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## **The Bone and Joint Decade 2000-2010 - Task Force On Neck Pain and Its Associated Disorders**

The Task Force on Neck Pain and Its Associated Disorders is an international, multi-disciplinary research initiative taking place during the Decade of the United Nations sponsored Decade of the Bone and Joint. The Task Force studies are entering their fourth year and it is anticipated that the findings of the studies will be ready for publication by the end of 2006. The Task Force is recognized as one of the leading bodies researching problems related to neck pain.

Academic institutions affiliated with the Task Force include: the World Health Organization Collaborating Centre for Neurotrauma Prevention, Management and Rehabilitation at Karolinska University in Sweden, the New York University School of Medicine, the University of California Los Angeles School of Public Health, and the University of Bordeaux Institute of Public Health in France. Organizational sponsors of the Task Force include the major Spine Societies of North America, Europe and Japan as well as the Arthritis Society (Canada), the American Physical Therapy Association and the World Federation of Chiropractic.

### **Canadian Participation**

There is a significant Canadian contribution to the Task Force through researchers associated with the Institute for Work and Health (Toronto), the University of Alberta, the University of Toronto, and the University Health Network (Toronto).

The Task Force is conducting five research projects:

- **Literature Review and Development of Best Evidence Synthesis**

This project will perform a comprehensive and critical review on the world literature regarding the epidemiology, diagnosis, treatment and prognosis of mechanical neck pain and its associated disorders in order to develop evidenced based best management practices for neck pain.

- **Ontario Occupational Neck Pain Cohort Study**

This project will investigate the prevalence, incidence and health care utilization for occupational neck pain based on an examination of the Ontario Workplace Safety and Insurance Board and Ontario Health Insurance Plan data.

- **Risks Associated with the Treatment of Neck Pain**

The Task Force will undertake two epidemiological studies of adverse outcomes associated with common treatments of neck pain. One study will examine the association of neck adjustment and the risk of stroke. The second study will examine the risk of gastrointestinal hemorrhage (GI) or death from GI hemorrhage associated with prescription of non-steroidal anti-inflammatory drugs.

- **Decision Analysis of Acute Whiplash and Chronic Neck Pain Treatments**

The objective of this study is to develop tools that will help patients and health practitioners understand the efficacy and risks associated with various types of treatment for neck pain.

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## **Conclusion**

The association between neck adjustment and stroke is controversial. Conscientious practitioners need not be fearful of providing care to the cervical spines of their patients. A proper history and examination must clearly document the need for the procedures performed. The patient must be informed of the risk and they must understand the risk before they agree to the treatment. If your patient presents with unusual symptoms of head and or neck pain be alert to the possibility that they may have a vertebral artery dissection and manage it accordingly. If these symptoms develop during your care you must take immediate action to mitigate the potential stroke. Be cognizant of the symptoms of stroke and take immediate action if they are present in your patients. This means no further manipulation and get emergency medical attention right away.

Once you have dealt with any of the emergent situations with your patient and they have been transferred for appropriate care call CCPA. In our experience most of the "events" that occur turn out to be a benign situation with complete resolution.

Remember most chiropractors will never have a case of this in their practice careers.

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## **References:**

- <sup>(1)</sup> Smith WS, Johnson SC, Skelabrin EJ et al. *Spinal manipulative therapy is an independent risk factor for vertebral artery dissection.* Neurology 2003; 60:1424-1428.
- <sup>(2)</sup> Rothwell DM, Bondy SJ, Williams JJ. *Chiropractic manipulation and stroke: a population-based case-control study.* Stroke 2001; 32:1054-1060. (\*)
- <sup>(3)</sup> Terrett AJ. *Current concepts in vertebrobasilar complications following spinal manipulation.* 2nd ed. CITY: NCMIC Group Inc; 2001.
- <sup>(4)</sup> Haldeman S, Kohlbeck FJ, McGregor M. *Stroke, cerebral artery dissection and cervical spine manipulation therapy.* J Neurol 2002; 249:1098-1104. DOI 10.1007/s00415-002-0783-4.
- <sup>(5)</sup> Jury Recommendation – Lana Dale Lewis Inquest.



