Chapter 9
Practice Patterns in Australia

Presented in this chapter are the activities chiropractors performed in their practices. There are 45 activities divided into nine major categories, ranging from case history to case management.

The respondent practitioners were asked to rate the **frequency** (how often they performed the activity), and the perceived **risk** to patient health and safety if the activity were performed poorly or omitted. The frequency and risk factor ratings for the activities were averaged by individual activity and by general category. From the frequency and risk scales the importance scale was generated by obtaining the product of frequency times risk.

Below are the rating scales for this section of the NBCE job analysis:

Rating Scales
utilized in assessing activities

FREQUENCY	x	RISK	=	IMPORTANCE
0 = Never (does not apply)		0 = No risk		0 = Not important
1 = Rarely (1-25%)		1 = Little risk		4
2 = Sometimes (26-50%)		2 = Some risk		8
3 = Frequently (51-75%)		3 = Significant risk		12
4 = Routinely (76-100%)		4 = Severe risk		16 = Extremely important

TABLE 9.1

In addition, the practitioners were asked to indicate the **primary technique** used in their practices, i.e. upper cervical, full spine, or another technique.

Finally, the practitioners were asked to indicate which **adjustive and non-adjustive techniques** they had utilized in their practices during the past two years.

Rating the Activities

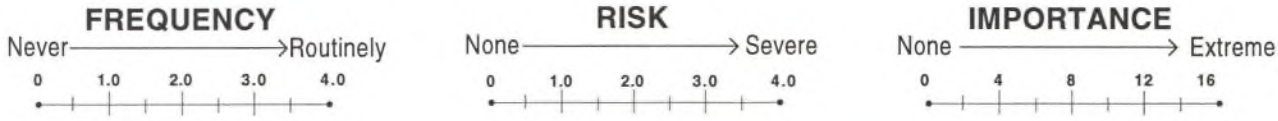
As in other parts of the survey, zero-to-four rating scales were utilized for frequency and risk. In contrast values of the **Importance** factor could range from zero to 16.

The importance factor is commonly obtained in job analyses. It indicates the significance of an activity when taking into account both the frequency with which the activity is performed and the risk to patients when the activity is performed poorly or omitted.

Case History

The survey results indicated that case histories were performed **routinely** (category average of 3.59), presenting a **significant** risk to patient health and safety if performed poorly or omitted (category average of 2.66).

Chiropractors routinely took an initial case history from a new patient, updated the case history for a patient whose condition had changed or who presented with a new condition, and took Subjective, Objective, Assessment, Plan/Procedure (S.O.A.P.) notes on subsequent patient visits.



Activity	Frequency	Risk	Importance
Case History			
Take initial case history	Routinely 4.00	Significant 3.19	12.73
Identify condition from case history	Frequently 3.41	Significant 2.74	9.64
Perform focused case history	Frequently 3.38	Significant 2.69	9.60
Take S.O.A.P. or case progress notes	Routinely 3.65	Some 2.32	8.80
Determine technique/case management	Frequently 3.42	Some 2.26	8.23
Update case history	Routinely 3.67	Significant 2.77	10.48

TABLE 9.2
Case History

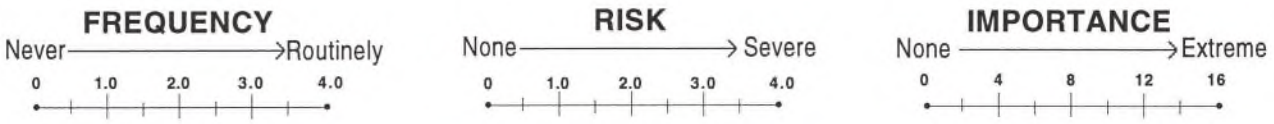
The respondents indicated that the inadequate taking of or omission of an initial case history from a new patient would present a significant risk to patient health and safety and **rated this activity highest in importance of the 45 activities chiropractors performed.**

The other case history activities that rated high in importance were updating the case history from a patient whose condition had changed or who presented with a new condition, and identifying the nature of a patient's condition using the information from a case history (Table 9.2).

