

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA PROFESSIONAL CONDUCT HANDBOOK

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INTRODUCTION

This *Professional Conduct Handbook* (the “*Handbook*”) is published for the guidance of registrants of the College of Chiropractors of British Columbia (the “*College*”) further to the authority granted to the Board under section 19(1)(k), (l) and (z) of the *Health Professions Act*, RSBC 1996, c. 183 (the “*HPA*”) and section 82 of the *Bylaws of College of Chiropractors of B.C. under the Health Professions Act* (the “*Bylaws*”). The *Handbook*’s purpose is to assist registrants in maintaining proper standards of professional conduct and in understanding scope of practice issues.

The *Handbook* is intended as a guide for standards, limits and conditions for the practice of chiropractic and standards of professional ethics. It is not a comprehensive code. Simply because a duty or right may not be specifically considered in the *Handbook* does not preclude its existence, or the possibility that it might be enforced by the Inquiry Committee or the Discipline Committee. It is always open to those Committees to decide on a case-by-case basis what constitutes professional misconduct, incompetence or practising beyond the scope of chiropractic.

Further, the Board anticipates that aspects of professional ethics and conduct and scope of practice will continue to require clarification as the profession evolves. Additions and amendments to the *Handbook* may be published and distributed from time to time.

Lastly, registrants are reminded of their obligation to know and abide by the *HPA*, the *Bylaws* and other legislation that governs the practice of chiropractic in British Columbia, including:

the *Chiropractors Regulation*, BC Reg. 414/2008,

the *Health Professions General Regulation*, BC Reg. 275/2008,,

the *Health Act*, RSBC 1996, c. 179,

the *Health Care (Consent) and Care Facility (Admission) Act*, RSBC 1996, c. 181, and

the *Personal Information Protection Act*, SBC 2003, c. 63.

When registrants treat patients who may receive or are receiving government funding for all or part of the cost of their treatment, they should also be familiar with the relevant portions of the legislation that pertains to such funding, including the *Medicare Protection Act*, RSBC 1996, c. 286, the *Insurance (Vehicle) Act*, RSBC 1996, c. 231, and the *Workers Compensation Act*, RSBC 1996, c. 492, as well as all of the applicable regulations to those acts.

CODE OF ETHICS

1. The ethical foundation of the practice of chiropractic consists of those established moral obligations which ensure the dignity and integrity of the patient and the profession.
2. A chiropractor will respect the Chiropractic Oath and accept the moral responsibility to act as his or her own ethicist.
3. A chiropractor will show concern for human caring and, whenever possible, will involve patients in decisions relevant to their care.
4. A chiropractor will practice the profession to the best of his or her ability, and will continue to educate himself or herself in order to improve clinical competence and assure the confidence and respect of patients.
5. A chiropractor will respect the dignity of both colleagues and patients by being truthful, honouring confidences and acting with compassion.
6. A chiropractor will, in the public interest, preserve, protect and communicate the expertise of the profession in legislative, public education and research matters.
7. A chiropractor will collaborate with other recognized health-care practitioners toward the ideal of teamwork, in which the rights of the patient and the profession are respected equally.
8. A chiropractor will not take physical, mental, social or financial advantage of patients.

STANDARDS, LIMITS AND CONDITIONS OF PRACTICE

Part 1 Patient Rights

- 1.1 A chiropractor will render chiropractic care without regard to race, national or ethnic origin, colour, sex, sexual orientation, marital or family status, disability, age, religion, or political belief.
- 1.2 A chiropractor will recognize the right of patients to select professional health care, separate or complimentary to chiropractic care.
- 1.3 A chiropractor should never abandon a patient without due regard for the patient's welfare, and must give sufficient notice of withdrawal to permit the patient to secure another practitioner. The procedure for withdrawing from patient care is set out in the article "Withdrawing from Patient Care" which is Appendix "A" to the *Handbook*.
- 1.4 Except where necessary to safeguard society or when required by law, a chiropractor may only divulge confidential information (whether derived from the patient or any other source) with the permission of the patient, or the person(s) responsible for the patient.

Part 2 Consultation and Examination

- 2.1 A chiropractor will keep a patient file for each patient, showing name and address, the dates seen, an adequate history and particulars of physical examinations, radiographic examinations, investigations ordered and the results of same, the diagnosis made, and the treatment prescribed. Clinical records must be accurate, legible and comprehensive. The contents of a good clinical record are reviewed in Appendix “B” to the *Handbook*. For information about preventing and responding to the loss of patient files see Appendix “C” to the *Handbook*.
- 2.2 A chiropractor will adequately prepare a patient for both examination and treatment.
- 2.3 Before commencing examination or treatment, a chiropractor will obtain the patient’s informed consent.
- 2.4 A chiropractor must not exaggerate or minimize the gravity of a patient’s condition, and will ensure that the patient, or the person(s) responsible for the patient, has sufficient knowledge of that condition to make decisions regarding the patient’s best interests.
- 2.5 A chiropractor will recommend only those diagnostic procedures deemed necessary to assist in the care of the patient and only that treatment considered essential for the well being of the patient.
- 2.6 A chiropractor will not guarantee a cure, either verbally or in writing, and at most, will offer only an estimate as to length of time or number of visits required for treatment of the patient’s condition.
- 2.7 Before the commencement of treatment, a chiropractor will advise the patient of findings and recommendations in a professional and responsible manner.
- 2.8 Before any chiropractic techniques are used, a chiropractor must conduct a direct physical examination of the patient’s area of complaint.
- 2.9 A chiropractor may examine and treat his or her spouse and other family members so long as, in providing such care, the chiropractor meets all obligations pertaining to examination and the provision of treatment, including obtaining the patient’s informed consent and keeping a patient file in accordance with section 2.1 above.

Part 3 Provision of Care and Privacy

- 3.1 A chiropractor will ensure that patients enjoy the benefits of a clean, comfortable office. Minimum office requirements are reviewed in Appendix “B” to the *Handbook*.
- 3.2 A chiropractor may concurrently examine and treat more than one patient in a single “open-concept” treatment room, provided all patients are advised that, at any time, they may choose to be examined and treated in private. Chiropractors who utilize “open-concept” treating in their practice will maintain a separate room within their office where patients can be examined and treated with visual and auditory privacy.
- 3.3 A chiropractor may have his or her pet inside the office; however, the chiropractor must put a notice on the front door advising of the presence of the pet and must advise all prospective patients who telephone the office that the pet might be present when they visit.

