

Chapter 11

Overview of Survey Response Data

For ease of reference, a summary of the New Zealand 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. These data were based on responses of members of the Chiropractors' Association of New Zealand, see page 49.

The "Typical" Chiropractor

The NBCE job analysis survey generally depicts the typical chiropractor as male who was born in New Zealand (Table 11.1). The practitioner receives referrals from and makes referrals to medical 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, such as in a patient's home.

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 36.7 hours with the majority of time spent on direct patient care, followed by time spent on patient education, and business management.

New Zealand Practitioner/Respondent Demographic Summary			
GENDER			
Male	95.5%	Female	4.5%
PLACE OF BIRTH			
New Zealand	87.7%	Europe	0.0%
Britain	7.7%	China	0.0%
Australia	3.1%	Vietnam	0.0%
Canada	1.5%	Other	0.0%
North America	0.0%		
Highest Level of NON-CHIROPRACTIC EDUCATION			
High School Diploma	60.9%	Other	6.3%
Associate Degree	17.2%	Master's Degree	0.0%
Baccalaureate Degree	15.6%	Doctoral Degree	0.0%
SPECIALTY BOARD CERTIFICATION			
None/Does not apply			94.0%
Other			6.0%
American Board of Chiropractic Orthopedists			0.0%
Canadian Specialty Certification Program			0.0%
American Chiropractic Board of Radiology			0.0%
ICA College of Thermography			0.0%
ICA College on Chiropractic Imaging			0.0%
Chiropractic Rehabilitation Association			0.0%
American Chiropractic Academy of Neurology			0.0%
American Chiropractic Board of Nutrition			0.0%
American Chiropractic Board of Sports Physicians			0.0%
American Board of Chiropractic Internists			0.0%
ICA Council on Applied Chiropractic Sciences			0.0%
INSTITUTION GRANTING DEGREE			
Palmer	40.6%	Cleveland-Los Angeles	0.0%
Royal Melbourne	30.4%	Life-West	0.0%
Sherman	13.0%	Logan	0.0%
Anglo-European	8.7%	Los Angeles	0.0%
Canadian Memorial	4.3%	National	0.0%
Life	1.4%	New York	0.0%
Other	1.4%	Northwestern	0.0%
Cleveland-Kansas City	0.0%	Texas	0.0%

TABLE 11.1

The “Typical” Patient

A typical patient may be profiled as a female of European descent who is 31 to 50 years of age.

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 11.2).

Conditions

On a daily basis, the typical chiropractic practitioner will routinely see patients that present with complaints of back pain and neck pain. The conditions which are often diagnosed through history and examination,

in decreasing order of frequency, are as follows: spinal subluxation/joint dysfunction, headaches, osteoarthritis/degenerative joint disease, peripheral neuritis or neuralgia, high or low blood pressure, vertebral facet syndrome, extremity subluxation/joint dysfunction, and muscular strain/tear.

Miscellaneous disorders which are also often diagnosed in chiropractic patients include abnormal anterior to posterior spinal curves, allergies, various respiratory disorders, intervertebral disc syndromes, osteoporosis, scoliosis, tendinitis/tenosynovitis, and many other conditions such as those listed on page 133.

Diagnosis and Case Management

In assessing new patients and their conditions, chiropractic practitioners routinely take case histories; perform physical and neuromusculoskeletal exams; and take X-rays on a new patient.

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

Summary of Reported New Zealand Patient Demographics			
GENDER			
Male	44.3%	Female	55.7%
AGE			
17 or younger	14.0%	51 to 64	21.1%
18 to 30	20.9%	65 or older	13.6%
31 to 50	30.4%		
ETHNIC ORIGIN			
Aboriginal	0.5%	Italian	4.2%
Chinese	8.8%	United Kingdom	19.2%
European Descent	45.8%	Vietnamese	1.2%
Greek	3.5%	Polynesian	15.5%
Indonesian	1.4%		
OCCUPATION			
White collar/Secretarial			15.3%
Tradesman/Skilled Labor			14.7%
Homemaker			14.7%
Retired or other			13.3%
Unskilled Labor			11.8%
Executive/Professional			10.1%
Student			10.0%
Professional/Amateur athlete			10.0%

TABLE 11.2

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

The typical New Zealand chiropractor utilizes 7.4 chiropractic adjustive techniques, with the most frequently utilized techniques being Gonstead and Diversified. Chiropractors utilize an average of 7.5 non-adjustive techniques including making various recommendations that are supportive to the chiropractic adjustment.

