

Appendix D

Survey of Chiropractic Practice 2003



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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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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

Address

City State Zip

2. **Are you currently in active, full-time chiropractic practice? (This refers to patient management and not teaching, research, etc.)**
- Yes
 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?**

Yes
 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?**

Yes
 No

5. **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.**

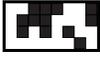
Newspaper Name

Address

City State Zip

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Demographic Data

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

6. Gender

- Male
 Female

7. Years in practice

- fewer than 2 years
 2-4 years
 5-15 years
 16-25 years
 more than 25 years

8. Hours per week you practice chiropractic

- 29 or fewer
 30-39
 40-49
 50-59
 60 or more

9. Number of patients you personally treat per week

- fewer than 50
 50-99
 100-149
 150-199
 200-249
 250-300
 more than 300

10. Ethnic origin

- Asian/Pacific Islander
 Black or African American
 Caucasian
 Hispanic
 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 an ACA or ICA specialty board, council, academy, college, or association

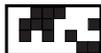
- None/Does not apply
 Work toward diplomate status (or equivalent) but not completed
 Diplomate status (or equivalent) through an ACA or ICA specialty board, council, academy, college, or association

13. Institution that conferred Doctor of Chiropractic degree

- Anglo-European College of Chiropractic
 Canadian Memorial Chiropractic College
 Cleveland Chiropractic College, Kansas City
 Cleveland Chiropractic College, Los Angeles
 Institut Francais de Chiropractie
 Life University, School of Chiropractic (Life College)
 Life Chiropractic College, West
 Lincoln College of Chiropractic
 Logan College of Chiropractic
 Marquarie University (Sydney College of Chiropractic)
 National University of Health Sciences (National College of Chiropractic)
 New York Chiropractic College
 Northwestern Health Sciences University (Northwestern College of Chiropractic)
 Palmer College of Chiropractic
 Palmer College of Chiropractic, West
 Parker 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 Straight Chiropractic
 Southern California University of Health Sciences (Los Angeles College of Chiropractic)
 Syddansk Universitet Odense
 Texas Chiropractic College
 University of Bridgeport, College of Chiropractic
 University of Quebec at Trois-Rivieres
 Western States Chiropractic College
 Other _____

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Experience and Orientation

14. Other than experience in your college clinic, did you have any pre-licensure clinical training?

- No formal training
- A preceptorship/field internship
- A mandated training program
- Other _____

15. What kind of clinical training did you receive in your first field practice setting after licensure?

- No formal training
- A preceptorship/field internship
- An associateship
- A mandated training program
- Other _____

16. In which continuing education opportunities do you participate? (Mark all that apply.)

- Read journals
- Attend conferences/seminars
- Attend diplomate courses
- Attend hospital staff CE meetings
- On-line credit courses
- Other _____

17. How many hours of continuing education units have you earned during the past year?

- None
- 1-10
- 11-15
- 16-20
- 21-25
- 26-30
- More than 30

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

(Total should be approximately 100%)

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

Workers' Compensation, Managed Care, and Insurance

19. Do you participate in any managed care networks?

- Yes
- No

20. Do you participate in your state's Medicaid program?

- Yes
- No
- Does not apply in my state

21. During the past year, what percent of cases in your practice were devoted to the following categories?

(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	91-100
Personal Injury	<input type="radio"/>										
Workers' Comp	<input type="radio"/>										
Private Insurance (Not Managed Care)	<input type="radio"/>										
Managed Care/Health Insurance	<input type="radio"/>										
Private Pay/Cash	<input type="radio"/>										
Medicare	<input type="radio"/>										
Medicaid	<input type="radio"/>										
Pro Bono	<input type="radio"/>										

