

Chapter 6

Overview of Survey Response Data

For ease of reference, a summary of the Canadian survey response data appears in this chapter. Addressed in capsulized form is the chiropractic practitioner, the patient, the patients' conditions, and activities or treatments typically performed.

The "Typical" Chiropractor

The NBCE job analysis survey generally depicts the typical chiropractor as a Canadian-born male who, in addition to receiving a chiropractic degree, has attained a baccalaureate degree or beyond (Table 6.1). The practitioner receives referrals from and makes referrals to medical and osteopathic physicians.

The typical chiropractor does not have post-graduate certification or specialty training, is the only doctor in the office, and practices in one location. On occasion, chiropractic care is delivered outside the office setting, which may include hospitals.

The characteristic chiropractor has been practicing in the same location for an entire career which has spanned five to 15 years or longer. Weekly practice consists of 36.5 hours with the majority of time spent on direct patient care, followed by time spent on patient education, and business management.

The "Typical" Patient

A typical patient may be profiled as a Canadian-born woman, 31 to 50 years of age.

Canadian Practitioner/Respondent Demographic Summary*			
GENDER			
Male	87%	Female	13%
PLACE OF BIRTH			
Canada	88.1%	Belgium	0.5%
U.S.A.	4.4%	Switzerland	0.0%
Other	4.2%	Australia	0.0%
Britain	2.3%	New Zealand	0.2%
France	0.3%		
Highest Level of NON-CHIROPRACTIC EDUCATION			
Baccalaureate Degree	45.7%	Associate Degree	5.6%
High School Diploma	28.5%	Master's Degree	4.0%
Other	15.6%	Doctoral Degree	0.6%
**SPECIALTY BOARD CERTIFICATION			
None/Does not apply			88.2%
Other			4.0%
American Board of Chiropractic Orthopedists			2.4%
Canadian Specialty Certification Program			2.9%
American Chiropractic Board of Radiology			1.8%
ICA College of Thermography			0.7%
ICA College on Chiropractic Imaging			0.3%
Chiropractic Rehabilitation Association			0.3%
American Chiropractic Academy of Neurology			0.1%
American Chiropractic Board of Nutrition			0.1%
American Chiropractic Board of Sports Physicians			0.1%
American Board of Chiropractic Internists			0.0%
ICA Council on Applied Chiropractic Sciences			0.0%
INSTITUTION GRANTING DEGREE			
Canadian Memorial	75.1%	Other	0.8%
Palmer	14.4%	Northwestern	0.7%
Life	1.8%	Life West	0.5%
Logan	1.5%	Cleveland-LA	0.3%
Western States	1.3%	Parker	0.2%
Palmer West	1.1%	Texas	0.1%
Cleveland-KC	0.9%	Los Angeles	0.1%
National	0.8%	Anglo-European	0.1%
* See Appendix for complete listings			
**These numbers add up to more than 100% because some practitioners have more than one specialty.			

TABLE 6.1

Overall, patients cover a wide range of occupations, with no occupational group having a majority. According to survey responses, chiropractic patients seen most frequently were from the following occupational groups: white collar/secretarial, tradesmen/skilled laborer, and homemaker (Table 6.2).

Conditions

On a daily basis, the typical chiropractic practitioner will likely see patients who have spinal subluxations/joint dysfunctions and headaches.

In a typical week, a doctor of chiropractic is also likely to see patients who have various musculoskeletal and neurological conditions. The musculoskeletal conditions often seen, in decreasing order of frequency, are osteoarthritis, degenerative joint disease, vertebral facet syndrome, muscular strain/tear, extremity subluxation/joint dysfunction, tendinitis/tenosynovitis, hyperlordosis of the cervical or lumbar spine, intervertebral disc syndrome, sprain or dislocation of any joint, bursitis or synovitis, and kyphosis of the thoracic spine.

The neurological conditions often seen are peripheral neuritis or neuralgia and radiculitis or radiculopathy. Miscellaneous disorders which are often seen are high or low blood pressure, allergies, and obesity.

Diagnosis and Case Management

In assessing new patients and their conditions, chiropractic practitioners routinely take case histories; perform physical and neuromusculoskeletal exams; and arrive at a diagnosis or clinical impression on the basis of history and examination findings. Frequently the practitioner will take X-rays on a new patient.

As the patient's condition changes, or as the patient presents with a new condition, the case

Summary of Reported Canadian Patient Demographics*			
GENDER			
Male	40.6%	Female	59.4%
AGE			
17 or younger	11.2%	51 to 64	19.4%
18 to 30	20.6%	65 or older	11.6%
31 to 50	37.2%		
PLACE OF BIRTH			
Canada	70.4%	Switzerland	2.0%
U.S.A.	7.2%	Australia	2.6%
Britain	5.8%	New Zealand	1.9%
France	3.1%	Other	5.4%
Belgium	1.6%		
OCCUPATION			
White collar/Secretarial			17.7%
Tradesman/Skilled Labor			17.6%
Homemaker			13.7%
Unskilled Labor			12.2%
Executive/Professional			11.5%
Retired or other			10.3%
Student			8.6%
Professional/Amateur athlete			8.3%

TABLE 6.2

history is updated, the case management is revised, and the patient is encouraged to make appropriate lifestyle changes as part of routine chiropractic care.

The typical Canadian chiropractor utilizes 4.7 chiropractic adjustive techniques, with the most frequently utilized technique being Diversified. Chiropractors utilize an average of 10.3 non-adjustive techniques (including making various recommendations) that are supportive to the chiropractic adjustment.

