

GLOSSARY

Accuracy: The property of a measurement which determines how closely the result will approximate the true value.

Active Care: Modes of treatment/care requiring "active" involvement, participation, and responsibility on the part of the patient.

Active Rest: The resting of a tissue or body part only to the point of restriction of deforming and pathological forces during the healing period, while at the same time allowing normal physiological stresses. Also called relative rest.

Adjustment: A specific directional thrust maneuver or application of forces applied to a subluxated vertebra that sets the vertebra into motion with the intent to reduce and/or correct the vertebral misalignment, thus improving the neurological component of the vertebral subluxation complex along with vivification of the affected tissues and body functions.

AHARA: As high as reasonably achievable. The current doctrine that recognizes the risk of ionizing radiation exposure, and therefore requires that all imaging yield the maximum analytical benefit to justify the risk.

ALARA: As low as reasonably attainable. The current doctrine that recognizes that there is no safe level of exposure to ionizing radiation, and therefore requires that all exposures are made at minimum levels.

Amplitude: Amplitude refers to the depth of, or distance traveled by, the practitioner's thrust. Most adjustment is of low amplitude, minimizing total force applied to the patient. When placing a joint in position prior to treatment/care the practitioner pre-stresses the joint in the appropriate direction to take up soft-tissue slack (joint play). When joints are less accessible and/or involve a longer level contact, or when inadequate pre-stress is obtained, amplitude will necessarily increase.

Analysis: The act of separating into component parts the clinical evaluation of a condition in order to identify the clinical impression or determine the chiropractic diagnosis.

Anthropometry: The study of proportional relationship between the shape, weight and size of body segments.

Applicability/clinical relevance: This term refers to the relevance of an outcome procedure, in other words, how it may impact upon case-management decisions. It answers the question: Is this outcome important to measure in clinical practice? Relevance also varies with health condition. Different types of patients require different types of outcome assessments. Scientific experimentation is important in determining this characteristic.

Assessment: An examination performed with the intent of arriving at a qualitative or quantitative description of a patient's condition. The term suggests any evaluation procedure performed for the purpose of obtaining information regarding the patient's state or condition.

Assessment Outcomes: Assessment of the impact of a continuing education or postgraduate program on a practitioner's knowledge, attributes, practice performance and patient care.

Baseline: The temporal course of a patient's condition prior to the initiation of care, determined by a series of clinical evaluations performed during separate sessions over a period of time.

Blocking Technique: The use of a static device to position the spine or related structures in such a manner as to facilitate the correction of subluxation through mechanical leverage.

Calibration: Periodic adjustment/maintenance of instrument components to yield minimum variation of measurements in contrast to a "Gold Standard" over a specified range of measurement.

Case Management: The process of evaluating patient needs or indicated care so as to provide service at the

optimum level. All providers make case management decisions for each patient using a variety of variables and indicators.

Chart Notes: General term indicating notes made on the patient's work chart.

Chiropractic: A science and form of health care practice which deals with the relationship between the articulations of the skeleton and the nervous system, and the role of this relationship in the restoration and maintenance of health. Of primary concern to chiropractic are abnormalities of structure or function of the vertebral column known clinically as the vertebral subluxation complex. The subluxation complex includes any alteration of the biomechanical and physiological dynamics of contiguous spinal structures which can cause neuronal disturbances.

Chiropractic Adjustment: This term refers to a wide variety of manual and mechanical interventions that may be high or low velocity; short or long lever; high or low amplitude; with or without recoil. Procedures are usually directed at specific joints or anatomic regions. An adjustment may or may not involve the cavitation or gapping of a joint (opening of a joint within its parapsybiologic zone usually producing a characteristic audible "click" or "pop"). The common denominator for the various adjustive interventions is the concept of removing structural dysfunctions of joints and muscles that are associated with neurologic alterations. The chiropractic profession refers to this concept as a "subluxation." This use of the word subluxation should not be confused with the term's precise anatomic usage which considers only the anatomical relationships.

Chiropractic Analysis: A chiropractic analysis is performed on a routine basis to determine the patient's need for spinal adjustments. A chiropractic analysis may include (but certainly is not limited to) two or more of the following procedures: instrumentation (skin temperature differential analysis), chiropractic x-ray analysis, spinal static and motion palpation, postural analysis, leg-length comparison tests, muscle strength measures, and other chiropractic analysis procedures.

