

Chapter 10

Professional Functions and Treatment Procedures

The survey instructed respondents to rate the frequency with which they performed procedures and tasks along with the risk to patient safety and public health when procedures or tasks are omitted or inadequately performed. The importance of these tasks was calculated from these ratings.

Professional Functions

In this section, respondents rated the **frequency** with which they performed 54 specific tasks in nine categories and also rated the **risk** to the patient's health and safety if the task were performed poorly or omitted. Consistent with other rating methods used in this survey, zero-to-four point scales were used for both the frequency and risk components. Multiplying these two ratings yields the **Importance Value**¹, which may have a range of 0 (not important) to 16 (extremely important). The importance value is commonly obtained in job analyses because it indicates the significance of a task, taking into account both frequency and risk (Figure 10.1).

<i>FREQUENCY</i>	<i>X</i>	<i>RISK</i>	=	<i>IMPORTANCE</i>
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

Figure 10.1. Rating Scale Used in Assessing the Frequency, Risk, and Importance of Chiropractic Functions

¹ All values in the tables in this chapter represent averages; further, some of the table values are the average of products. Mathematically, the product of averages is not always the same as the average of products. Thus, multiplying the listed value for each "frequency" by its corresponding "risk" will not generally produce the same result as the "importance" value shown in each table.

Case History

Ratings of case history professional functions pertaining to frequency, risk, and importance appear in Table 10.1.

Doctors of chiropractic **routinely** perform all aspects of a case history (category average of 3.75) and indicate that poor performance or omission of case history functions represents a **significant** risk (category average of 2.65) to patient health and safety. The mean importance value is 10.10.

Respondents indicated that taking an initial case history, identifying the patient's condition from the case history, performing a focused case history to obtain additional information, taking S.O.A.P. or progress notes, and updating the patient's history are all **routine** functions of their practices. Poor performance or omission of these tasks represents a **significant** risk to the patient's health or safety (Table 10.1).

Case History	Frequency 0 → 4	Risk 0 → 4	Importance 0 → 4
Function	Frequency	Risk	Importance
Obtain initial case history	4.0 Routinely	3.0 Significant	11.9
Identify condition from case history	3.7 Routinely	2.8 Significant	10.5
Perform focused case history	3.6 Routinely	2.7 Significant	10.2
Determine technique/case management	3.6 Routinely	2.6 Significant	9.5
Take S.O.A.P. or case progress notes	3.9 Routinely	2.2 Some risk	8.8
Update case history	3.7 Routinely	2.6 Significant	9.7
Category Average	3.75	2.65	10.10

Table 10.1. Frequency, Risk, and Importance of Case History Functions

Physical Examination

Ratings of physical examination functions pertaining to frequency, risk, and importance appear in Table 10.2.

Doctors of chiropractic **routinely** perform physical examination functions (category average of 3.65) and indicate that the poor performance or omission of these

functions represents a **significant** risk (category average of 2.63) to patients' health and safety. The mean importance value is 10.00.

Specifically, respondents reported that in their practices they **routinely** perform general and regional physical examination procedures, determine a patient's general state of health from the information obtained, and re-examine patients when conditions change. The respondents rated the risk to patients' health and safety as **significant** if these procedures are omitted or inadequately performed (Table 10.2).

Physical Examination	Frequency 0 → 4	Risk 0 → 4	Importance 0 → 4
	0 1 2 3 4 Never Routinely	0 1 2 3 4 None Severe	0 4 8 12 16 None Extreme
Function	Frequency	Risk	Importance
Perform physical examination procedures on a new patient	3.8 Routinely	2.9 Significant	11.4
Determine the patient's general state of health, using the physical examination information	3.6 Routinely	2.6 Significant	9.7
Perform regional physical examination procedures	3.6 Routinely	2.6 Significant	9.9
Re-examine periodically or when a patient's condition changes	3.6 Routinely	2.4 Some risk	9.0
Category Average	3.65	2.63	10.00

Table 10.2. Frequency, Risk, and Importance of Physical Examination Functions

Neuromusculoskeletal Examination

Ratings of neuromusculoskeletal examination functions pertaining to frequency, risk, and importance appear in Table 10.3.