Physical Examination

Physical examination activities were performed **routinely** (category average of 3.58), and presented a **significant** risk to patient health and safety if the activities were performed poorly or omitted (category average of 2.71).

Chiropractors routinely performed the first three physical examination activities listed in this category. Survey results also indicated that practitioners rated performing a physical examination on a new patient highest in importance in the physical exam area (Table 9.3).



Activity	Frequency	Risk	Importance
Physical Examination			
Perform physical examination	Routinely 3.75	Significant 3.04	11.71
Assess general state of health	Routinely 3.51	Significant 2.55	9.28
Perform regional examination	Routinely 3.58	Significant 2.69	10.01
Update physical examination	Frequently 3.47	Significant 2.56	9.24

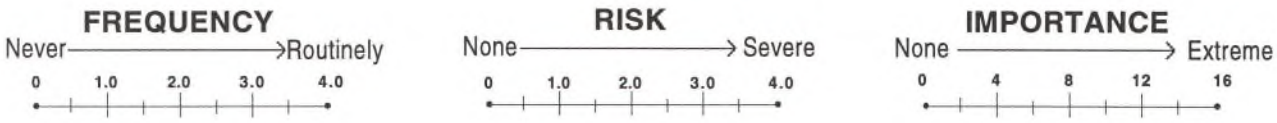
TABLE 9.3
Physical Examination

Neuromusculoskeletal Examination

Neuromusculoskeletal examination activities were performed **frequently** (category average of 3.31), presenting a **significant** risk to patient health and safety if performed poorly or omitted (category average of 2.60).

Chiropractors routinely performed general orthopedic and neurological examinations on new patients, and frequently performed all other NMS exams listed in this category. They associated a significant risk to patient health and safety should the first four of these activities be performed poorly or omitted.

The highest importance values were associated with performing general orthopedic or neurological examinations on new patients, and with determining the additional laboratory, X-ray, and special studies that were indicated by the NMS exam (Table 9.4).

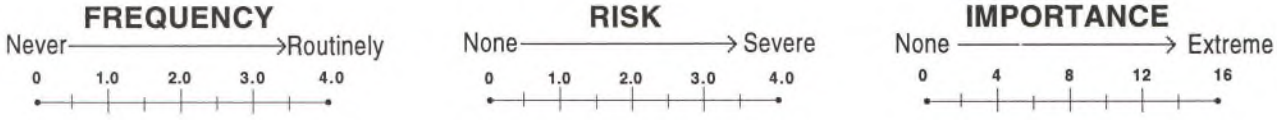


Activity	Frequency	Risk	Importance
Neuromusculoskeletal Examination			
Perform orthopedic and/or neurological exam	Routinely 3.57	Significant 2.77	10.39
Perform focused orthopedic and/or neurological exam	Frequently 3.11	Significant 2.58	8.71
Determine patient condition using orthopedic/neurological exam	Frequently 3.27	Significant 2.51	8.77
Determine additional lab/X-ray/etc.	Frequently 3.37	Significant 2.71	9.64
Update orthopedic/neurological tests	Frequently 3.23	Some 2.43	8.43

TABLE 9.4
Neuromusculoskeletal Examination

X-ray Examination

X-ray Examination activities were **frequently** performed (category average of 2.57), presenting **some** risk to patient health and safety if performed poorly or omitted (category average of 2.19).