Part 4 Professional Fees

- 4.1 A chiropractor must consider the welfare of the patient above all else, and will not let expectations of remuneration, or any lack thereof, affect the quality of service rendered to the patient.
- 4.2 When determining fees to the patient, a chiropractor will consider the professional service rendered and the patient's ability to pay.
- 4.3 A chiropractor will discuss fees with patients when appropriate, and always when proposed fees exceed those customarily charged.
- 4.4 A chiropractor must not advertise discounted treatment fees or offer gratuitous treatment or products to the public as a marketing or advertising technique (see *Bylaws*, section 85 - Marketing). Treatment should always be based on clinical need.
- 4.5 A chiropractor may advertise and provide complimentary or reduced-fee consultations; however, before undertaking any examination or diagnostic procedure that is not included as part of a complimentary or reduced-fee consultation, and before providing treatment for which fees will be charged, the chiropractor must inform the patient of the amount of all additional fees and obtain the patient's consent to proceed.
- 4.6 Upon request, a chiropractor will supply patients with the information they require in order to exercise their entitlement to any employment, insurance or extended-health benefit.
- 4.7 A chiropractor may participate in community fundraising with a registered charity by:
 1. donating services,
 2. donating fees for services, or
 3. donating products (pillows, support, etc.).

When donating chiropractic products or services, a chiropractor must comply with all provisions of the Handbook, including in particular the provisions concerning patient care and record-keeping. All donated services are considered to be “paid in full”. A chiropractor will not bill third-party payers for donated chiropractic products or services or provide documentation to patients in support of the billing of third party payers for donated chiropractic products or services.

Part 5 Fee Arrangements

- 5.1 A chiropractor will not offer any cash or other consideration to any person for the procuring of patients.
- 5.2 A chiropractor must not make any billing arrangement with a patient, whether oral or in writing, covering more than 12 office visits. A chiropractor may make a billing arrangement with a patient covering 12 office visits or less, provided the billing arrangement is wholly at the option of the patient and is not a condition of the chiropractor providing care.
- 5.3 A billing arrangement for 12 office visits or less may include terms for prepayment, provided:
- (a) receipts for prepayment are clearly marked, "Prepayment for treatment not yet rendered", but following treatment and upon request, patients who have prepaid will be provided with separate receipts acknowledging provision of the treatment and the per-visit fee;
 - (b) the chiropractor refunds all unused portions of a prepayment within three business days and without financial penalty, upon:
 - (i) a request from the patient to discontinue treatment, or
 - (ii) the chiropractor deciding for any reason that treatment should be discontinued, or
 - (iii) a request from the estate of a deceased patient; and
 - (c) the chiropractor familiarizes patients with the terms of this section prior to any prepayment.
- 5.4 A chiropractor will not require an employee to be a patient as a condition of employment.

Part 6 Sexual Conduct with a Patient

6.1 Sexual conduct between a chiropractor and patient is prohibited.

- (a) Sexual conduct is any speech or behaviour of a sexual nature.
- (b) Sexual conduct by a chiropractor towards a patient is an abuse of the chiropractor/patient relationship. Any sexual conduct between chiropractor and patient exploits that relationship.
- (c) Inquiries into a patient's sexual history are only appropriate if related to the direct diagnosis and treatment of the patient's current complaints.
- (d) Sexual conduct of any kind between a chiropractor and patient is always unethical and unprofessional. During the continuity of the chiropractor/patient relationship, consent of the patient is no defence to an allegation of sexual conduct.
- (e) Sexual conduct between a chiropractor and former patient is unethical unless it is clear that:
 - (i) the patient understands that the chiropractor/patient relationship has ended; and
 - (ii) the patient is capable of consenting, i.e. the patient is over 19 years of age and does not suffer from a mental disorder or emotional dependency that may impair their ability to consent.
- (f) Examples of sexual misconduct include:
 - (i) gowning practices that do not respect the patient's privacy or exceed that necessary for chiropractic care,
 - (ii) requesting details of sexual history or sexual preference in any situation where it is clearly irrelevant to the patient's clinical care,
 - (iii) discussing sexual problems, preferences or fantasies between a chiropractor and patient, or
 - (iv) inappropriate representation of chiropractic treatment that involves sexual conduct.

6.2 Nothing in section 6.1 precludes a chiropractor from providing treatment to their spouse. For the purpose of this provision, 'spouse' includes a common-law spouse.

Part 7 Sexual Harassment

- 7.1 Sexual harassment is any unwanted sexual conduct directed toward anyone, including patients, associates, other professionals and office staff.
- 7.2 Sexual harassment is always unethical and unprofessional.
- 7.3 Examples of sexually harassing verbal behaviour which does not need to be specifically directed at the victim to constitute sexual harassment, include:
- (a) idle chatter of a sexual nature and graphic sexual descriptions;
 - (b) offensive and risqué jokes or jesting and kidding about sex or gender-specific traits;
 - (c) suggestive or insulting sounds such as whistling, wolf-calls or kissing sounds;
 - (d) comments of sexual nature about weight, body shape, size or figure;
 - (e) pseudo-medical advice with sexual overtones;
 - (f) staged whispers or mimicking of a sexual nature about such things as the way a person walks, talks or sits;
 - (g) innuendoes or taunting;
 - (h) rough and vulgar humour or language;
 - (i) gender-based insults or sexist remarks;
 - (j) comments about a person's looks, dress, appearance or sexual habits;
 - (k) inquiries or comments about an individual's sex life or relationship with a sex partner, or
 - (l) telephone calls with sexual overtones.