Doctors of chiropractic **routinely** perform orthopedic and/or neurologic examination tasks (category average of 3.52) and indicate that poor performance or omission of these functions represents a **significant** risk (category average of 2.56) to patients' health and safety. The mean importance value is 9.50.

Respondents **routinely** perform general and focused orthopedic and/or neurologic examination procedures, determine the patient's condition from these procedures, and utilize this information to determine appropriate courses of action. They rate the risk to patients' safety and/or health as **significant** if these tasks are poorly performed or omitted.

Respondents **frequently** perform appropriate examinations as patients' conditions change and indicated that there is **some** risk to the patient's health and safety if periodic re-examinations are omitted or not adequately performed (Table 10.3).

Neuromusculoskeletal Examination	Frequency 0 → 4	Risk 0 → 4	Importance 0 → 4
Function	Frequency	Risk	Importance
Perform general orthopedic and/or neurological examination procedures on a new patient	3.7 Routinely	2.6 Significant	10.1
Perform focused orthopedic and/or neurological examination procedures	3.5 Routinely	2.6 Significant	9.6
Determine patient condition using orthopedic/neurological examination	3.5 Routinely	2.5 Significant	9.4
Determine need for additional lab, x-ray, special study, and/or referral	3.5 Routinely	2.7 Significant	9.8
Update orthopedic/neurological tests	3.4 Frequently	2.4 Some risk	8.6
Category Average	3.52	2.56	9.50

Table 10.3. Frequency, Risk, and Importance of Neuromusculoskeletal Examination Functions

X-ray Examination

Ratings of x-ray examination functions pertaining to frequency, risk, and importance appear in Table 10.4.

When averaged over all function categories, doctors of chiropractic **sometimes** perform tasks associated with the radiographic examination of patients (category average of 2.40) and indicate that the poor performance or omission of these functions represents **some** risk (category average of 2.14) to the health and safety of patients. The mean importance value is 6.21.

Specifically, respondents **frequently** perform radiographic examinations of new patients and of established patients whose conditions have deteriorated or not responded or who present with a new condition. Likewise, they **frequently** determine the presence of anomaly or pathology from these radiographs. They indicated that there is a **significant** risk to the patient for not identifying these abnormal findings. Respondents **sometimes** use stress x-rays to determine areas of instability or dysfunction. They **rarely** take x-rays to monitor a patient's progress and indicate that there is **little** risk in omitting this activity (Table 10.4).

Compared to the 1998 NBCE *Survey of Chiropractic Practice*, the frequency with which respondents to this current survey performed radiographic procedures and the risk that they associated with inadequately performing or omitting these tasks were slightly decreased.

X-ray Examination	Frequency 0 → 4 <small>0 1 2 3 4 Never Routinely</small>	Risk 0 → 4 <small>0 1 2 3 4 None Severe</small>	Importance 0 → 4 <small>0 4 8 12 16 None Extreme</small>
Function	Frequency	Risk	Importance
Perform x-ray on new patients	2.7 Frequently	2.4 Some risk	7.3
Determine anomaly, pathology, fracture, dislocation, or other significant findings	3.3 Frequently	3.1 Significant	10.7
Determine instability/joint dysfunction from stress x-rays	2.0 Sometimes	2.1 Some risk	5.0
Determine possible presence of subluxation/spinal listing	2.5 Frequently	1.7 Some risk	5.3
Perform new x-rays on a patient whose condition has deteriorated or is not responding	2.6 Frequently	2.4 Some risk	7.1
Perform new x-rays on a patient who has a new condition	2.5 Frequently	2.2 Some risk	6.1
Perform new x-rays to monitor a patient's progress	1.2 Rarely	1.1 Little risk	2.0
Category Average	2.40	2.14	6.21

Table 10.4. Frequency, Risk, and Importance of X-ray Examination Functions

Laboratory and Special Studies

Ratings of laboratory and special studies functions pertaining to frequency, risk, and importance appear in Table 10.5.