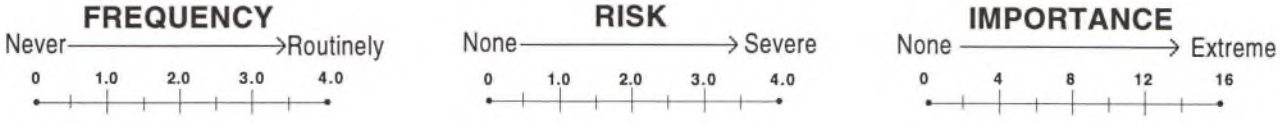
Activity	Frequency	Risk	Importance
X-Ray Examination			
Perform X-ray on new patient	Sometimes 2.49	Some 2.23	6.92
Determine presence of pathology, fracture, etc	Frequently 3.42	Significant 3.09	11.10
Determine instability/joint dysfunction	Sometimes 1.92	Some 1.84	4.35
Determine presence of subluxation	Frequently 2.50	Some 1.57	4.83
Update X-ray/perform new X-ray	Frequently 2.52	Some 2.22	6.31

TABLE 9.5
X-Ray Examination

Practitioners sometimes took X-rays on new patients and frequently determined the presence of pathology, fracture, dislocations, or other significant findings using information from an X-ray examination. Determining the presence of pathology, fracture, dislocations or other significant findings was rated highest in importance of the activities chiropractors performed in this category (Table9.5).

Laboratory and Special Studies

Laboratory and special studies examinations were **rarely** performed (category average of 1.07), presenting **some** risk to patient health and safety when performed poorly or omitted (category average of 1.66).



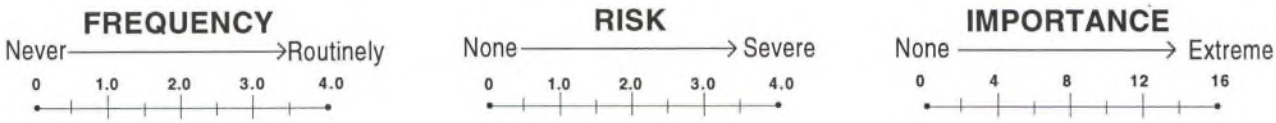
Activity	Frequency	Risk	Importance
Laboratory and Special Studies			
Draw blood, collect urine, or other laboratory procedures	Never 0.22	Little 0.95	0.37
Order laboratory tests	Rarely 0.69	Little 1.35	1.36
Refer patient for MRI, CT, EKG, etc.	Rarely 1.39	Some 2.01	3.20
Confirm diagnosis/health-threatening condition	Sometimes 1.52	Some 2.12	4.01
Augment history, examination, or X-ray	Sometimes 1.55	Some 1.89	3.56

TABLE 9.6
Laboratory and Special Studies

Practitioners sometimes augmented a history, examination, or X-ray finding or confirmed a diagnosis or ruled out health-threatening conditions using information from laboratory results or specialized studies. The data also indicated that they rarely referred patients for MRI, CT, EKG or other specialized studies, or other laboratory tests. Overall, this category had the lowest importance values of any of the nine categories (Table 9.6).

Diagnosis

Diagnosis activities were performed **frequently** (category average of 3.01), presenting a **significant** risk to patient health and safety if performed poorly or omitted (category average of 2.51).



Activity	Frequency	Risk	Importance
Diagnosis			
Relate problems to process	Frequently 2.76	Some 2.42	7.40
Distinguish between urgent/less urgent	Frequently 3.28	Significant 3.12	10.70
Predict effectiveness of chiropractic	Frequently 3.36	Some 1.98	7.03
Refer patient to other practitioner	Sometimes 2.08	Some 2.46	5.44
Arrive at diagnosis/impression	Routinely 3.57	Significant 2.55	9.36

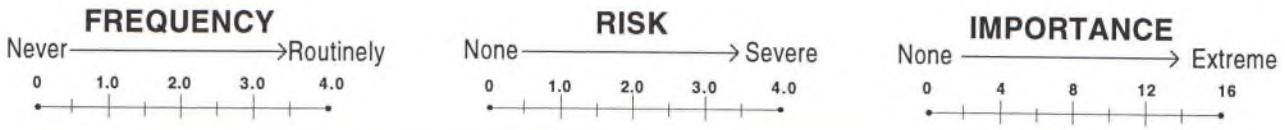
TABLE 9.7
Diagnosis

Chiropractors routinely arrived at a diagnosis or clinical impression on the basis of the patient's case history and examination findings. They frequently distinguished between life- or health-threatening conditions and less urgent conditions, and predicted the effectiveness of chiropractic care in treating the patient's condition, and related problems identified in the history and examination findings to a pathologic, pathophysiologic, or psychopathologic process. The area rated highest in importance was distinguishing between life- or health-threatening conditions and less urgent conditions (Table 9.7).

