominal examination (Questions 29 & 77)	1.0 Yearly	1.7 Some risk	1.9
Perform a focused cardiopulmonary examination (Questions 28 & 76)	0.8 Yearly	1.8 Some risk	1.7

Table 9.2 Physical and Orthopedic/Neurologic Examinations

Imaging, Laboratory, and Other Diagnostic Studies

During the evaluation of their patients, doctors of chiropractic may perform, order, or obtain the results of several types of diagnostic studies, including imaging, laboratory, and other specialized studies (Table 9.3). Chiropractors take, order, and read radiographs from elsewhere (questions 34, 35, and 36), order and obtain the results of MRIs and CTs (questions 40a and 40b), and obtain the results of laboratory tests (question 38b) **monthly**. These professional functions all carry **some** risk (1.6 to 2.2), except for reading imaging studies the chiropractor did not take or order, which was assessed as having **significant** risk (2.8) to a patient's health and safety due to a doctor's omission or poor performance. The professional functions performed **yearly** in this section were all deemed to carry **some** risk (ranging from 1.6 to 2.1).

The monthly frequency of radiographic evaluation is a significant underestimate, and can be explained by the percent of respondents who do take radiographs in their offices (question 19). Approximately 50% of chiropractors take radiographs in their offices. The other 50% do not take radiographs and must order that radiographs of their patients be taken at an imaging center or another chiropractor's office. The 50% of practitioners without radiographic equipment never perform that function, which results in the relatively low average frequency being reported (Table 9.3). When those who do not take radiographs are factored out, the frequency changes from 2.0 (monthly) to 3.8 (daily).

Professional Function	Frequency 0 1 2 3 4 5 Never … Several/ day	Risk 0 1 2 3 4 No risk … Severe risk	Importance 0 10 20 None … Extreme importance
Read imaging studies that you did not take or order (Questions 36 & 87a)	2.3 Monthly	2.8 Significant	6.6
Obtain the results of a previously performed MRI or CT (Questions 40b & 85)	2.3 Monthly	2.2 Some risk	5.2
Take radiographs in your office (Questions 34 & 82)	2.0 Monthly	2.2 Some risk	5.1
Order radiographs from an outside facility (Questions 35 & 82)	1.8 Monthly	2.2 Some risk	3.9
Obtain the results of previously performed laboratory tests (Questions 38b & 83)	1.8 Monthly	1.6 Some risk	3.1

Table 9.3 Imaging, Laboratory, and Diagnostic Studies

Professional Function	Frequency 0 1 2 3 4 5 Never — Several/ day	Risk 0 1 2 3 4 No risk — Severe risk	Importance 0 10 20 None — Extreme importance
Order an MRI or CT (Questions 40a & 85)	1.7 Monthly	2.2 Some risk	3.9
Obtain the results of other previous specialized studies (Questions 43b & 86d)	1.4 Yearly	2.1 Some risk	2.9
Obtain the results of a previously performed NCV or EMG study (Questions 39b & 84)	1.2 Yearly	1.7 Some risk	2.1
Obtain the results of a previously performed bone scan (Questions 41b & 86b)	1.0 Yearly	2.1 Some risk	2.1
Order blood, urine, or other laboratory tests from an outside facility (Questions 38a & 83)	0.8 Yearly	1.6 Some risk	1.6
Order other specialized studies (e.g. ECG, diagnostic or Doppler ultrasound, bone density, etc.) from an outside facility (Questions 43a & 86c)	0.6 Yearly	2.0 Some risk	1.3
Order a nerve conduction velocity (NCV) and/or needle electromyography (EMG) study (Questions 39a & 84)	0.6 Yearly	1.7 Some risk	1.2
Order a bone scan (Questions 41a & 86a)	0.4 Virtually never	2.1 Some risk	1.0
Draw blood, collect urine and/or perform other laboratory tests in your office (Questions 37 & 83)	0.3 Virtually never	1.6 Some risk	0.5
Perform other specialized studies (e.g. ECG, diagnostic or Doppler ultrasound, bone density, etc.) in your office (Questions 42 & 86c)	0.1 Virtually never	2.0 Some risk	0.3

