

Chapter 6

Overview of Survey Responses

The National Board of Chiropractic Examiners (NBCE) has previously conducted surveys of the chiropractic profession and published the resulting reports entitled *Job Analysis of Chiropractic* (Christensen & Morgan, 1993), *Job Analysis of Chiropractic 2000* (Christensen, Kollasch, & Kerkoff, 2000), and *Job Analysis of Chiropractic 2005* (Christensen, et al. 2005). This current report, *Practice Analysis of Chiropractic 2010*, presents data from a survey that was redesigned and conducted in 2009. Survey letters were mailed to 9,839 licensed chiropractors; 2,371 individuals practicing 20 or more hours per week responded. In order to describe the prominent characteristics of chiropractors and their patients, this chapter summarizes and reports some of the data collected in the current and prior NBCE surveys; subsequent chapters contain a more complete presentation of the 2009 survey results.

The “Typical” Chiropractor

According to the survey data, the typical full-time chiropractor is a Caucasian male who spends 30 to 40 hours per week in professional practice. Most chiropractors (63.8%) practice in a city or the suburbs and they make and receive referrals to/from traditional medical practitioners as well as complementary and alternative providers. Typically, doctors of chiropractic have a bachelor’s degree and participate in continuing education exceeding 21 hours per year; more than 40% have worked toward and/or achieved certification in a specialty area. The portion of chiropractors that have been in practice for more than 15 years has been steadily increasing, from one-quarter (24.6%) in 1991 to 35.1% in 1998, then 47.5% in 2003, and now in 2009 to a majority (51.1%) (Table 6.1).

Years in Practice	1991	1998	2003	2009
Fewer than 2 years	4.1%	7.0%	1.9%	2.2%
2-4 years	14.2%	11.3%	8.3%	8.4%
5-15 years	57.1%	46.6%	42.4%	38.3%
16-25 years	24.6%	25.2%	32.1%	26.4%
More than 25 years		9.9%	15.4%	24.7%

Table 6.1 Years in Practice

Routine Activities and Procedures

Based on data obtained in the 2003 Survey of Chiropractic Practice, chiropractors see patients with spinal subluxations and joint dysfunctions on a routine basis. In a typical week, chiropractors treat patients who have the following conditions: neurological problems such as headaches, radiculopathy, or neuralgia; joint problems including osteoarthritis, extremity subluxations, sprains, intervertebral disc syndrome, and facet syndrome; and muscular problems such as strained muscles, myofascitis, and tendonitis. Less frequently, chiropractors evaluate and/or treat patients with scoliosis, fibromyalgia, carpal tunnel syndrome, vertigo, and spinal stenosis/neurogenic claudication. A typical month may also include patients with obesity, high blood pressure, osteoporosis, allergies, diabetes, and menstrual disorders. Viral infections, asthma or emphysema, and rheumatoid arthritis or gout are typically seen less than monthly (Table 6.2).

Several times per day chiropractors assess joint function, perform chiropractic adjustments, and record progress notes. On a daily basis chiropractic physicians perform customary case management functions such as developing diagnoses, prognoses, and management plans, reviewing this information with their patients and obtaining written informed consent for treatment. Daily activities also include monitoring patients' progress with objective outcome measures and performing re-examinations (Table 6.3). Chiropractors report that there is significant risk to patients' health or safety if some of these procedures are either omitted or poorly performed (Table 9.2 in Chapter 9). When a daily activity carries significant risk, its Importance Value is amplified (Table 6.4).

The typical practitioner now spends more than a quarter (25.2%) of his or her work time documenting patient care (Figure 6.1); this has increased substantially since 1998 (13.8%) and 2003 (13.2%). Direct patient care and education consumes 57.4% of practice time, with the remaining time being used for business management and marketing.