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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		<input type="radio"/>									
Neck pain/injury		<input type="radio"/>									
Midback pain/injury		<input type="radio"/>									
Low-back, pelvis pain/injury		<input type="radio"/>									
Upper extremity pain/injury		<input type="radio"/>									
Lower extremity pain/injury		<input type="radio"/>									
Chest pain/injury		<input type="radio"/>									
Abdominal pain/injury		<input type="radio"/>									
Wellness/Preventive care		<input type="radio"/>									
Other nonmusculoskeletal condition		<input type="radio"/>									
Specify: _____											

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)		<input type="radio"/>									
Motor vehicle accident		<input type="radio"/>									
Overuse/repetitive stress		<input type="radio"/>									
Sports/exercise/recreation		<input type="radio"/>									
Work (not repetitive stress)		<input type="radio"/>									
Acute illness/pathology (e.g. colds, ear infections, etc.)		<input type="radio"/>									
Chronic illness, pathology (e.g. cardiovascular, diabetes, etc.)		<input type="radio"/>									
Emotional stressors		<input type="radio"/>									
Environmental stressors, including dietary		<input type="radio"/>									
Other _____		<input type="radio"/>									

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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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age	5 or younger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	6 to 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	18 to 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	31 to 50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	51 to 64	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	65 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethnic Origin	Asian/Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Caucasian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Hispanic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Native American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

FREQUENCY:
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**.

MANAGEMENT:
For those conditions seen in your practice, indicate your management.
Not treated by me in majority of cases (I am aware condition exists) **Treated** or managed solely **by me** in 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**.

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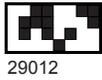
EXAMPLES:

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

FREQUENCY					EXAMPLES	DIAGNOSIS		MANAGEMENT		REFERRAL
Never: 0	Rarely: 1-10/year	Sometimes: 1-3/mo	Often: 1-2/wk	Routinely: >2/wk		Yes in > 50% of cases	> 50% of cases	Not Treated solely by me	Co-Managed	Yes in > 50% of cases
<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	eating disorders	<input checked="" type="radio"/>	<input type="radio"/>	<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"/>	major depressive disorder	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	schizophrenia	<input type="radio"/>				

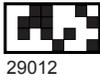
FREQUENCY					NEUROLOGICAL	DIAGNOSIS		MANAGEMENT		REFERRAL
Never: 0	Rarely: 1-10/year	Sometimes: 1-3/mo	Often: 1-2/wk	Routinely: >2/wk		Yes in > 50% of cases	> 50% of cases	Not Treated solely by me	Co-Managed	Yes in > 50% of cases
<input type="radio"/>	headaches	<input type="radio"/>	<input type="radio"/>	<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"/>				
<input type="radio"/>	ALS, multiple sclerosis, or Parkinson's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	damaged nerve/plexus	<input type="radio"/>	<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"/>				
<input type="radio"/>	vertebrobasilar artery insufficiency	<input type="radio"/>	<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"/>				
<input type="radio"/>	radiculitis or radiculopathy	<input type="radio"/>	<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"/>	<input type="radio"/>				
<input type="radio"/>	brain or spinal cord tumor	<input type="radio"/>	<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"/>				
					ARTICULAR/JOINT					
<input type="radio"/>		spinal subluxation/joint dysfunction	<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"/>				
<input type="radio"/>	sprain of any joint	<input type="radio"/>	<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"/>				
<input type="radio"/>	vertebral facet syndrome	<input type="radio"/>	<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"/>				
<input type="radio"/>	thoracic outlet syndrome	<input type="radio"/>	<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"/>				
<input type="radio"/>	hypolordosis of cervical or lumbar spine	<input type="radio"/>	<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"/>				
<input type="radio"/>	avascular necrosis	<input type="radio"/>	<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"/>				
<input type="radio"/>	functional scoliosis	<input type="radio"/>	<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"/>				
<input type="radio"/>	osteoarthritis/degenerative joint disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	systemic/rheumatoid arthritis or gout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	infection of joint/disc	<input type="radio"/>	<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"/>				
<input type="radio"/>	carpal or tarsal tunnel syndrome	<input type="radio"/>	<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"/>				