Table 9.3 Imaging, Laboratory, and Diagnostic Studies (continued)

Analysis of Diagnostic Studies

Respondents indicated that they review radiographs **weekly** (Table 9.4), in order to identify or rule out fracture, dislocation, and other pathology (question 62), and to determine the possible presence of a chiropractic spinal listing or chiropractic subluxation (question 63). They review MRI, CT, or bone scan images to identify or rule out pathology on a **monthly basis** (question 64). Respondents assigned **significant** risk to the omission or poor performance of interpreting radiographs, as well as MRIs, CTs, and bone scans for pathology (questions 87a and 87b, risk of 2.8 each). Analysis of the remaining diagnostic studies (questions 63, 65, and 66) were assessed to have **some** risk due to a chiropractor's omission or poor performance of these functions (2.0 to 2.3).

Professional Function	Frequency 0 1 2 3 4 5 Never — Several/ day	Risk 0 1 2 3 4 No risk — Severe risk	Importance 0 10 20 None — Extreme importance
Review radiographic images to identify or rule out fracture, dislocation, and other pathology (Questions 62 & 87a)	3.1 Weekly	2.8 Some risk	8.9
Review radiographic images to determine the possible presence of a spinal listing and/or subluxation (Questions 63 & 88)	2.7 Weekly	2.0 Some risk	6.1
Review MRI, CT, or bone scan images to identify or rule out pathology (Questions 64 & 87b)	2.2 Monthly	2.8 Significant	6.4
Review laboratory studies and interpret the results (Questions 65 & 87c)	1.6 Monthly	2.3 Some risk	3.9
Review specialized studies such as NCV, EMG, ECG, etc. and interpret the results (Questions 66 & 87d)	1.1 Yearly	2.3 Some risk	2.7

Table 9.4 Analysis of Diagnostic Studies

Diagnosis and Case Management

Chiropractors develop prognoses (Table 9.5), develop and document case management plans, and develop differential diagnoses or clinical impressions on a **daily** basis (questions 47, 48, 46, and 44). They search online databases for evidence to assist them in patient management **monthly** (question 45). Respondents deemed that omission or poorly developing a differential diagnosis or clinical impression is a **significant** risk to a patient's health or safety (risk of 2.6) and that the remaining diagnosis and case management functions carry **some** risk (ranging from 1.9 to 2.3).

Professional Function	Frequency 0 1 2 3 4 5 Never … Several/ day	Risk 0 1 2 3 4 No risk … Severe risk	Importance 0 10 20 None … Extreme importance
Develop a prognosis (Questions 47 & 90a)	4.1 Daily	1.9 Some risk	8.1
Create complete, readable documentation of a patient's case history and examination findings, the diagnosis and prognosis, and the case management plan (Questions 48 & 91)	4.0 Daily	2.2 Some risk	8.7
Develop a case management plan (Questions 46 & 90b)	4.0 Daily	2.0 Some risk	8.1
Develop a differential diagnosis or clinical impression (Questions 44 & 89)	3.8 Daily	2.6 Some risk	10.1
Search online databases for evidence to assist in patient management (Questions 45 & 87e)	2.4 Monthly	2.3 Some risk	5.5

Table 9.5 Diagnosis and Case Management

Communication and Documentation

On a **daily** basis (Table 9.6), chiropractors review with patients their relevant case history and examination findings, diagnosis and prognosis, and case management plan options (question 49; frequency 4.0) and obtain written informed consent for treatment (question 50; frequency 3.8); the risk attributed to omitting or poorly performing these functions was rated as **significant** (risk of 2.6 for each). They reported that they completely and legibly document each patient visit in the SOAP note format (defined in Glossary) **several times per day** (question 51; frequency 4.7), and in the PART format required by Medicare (defined in Glossary) **daily**

(question 52; frequency 4.2). Chiropractors also monitor their patients' progress or response to treatment utilizing patient-reported outcome measures such as pain or disability questionnaires **daily** (question 53; frequency 3.7). Respondents ascribed **some** risk to patients' health and safety for omitting or poorly creating SOAP notes, PART format documentation, and patient-reported outcome measures (risk of 1.9, 1.8 and 1.7, respectively). Writing physical restriction orders and narrative reports are done **monthly** (questions 55 and 56); respondents assessed writing physical restriction orders as carrying **significant** risk (2.6) to a patient's health or safety if a chiropractor omits, poorly writes, or ineffectively transmits a physical restriction order that is not acceptable to, or not timely received by, necessary recipients (question 97).