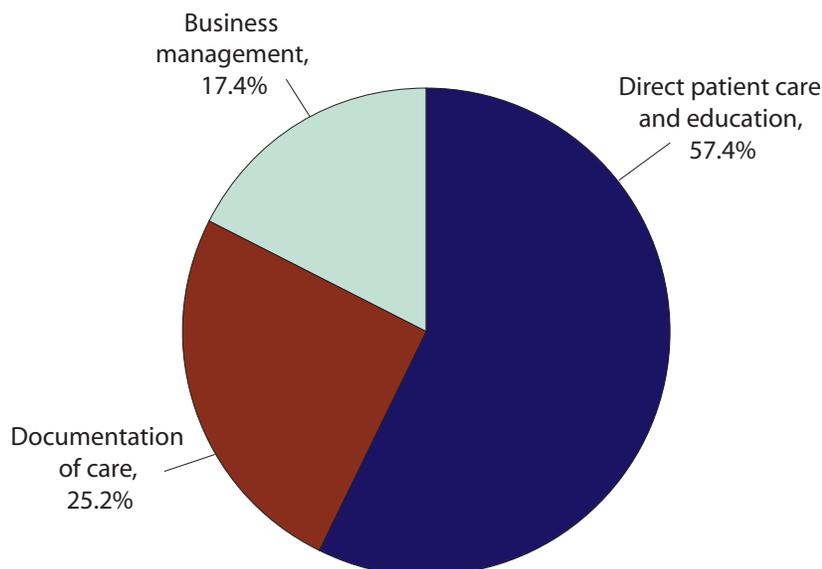


Figure 6.1 Components of Chiropractic Practice (2009)

Patient Conditions

Table 6.2 shows the frequency with which various patient conditions are evaluated and/or treated in a typical chiropractic practice. Patient conditions seen by chiropractors were not addressed in the 2009 Survey of Chiropractic Practice — these data are from the 2003 survey.

Patient Condition	Frequency
Routinely (more than 2/week)	
Spinal subluxation/joint dysfunction	3.9
Often (1-2/week)	
Headaches	3.3
Osteoarthritis/degenerative joint disease	3.3
Extremity subluxation/joint dysfunction	3.2
Sprain of any joint	3.1
Hypolordosis of cervical or lumbar spine	3.1
Muscular strain/tear	3.0
Intervertebral disc syndrome	3.0
Radiculitis or radiculopathy	2.9
Myofascitis	2.9
Vertebral facet syndrome	2.9
Peripheral neuritis, neuralgia, or neuropathy	2.8
Tendinitis/tenosynovitis	2.7
Sometimes (1-3/month)	
Hyperlordosis of cervical or lumbar spine	2.4
Kyphosis of thoracic spine	2.4
Functional scoliosis	2.2
Obesity	2.1
High blood pressure	2.1
Fibromyalgia	2.1
Bursitis or synovitis	2.1
Carpal or tarsal tunnel syndrome	2.1
Sinus condition	2.0
Osteoporosis/osteomalacia	2.0

Table 6.2 Patient Conditions (from 2003 survey)

Patient Condition	Frequency
Sometimes (1-3/month), continued	
Allergies	1.9
Structural scoliosis	1.9
TMJ syndrome	1.8
Dizziness/vertigo	1.7
Thoracic outlet syndrome	1.7
Vertigo/loss of equilibrium	1.6
Spinal stenosis/neurogenic claudication	1.6
Diabetes	1.6
Menstrual disorder/PMS	1.5
Congenital/developmental anomaly of any joint	1.5
Rarely (1-10/year)	
Nutritional disorders	1.4
Upper respiratory or ear infection	1.4
Pregnancy	1.4
Menopause	1.4
Viral infection	1.4
Asthma, emphysema, or COPD	1.4
Congenital/developmental anomaly of bone	1.4
Systemic/rheumatoid arthritis or gout	1.4
Damaged nerve/plexus	1.3
Hiatal hernia/esophageal reflux	1.3
Bacterial infection	1.2
Thyroid or parathyroid disorder	1.1
Kidney or urinary tract infection	1.0
Acne, dermatitis, or psoriasis	1.0
Muscular atrophy	1.0
ALS, multiple sclerosis, or Parkinson's	0.9
Psychological disorders	0.9
Colic	0.9