Chiropractic Technique

Chiropractic techniques (excluding use of instruments) were **routinely** utilized (overall category average of 3.40 including instruments), presenting **some** risk to patient health and safety if performed poorly or omitted (category average of 1.97).

Practitioners indicated some risk to patient health and safety if a specific chiropractic



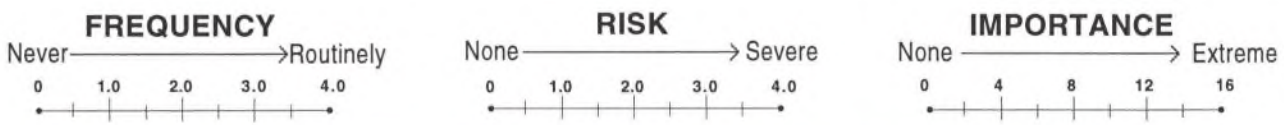
Activity	Frequency	Risk	Importance
Chiropractic Technique			
Perform specific chiropractic examination	Routinely 3.85	Some 2.34	9.14
Utilize instruments	Sometimes 1.93	Little 1.12	3.09
Determine case management/technique	Routinely 3.67	Some 2.07	7.74
Perform chiropractic adjustive techniques	Routinely 3.97	Some 2.25	8.93
Update chiropractic examination	Routinely 3.58	Some 2.09	7.70

TABLE 9.8
Chiropractic Technique

examination of a patient were performed poorly or omitted; this same activity was rated highest in importance of activities listed in this category (Table 9.8).

Supportive Technique

Supportive techniques were performed **frequently** (category average of 2.87), presenting **some** risk to patient health and safety if performed poorly or omitted (category average of 1.62).



Activity	Frequency	Risk	Importance
Supportive Technique			
Evaluate patient condition	Frequently 3.38	Some 1.98	6.95
Determine use of supportive technique	Frequently 3.24	Some 1.51	4.88
Perform procedures other than adjustive	Frequently 2.86	Some 1.54	4.83
Refer patient to other practitioner	Sometimes 1.87	Little 1.48	3.11
Monitor effectiveness of non-adjustive technique	Frequently 3.01	Some 1.60	5.19

TABLE 9.9
Supportive Techniques

Chiropractors frequently evaluated the patient's condition to determine if procedures other than adjustive techniques were indicated. In addition, determining the use of supportive techniques, performing treatment procedures other than adjustive techniques, and monitoring the effectiveness of non-adjustive techniques or therapeutic procedures were also frequently performed.

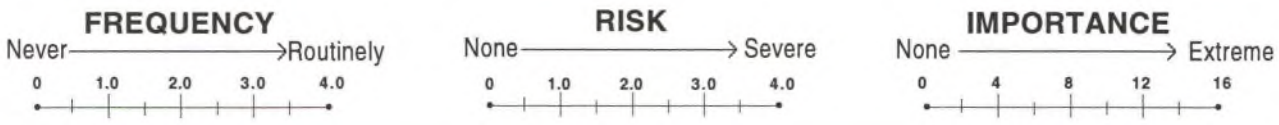
The survey respondents indicated some risk to patient health and safety should any of these supportive techniques be performed poorly or omitted.

The highest importance rating was given to the evaluation of the patient's condition (Table 9.9).

Case Management

Case Management activities were performed **frequently** (category average of 3.23), presenting **some** risk to patient health and safety if performed poorly or omitted (category average of 2.13).