## Chiropractic Treatment and Patient Safety

Chiropractic is widely recognized as one of the safest, drug-free, non-invasive therapies available for the treatment of headache, and neck and back pain. It has an excellent safety record. However, no health treatment is completely free of potential adverse effects. Even common over-the-counter medicines carry a risk.

Most patients experience immediate relief following an adjustment, however, some may experience temporary pain, stiffness or slight swelling. Some patients may also experience temporary dizziness, local numbness, or radiating pain. Fortunately, adverse effects associated with spinal adjustment are typically minor and short-lived.

### Safety of Neck Adjustment: The Most Recent Research

Neck adjustment is a precise procedure, generally applied by hand, to the joints of the neck. Neck adjustment works to improve joint mobility in the neck restoring range of motion and reducing muscle spasm, thereby relieving pressure and tension. Patients typically notice a reduction of pain, soreness, stiffness and improved mobility.

Neck adjustment, particularly of the top two vertebrae of the spine, has on rare occasions been associated with stroke and stroke-like symptoms. While estimates vary, a range of one to two events per million neck adjustments is generally considered to be a conservative risk ratio by the research community.<sup>1</sup> This is considerably lower than the risk of serious adverse events associated with many common health treatments such as long-term use of non-prescription pain relievers or birth control pills.

An extensive commentary on chiropractic care, published in the February 2002 issue of the *Annals of Internal Medicine*, which is the journal of the American College of Physicians, reviewed more than 160 reports and studies on chiropractic. It states the following with regard to the safety of neck adjustment: *"The apparent rarity of these accidental events has made it difficult to assess the magnitude of the complication risk. No serious complication has been noted in more than 73 controlled clinical trials or in any prospectively evaluated case series to date."*<sup>2</sup>

A Canadian study, published in 2001 in the medical journal *Stroke*, also concluded that stroke associated with neck adjustment is so rare that it is difficult to calculate an accurate risk ratio.<sup>3</sup> The study was conducted by the Institute for Clinical Evaluative Sciences and the authors have stated: *"The evidence to date indicates that the risk associated with chiropractic manipulation of the neck is both small and inaccurately estimated. The estimated level of risk is smaller than that associated with many commonly used diagnostic tests or prescription drugs."*

The most recent research into the association between neck adjustment and stroke are biomechanical studies to assess what strain, if any, neck adjustment may place on the vertebral arteries. The preliminary findings of this ongoing work indicate that neck adjustment is done well within the normal range of motion and that neck adjustment is "very unlikely to mechanically disrupt the VA [vertebral artery]."<sup>4</sup>

There are many risk factors for stroke including blood clotting problems, hypertension, smoking, high cholesterol, birth control pills, heart problems and trauma such as blows to the head from car accidents or sports injuries. A patient's health history and activities have to be examined very carefully in order to determine the most probable cause of a stroke.

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## Informed consent

Prior to starting treatment, all health professionals are required by law to obtain informed consent to treatment from their patients. Health consumers must receive adequate and accurate information to assist them in evaluating their health care choices, and in balancing the relative risks of treatment options with the benefits. The chiropractic profession takes this responsibility seriously and has been a leader in obtaining informed consent.

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## Ongoing research

Chiropractic researchers are involved in studying the benefits and risks of spinal adjustment in the treatment of neck and back pain through clinical trials, literature reviews and publishing papers reviewing the risks and complications of neck adjustment. For example, the *Bone and Joint Decade Task Force on Neck Pain and Its Associated Disorders* is an international, multi-disciplinary, multi-centre study in which the Canadian chiropractic profession is a partner. One of the Task Force studies is focused specifically on the safety of neck adjustment. This is one example of the ongoing research that will ensure that care is provided as effectively and safely as possible.

