

Chapter 9

Practice Patterns

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 the patient's health and safety if the activity were performed poorly or omitted.

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

Rating Scales			utilized in assessing activities		
<u>FREQUENCY</u>	x	<u>RISK</u>	=	<u>IMPORTANCE</u>	
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, and whether it was 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, with the exception of the **Importance** factor, which ranged from zero to 16.

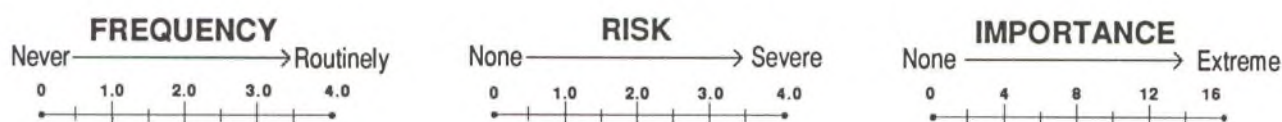
The importance factor is commonly obtained in job analyses. It indicates the significance of an activity when taking into account both the frequency with which the activity is performed, and the risk to patients when the activity is performed poorly or omitted.

The Importance factor was obtained by **multiplying the frequency by the risk factor, and averaging the results**. The frequency and risk factor ratings for the activities were averaged by individual activity and by general category.

Case History

The survey results indicated that case histories were performed **routinely** (category average of 3.56), presenting a **significant** risk to patient health and safety if performed poorly or omitted (category average of 2.62).

Chiropractors routinely took an initial case history from a new patient, took Subjective, Objective, Assessment, Plan/Procedure (S.O.A.P.) notes on subsequent patient visits, and



Activity	Frequency	Risk	Importance
Case History			
Take initial case history.	3.97 Routinely	3.06 Significant	12.19
Identify condition from case history.	3.42 Frequently	2.77 Significant	9.81
Perform focused case history.	3.43 Frequently	2.69 Significant	9.76
Take S.O.A.P. or case progress notes.	3.60 Routinely	2.25 Some	8.45
Determine technique/case management.	3.32 Frequently	2.29 Some	8.20
Update case history.	3.64 Routinely	2.69 Significant	10.10

TABLE 9.2
Case History

updated the case history for a patient whose condition had changed or who presented with a new condition.

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.

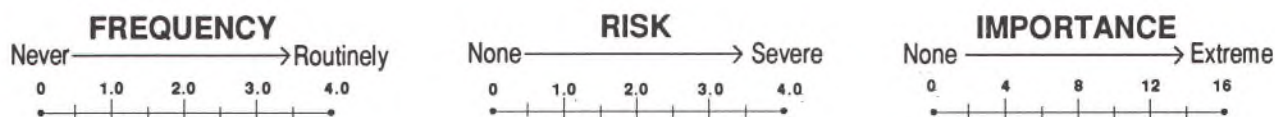
The types of case history activities rated highest in importance were taking the initial case history from a new patient, and updating the case history from a patient whose condition had

changed or who presented with a new condition. Additionally, other factors which practitioners perceived to be important were identifying the nature of a patient's condition using the information from the case history, and performing a focused case history in order to determine what additional examination procedures or tests were necessary (Table 9.2).

Physical Examination

Physical examination activities were performed **routinely** (category average of 3.54), and presented a **significant** risk to patient health and safety if the activities were performed poorly or omitted (category average of 2.74).

Chiropractors routinely performed physical examinations on new patients, and they frequently assessed the patient's general state of health, performed regional exams to further



Activity	Frequency	Risk	Importance
Physical Examination			
Perform physical examination.	3.65 Routinely	2.98 Significant	11.38
Assess general state of health.	3.47 Frequently	2.68 Significant	9.76
Perform regional examination.	3.49 Frequently	2.74 Significant	10.06
Update physical examination.	3.47 Frequently	2.57 Significant	9.32

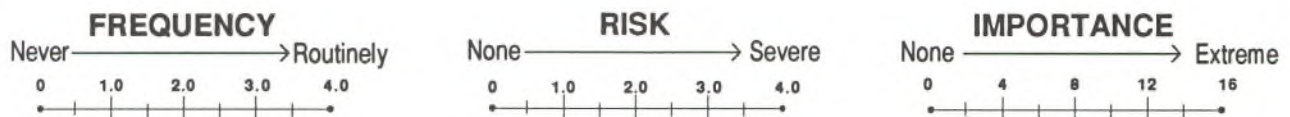
TABLE 9.3
Physical Examination

define the nature of the patient's presenting complaint, and updated the patient's physical exam periodically or when the patient's condition changed. According to response data, the practitioners indicated that a significant risk to patient health and safety existed if these procedures were performed poorly or omitted.