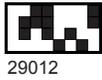
FREQUENCY					DIAGNOSIS MANAGEMENT REFERRAL						
Never: 0	Rarely: 1-10/year	Sometimes: 1-3/mo	Often: 1-2/wk	Routinely: >2/wk	Yes in > 50% of cases	> 50% of cases	Not Treated by me	Treated solely by me	Co-Managed	Yes in > 50% of cases	
MUSCULAR											
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	muscular strain/tear	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	tendinitis/tenosynovitis	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	myofascitis	<input type="radio"/>					
<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"/>	<input type="radio"/>	muscular dystrophy	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	muscular atrophy	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	muscle tumor	<input type="radio"/>					
SKELETAL											
<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"/>	<input type="radio"/>	osteoporosis/osteomalacia	<input type="radio"/>					
<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"/>	<input type="radio"/>	endocrine or metabolic bone disorder	<input type="radio"/>					
<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"/>	<input type="radio"/>	osteomyelitis/infection	<input type="radio"/>					
RESPIRATORY											
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	viral infection	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	bacterial infection	<input type="radio"/>					
<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"/>	<input type="radio"/>	occupational or environmental disorder	<input type="radio"/>					
<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"/>	<input type="radio"/>	tumor of lung or respiratory passages	<input type="radio"/>					
GASTROINTESTINAL											
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	bacterial or viral infection	<input type="radio"/>					
<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"/>	<input type="radio"/>	cholecystitis or pancreatitis	<input type="radio"/>					
<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"/>	<input type="radio"/>	inguinal hernia	<input type="radio"/>					
<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"/>	<input type="radio"/>	hemorrhoids	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	tumor of gastrointestinal tract	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	hiatal hernia/esophageal reflux	<input type="radio"/>					
INTEGUMENT											
<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"/>	<input type="radio"/>	bacterial or fungal infection	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	herpes simplex	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	herpes zoster	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	pigment disorders	<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	skin cancer	<input type="radio"/>					



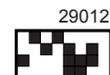


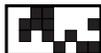
FREQUENCY					DIAGNOSIS MANAGEMENT REFERRAL					
Never: 0	Rarely: 1-10/year	Sometimes: 1-3/mo	Often: 1-2/wk	Routinely: >2/wk	Yes in > 50% of cases	> 50% of cases	Not Treated by me	Treated solely by me	Co-Managed	Yes in > 50% of cases
RENAL/UROLOGICAL										
<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	kidney stones	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	chronic kidney disease or failure	<input type="radio"/>				
<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"/>	<input type="radio"/>	incontinence	<input type="radio"/>				
CARDIOVASCULAR										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	high blood pressure	<input type="radio"/>				
<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"/>	<input type="radio"/>	arterial aneurysm	<input type="radio"/>				
<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"/>	<input type="radio"/>	<input type="radio"/>	murmur or rhythm irregularity	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	congenital anomaly	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	vascular claudication	<input type="radio"/>				
ENDOCRINE/METABOLIC										
<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"/>	<input type="radio"/>	thyroid or parathyroid disorder	<input type="radio"/>				
<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"/>	<input type="radio"/>	pituitary disorder	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	thymus or pineal disorder	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	diabetes	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	endocrine tumor	<input type="radio"/>				
SEXUALLY TRANSMITTED DISEASES										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	hepatitis B	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	herpes II	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	HIV/AIDS	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	other sexually transmitted disease	<input type="radio"/>				
EYES, EARS, NOSE AND THROAT										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	significant eye pathology	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	significant ear pathology	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	disorder of nose or sense of smell	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	throat or larynx disorder	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	eye, ear, nose, or throat tumor	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	dizziness/vertigo	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	sinus condition	<input type="radio"/>				





FREQUENCY					DIAGNOSIS MANAGEMENT REFERRAL					
Never: 0	Rarely: 1-10/year	Sometimes: 1-3/mo	Often: 1-2/wk	Routinely: >2/wk	Yes in > 50% of cases	> 50% of cases	Not Treated by me	Treated solely by me	Co-Managed	Yes in > 50% of cases
HEMATOLOGICAL/LYMPHATIC										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FEMALE REPRODUCTIVE OR BREAST										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MALE REPRODUCTIVE										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILDHOOD DISORDERS										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MISCELLANEOUS										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





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Professional Functions

Instructions: 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 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.