Part 8 Approval of Techniques and Modalities

- 8.1 The Board recognizes there are a variety of techniques, therapies and modalities available to chiropractors for the assessment and treatment of patients. Subject to the scope of practice for chiropractors in British Columbia, as defined by the *Chiropractors Act*, the *Rules* and this *Handbook*, and subject to any contrary ruling by the Board, a chiropractor may utilize any technique, therapy or modality taught by one of the recognized chiropractic education programs listed in Schedule “B” of the *Bylaws* (a “Recognized Program”) as part of the curriculum.
- 8.2 If a chiropractor wishes to utilize a technique, therapy or modality that is not taught by a Recognized Program as part of the curriculum, he or she must first apply to the Board for approval. In accordance with Appendix "D" of the *Handbook*, a chiropractor applying for approval of a technique, therapy or modality must provide the Board with all submissions and documentation which the chiropractor believes are relevant to and necessary for the Board's review.
- 8.3 Before presenting chiropractic research to the public, a chiropractor will communicate the results of that research to colleagues or appropriate chiropractic institutions of learning, using recognized scientific channels, in order that those colleagues or institutions may establish an opinion as to the validity of the research.

Part 9 Scope of Practice

- 9.1 A chiropractor may use a mechanical or electrically-assisted adjusting device; however, prior to its use, the chiropractor must provide the patient with a full explanation of the device and obtain the patient's consent to its use. No chiropractor will represent to any patient that the mechanical or electrically-assisted adjusting device or technique is superior to any other method or technique of chiropractic treatment.
- 9.2 A chiropractor may use any of the following therapies:
- (a) traction;
 - (b) ultrasound;
 - (c) electrotherapy, including trans-cutaneous electrical nerve stimulation;
 - (d) vibration therapy;
 - (e) hydrotherapy;
 - (f) light therapy;
 - (g) cold and heat therapy; and
 - (h) extracorporeal low energy shock wave therapy.
- 9.3 A chiropractor may use the following tests, devices or appliances as diagnostic adjuncts, but not as the sole method of reaching a diagnosis, and subject to any limitations noted below:
- (a) x-rays – in accordance with section 83 of the *Bylaws*;
 - (b) Thermography (primarily including Infrared Electronic Telethermography (IR) and Liquid Crystal Contact Thermography (LCT)) – the resultant temperature image must be photographically displayed;
 - (c) Surface EMG.
- The Board may require chiropractors who are intending to use any of these approved tests, devices or appliances in practice to demonstrate proficiency (to a standard approved by the Board) both in the use of the tests, devices and appliances, and in the interpretation of the results. (See section 14.3 regarding the advertising of diagnostic and treatment techniques, tests, devices or appliances.)
- 9.4 A chiropractor will not conduct internal and external vaginal examinations or adjustments.
- 9.5 A chiropractor will not practice Visceral Manipulation, being the adjustment, manipulation or mobilization, by manual or other means, of the viscera of the body or the

points of contact between the viscera and their supporting structures within the body in order to improve viscera positioning or mobility.

- 9.6 A chiropractor will not use muscle testing to diagnose or treat patients for food allergies, nutritional deficiencies, or visceral dysfunction
- 9.7 A chiropractor will not utilize the applied kinesiology method or technique for diagnosis called moding or hand moding. This involves the practitioner or patient placing the fingers of one hand in a particular configuration while at the same time; the practitioner performs muscle testing to assess the structural or functional components of the body.
- 9.8 A chiropractor will not use any procedure involving the testing of a person other than the patient to form a diagnosis on the patient.
- 9.9 A chiropractor will not use the Toftness Radiation Detector or sensometer as a method of diagnosis.
- 9.10 A chiropractor is free to use or provide products and services that have received the endorsement of either the Canadian Chiropractic Association or the British Columbia Chiropractic Association in conjunction with his or her practice.
- 9.11 A chiropractor will limit nutritional counselling as follows:
- (a) the diagnosis of nutritional deficiency states based on clinical case history and such laboratory tests as may be prescribed by the Board; and
 - (b) diet counselling for the maintenance of health with reference to the Canada Food Guide.
- 9.12 A chiropractor may recommend nutritional supplements, consisting of vitamins, minerals and natural products licensed by Health Canada, for the purpose of maintaining general health and as an adjunct to the treatment of nervous system, muscular and skeletal diseases, disorders and conditions through manipulation and adjustment of the spine and other joints of the body.
- 9.13 A chiropractor will not recommend nutritional supplements for the treatment of specific disease states, other than as indicated in section 9.12.
- 9.14 A chiropractor may treat an animal only upon the request and under the direct supervision of a veterinarian. A chiropractor who is treating animals pursuant to this authority in his or her office will only do so after hours and in a manner that maintains sanitary conditions.

Part 10 Professional Consultation

- 10.1 A chiropractor will recognize professional limitations and, when indicated, will recommend other opinions and services to patients.
- 10.2 When diagnosis or treatment is difficult or obscure, or when the patient requests it, a chiropractor will request the opinion of an appropriate chiropractor or health practitioner who is acceptable to the patient. Having requested the opinion, the chiropractor may make available any relevant information and will clearly indicate whether the colleague is to assume the continuing care of the patient during this illness.
- 10.3 When a colleague requests an opinion, a chiropractor will report findings and recommendations in detail and may outline the opinion to the patient. After providing such an opinion, a chiropractor will continue care of the patient only at the specific request of the attending chiropractor or health practitioner, and with the consent of the patient.

Part 11 Personal and Professional Conduct

- 11.1 A chiropractor will report unethical conduct or incompetence on the part of a registrant to the College and to such other authorities as may be appropriate.
- 11.2 A chiropractor will ensure that, at all times, his or her conduct merits the respect of the public for members of the profession.
- 11.3 A chiropractor will protect his or her professional reputation by avoiding all situations that could lead to a conflict of interest.
- 11.4 A chiropractor must not solicit a patient under the active care of another chiropractor.
- 11.5 When a chiropractor is requested to examine another practitioner's patient on behalf of an authorized third party for the purpose of providing an opinion on the condition or treatment of the patient, the chiropractor will perform the necessary procedures to provide the requested information and will not engage in treatment of the patient as long as any conflict of interest exists.
- 11.6 Before proceeding with an examination on behalf of a third party, a chiropractor must provide the patient with an explanation of the legal responsibility that the chiropractor owes to the third party.

Part 12 Practice Arrangements

- 12.1 A chiropractor will not enter into a contract with any individual or organization which jeopardizes professional integrity.
- 12.2 A chiropractor will, when associating in practice with other chiropractors, insist that they maintain the professional standards described in the *Bylaws* and the *Handbook*.
- 12.3 At the time of leaving or retiring from practice, or in the case of a sale of his or her practice, a chiropractor must advise the College in writing where the clinical records from the practice are to be transferred or stored. The College Board will not consider any application for change in practice status or reimbursement of dues until the College has received the required advice concerning the location of the clinical records.
- 12.4 Subject to section 12.1, a chiropractor may enter into office sharing arrangements with other health care practitioners in accordance with the “Guidelines for Office Sharing” attached as Appendix “E” of this *Handbook*.

