# Appendix D

# Job Analysis Survey





# Survey of Chiropractic Practice

This questionnaire is part of a comprehensive study of chiropractic practice which the National Board of Chiropractic Examiners is conducting. The study will benefit state boards and associations as it is used to inform legislatures and insurance carriers of chiropractic practice patterns and provides chiropractors with the data to improve coverage and reimbursement. The study also aids the NBCE in developing relevant and credible examinations and assists colleges in evaluating and outlining their curricula to accurately reflect the profession.

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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 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		
Address		
City	State	Zip

- Are you currently in active, full-time chiropractic practice? (This refers to patient management and not teaching, research, etc.)
  - O Yes
  - O No

If you answered "No" to # 2, do not answer any further questions. Simply return the questionnaire in the postage-paid envelope. It's very important that you return the questionnaire for data tracking and statistical purposes. Please put it in the mail today.

- 3. Would you like to receive a summary of the results of the study?
  - O Yes
  - O No
- 4. The final Practice Analysis describing the study will include a list of individuals who responded to this survey. Would you like to be included on the list?
  - O Yes
  - O No
- 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 address of the newspaper in the boxes below.

State	Zip
	State

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## Demographic Data

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

12. Post-graduate diplomate status (or equivalent)
through an ACA or ICA specialty board,
council, academy, college, or association
O None/Does not apply
O Work toward diplomate status (or
equivalent) but not completed
O Diplomate status (or equivalent) through an
ACA or ICA specialty board, council,
academy, college, or association
13. Institution that conferred Doctor of Chiropractic degree
<ul> <li>Anglo-European College of Chiropractic</li> </ul>
<ul> <li>Canadian Memorial Chiropractic College</li> </ul>
<ul> <li>Cleveland Chiropractic College, Kansas City</li> </ul>
O Cleveland Chiropractic College, Los Angeles
O Institut Français de Chiropractie
O Life University, School of Chiropractic
(Life College)
O Life Chiropractic College, West
<ul> <li>Lincoln College of Chiropractic</li> </ul>
O Logan College of Chiropractic
O Marquarie University
(Sydney College of Chiropractic)
O National University of Health Sciences
(National College of Chiropractic)
O New York Chiropractic College
O Northwestern Health Sciences University
(Northwestern College of Chiropractic)
O Palmer College of Chiropractic
O Palmer College of Chiropractic, West
O Parker College of Chiropractic
O Pennsylvania College of Straight Chiropractic
O Quantum University
(Southern California College of Chiropractic)
(Pasadena College)
O Royal Melbourne Institute of Technology
(Phillip Institute of Technology)
O Sherman College of Straight Chiropractic
O Southern California University of Health Sciences
(Los Angeles College of Chiropractic)
O Syddansk Universitet Odense
O Texas Chiropractic College
<ul> <li>University of Bridgeport, College of Chiropractic</li> </ul>
<ul> <li>University of Quebec at Trois-Rivieres</li> </ul>
O Western States Chiropractic College
O Other



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14. Other than ex you have any O No formal O A precepto O A mandate O Other  15. What kind of your first field O No formal O A precepto O An associa O A mandate O Other	pre-licentraining orship/fieled training orship/fieled training orship/fieled training orship/fieletship ed training orship/fieletship ed training	d international distribution of the control of the	ship m  did you n g after lice	ning?		partic	ipate? (lad journa end confiend diplo end hosp line crec- nary hor ou earna 0	Mark all lls erences/se omate cou ital staff ( lit courses urs of con	rses CE meetin tinuing e	gs ducation	
	18. A	nnrovin	nately wh	at percei	ntage of v	our time	e is spent	on each	of the		
	fo	llowing	function	s during	a typical	week?	a spen	on caci	or the		
	(T)	otal sho	uld be app	proximate			5% 26-5	0% 51-7	75% 76-10	00%	
	D	irect pati	ient care					0 0			
			ation of c	are				0 0			
			manageme		(	) (	O (	0 0	0		
	(personnel, marketing, etc.) Patient education				(	) (	) C	0 0	0		
19. Do you partic networks? ○ Yes ○ No				ensation e		20. Do y prog O Y O N	ou partion ram? es o	cipate in	your state	e's Medic	aid
						O D	oes not a	pply in m	y state		
21. During the pa (Total should				eases in y	our pract	ice were	devoted	to the fo	llowing ca	ategories	?
PERCENT:	None	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
Personal Injury	0	0	0	0	0	0	0	0	0	0	0
Workers' Comp	0	0	0	0	0	0	0	0	0	0	0
Private Insurance (Not Managed Car	re) O	0	0	0	0	0	0	0	0	0	0
Managed Care/ Health Insurance	0	0	0	0	0	0	0	0	0	0	0
Private Pay/Cash	0	0	0	0	0	0	0	0	0	0	0
Medicare	0	0	0	0	0	0	0	0	0	0	0
Medicaid	0	0	0	0	0	0	0	0	0	0	0