Chiropractic Assessment: The process of integrating the clinical analysis to determine the best mode to address and monitor the correction of vertebral subluxation and other malpositioned articulations and structures. Specifically it is the integrating of history with physical, imaging and instrumentation examinations.

Chiropractic Care: This term refers to the behaviors, methods, procedures, etc., that chiropractic practitioners employ in the case-management of patients.

Chiropractic Consultation: This process includes the initial interview. The initial consultation is done in an effort to determine if chiropractic care can benefit the patient.

Chiropractic Diagnosis: Such clinical processes as are necessary in the professional judgment of the attending doctor to determine the need for care and, in particular, to detect the presence, location and nature of chiropractic lesions (subluxation and attendant biomechanical, biochemical, structural and neurophysiological problems, etc.) and to prepare and administer an appropriate course of care within the realm of chiropractic.

Chiropractic Examination: Testing procedures ordered or performed by a doctor of chiropractic to assess the condition of a patient leading to an analysis, impression or diagnosis.

Chiropractic History: Patient information may include a family health history, previous and present social and occupational environment, and experiences, including any "abnormal" sensations, moods or acts observed by the patient or others, with the dates of their appearance and duration, as well as any results of non-chiropractic intervention or previous chiropractic care.

Chiropractic Practice Objective: The primary professional practice objective of chiropractic is to reduce or correct vertebral subluxations and other malpositioned articulations and structures in a safe and effective manner.

Chronicity: Stages of progress of a disorder that are related both to severity and duration: acute, subacute, chronic, and recurrent.

Clinical Impression: A working hypothesis formulated from significant items in the history and the physical findings; a tentative diagnosis; or a working diagnosis.

Clinical Necessity: The presence of a clinical condition requiring professional intervention to resolve, alleviate, stabilize or retard it. This term is preferable to "medical necessity" in chiropractic reportage, in that it does not imply a judgement that pertains to the practice of allopathic medicine.

Collaborative Care: The reciprocal interprofessional interaction of two or more health care providers in the management of the patient's current health status.

Combination: The potentiation or competition of response by simultaneous care applications.

Complicated Case: A case where the patient, because of one or more identifiable factors, exhibits regression or retarded recovery in comparison with expectations from the natural history.

Complication: The unexpected aggravation of an existing disorder or the onset of an unexpected new disorder while under chiropractic care.

Classification of Complications.

- a) **Adverse Effect:** Any detrimental result of an action.
- b) **Reaction:** A slight or benign adverse effect of short duration usually lasting no more than a few days.
- c) **Idiosyncractic Reaction:** Resulting from an idiosyncrasy, that is: a special characteristic(s) by which persons differ from each other. That which makes one react differently from others. A peculiar or individual reaction to an idea, an action, a drug, a food, or some other substance through unusual susceptibility. These reactions are not predictable.
- d) **Indirect Complication:** Delay of diagnosis and appropriate chiropractic care as a consequence of using a procedure that, in retrospect, has proven to be of no benefit for the condition.

Computed tomography: A variation on traditional radiographic technology that provides for imaging in multiple planes.

Condition Specific Assessments: Procedures designed to elicit information about the specific signs and symptoms and other clinical characteristics of diseases or conditions. Condition specific assessments are usually more limited in scope than general health assessments. These outcome procedures can run the gamut from physiological tests to questionnaires.

Consent to Participate in Research: The subject has adequate information regarding the research and the power of free choice to participate in the research or decline participation.

Consent to Care: Permission from the patient or, where the patient is a minor or otherwise without legal capacity to consent, from the patient's guardian. Valid consent must be voluntary. It may be oral or written if expressly given, or may be implied.

Consultation: Any combination of history taking, physical examination, and explanation and discussion of the clinical findings and prognosis. A consultation can also be the service provided by a practitioner whose opinion, or advice, regarding evaluation and/or management of a specific problem is requested by another practitioner or other appropriate source.

Continuing Education: Voluntary and/or mandatory ongoing instruction for facilitation of clinical performance.

Contract-Relax: Application of a combination of active and passive muscle tightening and stretching.