Doctors of chiropractic **rarely** perform laboratory and special studies (category average of 1.21) and indicated that the poor performance or omission of these tasks represents **some** risk to the health and safety of patients (category average of 1.99). The mean importance value is 3.13 (Table 10.5).

Respondents indicated that they **sometimes** refer patients for laboratory and special studies and that the laboratory information is **sometimes** used to confirm a diagnosis, rule out a health-threatening condition, or augment history and examination findings. They indicated that there is **significant** risk to the patient's health and safety for poor performance or omission of confirming a diagnosis or ruling out a health-threatening condition using laboratory information.

Laboratory and Special Studies	Frequency 0 → 4	Risk 0 → 4	Importance 0 → 4
Function	Frequency	Risk	Importance
Draw blood, collect urine, or perform other procedures in office	0.3 Virtually never	1.2 Little risk	0.6
Order laboratory tests from hospitals or private laboratory	1.0 Rarely	1.7 Some risk	2.3
Refer patients for MRI or CT scan	1.8 Sometimes	2.4 Some risk	4.5
Refer patients for bone scan	1.0 Rarely	2.1 Some risk	2.6
Refer patients for EMG/nerve conduction studies	1.1 Rarely	1.7 Some risk	2.4
Refer patients for EKG or vascular studies	0.8 Rarely	2.2 Some risk	2.3
Refer patients for specialized studies	1.0 Rarely	1.9 Some risk	2.4
Augment history, examination or radiographic findings using laboratory information	1.9 Sometimes	2.2 Some risk	5.1
Confirm a diagnosis or rule out health-threatening conditions using laboratory information	2.0 Sometimes	2.5 Significant	6.0
Category Average	1.21	1.99	3.13

Table 10.5. Frequency, Risk, and Importance of Laboratory and Special Studies Functions

Diagnosis

Ratings of diagnosis functions pertaining to frequency, risk, and importance appear in Table 10.6.

Doctors of chiropractic **frequently** perform tasks associated with the diagnosis of patients (category average of 2.92) and indicate that the poor performance or

omission of these functions represents **significant** risk (category average of 2.72) to the health and safety of patients. The mean importance value is 8.52 (Table 10.6).

In this section of the survey, respondents indicated that they **frequently** arrive at a specific musculoskeletal diagnosis and **sometimes** arrive at a specific non-musculoskeletal diagnosis. These findings are consistent with the responses obtained in the diagnosis portion of “Types of Conditions” (refer to Chapter 9, Tables 9.1 through 9.17).

Respondents **frequently** refer patients to other practitioners based on information obtained from the history and examination and assigned a **significant** risk to the patient’s health and safety for omission of an appropriate referral.

Diagnosis	Frequency 0 → 4	Risk 0 → 4	Importance 0 → 4
Function	Frequency	Risk	Importance
Relate problems to a pathologic, patho-physiologic, or psychopathologic process	3.1 Frequently	2.7 Significant	9.0
Distinguish between urgent/less urgent conditions from history and examination	3.4 Frequently	3.3 Significant	11.4
Refer to other practitioners, based on examination and history information	2.6 Frequently	2.9 Significant	8.0
Arrive at specific musculoskeletal diagnosis/impression (other than subluxation) based on examination and history findings	3.2 Frequently	2.3 Some risk	8.0
Arrive at specific non-musculoskeletal diagnosis/ impression (other than subluxation) based on examination and history findings	2.3 Sometimes	2.4 Some risk	6.2
Category Average	2.92	2.72	8.52

Table 10.6. Frequency, Risk, and Importance of Diagnosis Functions

Chiropractic Technique

Ratings of chiropractic technique functions pertaining to frequency, risk, and importance appear in Table 10.7.