Part 13 Dissolution of Practice Associations

- 13.1 When one chiropractor ceases to practice in association with (an)other chiropractor(s), either as an associate or as a partner, there is a duty upon the departing chiropractor and the chiropractor(s) remaining in the practice to inform all patients for whom the departing chiropractor is the responsible chiropractor of their right to choose who will continue to treat them.
- 13.2 The “responsible chiropractor” is defined as the chiropractor who is primarily responsible for the ongoing care of a patient. Practitioners who periodically cover a patient’s appointment for their partner or associate do not thereby become the responsible chiropractor. However, a practitioner may become the responsible chiropractor if, through their contact with a patient, ongoing responsibility for the patient’s care devolves to them.
- 13.3 The duty to inform a patient of the departure of a chiropractor will not arise when the departing chiropractor and the remaining chiropractor(s), acting reasonably, both conclude that it is obvious the patient will continue under the care of the remaining chiropractor(s).
- 13.4 In circumstances where the duty to inform arises, the affected patients must receive a letter informing them of this choice as soon as practicable after the date of the departure is determined. It is preferable that this letter be sent jointly by the departing chiropractor and the remaining chiropractor(s). However in the absence of a joint announcement, the departing chiropractor and the remaining chiropractor(s) may send separate letters in substantially the form set out in Appendix “F” to this *Handbook*.
- 13.5 A chiropractor cannot curtail the right of a patient to be informed and to choose his or her health care provider by any contractual or other arrangement, including so-called “non-competition clauses”.
- 13.6 With respect to all communication surrounding the dissolution of practice association, whether required by the *Handbook* or not, a chiropractor should be mindful of his or her obligations to refrain from soliciting a patient under the active care of another chiropractor (*Handbook*, section 11.4) and to avoid comparing services provided with those provided by another chiropractor (*Bylaws*, section 85 - Marketing).
- 13.7 Where, a patient requests the transfer of his or her clinical records, as part of a decision to continue treatment with the departing chiropractor, the remaining chiropractor(s) should make every effort to ensure that transfer occurs promptly after the request is received.
- 13.8 It is recommended that all chiropractors maintain copies of the clinical records of all patients they have treated, whether or not they continue to care for those patients. If departing or remaining chiropractors have treated a patient who will not be continuing in their care, they may review that patient’s clinical records and make copies of the record at their own expense. Chiropractors who have not personally participated in the treatment of the patient may only make a copy of the record after receiving written authorization from the patient.

Part 14 Public Relations and Advertising

- 14.1 When communicating with the public, a chiropractor:
- (a) must not indicate a level of competence greater than that actually held, according to accepted standards;
 - (b) further to section 85(6)(a) of the *Bylaws*, may only indicate that he or she is a fellow of the Chiropractic Colleges of Clinical Sciences (F.C.C.C.S.), Orthopedics (F.C.C.O.) Roentgenology (F.C.C.R.), Rehabilitative Sciences (F.C.C.R.S.) and Sport Sciences (F.C.C.S.S.);
 - (c) may list academic degrees (such as Bachelor of Science, Masters, or PhD) behind his or her name, provided the degrees were obtained from an accredited institution, and may indicate the number of years he or she has been in practice;
 - (d) may use descriptive terms such as chiropractor for “X” team or chiropractor for “X” corporation, provided a team, club, corporation or event (for example, the B.C. Summer Games) has contracted with the chiropractor to provide services, and the official designation by the team, company or event is factual and verifiable owing to the existence of a formal agreement; and
 - (e) must not list or make reference to such designations as, “author”, “speaker”, “educator” or “counsellor”, or to any club or organization memberships or affiliations which he or she may hold.
- 14.2 A chiropractor must not engage in any marketing activity where techniques or treatments are described in a subjective manner (for example: “gentle”, “quick”, “easy”, “soft”, “better”, “best”, “latest”, “more effective”, “most effective”, etc.). The use of such description is inappropriate because it may create in the mind of the intended recipient an unjustified expectation about the results that the chiropractor can achieve, and it may imply that the chiropractor can obtain results not achievable by other chiropractors.
- 14.3 Marketing activity referencing the use of any diagnostic or treatment techniques, tests, methods, devices or appliances (other than x-ray studies) must include a notice informing recipients that effectiveness varies from patient to patient.
- 14.4 Chiropractors may use testimonials in marketing activity provided:
- (a) they obtain written permission to use a testimonial from the patient providing it; and
 - (b) all testimonials are truthful, accurate, in good taste and otherwise conform to the provisions of the *Handbook* and section 85 of the *Bylaws*.
- 14.5 A chiropractor may offer community or public screening in accordance with the “Community /Public Screening Guidelines” attached as Appendix “G” to the *Handbook*.

APPENDIX “A”

WITHDRAWING FROM PATIENT CARE

Q. Can a chiropractor refuse to treat a patient?

A chiropractor has no legal duty to accept any patient. However, a chiropractor’s refusal to accept a patient cannot be based on a ground that contravenes the B.C. *Human Rights Act* (i.e. race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex or sexual orientation). Further, although a chiropractor has no legal duty to provide care, in some circumstances, such as an emergency, a chiropractor may have an ethical duty to provide treatment.

Q. Can a chiropractor who has been rendering treatment to a patient withdraw care?

Yes, as long as the withdrawal of care is not an abandonment of the patient by the chiropractor. However, care generally should not be withdrawn:

1. if the patient requires emergency treatment; or
2. unless reasonable notice of the withdrawal of care is given to the patient.

Q. What constitutes abandonment of a patient?

Abandonment occurs when a chiropractor intentionally and unilaterally terminates an existing doctor-patient relationship when the chiropractic services are still indicated and then withdrawal of services by the chiropractor is not justified or has been done without reasonable notice to the patient.