Corrective or therapeutic exercise was recommended by 88.6% 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 (70.0%), Nutritional Counseling, etc (68.6%), Bedrest (67.1%).

Summary of Routine Chiropractic Activities

The overview of chiropractic practice suggested by the data is that a chiropractor uses case histories supported by physical examination, neuromusculoskeletal examination, and radiographic examination 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/manipulative 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. They frequently discussed alternative courses of action with patients and recommended or arranged for services of other health professions when necessary.

Respondent Comments

Question 1: Beneficial Trends

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 70 chiropractors responded to this question. Each chiropractor provided one or more trends.

The most frequently reported trends/developments included:

- increasing chiropractic research into the efficacy/cost-effectiveness of chiropractic treatment (26% of respondents)
- achieving insurance equality or parity with medicine in public and private health care plans (16% of respondents)

- developing an effective public relations/education program to increase the public's awareness of the benefits of chiropractic treatment (24% of respondents)
- establishing a chiropractic college in New Zealand (13% of respondents)

For other issues mentioned by respondents, refer to Table 11.3.

Question 2: Detrimental Trends

The second question on the survey asked the respondent "What trends or developments during the next decade would be most **detrimental** to the chiropractic profession?" A total of 69 chiropractors responded to this question. Each chiropractor provided one or more trends. The most frequently reported trends/developments included:

- continuing trend of overutilization of chiropractic services; adopting unethical practice management seminar techniques in place of sound clinical practices (9% of respondents)
- training non-chiropractic health care provider in adjustive/manipulative skills; use of manipulation by non-chiropractors (12% of respondents)
- losing governmental recognition/support for chiropractic; losing insurance coverage for chiropractic health services in public health plans (9% of respondents)
- losing radiological examination procedures from chiropractic scope of practice ((10% of respondents)
- allowing the chiropractic profession to be absorbed into medical practice or to become an allied medical provider; losing chiropractic's identity as a separate and distinct profession (22% of respondents)
- decreasing unity within the chiropractic profession; factionalism and infighting among chiropractors (14% of respondents)

For other issues mentioned by respondents, refer to Table 11.4.

QUESTION 1: BENEFICIAL TRENDS

What trends or developments during the next decade would be most BENEFICIAL to the chiropractic profession?

RESPONSES (Percent of responses nationwide appears after comment)

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Increasing chiropractic research into the efficacy/cost-effectiveness of chiropractic treatment. (26%) 2. Achieving parity with medicine in coverage for chiropractic services in medicare, workers' comp. and other public/private health plans. (16%) 3. Increasing emphasis on the total health care/preventive health care benefits of chiropractic treatment. (4%) 4. Maintaining continuing education and professional skills maintenance/post graduate programs for chiropractors. (3%) 5. Obtaining hospital privileges/access to hospital laboratories, imaging facilities and referral rights for chiropractors. (10%) 6. Establishing standards of care/practice guidelines for chiropractic. (10%) 7. Developing an effective public relations/education program to increase the public's awareness of the benefits of chiropractic care. (24%) 8. Establishing the chiropractic profession as the primary/most effective or sole provider of adjustive/manipulative care. (1%) | <ol style="list-style-type: none"> 9. Re-establishing traditional chiropractic philosophy as the basis for chiropractic practice. (10%) 10. Increasing the emphasis on the holistic approach to patient care; additional emphasis on nutrition, herbology, and other holistic treatment approaches. (1%) 11. Improving the interprofessional cooperation/relations with medicine and allied health providers; cross-referral of patients. (7%) 12. Establishing uniform educational standards/requirements for chiropractors; increasing educational standards/requirements. (3%) 13. Achieving unity within the chiropractic profession.(6%) 14. Providing information/education to other health providers concerning the benefits and nature of chiropractic practice. (1%) 15. Increasing political action to secure favorable legislation for chiropractic. (6%) 16. Establishing a chiropractic college in New Zealand. (13%) 17. Providing a two-year internship for new graduates of chiropractic colleges prior to licensure; providing placement programs for new graduates. (37%) |
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Response No. **New Zealand**