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22. Which description best characterizes your role in the office where you work?  Ola Individual practitioner/only chiropractor in office One of two or more chiropractors in office Olamor associate or examining doctor Practitioner in multi-disciplinary office Olamor associate or examining doctor Practitioner in multi-disciplinary office Olamor associate or examining doctor Practitioner in multi-disciplinary office Olamor associate or examining doctor Practitioner in more than one office location? Yes No Yes No  24. Do you primarily delegate taking case histories to a chiropractic assistant? Yes No  25. Do you primarily delegate taking x-rays to a chiropractic assistant? Yes No  26. Do you primarily delegate administration of adjunctive therapies to a chiropractic assistant? Yes No  27. Do you primarily delegate administration of adjunctive therapies to a chiropractic assistant? Yes No  28. Do you ever deliver chiropractic are outside an office setting, such as in a patient's home? Yes No  29. Do you have staff privileges at a medical or osteopathic hospital? Yes No  30. How frequently have the following health professionals made referrals to you during the past year?  31. How frequently have you made referrals to the following health professionals during the past year?  31. How frequently have you made referrals to the following health professionals during the past year?	2	9012				Work Envi	ronmei	<u>nt</u>					
chiropractic assistant?  Yes  No  No  30. How frequently have the following health professionals made referrals to you during the past year?  31. How frequently have you made referrals to the following health professionals during the past year?  4. How frequently have you made referrals to the following health professionals during the past year?  5. How frequently have you made referrals to the following health professionals during the past year?  6. O O O O Acupuncturist  6. O O O O Family Practitioner  7. O O O O Family Practitioner  8. O O O O O Massage Therapist  9. O O O O Nutritionist  9. O O O O Nutritionist  9. O O O O O OB/GYN  9. O O O O OB/GYN  9. O O O O OHONONICO Specialist  9. O O O O Pediatrician  9. O O O O Pediatrician  9. O O O O Physical Therapist  9. O O O O O Psychologist/Psychiatrist  9. O O O O O Psychologist/Psychiatrist  9. O O O O O O Psychologist/Psychiatrist  9. O O O O O O Psychologist/Psychiatrist  9. O O O O O O O O O O O O O O O O O O O	23. Do chin	e office Individence One of Junior Practif Other Yes No you p you p you p ropra Yes	e wheredual profession of associationer in a contraction or a contraction	e you w actition r more ate or e n multi-	ork? er/only chiropr xaminii -discipl re than	chiropractor in office actors in office actors in office actor inary office one office location?	27. Do adj assi O Y O N	you pr unctive stant? (es No	oractic imarily therap	delega delega oies to a	nt? te admi chirop	inistration of oractic c care outside	
Professionals made   referrals to you   during the past year?   during the past year?	chii	ropra Yes				king x-rays to a	O Y	eopathi /es			ges at a	medical or	
O         O		profe	ssional g the p	ls made	referr	als to you	to di	the fol	lowing ne past	health year?	profess	ionals	/
	0000000000000000	000000000000000	000000000000000	000000000000000	00000000000000	Acupuncturist Dentist Family Practitioner Internist Massage Therapist Nutritionist OB/GYN Ortho/Neuro Specialist Other Chiropractor Pediatrician Physical Therapist Physiatrist Podiatrist Psychologist/Psychiatrist Surgeon	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000	0000000000000000	000000000000000		



### Chief Complaints and Etiology

**Instructions:** This section lists areas of chief complaints and possible etiologies. Please indicate the approximate percentage of patients in your practice during the past year who presented with each chief complaint and the percentage of patients represented by each primary etiology.