Doctors of chiropractic **routinely** perform chiropractic technique functions except for the utilization of adjustive instruments (category average of 3.48). Because chiropractic techniques are typically very safe, respondents indicated that the poor performance or omission of these tasks represents only **some** risk (category average of 1.98) to the health and safety of patients. The mean importance value is 7.42 (Table 10.7).

Chiropractic Technique	Frequency 0 → 4 0 1 2 3 4 Never Routinely	Risk 0 → 4 0 1 2 3 4 None Severe	Importance 0 → 4 0 4 8 12 16 None Extreme
Function	Frequency	Risk	Importance
Perform specific chiropractic examination procedures	3.8 Routinely	2.2 Some risk	8.7
Utilize chiropractic instruments	2.1 Sometimes	1.3 Little risk	3.9
Determine appropriate case management/technique from chiropractic examination	3.8 Routinely	2.2 Some risk	8.3
Perform chiropractic adjustive techniques	4.0 Routinely	2.1 Some risk	8.5
Update chiropractic examination	3.7 Routinely	2.1 Some risk	7.7
Category Average	3.48	1.98	7.42

Table 10.7. Frequency, Risk, and Importance of Chiropractic Technique Functions

Adjunctive Care

Ratings of adjunctive care pertaining to frequency, risk, and importance appear in Table 10.8.

Doctors of chiropractic **frequently** perform adjunctive care procedures (category average of 3.10) and indicate that the poor performance or omission of these procedures represents **some** risk (category average of 1.98) to the health and safety of patients. The mean importance value is 6.64 (Table 10.8).

Specifically, respondents **routinely** evaluated their patients to determine if the patient's condition warranted procedures other than adjustive techniques and determined the indications and contraindications for use of adjunctive care;

correspondingly, they **frequently** use adjunctive (non-adjustive) procedures and monitor the effectiveness of those procedures. While **some** risk was deemed to exist for poor performance or omission of most of these procedures, **significant** risk was associated with the inadequate determination of the indications and contraindications for these procedures (Table 10.8).

Adjunctive Care	Frequency 0 → 4	Risk 0 → 4	Importance 0 → 4
Function	Frequency	Risk	Importance
Evaluate patient condition to determine if other than adjustive techniques are indicated	3.6 Routinely	2.0 Some risk	7.3
Determine indications or contraindications for use of adjunctive care	3.6 Routinely	2.6 Significant	9.7
Perform procedures other than adjustive	3.0 Frequently	1.7 Some risk	5.6
Refer patient to other non-M.D./D.C./D.O. practitioner for adjunctive therapy, based on patient condition	2.1 Sometimes	1.7 Some risk	4.1
Monitor effectiveness of non-adjustive techniques, therapeutic procedures, and adjunctive care	3.2 Frequently	1.9 Some risk	6.5
Category Average	3.10	1.98	6.64

Table 10.8. Frequency, Risk, and Importance of Adjunctive Care Functions

Case Management

Ratings of case management functions pertaining to frequency, risk, and importance appear in Table 10.9.

When averaged over all function categories, doctors of chiropractic **frequently** perform tasks associated with case management (category average of 3.23) and indicate that poor performance or omission of these functions represents **some** risk (category average of 2.14) to the health and safety of patients. The mean importance value is 7.44 (Table 10.9).

Similar to ratings in the *Diagnosis* section concerning referral of patients (Table 10.6), respondents **frequently** recommended or arranged for services of other health professionals when their patient’s condition warranted and assigned a **significant** risk to the patient’s health and safety for omission of an appropriate recommendation or arrangement.

Respondents **frequently** provided patients with a written informed consent to treatment and **sometimes** counseled patients concerning the meaning and implication of informed consent. They assigned **some** risk to omitting or poorly performing these tasks.