Q. When is a chiropractor justified in withdrawing care to a patient?

The following are some examples of sound reasons for withdrawing care:

1. patient refuses to follow advice and treatment;
2. patient is abusive to or harassing the chiropractor; or
3. chiropractor is restricting practice to a particular type of problem or to office visits only.

Q. What constitutes reasonable notice of withdrawal of care?

Generally, where a chiropractor wishes to withdraw services to a patient, the chiropractor should inform the patient either orally or in writing. Oral communication of the withdrawal of services should be confirmed in writing. Preferably all written communications to the patient should be sent by double registered mail in order to create proof of delivery. A copy of the letter should be kept in the patient’s clinical record as well as in the chiropractor’s own permanent file.

The chiropractor should explain the reason for the withdrawal of care. The patient should be advised to secure the services of another chiropractor if continued treatment is required and the patient should be given reasonable opportunity to do so.

What constitutes a reasonable amount of time between giving notice and actually withdrawing treatment depends primarily on the availability of another chiropractor to render treatment. Generally, in most centres where there are multiple chiropractors, a reasonable notice period will be equal to the time required to locate and book an appointment with another chiropractor.

A sample letter is found in the attached Schedule “1”.

Q. Are there circumstances where a chiropractor can withdraw services without giving advance notice to the patient?

Yes, if the chiropractor feels threatened or harassed by the patient, the chiropractor may withdraw from treatment without giving advance notice to the patient. The chiropractor may halt treatment during the course of the visit or inform the patient at the end of the visit that no further care will be provided, effective immediately. Withdrawal of treatment without notice in these circumstances (unless emergency treatment is required) should not be considered abandonment of the patient. Depending on the particular circumstances, further communication with the patient by a confirming letter may or may not be advisable.

Q. What if the patient terminates the doctor-patient relationship?

A patient does not need to give any notice to the chiropractor. A patient may discharge a chiropractor by giving notice orally or in writing, by not showing up for a scheduled appointment, or by refusing to undergo a recommended procedure. In some circumstances, it may be prudent for a chiropractor to confirm the patient’s termination of the relationship in writing in order to protect against a claim of abandonment.

A sample letter is found in the attached Schedule “1”.

Q. Is the patient entitled to obtain the patient’s clinical record when the patient leaves the care of the chiropractor?

The patient’s clinical record belongs to the chiropractor who created the record. However, the patient is entitled to the information in the record that relates to the patient’s case history, diagnosis and treatment. If the clinical record contains information that is not related to the patient’s diagnosis or treatment, that information can be severed from any information provided to the patient or to the new practitioner secured by the patient.

APPENDIX “A” – SCHEDULE “1”

1. Suggested letter for withdrawing chiropractic service

Dear (Patient):

I wish to (inform/confirm) that I am withdrawing from providing further chiropractic services to you as (you have persisted in refusing to follow my advice and treatment recommendations, or other reason).

In my opinion, your condition requires further chiropractic attention, so, I suggest that you place yourself under the care of another chiropractor without delay. If you require a referral to another chiropractor, I can provide you with some names. I will be available to treat you if you choose, for a reasonable period of time after you receive this letter to allow you to obtain another chiropractor but in no event will I provide further services to you after (date).

With your consent, I will make available to your new chiropractor your case history and information regarding the diagnosis and treatment you have received from me.

Yours truly,

(Chiropractor), D.C.

2. Suggested letter to confirm discharge by patient

Dear (Patient):

(Insert appropriate introduction: e.g. This will confirm our discussion (telephone conversation) today that you have discharged me as your chiropractor. or On (date), you failed to keep your appointment at my office. You may telephone me for another appointment if you choose or obtain treatment from another chiropractor. or At the time of your examination on (date), I informed you that I was unable to determine without x-ray study whether (insert). Not hearing from you, I strongly urge you to permit me or some other chiropractor of your choice to make this x-ray examination without delay.)

In my opinion, your condition requires further chiropractic care. If you have not already done so, I suggest that you obtain the services of another chiropractor without delay.

With your consent, I will make available to your new chiropractor your case history and information regarding the diagnosis and treatment you have received from me.

Yours truly

(Chiropractor), D.C.

APPENDIX “B”

NOTES ON RECORD KEEPING AND OFFICE MAINTENANCE

Record Keeping

It should be sufficient to state that as a primary health care provider, a chiropractor has both a legal and ethical responsibility to adequately diagnose, treat and/or refer the patient, for the ultimate benefit of that patient. An integral part of that responsibility is the maintenance of good clinical records.

A good clinical record should contain the following information in written detail.

A. History:

- chief complaint
- area of concern
- duration of complaint
- previous similar complaints
- probable cause
- nature of complaint, i.e., character of pain
- related or associated symptoms
- aggravating factors
- relieving factors
- previous care
- secondary illness or complaint (unrelated)
- systems review
- past history
- family history

B. Physical Examination:

- observation
- palpation (static, motion)
- percussion (when appropriate)
- auscultation (when appropriate)
- inspection

C. Spinal and Neuromusculoskeletal Examination:

- range of motion (general, segmental)
- muscle testing - strength, joint integrity, muscle innervation
- neurological/orthopedic status – reflexes, dermatomes, specific tests and/or signs

D. Laboratory Examination:

- roentgenological procedures
- referral for physiological tests - blood, urine
- referral for C.T. scan, myelogram, etc.

E. Diagnosis:

- this should represent a logical conclusion of the sum of the results of the above history and various examinations performed.

F. Treatment:

- spinal adjustments
- manipulation and/or mobilization
- nutritional counseling
- supportive procedures
- first aid and emergency procedures
- patient education
- consultation
- referral

All clinical records should clearly and legibly indicate the progression of events in the history, diagnosis and care of the patient. Treatment records should demonstrate the date treatments were rendered, patient response (objective and subjective) to care, type of treatment given (i.e. mobilization, adjustment, soft tissue, ancillary care, supports, exercise, nutritional counseling, referral recommended), follow-up care required and/or date of discharge from care.

Office Maintenance

A chiropractor must have and maintain facilities and equipment commensurate with that expected of any primary care health practitioner.

Patients should enjoy benefits of a clean, comfortable office with privacy ensured when changing into and from clinic gowns.

All diagnostic and therapeutic equipment must be in normal operating function. Section 83 of the *Bylaws* requires “all registrants who operate a radiographic installation [to] obtain and at all times maintain a valid Certificate of Radiation Safety issued by a Radiation Protection Surveyor approved by the Radiation Protection Services of the Environmental Health Division, BC Centre for Disease Control”.