February 2004

<sup>1</sup> It is of note that Dr. John Norris, lead investigator of an unpublished Canadian Stroke Consortium study (SPONTADS) into the relationship between neck adjustment and stroke has retracted the risk ratios publicized through the media.

<sup>2</sup> Meeker WC, Haldeman S. Chiropractic: A Profession at the Crossroads of Mainstream and Alternative Medicine. *Annals of Internal Medicine*. February 5, 2002, Vol. 136, No. 3.

<sup>3</sup> Rothwell DM, Bondy SJ, Williams JJ. Chiropractic Manipulation and Stroke: A Population-Based Case-Control Study. *Stroke*, May 2001.

<sup>4</sup> Herzog W, Symons BP, Leonard T. Internal forces sustained by the vertebral artery during spinal manipulative therapy. *Journal of Manipulative Physiology and Therapeutics*. Oct. 25 2002 (8): 504-10



## **Common Questions About Neck Adjustment**

### **Why is there a popping sound when a joint is adjusted?**

Adjustment of a joint may result in release of a gas bubble between the joints that makes a popping sound – it's exactly the same as when you "crack" your knuckles. It is not painful. It is caused by the change of pressure within the joint resulting in gas bubbles being released.

### **Why would neck adjustment have an effect on anything other than neck pain?**

Pain or discomfort in one area of the body may be linked functionally to discomfort arising from another area. Consequently, addressing dysfunction in one part of the body may relieve symptoms in another part. If you look at a model of the spine, you can see that the spine is one continuous structure. Adjustment at various points along the structure may be needed to help reduce biomechanical stresses on other parts of the spine and to relieve discomfort when it is clinically necessary.

The spine is also the protective channel that surrounds the spinal cord. Apart from special nerves originating from the brain and brain stem, all nerves in the body involved with bodily functions such as sensation and motor control emanate from the spinal cord and travel through openings in the spine between the vertebrae. Spinal nerves carry highly complex information that is important for the proper functioning of the human body. Spinal dysfunction can have an effect on proper functioning of the nervous system causing symptoms in other parts of the body. Adjustment, often in combination with other therapies, may help alleviate symptoms and even address the causative factors.

### **Does neck adjustment require stretching and rotating the neck beyond its normal range of motion?**

No, it does not as anyone who has had their neck adjusted will attest. Neck adjustment is done within the normal range of motion and is often performed to improve flexibility and reduce pain. The normal range during treatment is less than what is required to turn your head when backing up a car.

### **Is neck adjustment a forceful action?**

No. This has been demonstrated in studies to determine the degree of physical strain applied during adjustment.<sup>1</sup>

It is skill, not strength, that is needed to conduct a safe, effective adjustment. Chiropractic education in Canada is an intensive four-year program following three years of university undergraduate studies. By the time they graduate, Canadian chiropractors are among the most skilled in the world.

### **Is neck adjustment safe?**

No health treatment is completely free of potential adverse effects and, on rare occasions, neck adjustment has been associated with stroke and stroke-like symptoms. A Canadian study, published in 2001, concluded that stroke symptoms associated with neck adjustments are so rare that it is difficult to quantify.<sup>2</sup> Similarly, a medical review published in 2002 looked at 73 studies of chiropractic care and found no serious complications reported in any of them.<sup>3</sup> By way of comparison, neck adjustment is significantly safer than other common treatments for headache, neck and back pain.

### **Are all neck adjustment techniques equally safe?**

Canadian chiropractors are taught a variety of adjustment techniques and there is no evidence to suggest that any one technique is less safe than the others. Chiropractic techniques that are applied appropriately are effective and safe.

February 2004

<sup>1</sup> Herzog W, Symons BP, Leonard T. Internal forces sustained by the vertebral artery during spinal manipulative therapy. *Journal of Manipulative Physiology and Therapeutics*. Oct. 25 2002 (8): 504-10

<sup>2</sup> Rothwell DM, Bondy SJ, Williams JJ. Chiropractic Manipulation and Stroke: A Population-Based Case-Control Study. *Stroke*. May 2001.