Case Management Function	Frequency 0 → 4	Risk 0 → 4	Importance 0 → 4
	0 1 2 3 4 Never Routinely	0 1 2 3 4 None Severe	0 4 8 12 16 None Extreme
Function	Frequency	Risk	Importance
Discuss treatment options with patient	3.7 Routinely	2.1 Some Risk	8.1
Provide patient with written informed consent	2.7 Frequently	2.0 Some Risk	6.4
Counsel patient about informed consent	2.3 Sometimes	1.8 Some Risk	5.2
Recommend/arrange for other services when condition warrants	3.2 Frequently	2.6 Significant	8.7
Predict effectiveness of chiropractic care, using history and examination information	3.0 Frequently	1.9 Some Risk	5.9
Modify case management as patient's condition warrants	3.7 Routinely	2.4 Some Risk	9.1
Encourage patient to change habits/lifestyle appropriately	3.6 Routinely	2.1 Some Risk	7.8
Maintain written record of problem(s), goals, intervention strategies, and case progress	3.6 Routinely	2.2 Some Risk	8.3
Category Average	3.23	2.14	7.44

Table 10.9. Frequency, Risk, and Importance of Case Management Functions

Importance of Professional Functions

In general, those functions that were calculated to be most important in chiropractic practice were those that were rated as either performed frequently or that carried a significant risk if omitted or poorly performed; that is, they received a rating of 2.5 or greater on at least one of these scales.

Table 10.10 displays those professional functions that were rated by respondents as 2.5 or greater on either the frequency or risk scale.

Professional Functions	Frequency 0 → 4	Risk 0 → 4	Importance 0 → 4
Function	Frequency	Risk	Importance
Obtain initial case history	4.0 Routinely	3.0 Significant	11.9
Distinguish between urgent/less urgent from history and examination	3.4 Frequently	3.3 Significant	11.4
Perform physical examination procedures on a new patient	3.8 Routinely	2.9 Significant	11.4
Determine anomaly, pathology, fracture, dislocation, or other significant findings from x-ray	3.3 Frequently	3.1 Significant	10.7
Identify condition from case history	3.7 Routinely	2.8 Significant	10.5
Perform focused case history	3.6 Routinely	2.7 Significant	10.2
Perform general orthopedic and/or neurological examination procedures on a new patient	3.7 Routinely	2.6 Significant	10.1
Perform regional physical examination procedures	3.6 Routinely	2.6 Significant	9.9
Determine need for additional lab, x-ray, special study and/or referral from orthopedic and/or neurological examination	3.5 Routinely	2.7 Significant	9.8
Update case history	3.7 Routinely	2.6 Significant	9.7
Determine the patient's general state of health, using the physical examination information	3.6 Routinely	2.6 Significant	9.7
Determine indications or contraindications for use of adjunctive care	3.6 Routinely	2.6 Significant	9.7
Perform focused orthopedic and/or neurological examination procedures based on preliminary clinical findings	3.5 Routinely	2.6 Significant	9.6
Determine technique/case management from case history	3.6 Routinely	2.6 Significant	9.5
Determine patient condition using orthopedic/neurological examination	3.5 Routinely	2.5 Significant	9.4

Table 10.10. Importance of Professional Functions

Importance of Professional Functions (Continued)