Table 6.2 Patient Conditions (from 2003 survey), continued

Patient Condition	Frequency
	0 1 2 3 4 ● ——— ● Never Routinely
Rarely (1-10/year), continued	
Bacterial or viral infection	0.9
Colitis or diverticulitis	0.9
Fracture	0.9
Cranial nerve disorder	0.8
Incontinence	0.8
Occupational or environmental disorder	0.8
Dislocation of any joint	0.8
Stroke or cerebrovascular condition	0.7
Eating disorders	0.7
Benign prostatic hypertrophy	0.7
Anemia	0.7
Adrenal disorder	0.7
Heart murmur or rhythm irregularity	0.7
Kidney stones	0.7
Bacterial or fungal infection	0.7
Ulcer of stomach, small intestine, or colon	0.7
Hemorrhoids	0.7
Female infertility	0.6
Angina or myocardial infarction	0.6
Peripheral artery or vein disorder	0.6
Herpes simplex	0.6
Herpes zoster	0.6
Skin cancer	0.6
Inguinal hernia	0.6
Immunological disorder	0.5
Vascular claudication	0.5
Endocrine or metabolic bone disorder	0.5
Bone tumor/metastasis	0.5

Table 6.2 Patient Conditions (from 2003 survey), continued

Patient Condition	Frequency
Virtually never (0)	
Vertebrobasilar artery insufficiency	0.4
Impotency	0.4
Noncancerous breast disorder	0.4
Hereditary disorder	0.4
Significant ear pathology	0.4
Disorder of nose or sense of smell	0.4
Throat or larynx disorder	0.4
Pituitary disorder	0.4
Arterial aneurysm	0.4
Congenital anomaly	0.4
Pigment disorders	0.4
Cholecystitis or pancreatitis	0.4
Muscular dystrophy	0.4
Avascular necrosis	0.4
Infection of joint/disc	0.4
Brain or spinal cord tumor	0.3
Parasites	0.3
Infectious diseases (mumps, measles, chicken pox)	0.3
Male infertility	0.3
Prostatic carcinoma	0.3
Breast or reproductive system tumor	0.3
Significant eye pathology	0.3
Hepatitis B	0.3
Herpes II	0.3
HIV/AIDS	0.3
Thymus or pineal disorder	0.3
Chronic kidney disease or failure	0.3
Appendicitis	0.3
Tumor of lung or respiratory passages	0.3
Osteomyelitis/infection	0.3

Table 6.2 Patient Conditions (from 2003 survey), continued

Patient Condition	Frequency
Virtually never (0), continued	
Muscle tumor	0.3
Polycythemia	0.2
Marrow or lymphatic system cancer	0.2
Other sexually transmitted disease	0.2
Endocrine tumor	0.2
Kidney or bladder tumor	0.2
Tumor of gastrointestinal tract	0.2
Atelectasis or pneumothorax	0.2
Other reproductive system tumor	0.1
Eye, ear, nose, or throat tumor	0.1

Table 6.2 Patient Conditions (from 2003 survey), continued

Frequency of Professional Functions

Table 6.3 contains data from the 2009 Survey of Chiropractic Practice, which are presented in Chapter 9 of this report concerning professional functions performed within a chiropractic practice. The table shows the **frequency** with which the tasks are performed, based on a 6-point scale (values from 0 to 5).

Professional Function	Frequency
Several times per day	
Perform a chiropractic adjustment of the occiput, spine and/or pelvis.	4.9
Completely and legibly document each patient visit in the SOAP note format.	4.7
Perform a cervical, thoracic, lumbopelvic and/or extremity palpation examination.	4.7
Perform an objective assessment of the involved joints' function immediately prior to a chiropractic adjustment.	4.5
Perform a chiropractic adjustment of an extra spinal articulation.	4.5
Perform an objective assessment of the involved joints' function immediately following a chiropractic adjustment.	4.5

