

Chapter 6

Overview of Survey Response Data

For ease of reference, a summary of 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 Caucasian 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. Weekly practice consists of 37 hours with the majority of time spent on direct patient care and the remainder of the time about equally divided between business management and patient education.

The "Typical" Patient

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

Practitioner/Respondent Demographic Summary			
GENDER			
Male	86.7%	Female	13.3%
ETHNIC ORIGIN			
White (not Hispanic)	95.5%	American Indian	0.2%
Hispanic	1.6%	Filipino	0.2%
Other	1.2%	Alaskan Native	0.0%
Asian	0.8%	Pacific Islander	0.0%
Black (not Hispanic)	0.5%		
Highest Level of NON-CHIROPRACTIC EDUCATION			
Baccalaureate Degree	46.5%	Other	6.0%
Associate Degree	24.1%	Master's Degree	5.1%
High School Diploma	16.2%	Doctoral Degree	2.1%
SPECIALTY BOARD CERTIFICATION			
None/Does not apply			74.6%
American Board of Chiropractic Orthopedists			9.9%
Other			9.5%
American Chiropractic Board of Sports Physicians			4.2%
American Chiropractic Board of Radiology			1.9%
American Chiropractic Academy of Neurology			1.3%
ICA College of Thermography			1.0%
Chiropractic Rehabilitation Association			0.7%
American Chiropractic Board of Nutrition			0.6%
American Board of Chiropractic Internists			0.5%
ICA College on Chiropractic Imaging			0.4%
ICA Council on Applied Chiropractic Sciences			0.3%
INSTITUTION GRANTING DEGREE			
Palmer	27.7%	Western States	3.2%
National	11.6%	Sherman	2.9%
Life	9.0%	Other	2.8%
Logan	8.0%	Palmer West	2.2%
New York	7.4%	Life West	1.3%
Los Angeles	6.6%	Pennsylvania	0.8%
Northwestern	4.5%	Parker	0.7%
Cleveland-KC	3.9%	So. California	0.3%
Cleveland-LA	3.5%	Canadian Mem.	0.1%
Texas	3.5%	Foreign/Overseas	0.0%

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: tradesmen/skilled laborer, white collar/secretarial, and homemaker (Table 6.2).

Conditions

On a daily basis, the typical chiropractic practitioner will likely see patients who have spinal problems, peripheral joint, and related neurologic conditions.

In a typical week, a chiropractor is also likely to see patients who have joint and pelvic problems including subluxations, intervertebral disc syndromes, and facet dysfunctions. Also included in the usual weekly practice may be patients who have biomechanical problems including scoliosis, hypo- and hyperlordosis.

In addition, during a typical weekly practice, chiropractors may treat patients who have extremity joint dysfunctions including sprains, strains, tendinitis, tenosynovitis, bursitis, and synovitis. Neurological disorders which may be seen in weekly practice are characterized by patients with headaches, peripheral neuritis, neuralgia, and various related constitutional problems (or organic/somatic problems).

Diagnosis and Case Management

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

As the patient's condition changes, or as the patient presents with a new condition, the case 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 chiropractor utilizes five to six chiropractic adjustive techniques, with the most frequently utilized technique being Diversified. On the average, chiropractors utilize 12

Summary of Reported Patient Demographics*			
GENDER			
Male	40.7%	Female	59.3%
AGE			
17 or younger	9.7%	51 to 64	21.2%
18 to 30	19.1%	65 or older	13.3%
31 to 50	36.7%		
ETHNIC ORIGIN			
White	65.0%	American Indian	3.0%
Hispanic	10.3%	Filipino	2.4%
Other	0.9%	Alaskan Native	0.3%
Asian	5.6%	Pacific Islander	1.4%
Black	11.3%		
OCCUPATION			
Tradesman/Skilled Labor			19.1%
White collar/Secretarial			16.5%
Homemaker			13.8%
Unskilled Labor			12.0%
Executive/Professional			11.9%
Retired or other			11.7%
Student			7.6%
Professional/Amateur athlete			7.4%

TABLE 6.2

* See page 56 for explanation of percentages.

non-adjustive techniques (including making various recommendations) that are supportive to the chiropractic adjustment.

Corrective or therapeutic exercise was recommended by 95.8% of the practitioners during the past two years, while nutritional counseling, therapy or supplements were given or recommended by 83.5% during the same time period. The majority of practitioners utilized some form of non-adjustive techniques.

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, radiographic examination, and laboratory or special studies 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 frequently used case management activities such as discussing alternative courses of action with their patients, encouraging patients to make appropriate changes in habits or lifestyle, modifying intervention strategies as the patient's condition changes, and recommending and/or arranging for services of other health care providers when necessary.

Respondent Comments

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.

Survey Instrument

Of the general comments, 85% (192) were positive, while 15% (35) were negative. The typical positive comment was, "Great job! I'm glad this (survey) is finally being done for the chiropractic profession." The negative comments were most often based on a perceived potential for misuse of the data from the survey.

Activities

Another large group of comments (180) dealt with the Activities section of the survey. Most of this type of comment suggested that NBCE include procedures in its list of activities that the individuals used in their private practices. One activity that appeared in several comments was, "...perform George's test prior to cervical adjusting." A smaller number of comments indicated that the respondent had some difficulty interpreting the activity or relating it to his/her practice.

There was a small group of comments from respondents in the states of Michigan, Nebraska, Tennessee, and Washington which indicated that practitioners in these states felt they could not respond accurately to the laboratory and supportive procedures section due to restrictions in their respective state laws/chiropractic statutes.

Philosophical/General

There were 134 comments that could be termed "editorial opinion" concerning the perceived merits of expanding or limiting the scope of chiropractic practice. Most of these comments were a description of the respondents' general approach to patient care, or a list of office procedures or protocols.

Rating Systems

Fifty of the comments indicated some difficulty in effectively utilizing one or more of the rating systems used in the survey. The concept of "risk" to public health or patient safety was particularly difficult for most of this group of respondents to address.

Practice Techniques

In the Treatment Procedures section of the survey, ten comments indicated that the respondents felt the Adjustive Techniques section did not include one or more of their preferences (B.E.S.T. technique was mentioned in three comments); in the Non-adjustive Technique section, 35 comments offered suggestions on procedures that could be added (no particular suggestion dominated this group).

There were 34 comments that referred to the Types of Conditions section of the survey. Most of these comments centered around whether or not the intent was to identify "conditions treated" or "general diagnostic conditions."

Patient Demographics

Twenty-two comments revealed difficulty responding to the **Types of Patients** section. Several of the comments indicated that more occupations should have been included; most of the comments indicated that the percentages associated with MOST/ALL (76-100%), MORE THAN HALF (51-75%), etc., were not exact enough.

Utilization of the Survey

Twelve comments expressed a desire and hope that the survey would be used to improve/change the chiropractic educational process, or to change some aspect of the licensing process.

Miscellaneous Comments

The remainder of the comments were as follows: 1) ten expressed concern over the discrepancy between the survey "due date" and the arrival date of the survey; 2) 42 stated reasons why the respondent was unable/unwilling to respond, and; 3) 42 appeared to have nothing to do with either the survey or with the NBCE.