<p>FREQUENCY: How often do you perform the activity in a typical series of patients or in a group of the type of patients specified?</p> <p>Never: does not apply to my practice Rarely: 1-25% Sometimes: 26-50% Frequently: 51-75% Routinely: 76-100%</p>
<p>RISK FACTOR: If a chiropractor poorly performs or omits the activity, how would you characterize the risk to public health or safety?</p> <p>No risk Little risk Some risk Significant risk Severe risk</p>

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.

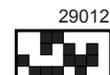
EXAMPLES	FREQUENCY					RISK FACTOR				
	Never: 0	Rarely: 1-25%	Sometimes: 26-50%	Frequently: 51-75%	Routinely: 76-100%	No risk	Little risk	Some risk	Significant risk	Severe risk
Order or perform an electrocardiogram as part of an initial or routine physical examination	●	○	○	○	○	○	●	○	○	○
Refer a patient with a suspected heart problem to a cardiologist	○	○	○	○	●	○	○	○	○	●
Interpret an EKG tracing	○	●	○	○	○	○	○	○	●	○

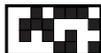
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	FREQUENCY					RISK FACTOR				
	Never: 0	Rarely: 1-25%	Sometimes: 26-50%	Frequently: 51-75%	Routinely: 76-100%	No risk	Little risk	Some risk	Significant risk	Severe risk
CASE HISTORY										
Obtain an initial case history from a new patient	<input type="radio"/>									
Identify the nature of a patient's condition using the information from the case history	<input type="radio"/>									
Perform a focused case history in order to determine what additional examination procedures or tests may be needed	<input type="radio"/>									
Determine the appropriate technique or case management procedure using the information from the case history information	<input type="radio"/>									
Take S.O.A.P. notes or case progress notes on subsequent patient visits	<input type="radio"/>									
Update case history for a patient whose condition has changed or who presents with a new condition	<input type="radio"/>									
PHYSICAL EXAMINATION										
Perform physical examination procedures on a new patient	<input type="radio"/>									
Determine the patient's general state of health using the information from the physical examination	<input type="radio"/>									
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	<input type="radio"/>									
Re-examine periodically or when a patient's condition changes	<input type="radio"/>									
NMS EXAMINATION										
Perform general orthopedic and/or neurological examination procedures on a new patient	<input type="radio"/>									
Perform focused orthopedic and/or neurological examination procedures based on the preliminary clinical findings	<input type="radio"/>									
Determine the nature of a patient's condition using information from the orthopedic and/or neurological examination	<input type="radio"/>									
Determine what additional laboratory study, x-ray, special study, and/or referral may be indicated using information from the orthopedic and/or neurological examination	<input type="radio"/>									
Perform appropriate orthopedic and/or neurological tests periodically or as a patient's condition changes	<input type="radio"/>									