Contraindication -- Absolute: Any circumstance which renders a form of care or clinical intervention inappropriate because it places the patient at undue risk.

Contraindication -- Relative: Circumstance which may place the patient at undue risk unless chiropractic care approach is modified.

Contraindications: Historical and clinical findings and evaluation procedures which would lead the chiropractor to modify his/her usual clinical regime to ensure patient safety.

Contrast studies: The injection or ingestion of radiopaque dyes to allow for the visualization of structures not normally seen on radiographic examination.

Cost Effective: A result of managed expenditure in which a cost/value evaluation has been determined to be optimally efficient.

Credentialing: A formal means by which the capabilities of the individual practitioner to perform duties at an acceptable level are certified.

Differential Diagnosis: The determination of which one of two or more complaints or conditions a patient is suffering from by systematically comparing and contrasting their clinical findings.

Discriminability: The property of information derived from a test or a measurement that allows the practitioner to discern between groups of subjects: for example, healthy from unhealthy.

Dosage: The frequency of care including ancillary procedures necessary and sufficient to maintain effects while healing occurs.

Duration: The time or interval needed to obtain a stable response.

Dynamic Thrust: The determined force or maneuver delivered by the practitioner during manual and most adjustment techniques. It is typically a high-velocity, low-amplitude movement applied to a joint when all joint play has been passively removed. It may be applied with follow through, which means that the end amplitude of the thrust is immediately withdrawn. There are low-velocity thrust techniques, but all thrusts involve some element of rapid acceleration.

Effectiveness: Effectiveness refers to the potential any given procedure or group of procedures has to produce a desired effect under actual conditions of use.

Elective Care: Care requested by the patient in their desire to promote optimum function to alleviate subjective symptomatology.

Emergency: Onset of a condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate attention could reasonably result in:

1. permanently placing the patient's health in jeopardy;
2. causing other serious health consequences;
3. causing serious impairment to bodily functions; or
4. causing serious and permanent dysfunction of any bodily organ or part.

Evaluation: Synonymous with assessment.

Examination: Those varied procedures performed by the practitioner necessary to determine a working diagnosis.

False-Negative Rate (FNR): The likelihood of a negative test in a patient with a disorder.

$$\text{False-Negative rate} = \frac{\text{number of patients with a disorder with negative test}}{\text{number of patients with a disorder}}$$

False-Negative Result: A negative result in a patient with a disorder.

False-Positive Rate (FPR): The likelihood of a positive test in a patient without a disorder.

$$\text{False-Positive rate} = \frac{\text{number of patients without a disorder with positive test}}{\text{number of patients without disorder}}$$

False-Positive Result: A positive result in a person who does not have the disorder.

FFD/SID: Focal film distance/source image distance. The FFD/SID setting governs the distance that the source of radiation is placed from the patient and the image recording device. Proper placement enhances image quality.

Filtration: The placement of devices (usually aluminum) between the source of radiation and the patient to eliminate radiation exposure to a particular area.

Flexibility and Stability: The long term goal of care is to restore the patient to pre-injury function and reduce the chances of recurrent episodes. Repetitive microtrauma superimposed on previous injury can lead to advanced degeneration. Spinal stabilization is designed to teach trunk muscle recruitment as an effort to control and reduce flexion and torsional stresses on the joint segments. Through the use of voluntary muscles, pain-free regional postures can be maintained while the patient carries out normal daily activities. The necessary posture and combination of muscle actions determined experimentally are specific for each case. Once the comforting position is found, the patient is assisted while rehearsing progressively more complex tasks, keeping the body part in its neutral, pain-free position.

Follow-up Reassessment: Evaluation of a patient during or at the end of a course of care or management program for the purpose of assessing the status of the patient at maximal clinical improvement.

Force: The product of the amplitude and velocity applied during a thrust. An adjustment or manual procedure may be very fast (high velocity) but of extremely low-amplitude, and in these circumstances the force will be relatively low.

Gatekeeper: Health care professional designated to exercise responsibility for, and control of, the utilization of health care services.

General Health Assessments: These are usually questionnaires completed by patients and scored for a number of attributes deemed important to the overall concept of health.

Gold Standard Test: An accepted reference test or procedure used to define the true state of the patient's health.

