

Chiropractic Physician Scope and Practice

Chiropractic health care is a recognized profession in all jurisdictions of the United States, and in all Canadian provinces. As with most health professions, the scope of practice, authority and responsibility are established by statutory law in each jurisdiction. Administrative agencies regulate the practice of chiropractic health care or chiropractic medicine by establishing rules and procedures, by interpreting the applicable language, by licensing qualified practitioners, and by enforcing the provisions of the law. This regulation of the profession is usually carried out by a licensing board¹ that is appointed by the governing leadership of the state. State designation of boards that regulate chiropractic practice may be called chiropractic examination board, board of chiropractic medicine, quality assurance commission, or similar names. Some states rely on combined boards that include practitioners from other healthcare disciplines.

Requirements for Licensure

All states require the applicant for chiropractic licensure to obtain a Doctor of Chiropractic (D.C.) degree from an approved educational program accredited by the Council on Chiropractic Education (CCE)². Most states require passage of the four-part examinations administered by the National Board of Chiropractic Examiners (NBCE)³. Most states also require passage of a “laws and rules” examination specific to that state, and some have additional examination requirements. Some jurisdictions may also require a background check, mandatory malpractice insurance coverage, and additional education such as two or more years of college, or a bachelor degree in addition to a D.C. degree. These requirements change over time, and the most accurate source of information for a particular jurisdiction at a given time will be its licensing board or similar agency.

Professional Title

The Doctor of Chiropractic (D.C.) and the Doctor of Chiropractic Medicine (D.C.M.) degrees are recognized as first-professional degrees by the U.S. Department of Education⁴. The D.C. degree is recognized by all states and jurisdictions of the U.S. and the provinces of Canada and is the traditional degree designation used by institutions that offer the chiropractic doctorate. A person with a D.C. degree holds the title of doctor (Dr.). Chiropractic doctors are also referred to as chiropractors, doctors of chiropractic, and chiropractic physicians. Doctors of chiropractic are also designated as physician-level providers for Medicare and Medicaid under the U.S. Department of Health and Human Resources Centers for Medicaid and Medicare Services.⁵

Scope of Practice

Because of variations in the legislative intent of the respective states and due to regional requirements, the laws and regulations governing the practice of chiropractic health care will vary somewhat from state to state, however, many characteristics are similar or equivalent among the many licensing jurisdictions. In all jurisdictions, chiropractic physicians have a legal

duty to obtain an appropriate patient history, physical examination, develop a working diagnosis and manage care for their patients. Management may include treatment, referral, or co-management with another healthcare professional. Treatment by chiropractic doctors in all states usually includes manipulation or adjustment of the joints of the spine and other articulations of the body, muscle and fascial work and other soft tissue procedures, rehabilitation, lifestyle counseling, nutritional therapy including dietetics, vitamins, botanicals, enzymes and minerals, and the use of classified physical therapy modalities.

Many states allow chiropractic physicians to employ a variety of additional healing modalities in practice, including dry needling therapy, therapeutic injections, acupuncture, laser therapy, transcutaneous electrical nerve stimulation (TENS), therapeutic ultrasound, interferential therapy, microcurrent therapy, over-the-counter medication (OTC), myofascial therapy, and massage. Individual states include minor surgery, obstetrics, and prescription medication in the chiropractic scope. The specific scope allowed for each particular state will be identified in that state's statutes and regulations for the practice of chiropractic health care or chiropractic medicine.

According to the National Board of Chiropractic Examiners survey on chiropractic practice in the United States, Doctors of Chiropractic frequently perform health promotion and wellness care interventions as a routine part of practice.⁸ These may include advice on diet, ergonomics, posture, physical activity, healthy behavior change, relaxation and stress management, and self-care strategies that emphasize whole-person care.

Laboratory and Diagnostic Testing

Chiropractic physicians use diagnostic tests and procedures and are authorized to make and interpret radiographs (x-rays) in all jurisdictions. Most states also allow D.C.s to order and interpret magnetic resonance imaging (MRI) and computed tomography (CT) examinations. Doctors of chiropractic are trained to do phlebotomy (draw blood) and to interpret blood and serum chemistry tests, obtain swabs for microbial culture and other clinical laboratory procedures; most states allow for these laboratory procedures under the chiropractic law. Some states allow chiropractic physicians to order and/or perform other diagnostic procedures such as electromyography (EMG), electrocardiography (ECG or EKG), positron emission tomography (PET), bone scan, sonography (ultrasound), and other tests. Gender specific diagnostic procedures and examinations such as prostate exams, pelvic exams, Papanicolaou tests and breast exams are permitted in many jurisdictions. Details regarding the specific allowances in each state are determined by law, regulation or board ruling.

Patient Type and Conditions Treated

Male and Female patients present to chiropractic physicians on about the same frequency with a slightly higher tendency for female patients. The average age of the majority of patients is 46 years and the spread is across all ages from infants to the aged. The age of the patient population depends to a significant degree on the place in which the practice is located. For example, the Medicare population is greater in those states where there is a greater concentration of retirees.