<sup>3</sup> Meeker WC, Halderman S. Chiropractic: A Profession at the Crossroads of Mainstream and Alternative Medicine. *Annals of Internal Medicine*. February 5, 2002, Vol. 136, No. 3.



# Canadian Chiropractic Protective Association

## RISK MANAGEMENT PROGRAM 2004 Discussing CVA and Neck Adjustments QUESTIONNAIRE

Instructions: MARK the correct answer with an X. Forward the white copy by mail to Canadian Chiropractic Protective Association's office for validation and verification of completion for discounts, LAG Benefits and CE credits (where applicable). **RETAIN the yellow copy for your records.**

### PLEASE PRINT

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Surname) (M/D/Y)

Clinic Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (Province) (Postal Code)

- Statistically the subgroup of patients that are most at risk from dissection of the vertebral artery are?:
  - Females between the ages of 20 and 45
  - Males between the ages of 60 and 75
  - Females between the ages of 60 and 75
  - Males between the ages of 20 and 45
  - All of the above
- Which of the following symptoms should alert you to the possibility your patient may be experiencing a vertebral artery dissection?:
  - Unusually severe throat pain and earache
  - Unusually severe neck pain
  - Unusually severe headache, like nothing they have ever experienced before
  - b), c) or both
  - Dull, band-like headache with associated nausea
- Which of the following upper cervical adjusting techniques carries little or no risk?:
  - Diversified
  - Gonstead
  - Mechanically-assisted instrument
  - All of the above
  - None of the above
- Which of the following tests will allow you to rule out the risk of vertebral artery dissection in over 80% of cases?:
  - Houle's test
  - George's test
  - Hautant's test
  - Auscultation over the carotid arteries and cranium
  - None of the above
- According to Haldeman et al, if vertebral artery dissection and/or CVA is to be associated with cervical manipulation, signs and symptoms will usually manifest within what time frame:
  - 6 - 8 days
  - Immediately or within 48 hours
  - 1 - 2 weeks
  - Anytime within 1 - 2 months
- Immediately following an upper cervical adjustment your patient exhibits a marked neck and headache reaction accompanied by vomiting. In most cases this simply represents "toxins" being released from the body and not reason for concern.
  - True
  - False
- A chiropractor should never consider an adjusting procedure to the cervical spine without first obtaining a full set of diagnostic x-rays to rule out the risk of vertebral artery syndrome.
  - True
  - False
- If an "incident" occurs in your office involving neurological signs and symptoms you should contact the CCPA as soon as possible.
  - True
  - False
- Prior to starting treatment you should:
  - Discuss the nature of your proposed treatment and include risk factors and treatment options for your patient's consideration
  - Encourage the patient to ask questions
  - Have the patient sign an "informed consent" form and witness it
  - All of the above
  - Chiropractic treatment is safe and therefore there is no need to worry the patient unnecessarily
- You suspect your patient is having a stroke-like "incident" following the treatment. You should:
  - Send the patient home and instruct them to phone you later
  - Keep the patient at the office and between treating other patients, monitor their condition over the next few hours
  - Have your staff phone 911, monitor the patient's vital signs and commence CPR, if necessary
  - Re-adjust the patient's cervical spine
  - First phone CCPA, then attend to the patient

# 資料 6





# **LAWS and RULES**

*Governing the Practice  
of  
Chiropractic Care  
in the State of Arizona*

issued by:

Arizona Board of Chiropractic Examiners  
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**August 25, 2004**

**ARIZONA REVISED STATUTES**  
**Vol. 10, Title 32, Professions and Occupations**  
**Chapter 8, Chiropractic**

**ARTICLE 1: BOARD OF CHIROPRACTIC EXAMINERS**

§32-900	Definitions	Page 155
§32-901	Board of Chiropractic Examiners; removal; immunity	Page 155
§32-902	Organization; meetings	Page 156
§32-903	Compensation	Page 156
§32-904	Powers and duties	Page 156
§32-905	Executive Director of Board; duties; other personnel; immunity	Page 157
§32-906	Board of Chiropractic Examiners fund	Page 157
§32-907	Additional fees	Page 157