Professional Function	Frequency 0 1 2 3 4 5 Never … Several/day	Risk 0 1 2 3 4 No risk … Severe risk	Importance 0 10 20 None … Extreme importance
Completely and legibly document each patient visit in the SOAP note format (Questions 51 & 95a)	4.7 Several/day	1.9 Some risk	9.2
Completely and legibly document, on each visit, 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 (Questions 52 & 95b)	4.2 Daily	1.8 Some risk	7.7
Review with a patient his or her relevant case history and examination findings, diagnosis, prognosis, and case management plan options (Questions 49 & 92)	4.0 Daily	2.6 Significant	10.5
Obtain written informed consent for treatment (Questions 50 & 92)	3.8 Daily	2.6 Significant	10.0
Monitor a patient's progress or response to treatment utilizing patient-reported outcome measures (e.g. pain and/or disability questionnaires) (Questions 53 & 95c)	3.7 Daily	1.7 Some risk	6.4
Write a physical restriction order (Questions 55 & 97)	2.3 Monthy	2.6 Significant	6.0
Write a narrative report (**not** daily notes) (Questions 56 & 98)	1.7 Monthly	2.2 Some risk	3.9

Table 9.6 Communication and Documentation

Initial Patient Care

Doctors of chiropractic perform chiropractic adjustments of the spine and pelvis articulations (Table 9.7), and they perform objective assessments of the involved joints immediately prior to and following the adjustments **several times per day** (questions 59, 58, and 61; frequency of 4.9, 4.6, and 4.5, respectively). They perform adjustments of extra-spinal articulations **daily** (question 60; frequency 4.4); they also assess the existence of risk factors and contraindications to chiropractic care of their patients **daily** (question 57; frequency 3.8).

Question 94 of the survey was the corresponding risk assessment question for frequency questions 59 and 60 regarding performance of chiropractic adjustments. The context of question 94 was phrased as an act of commission, not omission: specifically, "Consider a patient whose presentation indicates the need for a chiropractic adjustment and for whom there are no contraindications. What is the risk to the patient's health or safety if a chiropractor performs a chiropractic adjustment?" Respondents assigned **little** risk to patients for the performance of chiropractic adjustments (risk of 0.9 each). Respondents indicated that there is **significant** risk to a patient's health or safety for omission or poor performance of an objective assessment of the involved joints immediately prior to an adjustment (question 58; risk of 2.7). There is **some** risk for omission or poor performance of an objective assessment of the involved joints' function immediately after a chiropractic adjustment (question 61; risk of 2.0).

These findings, when combined with the **significant** risk attributed to the omission or poor performance of assessing the existence of risk factors and contraindications to chiropractic care (question 93a; risk of 2.9), are interpreted to mean that, in the absence of contraindications, there is **little** risk to patients' health or safety if a chiropractor performs a chiropractic adjustment of any articulation.

Professional Function	Frequency 0 1 2 3 4 5 Never … Several/day	Risk 0 1 2 3 4 No risk … Severe risk	Importance 0 10 20 None … Extreme importance
Perform a chiropractic adjustment of the occiput, spine and/or pelvis (Questions 59 & 94)	4.9 Several/day	0.9 Little risk	4.5
Perform an objective assessment of the involved joints' function immediately prior to a chiropractic adjustment (Questions 58 & 93b)	4.6 Several/day	2.7 Significant	12.5

Table 9.7 Initial Patient Care

Professional Function	Frequency 0 1 2 3 4 5 Never … Several/day	Risk 0 1 2 3 4 No risk … Severe risk	Importance 0 10 20 None … Extreme importance
Perform an objective assessment of the involved joints' function immediately following a chiropractic adjustment (Questions 61 & 93c)	4.5 Several/day	2.0 Some risk	9.1
Perform a chiropractic adjustment of an extra-spinal articulation (Questions 60 & 94)	4.4 Daily	0.9 Little risk	4.0
Assess the existence of risk factors and contraindications to chiropractic care (Questions 57 & 93a)	3.8 Daily	2.9 Significant	11.4