While a large percentage of patients (44% in the North East and 47% in the Southeast in one study)⁶ of patients presenting to a chiropractic physician complain of low back pain, a nearly ubiquitous condition in the American population, the full spectrum of human disorders is represented in most chiropractic offices including many musculoskeletal disorders, nutritional issues, malignancies (typically referred for care), upper respiratory infections, diseases of the gastrointestinal tract and other organ systems, eye, ear, nose and throat disorders and many others. Chiropractic physicians recognize the importance of distinguishing and treating the underlying causes of any disorder to enhance recovery and contribute to the overall health and wellness of the patient. After evaluation and diagnosis, some patients will receive care solely by the chiropractic physician, and other patients may be referred for care, or often co-managed by the chiropractic physician and an allopathic physician (MD), an osteopathic physician (DO), or another appropriate healthcare provider.

Patient Satisfaction With Chiropractic Health Care

Patients of chiropractic physicians express high satisfaction rates in various studies. A study completed and reported in the *Journal of Manipulative and Physiological Therapeutics (JMPT)* in 1994 revealed patient satisfaction rates over a 4 year study period of 100%, 89%, 91%, and 90% respectively.⁷ While these statistics have been established as long ago as a decade past, subsequent publications continue to report a high rate of patient satisfaction with care provided by chiropractic physicians.

Practice Opportunity and Diversity

For most of the 119 years since its inception as a recognized profession, the chiropractic health care discipline has been populated with physicians who practiced in solo practitioner offices. This occurred for a variety of reasons, one of which is simply that this was the preferred method of medical practice for all physician level practitioners. It was undergirded by the reality that many chiropractic physicians chose to practice in “small town” North America, a circumstance that remains quite characteristic to this day. With the advanced changes in health care delivery today, however, we see a significant percentage of graduates (perhaps a high as 30%) entering into integrated practices with allopathic physicians, osteopathic physicians, nurse practitioners and others. Typical of this kind of practice in the last several years is the “patient centered medical home.” As the chiropractic profession continues to grow and develop, it is expected that more and more graduates will enter these kinds of practice settings.

Expanded Educational Opportunities for Chiropractic Physicians

Characteristic of the allopathic and osteopathic professions education is the residency experience. These residencies, based on statutory and educational regulations can vary from as little as one year to as much as seven or eight years for some subspecialties. Such residencies are supported through the federal government through the Medicare System. This kind of government subsidy is not available to the chiropractic profession, however, a number of institutions offer residency opportunities that art typically three years of training. Such residencies include Diagnostic Imaging, Family Practice, and Research and in each instance, often also include the earning of a Master’s Degree in a particular focused field, such as Master of Public Health (MPH), a Master of Science (M.S.) degree in Diagnostic Imaging, a Master of Science degree in Sport and Exercise Science, a Master of Science degree in Advanced Clinical Practice. These are competitive residency opportunities and are often funded by the institutions offering them. Most recently, the Veterans Administration has authorized a number of residencies in VA facilities. Additionally, across the country many military bases now offer chiropractic services to military personnel and dependents through the Department of Defense health centers and hospitals. All of these opportunities are in a state of expansion.

The Modern Chiropractic Profession

Today, the chiropractic physician is educated in very much the same way as all physicians to include a minimum of 4200 classroom hours with many programs requiring 4800 or more hours which equates to 246 or more credit hours. The education is rigorous and is provided through highly qualified and experienced educators. Basic Sciences are typically taught by PhD level educators while the clinical sciences are taught by chiropractic physicians, medical physicians, osteopathic physicians, pharmacologists and others of similar qualification. The highly educated graduate is especially attuned to careful diagnosis and conservative management of patient health care needs but is also particularly committed to helping patients learn how to optimize body functions and prevent the onset of disease by living a healthy lifestyle, devoid of health-robbing habits and supported by well designed activities, and postural and nutritional habits. Chiropractic physicians recognize that the major impending epidemics in the Unites States are grounded in poor eating habits and lack of physical, mental and spiritual exercise. It is toward these ends that the chiropractic physician excels.

¹Federation of Chiropractic Licensing Boards (found at: <http://www.fclb.org/Boards.aspx>.)

²Council on Chiropractic Education accredited programs (found at: http://www.cce-usa.org/Accredited_Doctor_Chiro.html)

³National Board of Chiropractic Examiners (found at: <https://www.nbce.org/>)

⁴Structure of the U.S. Education System: First-Professional Degrees (found at: <http://www.ed.gov/international/usnei/edlite-index.html>)

⁵ Medicare General Information, Eligibility, and Entitlement, Physician Defined (found at: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ge101c05.pdf>)

⁶ Mootz R, Cherkin D, Idegard C, Eisenberg D, Barassi J, Deyo R. Charactics of Chiropractic Practitioners, Patients and Encounters in Massachusetts and Arizona – JMPT 2005; 28: 645-653

⁷ Sarnat R, Winterstein J, Clinical and Cost Outcomes of an Integrated Medicine IPA – JMPT 2004; 27:336-347

⁸ Christensen MG, Kollasch MW, Hyland JK. Practice Analysis of Chiropractic 2010: A Project report, survey analysis, and summary of chiropractic in the United States. Greely, Colorado. National Board of Chiropractic Examiners; 2010:133-134.