Professional Functions	Frequency 0 → 4	Risk 0 → 4	Importance 0 → 4
Function	Frequency	Risk	Importance
Modify case management as patient's condition warrants	3.7 Routinely	2.4 Some risk	9.1
Relate positive history and examination findings to a pathologic, pathophysiologic, or psychopathologic process	3.1 Frequently	2.7 Significant	9.0
Re-examine periodically or when a patient's condition changes	3.6 Routinely	2.4 Some risk	9.0
Take S.O.A.P. or case progress notes	3.9 Routinely	2.2 Some risk	8.8
Recommend/arrange for other services when condition warrants	3.2 Frequently	2.6 Significant	8.7
Perform specific chiropractic examination procedures	3.8 Routinely	2.2 Some risk	8.7
Update orthopedic/neurological tests	3.4 Frequently	2.4 Some risk	8.6
Perform chiropractic adjustive techniques	4.0 Routinely	2.1 Some risk	8.5
Determine appropriate case management/technique from examination	3.8 Routinely	2.2 Some risk	8.3
Maintain written record of problem(s), goals, intervention strategies, and case progress	3.6 Routinely	2.2 Some risk	8.3
Discuss treatment options with patient	3.7 Routinely	2.1 Some risk	8.1
Refer to other practitioners, based on history and examination information	2.6 Frequently	2.9 Significant	8.0
Arrive at specific musculoskeletal diagnosis or clinical impression (other than subluxation) on the basis of history and examination findings	3.2 Frequently	2.3 Some risk	8.0
Encourage patient to change habits/lifestyle appropriately	3.6 Routinely	2.1 Some risk	7.8

Table 10.10. Importance of Professional Functions (Continued)

Professional Functions	Frequency 0 → 4	Risk 0 → 4	Importance 0 → 4
	0 1 2 3 4 Never Routinely	0 1 2 3 4 None Severe	0 4 8 12 16 None Extreme
Function	Frequency	Risk	Importance
Update chiropractic examination	3.7 Routinely	2.1 Some risk	7.7
Perform x-ray on new patients	2.7 Frequently	2.4 Some risk	7.3
Evaluate patient condition to determine if other than adjustive techniques are indicated	3.6 Routinely	2.0 Some risk	7.3
Perform new x-rays on a patient whose condition has deteriorated or is not responding	2.6 Frequently	2.4 Some risk	7.1
Monitor effectiveness of non-adjustive techniques, therapeutic procedures, and adjunctive care	3.2 Frequently	1.9 Some risk	6.5
Provide patient with written informed consent	2.7 Frequently	2.0 Some risk	6.4
Arrive at specific non-musculoskeletal diagnosis/impression (other than subluxation) based on examination and history findings	2.3 Some risk	2.4 Some risk	6.2
Perform new x-rays on a patient who has a new condition	2.5 Frequently	2.2 Some risk	6.1
Confirm a diagnosis or rule out health-threatening conditions using laboratory information	2.0 Sometimes	2.5 Significant	6.0
Predict effectiveness of chiropractic care using history and examination information	3.0 Frequently	1.9 Some risk	5.9
Perform procedures other than adjustive	3.0 Frequently	1.7 Some risk	5.6
Determine possible presence of subluxation/spinal listing using x-rays	2.5 Frequently	1.7 Some risk	5.3

Table 10.10. Importance of Professional Functions (Continued)

Treatment Procedures

Respondents were asked to identify the primary adjustive technique (Table 10.11) that they utilized and all of the specific adjustive techniques (Table 10.12) and adjunctive procedures (Tables 10.13 and 10.14) that they utilized in their practices during the previous year. The same five-point scale used in some of the previous portions of this survey was also used in the last three sections of the survey.

Primary Technique

Seventy-six percent of respondents indicated that they primarily utilize a full-spine and extremity adjusting approach in their practices. Nearly 19% primarily use full-spine techniques. Slightly more than 1% of respondents indicated that they primarily utilize an upper cervical technique, while almost 4% indicated that they primarily utilize another approach Table 10.11.

Technique	Percent who Utilize
Full spine and extremity	76.1%
Full spine	18.7%
Upper cervical	1.2%
Other	3.9%

Table 10.11. Primary Adjustive Technique Used

Specific Adjustive Procedures

Data indicate that more than 95% of chiropractors adjust extremities (Table 10.12), and they adjust nearly 72% of their patients using the Diversified technique (other techniques were utilized for 47% or fewer of their patients). Five other techniques are used by more half or more of all practitioners: Activator Methods, Gonstead, Cox/Flexion-Distraction, Thompson, and SOT (Sacro-Occipital Technic). All other techniques are employed by 38% of practitioners or fewer. Individual practitioners, on average, use six separate techniques in their practices.