Table 9.7 Initial Patient Care (continued)

Continued Care

Re-examination of patients is performed either periodically according to a case management plan or when a patient's condition materially changes (Table 9.8). Respondents indicated that they re-examine patients with orthopedic/neurological examinations or with physical examination procedures on a **daily** basis (questions 68 and 67, respectively), and assign **some** risk to patients' health or safety if re-examinations are omitted or poorly performed (risk of 2.2 each). Patient response to treatment is monitored only **yearly** utilizing follow-up radiographic examinations (question 54); there is **some** risk to patients' health and safety if follow-up radiographs are omitted or poorly performed (risk of 1.6).

Doctors of chiropractic refer patients to specialists for consultation or co-management **monthly** (question 69); they rated the omission or poor performance of this professional function as a **significant** risk to the health and safety of patients (risk of 2.6). Respondents release patients from active care **weekly** (question 70) and indicated that there is **little** risk to patients' health or safety for failing to do so in a timely manner (risk of 1.2).

Professional Function	Frequency 0 1 2 3 4 5 Never — Several/ day	Risk 0 1 2 3 4 No risk — Severe risk	Importance 0 10 20 None — Extreme importance
Re-examine a patient with orthopedic/neurologic examination procedures, either periodically or when the patient's condition materially changed (Questions 68 & 96b)	3.5 Daily	2.2 Some risk	7.9
Re-examine a patient with physical examination procedures, either periodically or when the patient's condition materially changed (Questions 67 & 96a)	3.5 Daily	2.2 Some risk	7.6
Release a patient from active care (Questions 70 & 99)	3.0 Weekly	1.2 Little risk	3.7
Refer a patient to a specialist for consultation or co-management (Questions 69 & 86e)	2.3 Monthly	2.6 Significant	6.3
Monitor a patient's progress or response to treatment utilizing follow-up radiographic examinations (Questions 54 & 96c)	1.4 Yearly	1.6 Some risk	2.5

Table 9.8 Continued Care

Health Promotion/Wellness Care

In response to question 71a-h, surveyed chiropractors indicated how frequently they perform eight health promotion and wellness care interventions with their patients (Table 9.9). Training in self-care strategies was reported to be performed **several times per day** (frequency of 4.5). Respondents described providing the following interventions **daily**: physical fitness and exercise promotion (frequency of 4.4), ergonomic or postural advice (frequency of 4.2), relaxation or stress reduction (frequency of 4.0), nutritional and dietary recommendations (frequency of 3.9), and changing risky or unhealthy behaviors (frequency of 3.7). Disease prevention and early screening advice, and smoking cessation were reported to be performed **weekly** (frequencies of 3.1 and 2.7, respectively). Since the previous survey in 2009 found **little** risk to a patient's health and safety for all health promotion and wellness care functions, respondents were not asked to rate these risks in this survey.

Professional Function	Frequency (0 1 2 3 4 5; Never – Several/day)	
Self-care strategies (Question 71g)	4.5	Several/day
Physical fitness and exercise promotion (Question 71e)	4.4	Daily
Ergonomic or postural advice (Question 71c)	4.2	Daily
Relaxation or stress reduction recommendations (Question 71f)	4.1	Daily
Nutritional and dietary recommendations (Question 71d)	3.9	Daily
Changing risky or unhealthy behaviors (Question 71a)	3.7	Daily
Disease prevention and early screening advice (Question 71b)	3.1	Weekly
Smoking cessation (Question 71h)	2.7	Weekly

Table 9.9 Health Promotion/Wellness Care

To compare rankings from the two previous surveys in 2003 and 2009, the 2014 data were analyzed to identify the percentage of chiropractors using each type of health promotion/wellness care advice (Table 9.10). These figures appear to be quite stable across the intervening 10 years, although smoking cessation (which was not inquired about in 2003) has increased since 2009 (77.9 to 89.6%).