As survey results indicated, practitioners rated performing a physical examination on a new patient highest in importance in the physical exam area (Table 9.3).

Neuromusculoskeletal Examination

Neuromusculoskeletal examination activities were performed **frequently** (category average of 3.47), presenting a **significant** risk to patient health and safety if performed poorly or omitted (category average of 2.67).



Activity	Frequency	Risk	Importance
NMS Examination			
Perform orthopedic and/or neurological examination.	3.69 Routinely	2.77 Significant	10.58
Perform focused orthopedic and/or neurological examination.	3.26 Frequently	2.62 Significant	9.18
Determine patient condition using orthopedic/ neurological examination.	3.47 Frequently	2.66 Significant	9.71
Determine additional lab/X-ray/etc.	3.54 Routinely	2.83 Significant	10.52
Update orthopedic/neurological tests.	3.40 Frequently	2.50 Significant	9.03

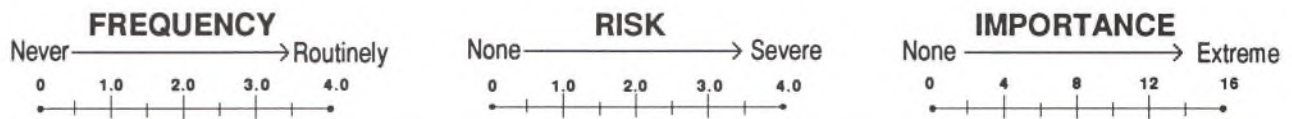
TABLE 9.4
Neuromusculoskeletal Examination

Chiropractors routinely performed general orthopedic and neurological examinations on new patients, and determined the additional laboratory, X-ray, special studies and/or referrals that were necessary by using information from the NMS exam. They performed all other NMS examination activities frequently, and they associated a significant risk to patient health and safety should any 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).

X-ray Examination

X-ray Examination activities were performed **frequently** (category average of 3.03), presenting a **significant** risk to patient health and safety if performed poorly or omitted (category average of 2.53). Determining the presence of pathology, fracture, dislocations, or



Activity	Frequency	Risk	Importance
X-Ray Examination			
Perform X-ray on new patient.	3.31 Frequently	2.83 Significant	10.01
Determine presence of pathology, fracture, etc.	3.67 Routinely	3.30 Significant	12.44
Determine instability/joint dysfunction.	2.27 Sometimes	2.05 Some	5.63
Determine presence of subluxation.	3.01 Frequently	2.00 Some	6.90
Update X-ray/ perform new X-ray.	2.93 Frequently	2.47 Some	7.94

TABLE 9.5
X-ray Examinations

other significant findings using information from an X-ray examination was routine and was **rated highest in importance of the 45 activities chiropractors performed**. Additionally, the survey responses indicated that chiropractors frequently take X-rays on new patients (Table 9.5).

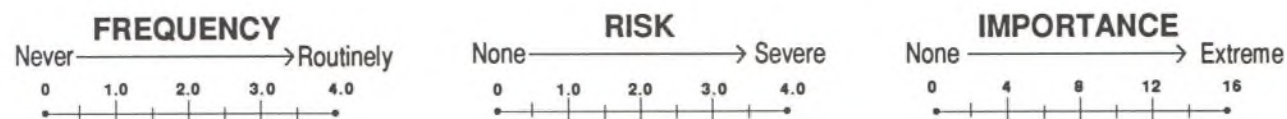
Laboratory and Special Studies

Laboratory and special studies examinations were **sometimes** performed (category average of 1.69), presenting **some** risk to patient health and safety when performed poorly or omitted (category average of 2.07).

Practitioners sometimes confirmed a diagnosis or ruled out health-threatening conditions

using information from laboratory results or specialized studies, and they associated a significant risk to patient health and safety if this activity were performed poorly or omitted. Sometimes a patient's history, examination, or X-ray findings were augmented by the information contained in laboratory results or specialized studies.