Case management activities routinely performed included maintaining written records of case problems, goals, intervention strategies, case progress, and encouraging the patient to make appropriate changes in habits or lifestyle to prevent reoccurrences of the condition.



Activity	Frequency	Risk	Importance
Case Management			
Discuss alternatives with patient	Frequently 2.68	Some 1.81	5.19
Recommend/arrange for other services	Frequently 2.71	Some 2.23	6.49
Modify case management	Frequently 3.48	Some 2.37	8.51
Encourage patient to change habits/lifestyle	Routinely 3.63	Some 2.11	7.77
Maintain written record	Routinely 3.66	Some 2.12	7.96

TABLE 9.10
Case Management

In the activities pertaining to case management, respondents indicated that modifying case management as conditions improved or failed to improve was rated highest in importance (Table 9.10).

Treatment Procedures

Practitioners were asked to indicate the primary technique approach they used in their practices. Results indicated 93.9% utilized **full spine**, while .3% used the **upper cervical** approach. **Other** was noted by 5.8%(Table 9.11).

Specific Adjustive Techniques

Results indicated that approximately two-thirds or more of the practitioners used the following techniques: Diversified (91.0%), Activator (72.7%), Gonstead (69.1%), NIMMO/ Tonus Receptor (68.8%), and SOT (65.0%). Survey results also indicated that more than 50% of the Australian practitioners utilized Applied Kinesiology (59.3%), Cranial (56.2%), and Thompson (54.7%). All other techniques were utilized by fewer than one-third of the practitioners.

Survey results also indicated that the responding practitioners used an average of 6.6 adjustive techniques.

Non-Adjustive Techniques

As indicated in Table 9.11, approximately two-thirds or more of the practitioners utilized 7 of the supportive techniques listed. This begins with Corrective Exercises (95.9%) and ends with Orthotics/Lifts (67.7%). A majority of practitioners also utilized Casting/Taping (58.5%), Hot pad/Moist heat (57.2%) and Acupressure (57.1%). and Acupressure (57.1%). Data indicated that the average number of supportive techniques utilized by practitioners was 9.7.

Chiropractic Treatment Procedures in Australia

Primary Approach	%
Full Spine	93.9
Upper Cervical	.3
Other	5.8

Adjustive Techniques	%
Diversified	91.0
Activator	72.7
Gonstead	69.1
NIMMO/Tonus Receptor	68.8
SOT	65.0
Applied Kinesiology	59.3
Cranial	56.2
Thompson	54.7
Logan Basic	32.0
Pierce-Stillwagon	20.6
Cox/Flexion-Distraction	20.6
Palmer Upper Cervical/HIO	20.3
Other	20.0
Meric	11.1
Barge	3.8
Life Upper Cervical	2.3
Toftness	1.8
Pettibon	1.3
Grostic	1.0
NUCCA	0.2

Non-Adjustive Techniques	%
Corrective/Therap. Exercises	95.9
Ice Pack/Cryotherapy	85.9
Nutritional Counseling	84.2
Massage Therapy	77.6
Bedrest	73.4
Bracing	69.3
Orthotics/Lifts	67.7
Casting/Taping, Strapping	58.8
Hot Pack/Moist Heat	57.2
Acupressure/Meridian Therapy	57.1
Traction	43.3
Homeopathic Remedies	34.1
Ultrasound	33.9
Vibratory Therapy	28.0
Electrical Stimulation	26.0
Infrared Baker, etc.	21.3
Other	15.7
Acupuncture	14.4
Interferential Current	12.7
Diathermy	9.3
Whirlpool/Hydrotherapy	7.8
Direct Current, etc.	6.5
Biofeedback	5.1
Ultraviolet Therapy	0.9
Paraffin Bath	0.5

TABLE 9.11
Percent of Chiropractic Practitioners Utilizing Various Chiropractic Treatment Procedures