Gold Standard: A known value or attribute used to test veracity of instrumented measures to define the true state of the patient.

Grids: Devices placed between the patient and the image recording device to reduce the amount of non-informative secondary radiation reaching the image recording device. The use of grids improves image quality.

Health Record: Documents and recorded information relating to the clinical management of a patient.

Health: This is a state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

High Velocity Thrust with Recoil: A measured depth thrust delivered in such a way that at the time of contact with the vertebra the Chiropractor's thrusting motion recoils setting the segment being contacted in motion directionally.

High Velocity Thrust without Recoil: A measured depth thrust delivered quickly with a sustained contact with the segment being adjusted directionally.

History: The patient's account of health information including past and present clinical problem(s) given in response to questions from the practitioner, staff and or written forms.

Homeostasis: This is the tendency to maintain, or the maintenance of, normal, internal stability in an organism by coordinated responses of the organ systems that automatically compensate for changes in the organism.

Iatrogenesis: Disorders or complications caused by health care providers.

Image recording device: Usually photographic film, but newer technologies provide for the image to be recorded on video tape or directly digitized into computer memory.

Imaging analysis: Those procedures utilized to qualify and quantify components of the vertebral subluxation and other malpositioned articulations and structures that are visualized by an imaging modality.

Imaging Modalities: Those technologies used to obtain a visual record of internal anatomical structure.

Indications: Clinical findings which may indicate the presence of vertebral subluxation and other malpositioned articulations and structures.

Initial intensive care: Initial care and/or ancillary intervention to assist and promote anatomical rest, reduce muscle spasm and inflammatory reaction, and alleviate pain.

Initial Intensive Care#2: is that care which is instituted to stabilize the condition. This care is clinically necessary.

Initial Patient Evaluation: Represents the assessment procedures that are performed on a patient upon initial contact, and are used to arrive at a clinical impression and a plan for patient management. (Also: preliminary assessment, preliminary evaluation, clinical workup.) Initial evaluation may include a series of diagnostic or evaluative sessions separated by days or weeks when the express purpose of these sessions is to evaluate the patient's state prior to the initiation of care (i.e., obtain a baseline).

Instability: 1. Quality or condition of being unstable; not firm, fixed or constant. 2. In reference to ligamentous and articular structures, joint hypermobility due to connective tissue derangement. 3. In reference to the spine, joint hypermobility due to connective tissue derangement of such a degree that the spinal cord and/or nerve roots are endangered.

Instrument: A specific tool or measuring device.

Instrumentation: The use of any mechanical tool or device used to ascertain objective data, which can be recorded in a reproducible manner. In chiropractic, instrumentation provides information above the condition of the patient relative to the vertebral subluxation.

Interactive Reassessment: Evaluation of a patient by procedures utilized on each visit to assess the immediate need for manual intervention.

Intervention/Care Goals: Written short term and long range expectations of patient response to the care plan.

Intervention/Care Plan: A written description of intended clinical actions divided according to relevant care goals and prognosis.

Ionizing radiation: A portion of the electromagnetic spectrum that can alter the electron component of atomic structure.

Ischemic Compression: Application of a progressively increasing pressure on a pressure point, trigger point, or tight muscle. This typically reduces the point's tenderness and produces a flushing and a relaxation of tightness.

Joint Play (Accessory Movement): The small, precise joint movements, not under the control of the voluntary muscles or patient, that are necessary to permit normal voluntary joint movement. Joint play may include spin, glide and roll of articulation. The full range of active movement of a joint without practitioner assistance is a combination of voluntary movement (voluntary muscles) and joint play.

KVP: Kilovoltage potential. The KVP setting governs the quality of the x-ray beam produced.

Levels of Care: Differentiations between indicated courses of care based on the nature of the presenting complaint, clinical findings and the attending doctor=s objectives.

LEVEL I Care is characterized by a patient-specific program of care the goal of which is to begin the reduction of clinical indicators of subluxation. Level I care is sometimes referred to as acute , relief, urgent or intensive care.

LEVEL II Care is characterized by a program of chiropractic intervention that has as its objective the reduction of subluxation indicators to a minimal or non-present level. This level of care is sometimes referred to as intermediate care and can include rehabilitative care.