Confirming a diagnosis or ruling out a life-threatening condition had the highest importance rating of the other activities performed in this section (Table 9.6).



Activity	Frequency	Risk	Importance
Laboratory and Special Studies			
Draw blood, collect urine, or other laboratory procedures.	0.63 Rarely	1.29 Little	1.41
Order laboratory tests.	1.49 Rarely	1.81 Some	3.35
Refer patient for MRI, CT, EKG, etc.	2.04 Sometimes	2.46 Some	5.45
Confirm diagnosis/health-threatening condition.	2.16 Sometimes	2.53 Significant	6.26
Augment history, examination, or X-ray.	2.16 Sometimes	2.27 Some	5.69

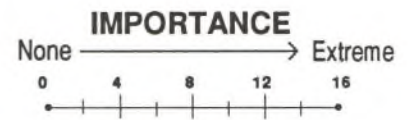
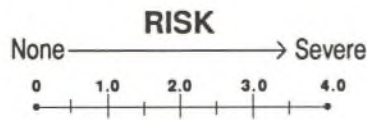
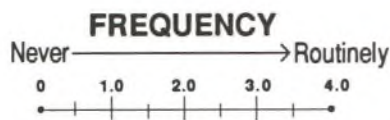
TABLE 9.6
Laboratory and Special Studies

Diagnosis

Diagnosis activities were performed **frequently** (category average of 3.18), presenting a **significant** risk to patient health and safety if performed poorly or omitted (category average of 2.71).

Chiropractors routinely arrived at a diagnosis or clinical impression on the basis of the patient's case history or examination findings, and frequently distinguished between life or health-threatening conditions and less urgent conditions.

The area rated highest in significance and importance was distinguishing between life or health-threatening conditions and less urgent conditions (Table 9.7).

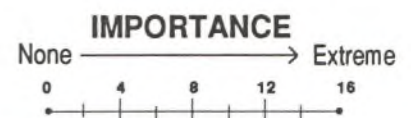
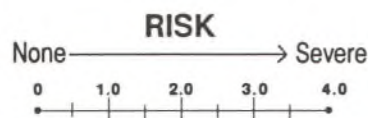
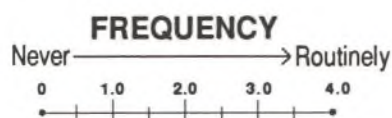


Activity	Frequency	Risk	Importance
Diagnosis			
Relate problems to process.	3.06 Frequently	2.62 Significant	8.68
Distinguish between urgent/less urgent.	3.36 Frequently	3.18 Significant	11.18
Predict effectiveness of chiropractic.	3.31 Frequently	2.26 Some	7.90
Refer patient to other practitioner.	2.58 Frequently	2.78 Significant	7.56
Arrive at diagnosis/impression.	3.60 Routinely	2.73 Significant	10.17

TABLE 9.7
Diagnosis

Chiropractic Technique

Chiropractic techniques (excluding use of instruments) were **routinely** utilized (overall category average of 3.42 including instruments), presenting **some** risk to patient health and safety if performed poorly or omitted (category average of 2.18).



Activity	Frequency	Risk	Importance
Chiropractic Technique			
Perform specific chiropractic examination.	3.77 Routinely	2.50 Significant	9.66
Utilize instruments.	2.22 Sometimes	1.45 Little	4.32
Determine case management/technique.	3.61 Routinely	2.30 Some	8.63
Perform chiropractic adjustive techniques.	3.93 Routinely	2.40 Some	9.51
Update chiropractic examination.	3.59 Routinely	2.28 Some	8.47

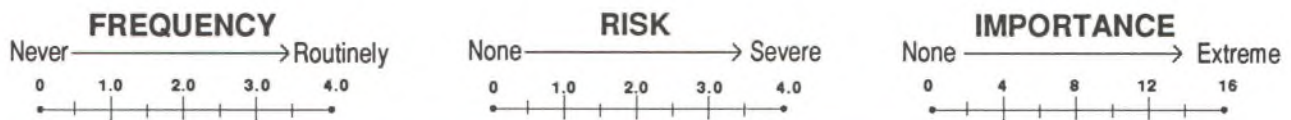
TABLE 9.8
Chiropractic Technique

Practitioners indicated a significant risk to patient health and safety if a specific chiropractic 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 3.05), presenting **some** risk to patient health and safety if performed poorly or omitted (category average of 1.89).