The Quality Assurance Committee oversees a program of periodic self-review of registrants’ offices, clinical records, and office procedures. Practice self-reviews are intended to assist registrants in maintaining proper standards of practice, particularly record keeping, and office maintenance. Following receipt, registrants must complete and return the self-review within 30 days. If a registrant fails to return a self-review within the allotted time, a full office inspection may be ordered, with the associated cost being charged to the registrant.

This brief outline is intended to give the new practitioner a guideline to follow when establishing his/her practice. Although by no means complete, it should give you the essential tools to ensure the delivery of good quality health care for the betterment of the patient.

APPENDIX “C”

PREVENTING AND RESPONDING TO THE LOSS OF PATIENT FILES

Preventing the Loss of Patient Files

The *Personal Information Protection Act* (“PIPA”) requires chiropractors and chiropractic corporations to protect personal information in their control, such as patient files, “by making reasonable security arrangements to prevent unauthorized access, collection, use, disclosure, copying, modification or disposal”.

While PIPA does not identify what “reasonable security arrangements” are, various privacy organizations recommend adopting physical security measures (for example, locked filing cabinets, and alarm systems) technological tools (passwords, encryption, firewalls) and organizational controls (security clearances, restricted access to information, appropriate destruction of outdated information). In addition, it is necessary to ensure staff are aware of the need to protect personal information and trained in the safeguards used for that purpose.

The basic message is simple – develop an information security protocol for your office and then use it!

Responding to the Loss of Patient Files

Even with an adequate security protocol in place patient files can be lost either by accident or as a result of theft. If this occurs, the College recommends chiropractors take the following actions:

1. Where theft is suspected, immediately telephone the police to report the loss.
2. As soon as possible, personally telephone the patient whose file has been lost and explain what occurred and when.
3. Follow up this telephone call with a short letter to the patient documenting your communication. Where the loss has been reported to the police, be sure to provide the police file number. If the patient continues under your care it is also a good idea to provide him or her with a set of your standard patient introduction/information forms to be completed and returned to your office.
4. Telephone the College to advise of the date, circumstances and extent of the loss.
5. Write letters to any third-parties with an ongoing interest in the patient’s clinical records (for example, WCB, ICBC, MSP, a private insurer or the patient’s legal counsel) advising them of what is missing and the date of the loss.
6. If at any time you have sent copies of all or part of the patient file to any of these third parties, your letter should include a request for them to provide you with a copy of what was previously sent to them. This material will assist you in reconstructing the missing file.
7. As soon as possible, write down or dictate everything you can remember about the patient’s past examination and treatment using other relevant office records (for example, payment records, sign-in sheets or day sheets) as memory aides.
8. Draft a short report detailing the circumstances of the loss and steps taken to report the loss and recover the missing materials. Include a review of your security protocol focusing on any procedures to be implemented in the future to avoid similar losses. This report will be valuable in responding to any complaints or investigations (whether by the police, the College or the provincial privacy agency) concerning the loss.

APPENDIX “D”

BOARD REVIEW OF CHIROPRACTIC SCOPE OF PRACTICE, ASSESSMENT AND TREATMENT TECHNIQUE ISSUES

As part of the establishment, monitoring and enforcement of standards of chiropractic practice in the province, the College Board (the “Board”) will consider registrants’ requests for review of scope of practice issues including techniques pertaining to the assessment and treatment of chiropractic patients.

I. PROCEDURE FOR REVIEWS

The following procedural guidelines apply to Board reviews of techniques:

Requests for Review

1. Registrants may submit requests for review of techniques to the Board in writing.
2. A request should include all submissions and documentation relevant to and necessary for the Board’s review of the technique.
3. Upon receipt of a request, the Board may decline to review the technique if there is a prior ruling in respect of that technique (or a reasonably similar technique) of sufficient currency that further review is not then warranted. Should the Board decline to review a technique, it will advise the requesting registrant(s) accordingly.

Third-party Submissions

4. At any time after receipt of a written request for review and before rendering a decision in respect of that review, the Board may invite submissions from registrants other than the requesting registrant(s) or such other reasonably interested parties as the Board may identify (the “Interested Parties”). When inviting third-party submissions, the Board may specify requirements for both format and timing.

Additional Submissions

5. Should the Board decide that it requires further information before ruling in respect of a review, it may invite additional submissions from the requesting registrant(s), other participating registrants and the Interested Parties. When inviting additional submissions, the Board may specify requirements for both format and timing. Where appropriate, the Board may also identify information that it feels is missing from the original submissions.
6. At any time prior to the Board rendering a decision in respect of a technique review, the requesting registrant(s), other participating registrant or the Interested

Parties may write to the Board attaching additional materials or asking for time to gather and submit additional materials.

7. Where possible, the requesting registrant(s) should be allowed to review additional submissions from other participating registrants and the Interested Parties before deciding whether to make additional submissions.
8. If at any time the Board deems that it has sufficient materials to render a decision, it may decline either to receive additional materials, or to grant time for the gathering and submission of additional materials.

Quality Assurance

9. The Quality Assurance Committee (the “Committee”) will assemble all written submissions pertaining to a review for presentation to the Board. When presenting the submissions to the Board, the Committee may provide the Board with an opinion on whether or not the technique under review falls within the scope of practice. The Board may consider, but is not bound by the Committee’s opinion regarding scope of practice.

Oral Submissions

10. At any time after receipt of a written request for review and before rendering a decision in respect of that review, the Board may request oral submissions from the requesting registrant(s), and if necessary, other registrants or the Interested Parties. Where possible, the Board should permit the requesting registrant(s) to make oral submissions, when other registrants or the Interested Parties are afforded that opportunity.

Preliminary Report

11. Before rendering a final decision, the Board may circulate a preliminary report to the requesting registrant(s), other participating registrants and the Interested Parties. The preliminary report will identify the issues raised during the technique review and propose a ruling in respect of the. Receiving parties will be afforded the opportunity to comment on the report.

Notice of Board Decision

12. The Board will provide the requesting registrant(s) with written notice of its final decision in respect of the technique review. A copy of that notice will be forwarded to all registrants or Interested Parties who provided submissions to the Board.