LEVEL III is characterized by episodic care of chronic condition which helps to prevent the condition from further deterioration. The level of care is referred to as supportive care.

LEVEL IV Care consists of on-going adjustive care, which may extend to the lifetime of the patient, the objective of which is the sustaining of the optimal state of the patient. This level of care is sometimes referred to as prevention or wellness.

Determinations as to the appropriateness of any of these levels of care are based on objective indications of the presence of subluxation and the clinical status of the patient. Duration of care should be determined by the practitioner based on the individual needs of the patient.

Life Style Modification: Adaptations of life style necessary to modify social and recreational activity, diminish work environment risk factors, and adapt to psychological elements affecting, or altered by, the disorder.

Likelihood Ratio: A measure of discrimination by a test result. A test result with a likelihood ration of greater than 1.0 raises the probability of a disorder and is often referred to as a "positive" test result. A test result with a likelihood ratio of less than 1.0 lowers the probability of a disorder and is often called a "negative" test result.

$$\text{Likelihood ratio} = \frac{\text{probability of result in person with disorder}}{\text{probability of result in person without disorder}}$$

**LIKELIHOOD RATIO FOR
A POSITIVE TEST RESULT:**

$$\text{Likelihood ratio (+)} = \frac{\text{sensitivity}}{1 - \text{specificity}}$$

**LIKELIHOOD RATIO FOR
A NEGATIVE TEST RESULT:**

$$\text{Likelihood ratio (-)} = \frac{1 - \text{sensitivity}}{\text{specificity}}$$

Line of Drive (Vector): The direction of thrust, usually described in terms of the three cardinal planes of skeletal motion: 1. Flexion/Extension, 2. Right/Left Rotation, 3. Right/Left Lateral Flexion.

Long-lever Contacts: Contacts in which joints and structures are positioned between the practitioner's contact point and the adjusted joint. For example, an adjustment of the right sacroiliac (SI) joint with a contact on the ischium is considered short-lever because there are no articulations between the contact point and the SI joint. However, an adjustment of the L5/SI facet using the same contact is long-lever because the SI joint is located between the contact and the L5/SI facet joint.

Low Velocity Thrust with Recoil: A controlled depth thrust delivered at low speed with a sudden pull-off by the chiropractor setting the segment in motion.

Low Velocity Controlled Vektored Force without Recoil: A sustained contact, with force building until resistance of the misalignment factors of subluxation are overcome.

Low Velocity Thrust without Recoil: A controlled depth thrust delivered at low speed using a sustained contact with the segment being adjusted.

Magnetic resonance imaging: Imaging modality that uses magnetic fields and radio frequencies to produce an image of both hard and soft tissue structures.

Management: A plan of action for chiropractic care of the patient in accordance with diagnosis, progress, and expectations of outcome.

Manipulation: A manual procedure that involves a directed thrust to move a joint past the physiological range of motion, without exceeding the anatomical limit.

Manipulations and Mobilization: During joint motion, three barriers or end ranges to movement can be identified. The first is the active end range which occurs when the patient has maximally contracted muscles controlling a joint in a particular directional vector. At this point, the clinician can passively move the joint toward a second barrier called the passive end range. Movement up to this barrier is termed physiologic joint space. Beyond this point, the practitioner can move the joint into its parapsysiologic space. The third barrier encountered is the anatomic end range. Movement beyond this will result in rupture of the joint's ligaments.

Manual Procedures: Adjustive or manipulative procedures, and other manual techniques.

Manual Therapy: Procedures by which the hands directly contact the body to treat the articulations and/or soft tissues.

Manually Assisted Mechanical Thrusts: Specific directional thrusts delivered by a mechanical device but manually set up and positioned.

MAS: Milliampere (seconds). The MAS setting governs the quantity of the x-ray beam produced.

Maximum Clinical Benefit (Maximum Chiropractic Improvement): Return to pre-injury/illness status or point at which a patient's progress plateaus.

Mechanically Assisted Manual Thrust: Thrusts which are manually delivered but enhanced by moving mechanism built into the adjusting equipment, such as a drop table.

Meta-analysis: This refers to a type of study that statistically pools the data from many relevant single studies in order to make summary conclusions about a topic.