Table 6.3 Frequency of Professional Functions

Professional Function	Frequency
Daily	
Develop a prognosis.	4.1
Develop a case management plan.	4.1
Completely and legibly document, on each visit, the patient's presentation in the PART format.	4.0
Review with a patient his or her relevant case history and examination findings, the diagnosis, prognosis, and case management plan options.	4.0
Develop a differential diagnosis or clinical impression.	3.9
Obtain a problem-focused case history.	3.9
Create complete, readable documentation of a patient's case history and examination findings, the diagnosis and prognosis, and the case management plan.	3.9
Perform a focused orthopedic/neurologic examination.	3.8
Assess the existence of risk factors and contraindications to chiropractic care.	3.8
Obtain written informed consent for treatment.	3.6
Monitor a patient's progress or response to treatment utilizing objective outcome measures.	3.6
Re-examine a patient with orthopedic/neurologic examination procedures, either periodically or when the patient's condition materially changed.	3.5
Re-examine a patient with physical examination procedures, either periodically or when the patient's condition materially changed.	3.5
Weekly	
Obtain a detailed or comprehensive case history.	3.4
Review radiographic images to identify or rule out fracture, dislocation, and other pathology.	3.4
Perform a gait analysis.	3.0
Perform a comprehensive orthopedic/neurologic examination.	2.9
Release a patient from active care.	2.9
Review radiographic images to determine the possible presence of a spinal listing and/or subluxation.	2.8
Monthly	
Review MRI, CT, or bone scan images to identify or rule out pathology.	2.4
Write a physical restriction order.	2.3
Read imaging studies that you did not take or order.	2.3
<u>Take</u> radiographs in your office.	2.2

Table 6.3 Frequency of Professional Functions, continued

Professional Function	Frequency
Monthly, continued	
Refer a patient to a specialist for consultation or co-management.	2.1
Perform a comprehensive physical examination.	2.1
<u>Order</u> radiographs from an outside facility.	1.9
Write a narrative report.	1.9
Order an MRI or CT.	1.7
Review laboratory studies and interpret the results.	1.6
Yearly	
Monitor a patient’s progress or response to treatment utilizing follow-up radiographic examinations.	1.2
Perform a focused EENT examination.	1.2
Review specialized studies such as NCV, EMG, EKG, etc. and interpret the results.	1.1
Perform a focused abdominal examination.	1.1
Perform a focused cardiopulmonary examination.	0.9
<u>Order</u> blood, urine, or other laboratory tests from an outside facility.	0.8
<u>Order</u> other specialized studies (e.g. EKG, diagnostic or Doppler ultrasound, bone density, etc.) from an outside facility.	0.6
Order a nerve conduction velocity (NCV) and/or needle electromyography (EMG) study.	0.6
Order a bone scan.	0.5
Virtually Never	
<u>Draw</u> blood, collect urine and/or <u>perform</u> other laboratory tests in your office.	0.3
<u>Perform</u> other specialized studies (e.g. EKG, diagnostic or Doppler ultrasound, bone density, etc.) in your office.	0.1

Table 6.3 Frequency of Professional Functions, continued

Importance of Professional Functions

Table 6.4 contains data from the 2009 Survey of Chiropractic Practice, which are presented in Chapter 9 of this report concerning professional functions performed within chiropractic practices. The table places professional functions in order based on **Importance Value**. The Importance Value was derived by multiplying respondents’ ratings of frequency on a 6-point scale (values from 0 to 5) by their rating of risk on a 5-point scale (values from 0 to 4). This process yields a scale from 0 (not important) to 20 (extremely important).