1	26
2	16
3	4
4	3
5	10
6	10
7	24
8	1
9	10
10	1
11	7
12	3
13	6
14	1
15	6
16	13
17	37

Percent of responses nationwide

TABLE 11.3

QUESTION 1: DETRIMENTAL TRENDS																																									
What trends or developments during the next decade would be most <u>DETRIMENTAL</u> to the chiropractic profession?																																									
RESPONSES (Percent of responses nationwide appears after comment)																																									
<ol style="list-style-type: none"> 1. Continuing the trend to over utilize chiropractic services; adopting unethical practice management seminar techniques in place of sound clinical practice procedures. (7%) 2. Continuing use of treatment techniques of questionable/unproven clinical value. (3%) 3. Training non-chiropractic health care providers in adjustive/manipulative skills; use of manipulation by non-chiropractors. (12%) 4. Losing governmental recognition/support for chiropractic; failure to achieve inclusion in public/private health care plans. (9%) 5. Including chiropractic in medicare/public funded health plans; allowing government/bureaucratic determination of scope of chiropractic practice. (4%) 6. Losing radiological examination procedures from chiropractic scope of practice. (10%) 7. Failing to aggressively promote chiropractic to the public. (1%) 8. Allowing the chiropractic profession to be absorbed into medicine or to become an allied medical provider; losing chiropractic's identity as a separate and distinct profession. (22%) 9. Continuing trend of unethical advertising in the yellow pages and in other media. (1%) 10. Excluding chiropractic from the mainstream of healthcare providers; increasing alienation from medicine and other health professions. (14%) 	<ol style="list-style-type: none"> 11. Decreasing unity within chiropractic profession; factionalism and infighting among chiropractors. (3%) 12. Failing to take positive action to improve/advance the profession; failure of chiropractic leadership to provide direction for profession. (6%) 13. Allowing profession to become narrowly focused on "straight" philosophy. (6%) 14. Losing status as primary contact/portal of entry providers. (6%) 15. Losing political initiative; increasing anti-chiropractic legislation. (3%) 16. Failing to pursue research; failing to prove efficacy/cost-effectiveness of chiropractic care. (3%) 17. Failing to define scope of practice; failing to develop practice standards or standards of care. (6%) 18. Losing university status for chiropractic colleges. (1%) 19. Narrowing scope of chiropractic practice; becoming "back doctors." (6%) 20. Losing control of registration for chiropractors/chiropractic educational institutions. (1%) 																																								
	<p>Response No. New Zealand</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>7</td></tr> <tr><td>2</td><td>3</td></tr> <tr><td>3</td><td>12</td></tr> <tr><td>4</td><td>9</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>10</td></tr> <tr><td>7</td><td>17</td></tr> <tr><td>8</td><td>22</td></tr> <tr><td>9</td><td>1</td></tr> <tr><td>10</td><td>14</td></tr> <tr><td>11</td><td>3</td></tr> <tr><td>12</td><td>6</td></tr> <tr><td>13</td><td>6</td></tr> <tr><td>14</td><td>6</td></tr> <tr><td>15</td><td>3</td></tr> <tr><td>16</td><td>3</td></tr> <tr><td>17</td><td>6</td></tr> <tr><td>18</td><td>1</td></tr> <tr><td>19</td><td>6</td></tr> <tr><td>20</td><td>1</td></tr> </table> <p style="text-align: center;">Percent of responses nationwide</p>	1	7	2	3	3	12	4	9	5	4	6	10	7	17	8	22	9	1	10	14	11	3	12	6	13	6	14	6	15	3	16	3	17	6	18	1	19	6	20	1
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TABLE 11.4