Corrective or therapeutic exercise was recommended by 96.5% of the practitioners during the past two years, while approximately two-thirds or more of the practitioners utilized or recommended the following: Ice Pack/Cryotherapy (87.9%), Bracing (80.9%), Orthotics/Lifts (77.8%), Nutritional Counseling, therapy or supplements (76.2%), Massage Therapy (70.1%), Bedrest (67%), Accupressure/Meridian Therapy (66.3%).

Summary of Routine Chiropractic Activities

The overview of chiropractic practice suggested by the data is that a chiropractor uses case history activities supported by physical examination, neuromusculoskeletal examination, and radiographic examination to make a diagnosis or clinical impression and to determine the appropriateness of chiropractic care for the individual patient.

In general, the doctors felt that lack of appropriate performance in these categories when indicated may present risk to the patient. These doctors also routinely used, among other things, chiropractic examination and adjustive/manipulation techniques, as well as frequently using supportive procedures in treating their patients.

Chiropractors routinely used case management activities such as encouraging patients to make appropriate changes in habits or lifestyle, and modifying intervention strategies as the patient's condition changes. They frequently discussed alternative courses of action with patients and recommended or arranged for services of other health professionals when necessary.

Respondent Comments

The first question on the survey asked the respondent “What trends or developments during the next decade would be most **beneficial** to the chiropractic profession?” A total of 535 chiropractors responded to this question. The ten most frequently reported trends/developments that would be most beneficial to the chiropractic profession included:

- increasing chiropractic research into the efficacy/cost effectiveness of chiropractic treatment (28% of respondents)
- increasing public relations/education concerning benefits of chiropractic care (23% of respondents)
- establishing standards of care/practice guidelines for chiropractic practice (21% of respondents)

- obtaining hospital privileges/access to hospital laboratories and imaging facilities for chiropractors; rights for chiropractors to refer patients to hospital diagnostic facilities and physiotherapy labs (18% of respondents)
- improving interprofessional cooperation and open lines of communication with other health professionals including referral of patients to chiropractors by medical doctors (17% of respondents)
- making available full health coverage for chiropractic services in public and private health insurance plans; parity with medical coverage (13% of respondents)
- including chiropractic education within the university system (11% of respondents)
- unifying chiropractors and chiropractic associations (8% of respondents)
- updating and refining chiropractic philosophy (5% of respondents)
- maintaining a separate identity for the chiropractic profession (4% of respondents)

Other issues mentioned by respondents included:

- laws to restrict “manipulation” for exclusive use by the chiropractic profession
- increasing the scope of chiropractic practice
- improving chiropractic education
- developing new/improved chiropractic adjusting techniques
- increasing emphasis on patient care as opposed to other components of practice

The following are summarized responses to the question “What trends or developments during the next decade would be most **detrimental** to the chiropractic profession?” A total of 535 chiropractors responded to this question. Their responses included:

- Loss of professional identity (14% of respondents)
- Manipulation by MDs or physiotherapists (13% of respondents)
- Proliferation of practice management/practice-building seminars (10% of respondents)
- Exclusion of chiropractic services from public/private health insurance plans (9% of respondents)
- Professional disunity (9% of respondents)
- Limiting the scope of chiropractic practice (7% of respondents)
- Lack of adequate public relations/public education about the benefits of chiropractic care (6% of respondents)
- Absorption by the medical profession or becoming secondary providers, ie. manipulation by prescription (6% of respondents)

Other issues mentioned by respondents included:

- development of unrealistic or restrictive practice guidelines/standards of care that inhibit patient care
- government over-regulation of chiropractic practice
- loss or revocation of existing chiropractic practice statutes
- medical slander against the chiropractic profession

- non-support of chiropractic colleges by chiropractic practitioners
- failure of chiropractic colleges to achieve affiliation with the university system

Survey Instrument

The survey also contained a section in which respondents could write any general comments they would like to make about the survey. The majority of comments noted on the survey instrument were general in nature, and were intended to reflect an overall impression of the NBCE job analysis project.

The three most reported general comments were : “I had difficulty with the risk factor scale and with the listings of presenting and concurrent conditions in the survey” (34% of general comments); “I had difficulty with (some part) of the survey due to the restrictive practice law (primarily with access to laboratory and special study facilities) in my province” (27% general comments); and “Congratulations/well done/it's about time a survey of this type was done for the chiropractic profession” (25% of general comments).

Activities

Another large group of comments dealt with the Activities section of the survey. Most of these comments suggested that the NBCE should have included questions about the importance of patient education about chiropractic health care and/or patient responsibilities for health maintenance (56% of comments).

Another activity respondents felt should have been included was routine vertebral artery patency testing (15% of comments). Other recommendations included:

- Routine general health questionnaire to be filled out by patient or chiropractic assistant
- Routine patient counseling on general health matters
- Maintaining adequate patient radiation protection measures and monitoring patient radiation exposure
- Routine referral of patient x-rays to chiropractic radiologist
- Routine monitoring of patient blood pressure
- Routinely obtaining informed consent from patient for treatment

Technique

The following techniques were recommended (usually by no more than one or two respondents per technique) for inclusion in the survey:

- Magnetic field therapy
- Colonic irrigation therapy
- Laser therapy
- Emergency techniques/CPR
- Muscle testing (diagnostic)
- Allergy testing