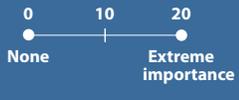
Professional Function	Importance 
Perform an objective assessment of the involved joints' function immediately prior to a chiropractic adjustment.	12.2
Perform a cervical, thoracic, lumbopelvic and/or extremity palpation examination.	11.9
Assess the existence of risk factors and contraindications to chiropractic care.	11.7
Obtain a problem-focused case history.	10.9
Perform a focused orthopedic/neurologic examination.	10.8
Develop a differential diagnosis or clinical impression.	10.5
Review with a patient his or her relevant case history and examination findings, the diagnosis, prognosis, and case management plan options.	10.0
Review radiographic images to identify or rule out fracture, dislocation, and other pathology.	9.7
Obtain a detailed or comprehensive case history.	9.2
Completely and legibly document each patient visit in the SOAP note format.	9.1
Obtain written informed consent for treatment.	9.1
Perform an objective assessment of the involved joints' function immediately following a chiropractic adjustment.	9.0
Create complete, readable documentation of a patient's case history and examination findings, the diagnosis and prognosis, and the case management plan.	8.5
Develop a case management plan.	8.1
Re-examine a patient with orthopedic/neurologic examination procedures, either periodically or when the patient's condition materially changed.	8.0
Develop a prognosis.	7.9
Re-examine a patient with physical examination procedures, either periodically or when the patient's condition materially changed.	7.8
Completely and legibly document, on each visit, the patient's presentation in the PART format.	7.1
Perform a comprehensive orthopedic/neurologic examination.	7.0
Review MRI, CT, or bone scan images to identify or rule out pathology.	7.0
Read imaging studies that you did not take or order.	6.8
Review radiographic images to determine the possible presence of a spinal listing and/or subluxation.	6.5
Write a physical restriction order.	6.2
Monitor a patient's progress or response to treatment utilizing objective outcome measures.	6.1

Table 6.4 Importance of Professional Functions

Professional Function	Importance
Refer a patient to a specialist for consultation or co-management.	5.7
<u>Take</u> radiographs in your office.	5.4
Perform a comprehensive physical examination.	5.1
Perform a chiropractic adjustment of the occiput, spine and/or pelvis.	4.5
Order an MRI or CT.	4.3
<u>Order</u> radiographs from an outside facility.	4.2
Perform a gait analysis.	4.2
Perform a chiropractic adjustment of an extra spinal articulation.	4.1
Write a narrative report.	4.1
Review laboratory studies and interpret the results.	3.9
Release a patient from active care.	3.4
Review specialized studies such as NCV, EMG, EKG, etc. and interpret the results.	2.8
Monitor a patient's progress or response to treatment utilizing follow-up radiographic examinations.	2.3
Perform a focused abdominal examination.	2.1
Perform a focused EENT examination.	2.1
Perform a focused cardiopulmonary examination.	1.8
<u>Order</u> blood, urine, or other laboratory tests from an outside facility.	1.5
<u>Order</u> other specialized studies (e.g. EKG, diagnostic or Doppler ultrasound, bone density, etc.) from an outside facility.	1.5
Order a bone scan.	1.4
Order a nerve conduction velocity (NCV) and/or needle electromyography (EMG) study.	1.2
<u>Draw</u> blood, collect urine and/or <u>perform</u> other laboratory tests in your office.	0.6
<u>Perform</u> other specialized studies (e.g. EKG, diagnostic or Doppler ultrasound, bone density, etc.) in your office.	0.4

Table 6.4 Importance of Professional Functions, continued

Treatment Procedures

Three-fourths (76.1%) of practitioners surveyed in 2003 indicated that they utilized a full spine and extremity approach in patient care. A typical chiropractor used 5 to 6 different adjusting techniques in practice. Ninety-six percent of chiropractors used diversified technique, and 71.5% of patients were treated with this technique (based on data from the 2003 Survey of Chiropractic Practice).

The 2009 Survey of Chiropractic Practice revealed that more than three-quarters of practitioners use passive adjunctive care procedures including ice packs, trigger point therapy, braces, and electrical stimulation, while more than two-thirds utilize hot packs, massage therapy, and heel lifts. The percentage of chiropractors utilizing each of the 25 passive adjunctive care procedures as reported in all 4 of NBCE's Surveys of Chiropractic Practice is displayed in Table 9.3 in Chapter 9.

Active adjunctive care procedures are very commonly used in chiropractic practice. More than 90% of practicing chiropractors employ corrective and spinal rehabilitation exercises and over 80% include extremity rehabilitation exercises and advice and training concerning activities of daily living (Table 9.4 in Chapter 9). Nearly all chiropractors provide health promotion and wellness care recommendations to their patients (Table 9.5 in Chapter 9).