MHCO (Managed Health Care Organization): An organized system for providing health care in a geographic area, accepting the responsibility to provide or otherwise assure the delivery of set of services as deemed necessary by the organization.

Mobilization: Movement applied singularly or repetitively within or at the physiological range of joint motion, without imparting a thrust or impulse, with the goal of restoring joint mobility.

Motion Segment: The smallest functional unit, made up of two adjacent articulating surfaces and contiguous and intervening soft tissues.

Motivation: Conscious or subliminal factors of attitude and belief which contribute to the rationale for a person to choose between self-reliance (coping), patient and claimant behaviors in contending with health related predicaments.

Multiple Provider Facility: A facility in which two or more health care providers practice either in association or separately.

Natural History: The anticipated clinical course of recovery for uncomplicated disorders without care.

Negative Test Result: A test result that occurs more frequently in patients who do not have a disorder than in patients who do have the disorder.

Negligence: Breach of the duty of care placed on all practitioners to exercise reasonable care and skill in the circumstances.

Neurologic Examination: Most commonly refers to evaluating deep tendon reflexes, sensation and muscle strength.

Neurological Reflex Techniques: Techniques that attempt to stimulate proprioceptive and other sensory nerve endings by application of light touch or sustained pressure on various soft tissue structures.

OFD/PFD: Object film distance/part film distance. The OFD/PFD setting governs the distance that the anatomic part of interest is placed from the image recording device. Proper placement enhances image quality.

Outcomes Assessment: This term refers to a procedure or method of objectively measuring a change in patient status over time, primarily to evaluate the effectiveness of fulfilling the objectives of the chiropractor's care.

Passive Care: Application of clinical procedures by the care giver to the patient who "passively" submits to and receives care.

Passive Stretch (Spray and Stretch): Application of a lengthening force along a muscle by passive movement of the associated joint(s). Sometimes used with a distractor such as a coolant spray or ice prior to applying the stretch.

Patient Education: Sharing information with the patient individually or in a group concerning their continued or pending care in your office. The intent is to bring the patient to a basic understanding of chiropractic care and how it relates to their particular condition. Educating the patient allows them to know what to expect with care and conversely what to expect if they choose not to start/continue or discontinue care. Patient education allows the patient to make a decision in regards to their health based on facts and not misunderstanding.

Patient Satisfaction: Degree of confidence and gratification accompanying the delivery of health care services. Patient satisfaction relates to perceptions on the part of the patient that his/her wishes are being carried out, that care is being delivered, and that patient sensitivities are being respected. These perceptions are based on subjective patient feelings, and may or may not deal with issues of technical appropriateness of care or outcomes.

Peer Review: Evaluation by peers or colleagues of the quality, quantity, and efficiency of services ordered or performed by a practitioner.

Periodic Reassessment: Evaluation of a patient at intervals of weeks or months for the purpose of assessing the need for continued care, modified care, cessation of care or referral.

Physician Dependence: Patient behavior which transfers responsibility for health status to the care-giver.

Plain film radiography: That branch of radiography that produces a single 2D image of internal anatomic structure. It is the most common type of imaging modality utilized.

POMR: Problem Oriented Medical Records.

Positive Test Result: A test result that occurs more frequently in patients with a disorder than in patients without the disorder.

Practicality: This refers to the feasibility issues related to an outcome procedure, in clinical practice.

Pre-Stress: The process in which, prior to intervention, a joint is moved passively to its end range, controlling joint play. The joint is near the limit of its passive end range.

Precision: The ability to obtain the same measurement of a function or structure repeatedly within a set margin of error across the possible range of test applications.

Predictive Value Negative: Probability of a disorder being absent if a test is negative.

Pretest Probability: The probability of disorder before a test is done (also prior probability or pretest risk).

Prevalence: The total number of cases of a disorder in existence at a certain time in a designated area.

Preventive/Maintenance Care: Any management plan that seeks to prevent disease, prolong life, promote health and enhance the quality of life. A specific regimen is designed to provide for the patient's well-being for maintaining the optimum state of health.

Primary Health Care Profession: Primary providers which by law, expertise and professional ethics, may accept patients without referral.

Primary Care Provider: Any health care provider capable of providing first level contact and intake into the health delivery system, any health care provider licensed to receive patient contact in the absence of physician referral.