II. SUBMISSIONS FOR REVIEWS

The Board maintains full discretion as to the criteria that will apply to the review of a particular assessment or treatment technique. In general, however, the Board will consider submissions that are responsive to the following questions:

A. ASSESSMENT

1. Scope of practice

- (a) How does this assessment technique fit within the scope of practice as defined by the *Act*, the *Chiropractors Regulation*, the *Health Professions General Regulation*, the *Bylaws*, the *Handbook* and prior rulings of the Board?

2. Safety

- (a) What are the known or potential risks and contraindications associated with this assessment method?
- (b) Is third party approval required (i.e. from Health Canada, Canadian Standards Assn.)?
- (c) Is data regarding the assessment technique available from the CCPA or other similar organizations?
- (d) Has the assessment technique been considered in the courts of Canada or the United States?

3. Basic Science

- (a) What is the physiological and anatomical premise for the assessment technique?
- (b) What are the structural and functional changes which are measured by this assessment technique?
- (c) What pathophysiology is present?

4. Rationale/Purpose

- (a) What are the indications for this assessment technique?
- (b) What is the intended or known outcome?
- (c) What are the examination findings that support this assessment technique and these pathophysiological changes?

5. Usual/Customary

- (a) Is there a precedent for this assessment technique within the profession?
- (b) Is there acceptance of this assessment technique within the profession?

- (c) Is the assessment technique in the public domain or in use outside the chiropractic profession?
- (d) Is the method of use for this assessment technique uniform, standard and customary within the chiropractic profession?

6. Body of Knowledge

- (a) What is the body of knowledge and quality of researched papers pertaining to this assessment technique?
- (b) Is there institutional support for this assessment technique from one or more of the recognized chiropractic education programs listed in Schedule “B” of the *Bylaws*?
- (c) What information and research is present that supports this assessment technique?

7. Qualification

- (a) What standard is required?
- (b) Is any special education required to perform this assessment technique?

B. TREATMENT

1. Scope of practice

- (a) How does this treatment technique fit within the scope of practice as defined by the *Act*, the *Chiropractors Regulation*, the *Health Professions General Regulation*, the *Bylaws*, the *Handbook* and prior rulings of the Board?

2. Safety

- (a) What are known or potential risks and contraindications associated with this treatment technique?
- (b) Is third party approval required (i.e. from Health Canada, Canadian Standards Assn.)?
- (c) Is data regarding the treatment technique available from the CCPA or other similar organizations?
- (d) Has the assessment technique been considered in the courts of Canada or the United States?

3. Basic Science

- (a) What is the physiological and anatomical premise for the treatment technique?
- (b) What are the structural and functional changes affected by this treatment?
- (c) How does this treatment affect the pathophysiology?

4. Rationale/Purpose

- (a) What are indications for this treatment technique?
- (b) What is the intended or known outcome?
- (c) What examination findings support this treatment technique?
- (d) What indications are there that the treatment technique is necessary?
- (e) What evidence is present that the purpose of the treatment technique is achieved?

5. Usual/Customary

- (a) Is there a precedent for this treatment technique within the profession?
- (b) Is there acceptance of this treatment technique within the profession?
- (c) Is the treatment technique in the public domain or in use outside the chiropractic profession?
- (d) Is the method of use for this treatment technique uniform, standard, and customary for this condition?

6. Body of Knowledge

- (a) What is the body of knowledge and quality of researched papers pertaining to this treatment technique?
- (b) Is there institutional support for this treatment technique from one or more of the recognized chiropractic education programs listed in Schedule "B" of the *Bylaws*?
- (c) What information and research is present that supports this treatment technique?

7. Qualification

- (a) What standard is required?
- (b) Is there any special education required to perform this treatment technique?

APPENDIX “E”**GUIDELINES FOR OFFICE SHARING**

1. The Board approves of all office sharing arrangements that comply with these guidelines.
2. Before proceeding with an office sharing arrangement, a registrant must deliver to the Registrar a signed copy of the “Office Sharing Application” attached as Schedule “1”, including the acknowledgement from the other health care practitioner(s) that these guidelines are understood and accepted.
3. The Board recommends that registrants enter into written agreements with the other health care practitioner(s) to ensure that the office sharing arrangement is as clear and certain as possible.
4. All registrants who violate these guidelines do so at their own risk. If a complaint is received about a registrant’s office sharing arrangements and if the Board finds that the office sharing arrangements violate these guidelines, then the registrant may be subject to discipline. This discipline may include an order to terminate or modify the office sharing arrangements.
5. Registrants are not required to submit an office plan or a written office sharing agreement to the Board for approval. However, registrants may minimize the risk of non-compliance with these guidelines by submitting an office sharing plan and agreement to the Board for approval prior to entering into an office sharing arrangement. The Board encourages all registrants to do so in any circumstances where there is any doubt about the office sharing plan or where major financial commitments are being undertaken by the registrant.
6. The office sharing guidelines are intended to cover situations where registrants are sharing office space and overhead expenses with regulated health care practitioners and unregulated health care practitioners who do not purport to practice a regulated health care profession. Registrants are not permitted to enter into an office sharing arrangement with a person who purports to practice a regulated health care profession, but is not a registrant in good standing of the college constituted under either the *Health Professions Act* or other provincial legislation for the regulation of that profession. A regulated health care practitioner is a registrant in good standing of such a college.
7. The guidelines are not intended to cover any situation where the registrant is contracting with persons either as employees or as independent contractors to perform tasks which are within the scope of, ancillary to, or an adjunct of the practice of chiropractic and are performed under the direction, control and supervision of the registrant. In this context, the registrant remains responsible for the conduct of the employee or independent contractor in all patient interactions.
8. The health practices of the registrant and of the other health care practitioner(s) must be independent of each other. The registrant and the other health practitioner(s) must not be in an employment relationship where one is the employer of the other.
9. The registrant must not share office space with any other health care practitioner if that

other health practitioner does not have adequate liability insurance to cover professional liability and comprehensive general liability.