Reimbursement Categories, Managed Care, and Referral

The 2003 Survey of Chiropractic Practice found that one-fifth (21.2%) of chiropractic patients paid cash for services, one-fifth (21.5%) were covered by private (non-managed care) insurance, and another fifth (19.4%) had coverage through managed care contracts. The remaining 34% of reimbursement funds were divided among personal injury, Medicare, Workers' Compensation, and Medicaid. Pro bono services accounted for 3.9% of services (Figure 6.2). Seventy-three percent (73.1%) of practitioners were involved in managed care programs.

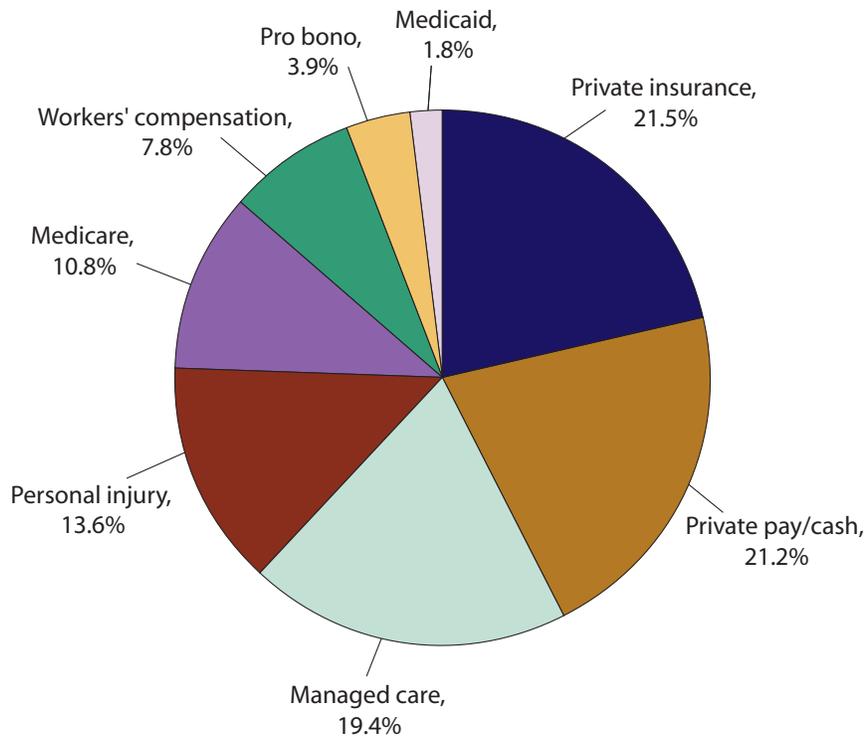


Figure 6.2 Reimbursement Categories (2003)

The 2009 Survey of Chiropractic Practice confirmed that interdisciplinary referral of patients between chiropractors and other healthcare practitioners continues, and the typical doctor of chiropractic makes 13.6 referrals per month and receives about 7.7 referrals per month (Figure 7.14 in Chapter 7). The largest group of chiropractors (38.8%) treats between 50 and 99 individual patients each week (Figure 6.3).