#### CHIEF COMPLAINTS AND WELLNESS CARE

What percent of your patients in the past year presented with the following chief complaints? (Total should be approximately 100%)

PERCENT:	None	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90
Headache or facial pain	0	0	0	0	0	0	0	0	0	0
Neck pain/injury	0	0	0	0	0	0	0	0	0	0
Midback pain/injury	0	0	0	0	0	0	0	0	0	0
Low-back, pelvis pain/injury	0	0	0	0	0	0	0	0	0	0
Upper extremity pain/injury	0	0	0	0	0	0	0	0	0	0
Lower extremity pain/injury	0	0	0	0	0	0	0	0	0	0
Chest pain/injury	0	0	0	0	0	0	0	0	0	0
Abdominal pain/injury	0	0	0	0	0	0	0	0	0	0
Wellness/Preventive care	0	0	0	0	0	0	0	0	0	0
Other nonmusculoskeletal condition Specify:	0	0	0	0	0	0	0	0	0	0

#### **ETIOLOGIES**

What percent of your patients in the past year presented with the following primary etiologies for their chief complaints? (Total should be approximately 100%)

PERCENT:	None	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90
Activities of daily living (e.g. in and around home)	0	0	0	0	0	0	0	0	0	0
Motor vehicle accident	0	0	0	0	0	0	0	0	0	0
Overuse/repetitive stress Sports/exercise/recreation	0	0	0	0	0	0	0	0	0	0
Work (not repetitive stress)	0	0	0	0	0	0	0	0	0	0
Acute illness/pathology (e.g. colds, ear infections, etc.)	0	0	0	0	0	0	0	0	0	0
Chronic illness, pathology (e.g. cardiovascular, diabetes, etc.)	0	0	0	0	0	0	0	0	0	0
Emotional stressors	0	0	0	0	0	0	0	0	0	0
Environmental stressors, including dietary	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0





#### **Types of Patients**

Of patients that you saw in your practice during this past year, how many are from each of the following gender, age, and ethnic categories?

		None (0%)	Few/Some (1-25%)	Half or Fewer (26-50%)	More than Half (51-75%)	Most/All (76-100%)
Gender	Male Female	0	0	0	0	00
	5 or younger	0	0	0	0	0
Age	6 to 17 18 to 30	0	0	0	0	0
	31 to 50 51 to 64	0	0	0	0	0
	65 or older	0	Ö	0	Ö	Ö
	Asian/Pacific Islander	0	0	0	0	0
	Black or African American	0	0	0	0	0
Ethnic	Caucasian	0	0	0	0	0
Origin	Hispanic	0	0	0	0	0
	Native American	0	0	0	0	0
	Other	0	0	0	0	0

#### Types of Conditions

Instructions: The following section on pages 7 to 10 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, MANAGEMENT, and REFERRAL scales presented below.

#### FREOUENCY:

How often did you see the condition either as a presenting or concurrent condition in your patients?

Never: If you mark this frequency, leave other categories blank.

Rarely: 1 to 10 per year Sometimes: 1 to 3 per month Often: 1 or 2 per week

Routinely: more than 2 per week

#### DIAGNOSIS:

In the majority of cases, did you make a non-subluxation-based diagnosis supported by history and/or examination concurrent with your subluxation-based diagnosis?

Mark the bubble only if the answer is yes.

For those conditions seen in your practice, indicate your management.

Not treated by me in majority of cases Treated or managed solely by me in (I am aware condition exists) majority of cases

Co-managed with other health care provider in majority of cases

#### REFERRAL .

For those conditions seen in your practice during the past year, did you, in the majority of cases, refer your patient to another health care provider for consultation, further diagnosis, or treatment? (Responding affirmatively does not preclude a response to any one of the Management categories.)

Mark the bubble only if the answer is yes.