10. Separate and distinct patient records must be maintained by the registrant and the other healthcare practitioner(s).
11. There must not be any fee sharing, referral fee, or finder fee arrangements between the registrant and the other health care practitioner(s).
12. If a registrant shares office space with a regulated health care practitioner, then the registrant may give patient referrals to and receive patient referrals from that regulated health care practitioner and may consult with that regulated health care practitioner in relation to patient care.
13. If a registrant shares office space with an unregulated health care practitioner, then the registrant must be careful at all times to avoid any suggestion that the registrant is responsible for or warranting the quality or the efficacy of the care of the unregulated health care practitioner. The registrant may suggest to a patient that the provision of health care by the unregulated health care practitioner is an option for the patient to consider; however, the registrant must not refer the patient for such care, or engage in any words or conduct that would suggest to the patient that the registrant is ordering or directing the care of the patient to or by the unregulated health care practitioner. Consultation about patient care with the unregulated health care practitioner should be avoided.

APPENDIX “E” – SCHEDULE “1”

OFFICE SHARING APPLICATION

RELEASE AND UNDERTAKING OF REGISTRANT

I, _____, D.C., a registrant of the College of Chiropractors of British Columbia (the “College”), apply for permission to share office space with the health care practitioner(s) identified below.

I have read and understood the College’s “Guidelines for Office Sharing” (the “Guidelines”) which is Appendix “E” of the *Professional Conduct Handbook*.

I understand that if my office sharing arrangements violate the Guidelines I may be required by the College to terminate those office sharing arrangements. I understand that this may cause loss, damage, and expense to me and to anyone with whom I share office space. I acknowledge that I accept this risk as my own.

I hereby waive and release any right to make any claim for such loss, damage, or expense against the College, its officers, directors or employees.

If the College Board finds that my office sharing arrangements violate the Guidelines, I hereby undertake to abide by that ruling, and to terminate any office sharing arrangements if I am ordered to do so by the College Board.

Signature

Date

- I elect to have my office sharing plans reviewed by the Board in advance of entering an office sharing agreement, and therefore, attach the following: (1) original signed office sharing agreement, (2) office plan showing designated treatment rooms and common shared areas, and (3) a letter of standing and proof of professional liability coverage for the other health care practitioner(s).

ACKNOWLEDGEMENT OF OTHER HEALTH PRACTITIONER(S)

By signing below, I confirm that I have been made aware of the College’s Guidelines on office space sharing and that I understand that the chiropractor is bound by those Guidelines.

Name:

Profession:

Date:

APPENDIX “F”

LETTERS FOR USE UPON DISSOLUTION OF PRACTICE ASSOCIATION

1. Letter from departing chiropractor

Dear Patient:

On [date] I am leaving [or left] ABC Chiropractic [or I ceased to practice in association with Dr. _____] to set up my own practice at [address]. As I have been providing you with chiropractic treatment, I am required to inform you that you may continue to be treated by me at my new practice or you may choose to have ABC Chiropractic [or Dr. _____] continue to treat you.

If you wish to continue your treatment with me, arrangements will have to be made to transfer your patient file from ABC Chiropractic [or Dr. _____] to me. Please advise ABC Chiropractic [or Dr. _____] or me in writing of your decision so that continuity in your treatment is assured.

Yours truly,

2. Letter from remaining chiropractor(s)

Dear Patient:

On [date], Dr. [departing chiropractor] is leaving [or left] ABC Chiropractic [or my/our office] to establish his [or her] own practice.

As Dr. [departing chiropractor] was providing you with chiropractic treatment, we are required to inform you that you may choose to have Dr. [departing chiropractor] continue to treat you at his new practice or you may continue your treatment at ABC Chiropractic [or my/our office].

If you wish to continue being treated by Dr. [departing chiropractor] arrangements will have to be made to transfer your patient file from ABC Chiropractic [or my/our office] to his office. Please advise us [or me] or Dr. [departing chiropractor] in writing of your decision so that continuity in your treatment is assured.

Yours truly,

APPENDIX “G”

COMMUNITY/PUBLIC SCREENING GUIDELINES

Screening:

1. Screening is the application of a test to detect a potential illness or condition in a person who has no known sign or symptoms of that illness or condition. It is performed on “at risk” populations in order to identify potential health problems and determine appropriate interventions.

Purpose of Screening Test:

2. The purpose of a community or public screening test is not to diagnose, but to identify possible health problems that may need attention.

Conduct of the Screening Test:

3. Prior to performing a screening test, a chiropractor should advise the individual who is to be tested of the nature and purpose of the test and, in accordance with section 2.3 of the *Handbook*, obtain the individual’s consent to proceed.
4. Following the screening test, a chiropractor should provide the test subject with a simple explanation of the results, including if the chiropractor desires, a short report or graph of findings. A chiropractor should not attempt to diagnose the subject.
5. While the chiropractor may suggest follow up at a chiropractic office for a full examination and diagnosis, it is up to the individual who has been tested to decide whether and where to follow up. It is a good idea for the chiropractor conducting the screening to have on hand a College registrants list to assist interested individuals with identifying a chiropractic office convenient to them.
6. A chiropractor conducting a community or public screening must remember that some of the individuals he or she tests will be under the active care of another chiropractor. In accordance with section 11.4 of the *Handbook*, the chiropractor conducting the screening should be careful not to solicit those individuals who are under active chiropractic care.

Set Up of Display:

Location:

7. A Chiropractor who intends to conduct a community or public screening must pick a suitable location and ensure that he or she has the necessary permission and permits from the owner or authority in charge.

Possible Locations:

Schools

Large Stores

Factories

Community Events

Shopping Malls

Health Fairs

Appearance:

8. A chiropractor who is conducting a community or public screening will ensure that his or her display is professional looking and that all materials used in conjunction with the display have been approved by the College Board.
9. If a chiropractor has any questions about display appearance and materials, he or she should direct those to the Quality Assurance Committee.

List of Possible Screening Tests:

10. The following is a list of tests that a chiropractor may use for community or public screening:

manual posture analysis

computerized digital posture analysis

SAM Spinal Analysis Machine

Surface EMG

Goniometer

Computerized Dual Incliniometry

Pressure Algometer

Dynamometer

Dual or Quadrant Scales

Functional Tests (examples: *Rehabilitation of the Spine* by C. Leibenson, D.C.).

This list is not intended to be comprehensive, if a chiropractor would like to use tests for community or public screening that are not included in this list, he or she should contact the Quality Assurance Committee.