Probability: An expression of opinion, on a scale of 0 to 1.0, about the likelihood that an event will occur.

Processing: The technique of developing an image recorded on photographic film.

Profession Classification: Professions are classified according to level of training, authority to accept patients with or without referral, and responsibility and authority to care for the patient with regard to the domains of anatomy, conditions addressed and scope of practice.

Professional Referral: Professional referral requires authority and competence to acquire accurate information concerning matters within the scope and practice of the profession for which a referral is made. There are two types of professional referrals made by chiropractors:

- (A) **Intraprofessional Referral:** Chiropractors, by virtue of their professional objective, education and experience, have authority and competence to make direct referral within the scope and practice of Chiropractic. Such a referral may be made when the attending chiropractor is not able to address the specific chiropractic needs of a particular patient. Under these circumstances, the chiropractor may refer the patient directly to or consult with another chiropractor better suited by skill, experience or training to address the patient's chiropractic needs.

- (B) **Interprofessional Referral:** In the delivery of chiropractic care a practitioner may encounter conditions or findings that deviate from those normally encountered. The chiropractor has a responsibility to recognize such findings, report their existence to the patient and record their existence.

Progress: Any change in the patient's condition. It does not necessarily mean improvement, or symptomatic relief.

Progress Notes: Generally brief notations recorded in the patient's file for each office visit once management has commenced.

Provocative Testing: Those tests or procedures that are performed to elicit physical or physiological expressions of a given disorder.

Quality of Care: The degree to which effective, timely care is provided in an appropriate manner.

Radiation/radioisotopic therapy: A medical treatment/care wherein the patient receives high dosages of ionizing radiation either by exposure (radiation therapy) or by ingestion (radioisotopic therapy).

Radioisotopic scanning (nuclear medicine): The injection or ingestion of radioactive organ specific chemicals to provide visualization of the functional aspects of that organ.

Radiology/radiography/radiographic image: An imaging modality that employs x-radiation to produce a visual record of internal anatomic structures.

Reactivity: A test interaction effect causing an unintentional change in a patient's response when exposed to the repeated application of a test.

Reassessment: Evaluation for the purpose of following the progress of a patient under clinical management. The term does not include multiple assessment sessions employed for baseline evaluation and carries the express connotation of assessment performed after the initiation of patient care.

Reconstructive: is that care that is provided to rehabilitate the condition to its maximum potential correction. **(After meeting)**

Referral: The direction of a patient to another health care professional or institution for evaluation, consultation or care. Referral may be made or received for purposes of consultation, concurrent care, post-chiropractic care, the administration of diagnostic procedures, the evaluation of diagnostic findings, emergency care or because a clear determination has been made on the part of the practitioner that a patient condition is outside his/her scope of professional experience.

Reliability: The ability of a clinical test or instrument to produce the same or similar result when examining a stable function or structure on several different occasions. This ability can be discussed in terms of a single examiner (intraexaminer or intratester reliability) or in terms of more than one examiner using the same procedure (interexaminer or intertester reliability).

Responsiveness: This term refers to the ability of an outcome assessment to detect clinically important changes over time. Sometimes this is referred to as the sensitivity of an outcome assessment to care. Responsiveness is a particularly important attribute of an outcome assessment because subtle beneficial clinical effects of care should be able to be detected. Scientific experimentation, especially randomized controlled clinical trials, provide the best evidence for the responsiveness of an outcome assessment.

Risk Factor: A behavior, environmental agent, inherited trait, or any other factor which increases the probability of the development of a particular health problem.

Risk Management: A systematic preventative strategy to minimize patient harm and practitioner liability through education and the development of guidelines for practice.

Rule of Confidentiality: A rule which requires that all information about a patient that is gathered by a practitioner as part of the provider/patient relationship be kept confidential unless its release is authorized by the patient or, in exceptional circumstances, serves some other overriding purpose.

Safety: The degree of health risk clinical procedure may present; especially to patients, but also to doctors and their staff.

Screening: The application of a test to detect a potential illness or condition in a person who has no known signs or symptoms of that illness or condition. Screening is performed on "at risk" populations in order to determine appropriate intervention(s).

Sensitivity: In clinical testing, the ability to detect the presence of (that is, to not miss) a relevant condition. Mathematically, this is expressed as the number of true positive test results divided by the sum of true positive plus false negative test results.