9012		FF	REQU	_	examples are hypothetical and are not intende	DIAGNOSIS	_			
	1	15	15	9/	/+/	13/		0/	AGEME	
/	//	3	3	*/	EXAMPLES	18/	50	39	53/50	/ /8/
10	18	ON ON ON	10	THE PERSON NAMED IN		3	3/3	139	Sarado	13/
2	200	100 St.	00	27/	MENTAL/EMOTIONAL	1 2	0/2	16	1	
•	0	0	0	atte	ntion-deficit disorder	(0		0		ै
0	•	0			ng disorders	0	0	•		•
0		0		-	or depressive disorder	•	10	0		•
0	0	0	0	schi	zophrenia	G	0	0		0.
			FRI	EQU	ENCY	DIAG	NOS			GEMENT RE
		1	10	1/2	8/ /*/		100	/	3/2	
	/	//	(03)	2	(m) (m)	/00	5/	05	150/5	10/ 10
	10	15	John Co	/	Y/zij	13	1 5	100		
/	2/2	100 C	10/3	10/2	NEUROLOGICAL		/	0/	3/3/	
0	0	0	0	0	headaches	0	10	10	O	(0)
0	0	0	0	0	peripheral neuritis, neuralgia, or neuropathy	0	0	0	0	0
0	0	0	0	0	ALS, multiple sclerosis, or Parkinson's	0	0	0	0	0
0	0	0	0	0	damaged nerve/plexus	0	0	0	0	0
0	0	0	0	0	stroke or cerebrovascular condition	0	00	0	00	0
00	00	00	00	00	vertebrobasilar artery insufficiency cranial nerve disorder	0	0	00	Ö	lo l
0	0	0	0	0	radiculitis or radiculopathy	0	0	0	0	0
0	0	0	0	0		0	0	0	O	0
0	0	0	0	0	brain or spinal cord tumor	0	0	0	0	0
0	0	0	0	0	spinal stenosis/neurogenic claudication	0	0	0	0	0
					ARTICULAR/JOINT					
	0	0	0	0		0	0	0	0	0
00	0	0	0	0	extremity subluxation/joint dysfunction	lő l	0	0	0	0
0	0	0	0	0		0	0	0	0	0
0	0	0	0	0		0	0	0	0	0
0	0	0	0	0		0	0	0	0	0
0	0	0	0		intervertebral disc syndrome	0	0	0	0	0
0	0	0	0		thoracic outlet syndrome	0	0	0	0	0
00	0	0	00		hyperlordosis of cervical or lumbar spine	0	00	00	0	0
00	0	00	0	0	hypolordosis of cervical or lumbar spine kyphosis of thoracic spine	0	0	0	0	0
0	0	0	0	0	avascular necrosis	0			0	0
0	0	0	O	0		0	00	0	0	0
ŏ	O	0	O		functional scoliosis	O	0	0000	0	0
0	0	0	0	0	congenital/developmental anomaly	0	0		0	0
0	0	0	0	0		0	0	00	0	0
0	0	0	0	0	systemic/rheumatoid arthritis or gout	0	0	0	0	0
0	0	0	0	0		0	00	00	00	0
00	0	00	0	00	bursitis or synovitis carpal or tarsal tunnel syndrome	0	0	0	0	0
1	0	10	0	10	carpar or tarsar tunner syndrome		10	0	10	