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	FREQUENCY					RISK FACTOR				
	Never: 0	Rarely: 1-25%	Sometimes: 26-50%	Frequently: 51-75%	Routinely: 76-100%	No risk	Little risk	Some risk	Significant risk	Severe risk
X-RAY EXAMINATION										
Perform an x-ray examination on new patients and develop x-rays	<input type="radio"/>									
Determine the presence of anomaly, pathology, fracture, dislocation, or other significant findings using information from an x-ray examination	<input type="radio"/>									
Determine areas of instability or dynamic joint dysfunction using information from stress x-rays	<input type="radio"/>									
Determine the possible presence of a subluxation or a spinal listing using x-rays	<input type="radio"/>									
Perform new x-rays on a patient whose condition has deteriorated or is not responding	<input type="radio"/>									
Perform new x-rays on a patient who has a new condition	<input type="radio"/>									
Perform follow-up x-rays to monitor a patient's progress	<input type="radio"/>									
LABORATORY AND SPECIAL STUDIES										
Draw blood, collect urine, or perform laboratory or other specialized procedures in your office	<input type="radio"/>									
Order laboratory tests from hospital or private laboratory	<input type="radio"/>									
Refer patients for MRI or CT scan	<input type="radio"/>									
Refer patients for bone scan	<input type="radio"/>									
Refer patients for EMG/nerve conduction studies	<input type="radio"/>									
Refer patients for EKG or vascular studies	<input type="radio"/>									
Refer patients for other specialized studies	<input type="radio"/>									
Augment history, examination, or radiographic findings using information from laboratory or specialized studies	<input type="radio"/>									
Confirm a diagnosis or rule out health-threatening conditions using information from laboratory or specialized studies	<input type="radio"/>									
DIAGNOSIS										
Relate positive findings identified in the history and examination to a pathologic, pathophysiologic, or psychopathologic process	<input type="radio"/>									
Distinguish between life- or health-threatening conditions and less urgent conditions using information from the history and examination	<input type="radio"/>									
Refer patients to other health care practitioners based on information from the history and examination	<input type="radio"/>									
Arrive at a specific musculoskeletal working diagnosis or clinical impression (other than subluxation) on the basis of history and examination findings	<input type="radio"/>									
Arrive at a specific nonmusculoskeletal (i.e. visceral) working diagnosis or clinical impression (other than subluxation) on the basis of history and examination findings	<input type="radio"/>									

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CHIROPRACTIC TECHNIQUE	FREQUENCY					RISK FACTOR				
	Never: 0	Rarely: 1-25%	Sometimes: 26-50%	Frequently: 51-75%	Routinely: 76-100%	No risk	Little risk	Some risk	Significant risk	Severe risk
Perform specific chiropractic examination procedures on patients with spinal or extra-spinal joint conditions	<input type="radio"/>									
Utilize instruments unique to chiropractic or used primarily in the chiropractic domain as part of the patient examination	<input type="radio"/>									
Determine the appropriate chiropractic case management or technique using information from a chiropractic examination	<input type="radio"/>									
Perform chiropractic adjustive techniques	<input type="radio"/>									
Perform chiropractic examination procedures on subsequent visits to determine appropriate use of technique or case management	<input type="radio"/>									
ADJUNCTIVE CARE										
Evaluate the patient's condition to determine if procedures other than adjustive techniques may be indicated	<input type="radio"/>									
Determine indications or contraindications for the use of adjunctive care	<input type="radio"/>									
Perform treatment procedures other than adjustive techniques in the management of patient care	<input type="radio"/>									
Refer patients to a physical therapist, massage therapist, nutritionist, or other non-M.D./D.C./D.O. health care practitioner based on patient's condition	<input type="radio"/>									
Monitor the effectiveness of nonadjustive techniques, therapeutic procedures, and adjunctive care	<input type="radio"/>									
CASE MANAGEMENT										
Discuss treatment options with a patient based on assessment of patient's condition	<input type="radio"/>									
Provide patient with a written informed consent to treatment	<input type="radio"/>									
Counsel patient concerning the meaning and implication of informed consent to treatment.	<input type="radio"/>									
Recommend and/or arrange for services of other health professionals when patient's condition warrants	<input type="radio"/>									
Predict the effectiveness of chiropractic care for the individual patient using information from the history and examination	<input type="radio"/>									
Modify or revise case management as patient's condition improves or fails to improve	<input type="radio"/>									
Encourage patient to make appropriate changes in lifestyle that will result in improvement of health or prevention of reoccurrences	<input type="radio"/>									
Maintain written record of problem(s), goals, intervention strategies, and case progress	<input type="radio"/>									





Treatment Procedures

Please indicate the primary technique approach that you use in your practice. (Mark only one.)