Adjustive Procedures	% of Chiropractors Utilizing Technique/ Procedure			% of Patients Receiving Technique/ Procedure	
	1991	1998	2003	1998	2003
Diversified	91.1%	95.9%	96.2%	73.5%	71.5%
Extremity adjusting	No Data	95.5%	95.4%	47.8%	46.8%
Activator methods	51.2%	62.8%	69.9%	21.7%	23.9%
Thompson	43.0%	55.9%	61.3%	25.8%	28.2%
Gonstead	54.8%	58.5%	57.2%	28.9%	26.2%
Cox/flexion-distraction	52.7%	58.0%	56.5%	25.2%	23.5%
SOT	41.3%	49.0%	49.6%	16.5%	15.3%
Adjustive instrument	No Data	34.5%	40.3%	14.0%	15.7%
Cranial	27.2%	37.3%	38.0%	11.2%	10.3%
Applied kinesiology	37.2%	43.2%	37.6%	14.5%	12.9%
NIMMO/receptor tonus	40.3%	40.0%	33.6%	17.7%	13.4%
Logan basic	30.6%	28.7%	26.0%	7.1%	5.2%
Palmer upper cervical/HIO	26.0%	28.8%	25.7%	9.1%	6.7%
Pierce-Stillwagon	19.7%	17.1%	15.4%	6.5%	5.1%
Meric	23.4%	19.9%	15.1%	6.5%	4.3%
Other	15.0%	14.8%	12.5%	9.9%	10.4%

Table 10.12. Specific Adjustive Procedures Used

Passive Adjunctive Care

Respondents estimated their utilization of each of 24 specific passive adjunctive care options on a zero-to-four scale (Table 10.13). None of them was routinely used on patients; ice packs were the most often used passive adjunctive therapy. Over 80% of the respondents utilized eight or more modalities in their practices. On average, chiropractors utilize 12 passive adjunctive care procedures in their practices.

Passive Adjunctive Procedures	% of Chiropractors Utilizing Technique/ Procedure			% of Patients Receiving Technique/Procedure		
	1991	1998	2003	1998	2003	
Ice pack/cryotherapy	92.6%	93.9%	94.5%	50.4%	48.5%	Sometimes
Trigger point therapy	No Data	90.9%	91.0%	47.7%	45.3%	Sometimes
Nutritional counseling, therapy, or supplementation	83.5%	90.4%	89.0%	36.6%	34.6%	Sometimes
Bracing with lumbar support, cervical collar, etc.	90.8%	90.1%	86.3%	27.5%	21.2%	Rarely
Massage therapy	73.0%	83.0%	84.9%	37.4%	37.1%	Sometimes
Hot pack/moist head	78.5%	82.1%	81.9%	43.8%	40.8%	Sometimes
Traction	73.2%	79.0%	80.6%	33.3%	34.6%	Sometimes
Electrical stimulation/ therapy	73.2%	76.2%	77.3%	44.9%	46.0%	Sometimes
Mobilization therapy	No Data	74.5%	76.2%	34.8%	34.0%	Sometimes
Heel lifts	79.2%	75.1%	69.2%	18.8%	15.6%	Rarely
Ultrasound	68.8%	70.3%	66.1%	34.3%	30.9%	Sometimes
Bed rest	82.0%	75.7%	64.8%	17.5%	12.1%	Rarely
Acupressure or meridian therapy	65.5%	66.1%	58.2%	28.5%	21.9%	Rarely
Homeopathic remedies	36.9%	53.1%	46.4%	14.6%	10.9%	Rarely
Taping/strapping	48.2%	48.7%	43.5%	10.7%	8.7%	Rarely
Vibratory therapy	42.0%	44.1%	42.8%	20.8%	20.4%	Rarely
Direct current, electrodiagnosis, or iontophoresis	26.9%	25.9%	26.2%	10.1%	9.8%	Rarely
Infrared-baker, heat lamp, or hot pad	19.0%	17.5%	20.9%	7.0%	9.5%	Rarely
Diathermy-shortwave or microwave	26.7%	22.0%	17.0%	7.8%	6.0%	Rarely