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		/	18		E/ /3/		+			
	1	1	O STORY	5		/	35/	5		
1	20/2	100 S	0	01/	MUSCULAR		1 37	3	10 /20 /20 /20 /20 /20 /20 /20 /20 /20 /2	
0	0	0	0	0	muscular strain/tear	100	101	0		6
0	0	0	10	10	tendinitis/tenosynovitis	101	O	0	O	0
0	0	0	0	0	myofascitis	0		00	0	0
0	0	0	0	0	fibromyalgia	0	0		0	0
0	00	00	00	00	muscular dystrophy	00	0	00	00	0
0					muscular atrophy		0			0
0	0	0	0	0	muscle tumor	0	0	0	0	0
					SKELETAL					
0	0	0	0	0	fracture	0	0	0	0	0
0	0	0	0	0	osteoporosis/osteomalacia	0	0	0	0	0
0	0	0	0	0	congenital/developmental anomaly	0	0	0	0	0
00	0	0	0	0	endocrine or metabolic bone disorder	0	0	0	0	0
00	00	00	00	00	bone tumor/metastasis osteomyelitis/infection	0	0	00	0	0
	1					101		0		
					RESPIRATORY					
0	0	0	0	0	viral infection	0	0	0	0	0
0	0	0	0	0	bacterial infection	0	0	0	0	0
00	00	00	00	00	asthma, emphysema or COPD occupational or environmental disorder	0	0	00	00	0
0	0	0	0	0	atelectasis or pneumothorax	0	0	0	0	0
0	0	0	0	0	tumor of lung or respiratory passages	0	0	0	O	0
0		_		_	GASTROINTESTINAL					
00	00	00	00	00	bacterial or viral infection appendicitis	0		00	0	0
0	0	0	0	0	cholecystitis or pancreatitis	0	0	00	0	0
0	0	0	0	0	ulcer of stomach, small intestine, or colon	0	0	0	0	0
0	0	0	O	0	inguinal hernia	0	0	0	0	0
0	0	0	0	0	colitis or diverticulitis	0	0	0	0	0
0	0	0	0	0	hemorrhoids	0	0	0	0	0
0	0			0	tumor of gastrointestinal tract	0	0	0	0	0
0	0	0	0	0	hiatal hernia/esophageal reflux	0	0	0	0	0
					INTEGUMENT					
0	0	0	0	0	acne, dermatitis, or psoriasis	0	0	0	0	0
0	00	0	0	0	bacterial or fungal infection	0	0	0	0	0
0	0		0		herpes simplex	0	0	0	0	0
0	0	00	00	0	herpes zoster pigment disorders	0	0	0	0	0
0	00	00	00	00	skin cancer	0	0	00	00	0







			FRE	QU	ENCY	DIA	GNOSI	SI	IAN	AGEN	MENT RE	FERRAL
	/	/	15	\$/2	8/ /2/	/		1			MENT RE	
1	200	No.	Maria S	( ) a	HEMATOLOGICAL/LYMPHATIC	10	17	20	0/3		13/	
00000	00000	00000	00000	00000	anemia immunological disorder hereditary disorder polycythemia marrow or lymphatic system cancer	20000	100000	00000	00000		100000	
					FEMALE REPRODUCTIVE OR BREAST							
000000	000000	000000	000000	000000	female infertility pregnancy menstrual disorder/PMS noncancerous breast disorder breast or reproductive system tumor menopause	00000	00000	000000	000000		000000	
00000	00000	00000	00000	00000	male infertility impotency benign prostatic hypertrophy prostatic carcinoma other reproductive system tumor	00000	00000	00000	00000		00000	
0000	0000	0000	0000	0000	upper respiratory or ear infection parasites colic infectious diseases (mumps, measles, chicken pox)	0 0 0 0	0000	0000	0000		0000	
0000	0000	0000	0000	0000	allergies nutritional disorders eating disorders psychological disorders	0000	0000	0000	0000		0000	



#### **Professional Functions**

Instructions: This section contains a list of professional activites that chiropractors may perform in their practices. Some activites may not apply to your practice. Please respond to the statements in terms of your practice during the past year.

#### SCALES

For each item in this inventory, you are asked to make two judgments using the rating scales presented. In the column labeled "FREQUENCY," use the scale provided to indicate how often during the past year you have performed the activity in a typical series of patients or in a group of the type of patients specified. In the column labeled "RISK FACTOR," use the scale to provide your opinion of the risk to public health or patient safety due to a chiropractor's poor performance or omission of the activity.

FREQUENCY: How often do you perform the activity in a typical series of patients or in a group of the type of

patients specified?

Never: does not apply to my practice

Rarely: 1-25% Sometimes: 26-50% Frequently: 51-75% Routinely: 76-100%

RISK FACTOR: If a chiropractor poorly performs or omits the activity, how would you characterize the risk to

public health or safety?

No risk Little risk Some risk Significant risk Severe risk

Note: You may perform a procedure rarely, but the risk may be significant if performed poorly or omitted.

Conversely, you may perform a procedure frequently, but omission of the activity may not, in your opinion, necessarily present a significant risk to public health or patient safety. Frequency and risk should be considered independent of each other.