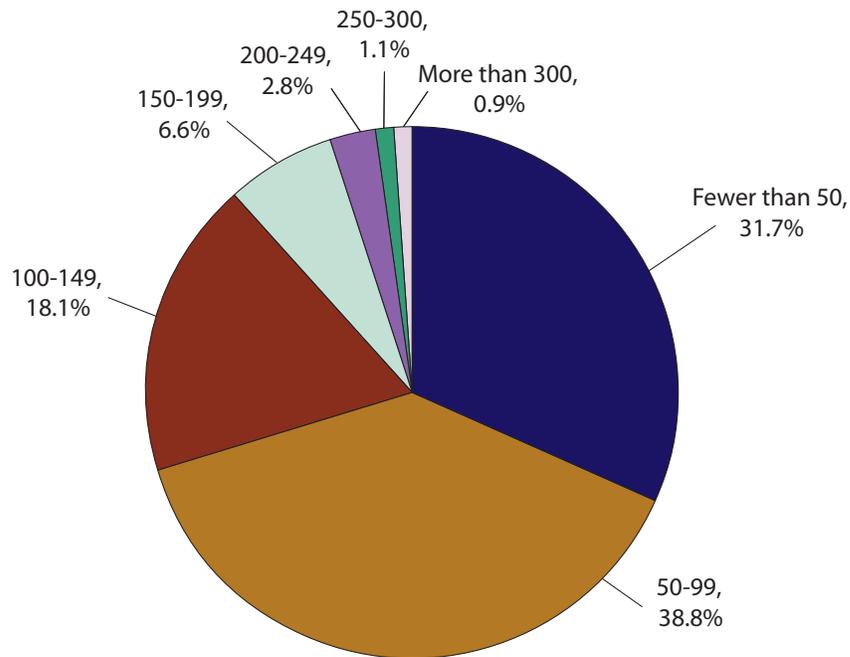


Figure 6.3 Number of Patients per Week (2009)

The “Typical” Patient

The typical chiropractic patient is characterized as an 18- to 64-year-old (Figure 6.4), 60% of whom are female. However, chiropractors are managing young and older patients more frequently; the percentage of patients under 17 years of age has increased 7.4%, and the percentage of patients 65 years of age and over has increased 2.1% since the 1991 Survey of Chiropractic Practice.

The 2003 Survey of Chiropractic Practice determined that patients’ most frequent chief complaints concerned low back and neck problems; other common complaints were headache or facial pain and mid-back pain/injury (Figure 6.5). Wellness/preventive care was the reason that 8% of patients presented for chiropractic treatment. One-fifth (20.9%) of patients’ problems arose from activities of daily living; the next two most common causes of patient complaints were overuse/repetitive stress (15.2%) and motor vehicle accidents (14.3%) (Figure 6.6).

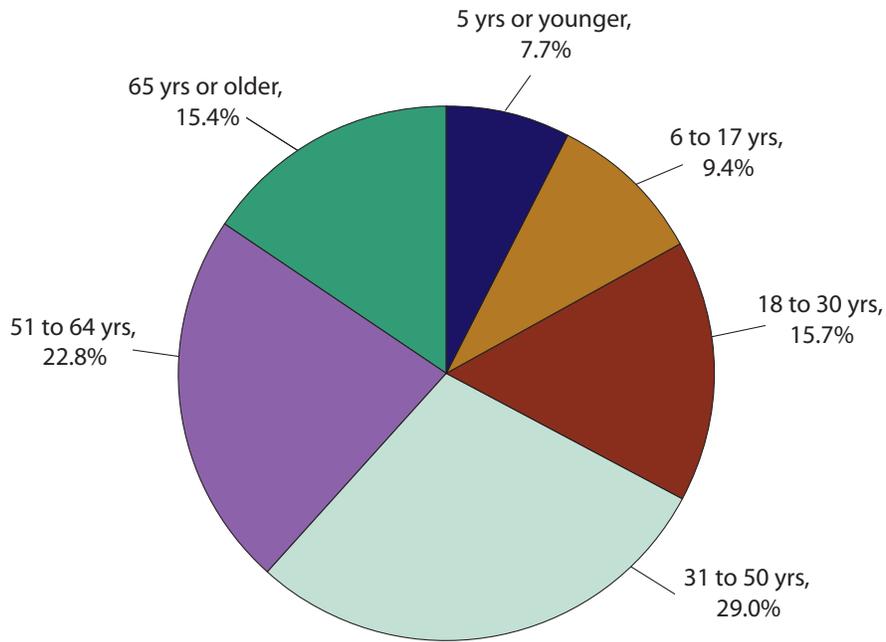


Figure 6.4 Patient Age (2009)