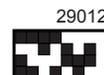
- Upper cervical
- Full spine
- Full spine and extremity
- Other _____

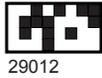
For what percent of patients during the past year did you utilize the following adjustive procedures? (You may have utilized more than one procedure on a given patient.)

ADJUSTIVE PROCEDURES	FREQUENCY				
	Never: 0	Rarely: 1-25%	Sometimes: 26-50%	Frequently: 51-75%	Routinely: 76-100%
Activator methods	<input type="radio"/>				
Adjustive instrument	<input type="radio"/>				
Applied kinesiology	<input type="radio"/>				
Cox/Flexion-distraction	<input type="radio"/>				
Cranial	<input type="radio"/>				
Diversified	<input type="radio"/>				
Extremity adjusting	<input type="radio"/>				
Gonstead	<input type="radio"/>				
Logan basic	<input type="radio"/>				
Meric	<input type="radio"/>				
NIMMO/receptor tonus	<input type="radio"/>				
Palmer upper cervical/HIO	<input type="radio"/>				
Pierce-Stillwagon	<input type="radio"/>				
SOT	<input type="radio"/>				
Thompson	<input type="radio"/>				
Other _____	<input type="radio"/>				

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

HEALTH PROMOTION/WELLNESS CARE	FREQUENCY				
	Never: 0	Rarely: 1-25%	Sometimes: 26-50%	Frequently: 51-75%	Routinely: 76-100%
Changing risky/unhealthy behaviors	<input type="radio"/>				
Disease prevention/early screening advice	<input type="radio"/>				
Ergonomic/postural advice	<input type="radio"/>				
Nutritional/dietary recommendations	<input type="radio"/>				
Physical fitness/exercise promotion	<input type="radio"/>				
Relaxation/stress reduction recommendations	<input type="radio"/>				
Self-care strategies	<input type="radio"/>				





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	Never: 0	Rarely: 1-25%	Sometimes: 26-50%	Frequently: 51-75%	Routinely: 76-100%
Activites of daily living	<input type="radio"/>				
Back school (Formal program)	<input type="radio"/>				
Corrective or therapeutic exercise	<input type="radio"/>				
Foot orthotics	<input type="radio"/>				
Rehabilitation/Spinal or extremity joint stabilization	<input type="radio"/>				
Work hardening	<input type="radio"/>				

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	Never: 0	Rarely: 1-25%	Sometimes: 26-50%	Frequently: 51-75%	Routinely: 76-100%
Acupressure or meridian therapy	<input type="radio"/>				
Acupuncture with needles	<input type="radio"/>				
Biofeedback	<input type="radio"/>				
Bed rest	<input type="radio"/>				
Bracing with lumbar support, cervical collar, etc.	<input type="radio"/>				
Casting	<input type="radio"/>				
Diathermy-shortwave or microwave	<input type="radio"/>				
Direct current, electrodiagnosis, or iontophoresis	<input type="radio"/>				
Electrical stimulation/therapy	<input type="radio"/>				
Heel lifts	<input type="radio"/>				
Homeopathic remedies	<input type="radio"/>				
Hot pack/moist heat	<input type="radio"/>				
Ice pack/cryotherapy	<input type="radio"/>				
Infrared-baker, heat lamp, or hot pad	<input type="radio"/>				
Massage therapy	<input type="radio"/>				
Mobilization therapy	<input type="radio"/>				
Nutritional counseling, therapy, or supplementation	<input type="radio"/>				
Paraffin bath	<input type="radio"/>				
Taping/strapping	<input type="radio"/>				
Traction	<input type="radio"/>				
Trigger point therapy	<input type="radio"/>				
Ultrasound	<input type="radio"/>				
Vibratory therapy	<input type="radio"/>				
Whirlpool or hydrotherapy	<input type="radio"/>				
Other _____	<input type="radio"/>				

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.