#### **EXAMPLES:**

These examples are hypothetical and are not intended to influence your rating of the procedures.

EXAMPLES

Order or perform an electrocardiogram as part of an initial or routine physical examination

Refer a patient with a suspected heart problem to a cardiologist Interpret an EKG tracing

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FREQUENCY RISK FACTOR CASE HISTORY Obtain an intial case history from a new patient Identify the nature of a patient's condition using the information from the case history Perform a focused case history in order to determine what additional examination procedures or tests may be needed Determine the appropriate technique or case managment procedure using the information from the case history information Take S.O.A.P. notes or case progress notes on subsequent patient visits Update case history for a patient whose condition has changed or who presents with a new condition PHYSICAL EXAMINATION Perform physical examination procedures on a new patient Determine the patient's general state of health using the information from the physical examination Perform regional physical examination procedures to further define the nature of the patient's presenting complaint or to determine what, if any, further testing procedures may be indicated Re-examine periodically or when a patient's condition changes NMS EXAMINATION Perform general orthopedic and/or neurological examination procedures on a new patient Perform focused orthopedic and/or neurological examination C procedures based on the preliminary clinical findings Determine the nature of a patient's condition using information from the orthopedic and/or neurological examination Determine what additional laboratory study, x-ray, special study, and/or referral may be indicated using information from the orthopedic and/or neurological examination Perform appropriate orthopedic and/or neurological tests periodically or as a patient's condition changes



FREQUENCY RISK FACTOR X-RAY EXAMINATION Perform an x-ray examination on new patients and develop Determine the presence of anomaly, pathology, fracture, dislocation, or other significant findings using information from an x-ray examination Determine areas of instability or dynamic joint dysfunction using information from stress x-rays Determine the possible presence of a subluxation or a spinal listing using x-rays Perform new x-rays on a patient whose condition has deteriorated or is not responding Perform new x-rays on a patient who has a new condition Perform follow-up x-rays to monitor a patient's progress LABORATORY AND SPECIAL STUDIES Draw blood, collect urine, or perform laboratory or other specialized procedures in your office Order laboratory tests from hospital or private laboratory Refer patients for MRI or CT scan Refer patients for bone scan Refer patients for EMG/nerve conduction studies Refer patients for EKG or vascular studies Refer patients for other specialized studies Augment history, examination, or radiographic findings using information from laboratory or specialized studies Confirm a diagnosis or rule out health-threatening conditions using information from laboratory or specialized studies DIAGNOSIS Relate positive findings identified in the history and examination to a pathologic, pathophysiologic, or psychopathologic process Distinguish between life- or health-threatening conditions and less urgent conditions using information from the history and examination Refer patients to other health care practitioners based on information from the history and examination Arrive at a specific musculoskeletal working diagnosis or clinical impression (other than subluxation) on the basis of history and examination findings Arrive at a specific nonmusculoskeletal (i.e. visceral) working diagnosis or clinical impression (other than subluxation) on the basis of history and examination findings