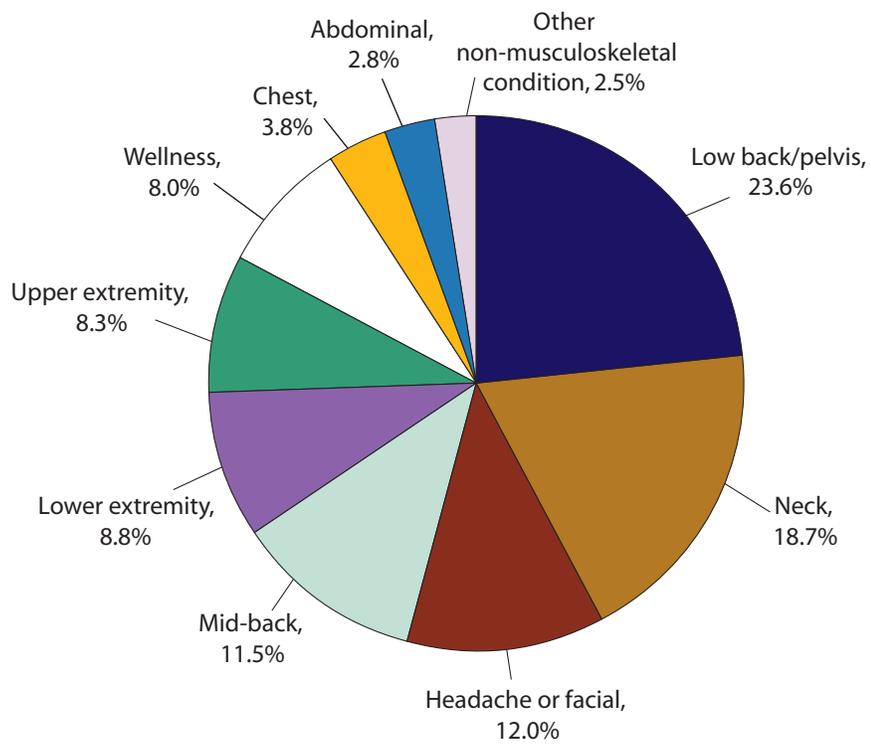


Figure 6.5 Chief Complaints (2003)

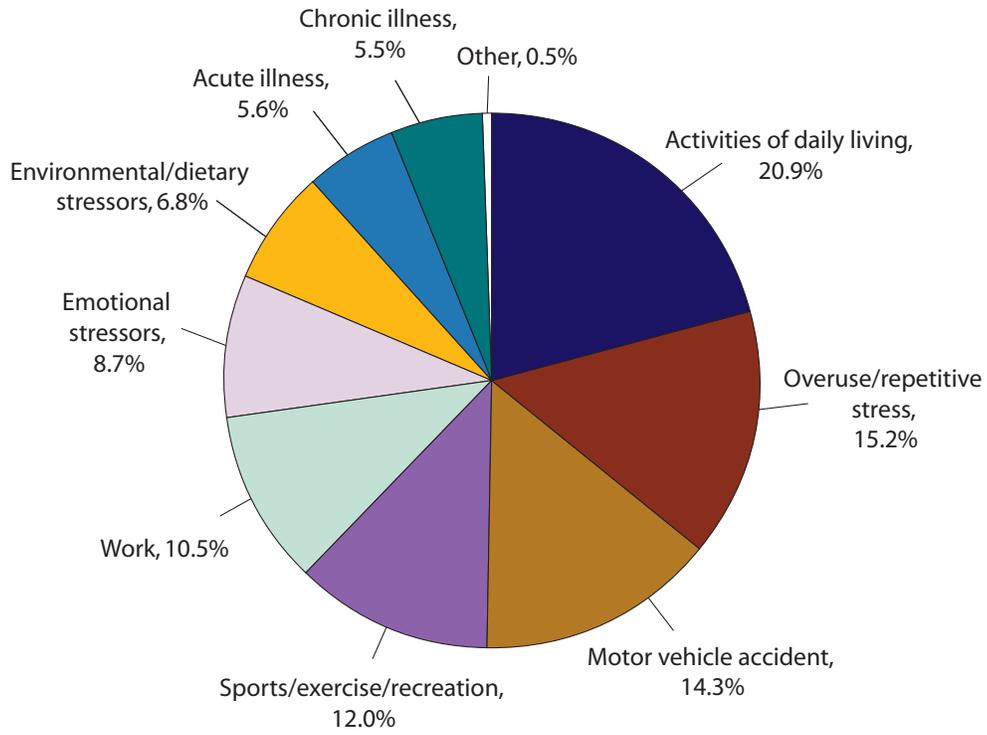


Figure 6.6 Etiology of Patient Conditions (2003)