Table 10.13. Passive Adjunctive Procedures Used

Passive Adjunctive Procedures	% of Chiropractors Utilizing Technique/ Procedure			% of Patients Receiving Technique/Procedure		
	1991	1998	2003	1998	2003	
Whirlpool or hydrotherapy	12.7%	13.1%	15.1%	3.7%	4.7%	Rarely
Paraffin bath	6.9%	11.6%	14.7%	3.0%	3.3%	Rarely
Other	9.6%	6.8%	14.0%	4.1%	4.3%	Rarely
Acupuncture with needles	11.8%	10.8%	13.6%	4.4%	5.4%	Rarely
Casting	No Data	8.8%	8.7%	1.8%	1.7%	Rarely
Biofeedback	7.1%	8.6%	8.4%	1.9%	1.8%	Rarely

Table 10.13. Passive Adjunctive Procedures Used (Continued)

Active Adjunctive Care

Chiropractors frequently instruct patients regarding corrective or therapeutic exercise and instruction in activities of daily living. Overall, 98% of chiropractors provide approximately 63% of their patients with corrective or therapeutic exercise, and 97% of chiropractors offer 58% of their patients advice on activities of daily living (Table 10.14).

Chiropractors use rehabilitation and stabilization procedures for 42% of their patients, and 88% of chiropractors provide these options for at least some of their patients. Eighty-two percent of respondents have foot orthotics available for patients, and, on average, 21% of patients were provided with them. Respondents rarely offered formal back schools or hardening programs.

Active Adjunctive Procedures	% of Chiropractors Utilizing Technique/ Procedure			% of Patients Receiving Technique/Procedure		
	1991	1998	2003	1998	2003	
Corrective or therapeutic exercise	95.8%	98.0%	98.3%	61.2%	63.2%	Frequently
Activities of daily living	No Data	93.6%	96.6%	54.3%	57.9%	Frequently
Rehabilitation/spinal or extremity joint stabilization	No Data	83.1%	87.8%	36.0%	41.9%	Sometimes
Foot orthotics	79.2%	75.9%	81.8%	20.4%	20.9%	Sometimes
Work hardening	No Data	52.4%	58.6%	14.9%	16.3%	Sometimes
Back school (formal program)	No Data	35.4%	39.6%	11.1%	11.1%	Sometimes

Table 10.14. Active Adjunctive Procedures Used

Health Promotion/Wellness Care

Nearly all chiropractors instruct patients regarding health promotion and wellness. The percentage of patients who received recommendations or advice in the listed procedures ranged from 40% receiving disease prevention or early screening advice to 65% who were advised on general physical fitness and exercise (Table 10.15).

Health Promotion and Wellness Care Procedures	% of Chiropractors Utilizing Technique/ Procedure	% of Patients Receiving Technique/ Procedure
	2003	2003
Physical fitness/exercise promotion	98.3%	64.9% Frequently
Nutritional/dietary recommendations	97.7%	51.8% Frequently
Ergonomic/postural advice	97.3%	61.9% Frequently
Changing risky/unhealthy behaviors	96.6%	54.9% Frequently
Self-care strategies	96.6%	60.6% Frequently
Relaxation/stress reduction recommendations	96.4%	50.1% Frequently
Disease prevention/early screening advice	90.8%	39.7% Sometimes

Table 10.15. Health Promotion and Wellness Care Procedures Used