Series: The number of images usually required to obtain a complete analysis of the area of interest.

Shared Resources: Centralizing facilities and/or equipment and/or personnel in a manner that diminishes duplication.

Shielding: The placement of devices (usually lead) between the source of radiation and the patient to eliminate radiation exposure to a particular area.

Short-lever Contacts: Those which involve contacts and stabilization on osseous structures directly involved in the joint being adjusted.

SOAP: Acronym for Subjective symptoms, Objective signs, Assessment and Plan.

Somatization: 1. Conversion of mental experiences into physical sensations or symptoms.
2. Somatic symptoms without identifiable pathophysiology or in excess of identified pathophysiology. The diagnosis is by exclusion of pathophysiology or the identification of psychological amplifiers or drivers. Symptoms associated with subluxation in general and the vertebral subluxation complex in particular often are erroneously relegated to this category.

SORE: Acronym for Subjective, Objective, Rx (treatment/care) and Exercise (ergonomics).

Specialist: A health care provider who has obtained a professionally accepted or recognized level of additional training and competence with respect to specific procedures or disorders.

Specificity: In clinical testing, the ability to detect the absence of a relevant condition. Mathematically, this is expressed as the number of true negatives divided by the sum of the true negatives and false positives.

Spinal Analysis: The comprehensive process of evaluating the spinal column and its immediate articulations for vertebral subluxations and contraindications to any or all chiropractic procedures.

Spinograph: A general term for a spinal image produced by an imaging modality.

Stress study: Any image taken when the anatomic part of interest is in anything other than a neutral position.

Subluxation: A complex of functional and/or structural and/or pathological articular changes that compromise neutral integrity and may influence organ system function and general health. A subluxation is evaluated, diagnosed, and managed through the use of chiropractic procedures based on the best available rational and empirical evidence.

Subluxation Complex: See subluxation.

Subluxation Syndrome: See subluxation.

Substantive: Pertaining to decisions based on mainly objective or "hard" information (such as x-ray, MRI, precise ROM, SEMG, motion studies, thermography, etc.).

Supportive Care: Care for patients who have reached maximum clinical benefit, but who fail to sustain this benefit and progressively deteriorate when there are periodic trials of withdrawal of care. Supportive care follows appropriate application of active and passive care including rehabilitation and life style modifications. It is

appropriate when alternative care options, including home-based self-care, have been considered and attempted. Supported care may be inappropriate when it interferes with other appropriate primary care, or when the risk of supportive care outweighs its benefits, i.e., intervention dependence, somatization, illness behavior, or secondary gain.

Sustained Force: Holding a contact with a vertebral segment without a thrust.

Terms of Acceptance: The acknowledgment between a health care provider and a patient which defines for the patient the objectives, responsibilities and limitations of professional care and the terms within which such care will be provided. The patient's acknowledgment of the terms allows the provider the ability to accept the patient for care and the patient the ability to make an informed choice to accept the care.

Threshold: The minimum rate and magnitude of joint load needed to bring about a change.

True-Negative Rate: See specificity.

True Positive Rate: See sensitivity.

True-Negative Result: A negative test result in a patient who does not have a disease.

Ultrasonography: An imaging modality that uses sound waves to produce images of internal anatomic structure. It is especially well suited to soft tissue fluid body imaging.

Uncomplicated Case: A case where the patient exhibits progressive recovery from an illness or injury at a rate greater than, or equal to, the expectation from the natural history.

Underutilization: The provision of less than an appropriate or adequate amount of care in a given case.

Utility: Significant benefit to both the patient and clinician resulting from a reduction in uncertainty pertaining to the case.

Validity: The property of information derived from a test or a measurement that assures that it represents the function or structure that is intended.

Velocity: The speed with which a thrust is delivered.

Vertebral Subluxation Complex (VSC): See subluxation

Videofluoroscopy: A radiographic technique that produces a motion picture image. It is usually recorded on video tape.

Vitalism: The doctrine that the life in living organisms is caused and sustained by a vital principle that is distinct from all physical and chemical forces and that life is, in part, self-determining and self-evolving.

Work Chart: The form that the practitioner and/or staff uses to record a patient's data.