FREQUENCY

RISK FACTOR

			/	lole,		8/		/	/	1 1.31
CHIROPRACTIC TECHNIQUE	/.	0	200	S S S S S S S S S S S S S S S S S S S		_	100/3	2000	Sperie	
Perform specific chiropractic examination procedures on patients with spinal or extra-spinal joint conditions	0	0	0	0	0	0	0	0	0	0
Utilize instruments unique to chiropractic or used primarily in the chiropractic domain as part of the patient examination	0	0	0	0	0	0	0	0	0	0
Determine the appropriate chiropractic case management or technique using information from a chiropractic examination	0	0	0	0	0	0	0	0	0	0
Perform chiropractic adjustive techniques Perform chiropractic examination procedures on subsequent	0	0	0	0	0	0	0	0	0	0
visits to determine appropriate use of technique or case management	0	0	0	0	0	0	0	0	0	0
ADJUNCTIVE CARE										
Evaluate the patient's condition to determine if procedures other than adjustive techniques may be indicated	0	0	0	0	0	0	0	0	0	0
Determine indications or contraindications for the use of adjunctive care	0	0	0	0	0	0	0	0	0	0
Perform treatment procedures other than adjustive techniques in the management of patient care Refer patients to a physical therapist, massage therapist,	0	0	0	0	0	0	0	0	0	0
nutritionist, or other non-M.D./D.C./D.O. health care practitioner based on patient's condtion	0	0	0	0	0	0	0	0	0	0
Monitor the effectiveness of nonadjustive techniques, therapeutic procedures, and adjunctive care	0	0	0	0	0	0	0	0	0	0
CASE MANAGEMENT										
Discuss treatment options with a patient based on assessment of patient's condition	0	0	0	0	0	0	0	0	0	0
Provide patient with a written informed consent to treatment	0	0	0	0	0	0	0	0	0	0
Counsel patient concerning the meaning and implication of informed consent to treatment.	0	0	0	0	0	0	0	0	0	0
Recommend and/or arrange for services of other health professionals when patient's condition warrants	0	0	0	0	0	0	0	0	0	0
Predict the effectiveness of chiropractic care for the individual patient using information from the history and examination	0	0	0	0	0	0	0	0	0	0
Modify or revise case management as patient's condition improves or fails to improve	0	0	0	0	0	0	0	0	0	0
Encourage patient to make appropriate changes in lifestyle that will result in improvement of health or prevention of reoccurrences	0	0	0	0	0	0	0	0	0	0
Maintain written record of problem(s), goals, intervention strategies, and case progress	0	0	0	0	0	0	0	0	0	0

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## **Treatment Procedures**

Upper cervical Full spine Full spine and extremity Other	
or what percent of patients during the past year did be following adjustive procedures? (You may have u ore than one procedure on a given patient.)	tilized FREQUENCY
ADJUSTIVE PROCEDURES	
Activator methods Adjustive instrument Applied kinesiology Cox/Flexion-distraction Cranial Diversified Extremity adjusting Gonstead Logan basic Meric NIMMO/receptor tonus Palmer upper cervical/HIO Pierce-Stillwagon SOT Thompson Other	
for what percent of patients during the past year did bllowing health promotion and wellness procedures? ave utilized more than one procedure on a given pati	(You may ent.)
HEALTH PROMOTION/WELLNESS CARE	
Changing risky/unhealthy behaviors Disease prevention/early screening advice Ergonomic/postural advice Nutritional/dietary recommendations Physical fitness/exercise promotion Relaxation/stress reduction recommendations Self-care strategies	

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For what percent of patients during the past year did you utilize the following adjunctive procedures? (You may have utilized more than one procedure on a given patient.)

FREQUENCY

### ACTIVE ADJUNCTIVE CARE

0 0 0 0 0 Activites of daily living 0 0 0 0 0 Back school (Formal program) 0 0 0 0 0 Corrective or therapeutic exercise 0 0 0 0 0 Foot orthotics 0 0 0 0 0 Rehabilitation/Spinal or extremity joint stabilization 0 Work hardening

For what percent of patients, during the past year, did you utilize the following adjunctive procedures? (You may have utilized more than one procedure on a given patient.)

FREQUENCY

PASSIVE ADJUNCTIVE CARE	
Acupressure or meridian therapy	10101010101
Acupuncture with needles	00000
Biofeedback	00000
Bed rest	00000
Bracing with lumbar support, cervical collar, etc.	lololololol
Casting	000000
Diathermy-shortwave or microwave	00000
Direct current, electrodiagnosis, or iontophoresis	00000
Electrical stimulation/therapy	00000
Heel lifts	00000
Homeopathic remedies	00000
Hot pack/moist heat	00000
Ice pack/cryotherapy	00000
Infrared-baker, heat lamp, or hot pad	10101010101
Massage therapy	
Mobilization therapy	00000
Nutritional counseling, therapy, or supplementation	00000
Paraffin bath	00000
Taping/strapping	00000
Traction	00000
Trigger point therapy	00000
Ultrasound	00000
Vibratory therapy	
Whirlpool or hydrotherapy	00000
Other	00000

The National Board of Chiropractic Examiners appreciates your contribution to this important research study. If you wish to make any comments or suggestions, please attach a separate sheet of paper with your comments.