Health Promotion and Wellness Care Procedure	Utilization		
	2003	2009	2014
Ergonomic/postural advice	97.3%	97.1%	98.8%
Physical fitness/exercise promotion	98.3%	96.5%	98.5%
Changing risky/unhealthy behaviors	96.6%	95.7%	97.3%
Nutritional/dietary recommendations	97.7%	94.4%	97.0%
Relaxation/stress reduction recommendations	96.4%	92.7%	97.5%
Self-care strategies	96.6%	92.4%	98.1%
Disease prevention/early screening advice	90.8%	81.5%	92.5%
Smoking cessation	No Data	77.9%	89.6%

Table 9.10 Percentage of Chiropractors Using Health Promotion and Wellness Care Procedures

Adjunctive Care

Data from the 2009 survey concerning Passive and Active Adjunctive care used by doctors of chiropractic are presented in Tables 9.11 and 9.12. Previous surveys had found these data to be quite stable, therefore, these questions were not asked in the 2014 survey and only the 2009 data are presented here.

Passive Adjunctive Care

Respondents to the 2009 Survey of Chiropractic Practice indicated how frequently they performed 25 passive adjunctive care procedures and rated the risk to a patient's health or safety due to a chiropractor's poor performance of the activity (Table 9.11). Frequency means for the 25 procedures ranged from 0.1 or **virtually never** to 3.7 or **daily**. Two methods of ranking the passive adjunctive procedures were used. First, the percentage of respondents who use each passive care procedure was ranked from highest to lowest. Next, the frequency with which each passive care procedure is employed in practice was ranked from highest to lowest. The outcomes of these two methods were virtually identical; thus, for consistency and ease of comparison, only the percentage data are presented in table form. Only two passive adjunctive procedures received a risk rating greater than 1.4 or **little** risk: mechanically assisted traction/decompression and ultrasound each had a mean risk rating of 1.6 or **some** risk.

Passive Adjunctive Procedure	Utilization
Ice pack/cryotherapy	89.9%
Trigger point therapy	86.8%
Bracing with lumbar support, cervical collar, etc.	83.1%
Electrical stimulation/therapy	76.6%
Hot pack/moist heat	71.3%
Massage therapy	68.7%
Heel lifts	67.7%
Mobilization therapy	63.9%
Flexion/Distraction	63.7%
Bed rest	63.0%
Ultrasound	62.7%
Mechanically assisted traction/decompression	48.3%
Taping/strapping	45.2%
Acupressure or meridian therapy	41.1%
Homeopathic remedies	38.6%
Vibratory therapy	35.8%
Cold laser	23.5%
Infrared-baker, heat lamp, or hot pad	17.7%
Acupuncture with needles	13.0%
Diathermy-shortwave or microwave	11.5%
Direct current, electrodiagnosis, or iontophoresis	11.5%
Paraffin bath	9.3%
Biofeedback	8.4%
Whirlpool or hydrotherapy	7.6%
Casting	5.7%

Table 9.11 Percentage of Chiropractors Using Passive Adjunctive Procedures (2009)

Active Adjunctive Care

Respondents to the 2009 Survey of Chiropractic Practice indicated how frequently they performed seven active adjunctive care procedures and rated the risk to a patient's health or safety due to a chiropractor's poor performance of each activity (Table 9.12). As previously discussed under the topic of Passive Adjunctive Care, data were analyzed using two methods of ranking. Because the outcomes of both methods were very similar, only the percentage data are presented in table form. Eighty-five to 97% of respondents reported that they instruct their patients in corrective or therapeutic exercise, rehabilitation/stabilization exercises of the spine and extremities, and activities of daily living. All active adjunctive procedures received a risk rating between 0.8 and 1.4 or **little** risk to a patient's health or safety if performed poorly.

Active Adjunctive Procedure	Utilization
Corrective or therapeutic exercise	96.8%
Rehabilitation/Stabilization exercises - Spine	92.3%
Activities of daily living	84.6%
Rehabilitation/Stabilization exercises - Extremity	84.3%
Foot orthotics	72.1%
Work hardening	30.3%
Back school (formal program)	20.9%

Table 9.12 Percentage of Chiropractors Using Active Adjunctive Procedures (2009)