Chiropractors routinely 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 performed.



Activity	Frequency	Risk	Importance
Supportive Technique			
Evaluate patient condition.	3.57 Routinely	2.30 Some	8.54
Determine use of supportive technique.	3.47 Frequently	1.53 Some	5.35
Perform procedures other than adjustive.	3.04 Frequently	1.92 Some	6.39
Refer patient to other practitioner.	2.07 Sometimes	1.73 Some	4.19
Monitor effectiveness of non-adjustive technique.	3.10 Frequently	1.95 Some	6.72

TABLE 9.9
Supportive Techniques

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

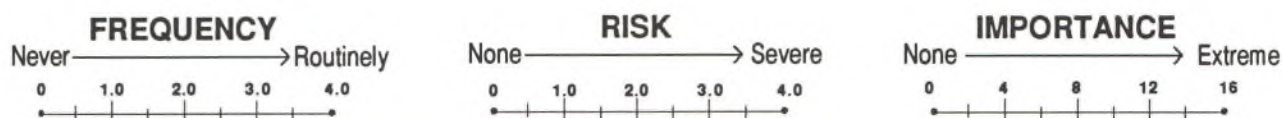
The highest importance rating was given to the evaluation of the patient's condition (Table 9.9).

Case Management

Case Management activities were performed **frequently** (category average of 3.44),

presenting **some** risk to patient health and safety if performed poorly or omitted (category average of 2.47).

Case management activities routinely performed included modifying or revising case management as the patient's condition improved or failed to improve, 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.	3.15 Frequently	2.34 Some	7.64
Recommend/arrange for other services.	3.22 Frequently	2.72 Significant	9.18
Modify case management.	3.65 Routinely	2.66 Significant	9.92
Encourage patient to change habits/lifestyle.	3.69 Routinely	2.30 Some	8.62
Maintain written record.	3.49 Frequently	2.35 Some	8.53

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 93.3% utilized full spine, while 1.7% used the upper cervical approach. **Other** was noted by 5.0% (Table 9.11).

**Chiropractic
Treatment
Procedures**

Primary Approach		%
Full Spine		93.3
Upper Cervical		1.7
Other		5.0

Adjustive Techniques		%	Non-Adjustive Techniques		%
Diversified		91.1	Corrective/Therap. Exercises		95.8
Gonstead		54.8	Ice Pack/Cryotherapy		92.6
Cox/Flexion-Distracton		52.7	Bracing		90.8
Activator		51.2	Nutritional Counseling, etc.		83.5
Thompson		43.0	Bedrest		82.0
SOT		41.3	Orthotics/Lifts		79.2
NIMMO/Tonus Receptor		40.3	Hot Pack/Moist Heat		78.5
Applied Kinesiology		37.2	Traction		73.2
Logan Basic		30.6	Electrical Stimulation		73.2
Cranial		27.2	Massage Therapy		73.0
Palmer Upper Cervical/HIO		26.0	Ultrasound		68.8
Meric		23.4	Acupressure/Meridian Therapy		65.5
Pierce-Stillwagon		19.7	Casting/Taping, Strapping		48.2
Other		15	Vibratory Therapy		42.0
Pettibon		6.3	Homeopathic Remedies		36.9
Barge		4.1	Interferential Current		36.7
Grostick		3.4	Direct Current, etc.		26.9
Toftness		3.3	Diathermy		26.7
Life Upper Cervical		2	Infrared Baker, etc.		19.0
NUCCA		1.5	Whirlpool/Hydrotherapy		12.7
			Acupuncture		11.8
			Other		9.6
			Biofeedback		7.1
			Paraffin Bath		6.9
			Ultraviolet Therapy		3.3

TABLE 9.11
Chiropractic Treatment Procedures

Specific Adjustive Techniques

Results indicated that only four techniques were used by a majority of practitioners. These were Diversified, Gonstead, Cox, and Activator. All other techniques were used by 43% or fewer respondents. Results also indicated that the responding practitioners used an average of 5.7 specific adjustive techniques in their practices.

Non-Adjustive Techniques

As indicated in Table 9.11, approximately two-thirds or more of the practitioners utilized 12 of the supportive techniques listed. This begins with Corrective Exercises (95.8%) and ends with Acupressure (65.5%). Data indicated that the average number of supportive techniques utilized by practitioners was 12.3.