**ARTICLE 2: LICENSING AND REGULATION**

§32-921	Application for license; qualifications of applicant; fee; background investigations	Page 158
§32-922	Examinations	Page 159
§32-922.01	Reciprocity	Page 160
§32-922.02	Specialties; certification; fees	Page 161
§32-923	Change of address; annual renewal fee; failure to renew; Waivers	Page 161
§32-924	Grounds for disciplinary action; hearing; civil penalty; definition	Page 162
§32-925	Practice of chiropractic; limitations	Page 166
§32-926	Practice of chiropractic without license prohibited; exemptions	Page 166

§32-927	Violations; classification	Page 167
§32-928	Injunctive Relief	Page 167
§32-929	Right to examine and copy evidence; summoning witnesses and documents; taking testimony; right to counsel; court aid; process	Page 168
§32-930	Chiropractic assistant	Page 169
§32-931	Continuing education; requirements	Page 169
§32-932	Restricted permits	Page 169
§32-933	Inactive license; restrictions; reinstatement to active license	Page 170

**ARIZONA ADMINISTRATIVE CODE  
CHAPTER 8**

**ARTICLE 1: BOARD OF CHIROPRACTIC EXAMINERS**

R4-7-101	Definitions	Page 171
R4-7-102	Repealed	Page 171
R4-7-103	Renumbered	Page 171
R4-7-104	Meetings	Page 171

**ARTICLE 2: COMMITTEES**

R4-7-201	Formation	Page 172
R4-7-202	Powers and duties	Page 172
R4-7-203	Renumbered	Page 172

**ARTICLE 3: HEARINGS**

R4-7-301	Investigation of a Complaint	Page 172
R4-7-302	Service	Page 172
R4-7-303	Conduct of Hearing	Page 173

R4-7-304 Repealed \_\_\_\_\_ Page 173

R4-7-305 Rehearing; Review of Decision \_\_\_\_\_ Page 173

#### ARTICLE 4: EXAMINATIONS

R4-7-401 Repealed \_\_\_\_\_ Page 174

R4-7-402 Renumbered \_\_\_\_\_ Page 174

R4-7-403 Repealed \_\_\_\_\_ Page 175

R4-7-404 Investigations \_\_\_\_\_ Page 175

R4-7-405 Refusal to Issue Licenses \_\_\_\_\_ Page 175

R4-7-406 Repealed \_\_\_\_\_ Page 175

#### ARTICLE 5: LICENSES

R4-7-501 Display of Licenses \_\_\_\_\_ Page 175

R4-7-502 Procedures for Processing Initial License Applications \_\_\_\_\_ Page 175

R4-7-503 Renewal License: Issuance, Reinstatement \_\_\_\_\_ Page 177

R4-7-504 License: Denial \_\_\_\_\_ Page 181

R4-7-505 Renumbered \_\_\_\_\_ Page 181

#### ARTICLE 6: ACUPUNCTURE CERTIFICATION

R4-7-601 Definition of Acupuncture as Applied to Chiropractic \_\_\_\_\_ Page 181

R4-7-602 Repealed \_\_\_\_\_ Page 181

R4-7-603 Renumbered \_\_\_\_\_ Page 181

R4-7-604 Renumbered \_\_\_\_\_ Page 181

R4-7-605 Renumbered \_\_\_\_\_ Page 181

R4-7-606 Renumbered \_\_\_\_\_ Page 181

## **ARTICLE 7: STANDARDS OF EDUCATION**

- R4-7-701** Repealed \_\_\_\_\_ Page 181
- R4-7-702** Education Requirements for Licensure \_\_\_\_\_ Page 181

## **ARTICLE 8: CONTINUING EDUCATION**

- R4-7-801** Continuing Education Requirements \_\_\_\_\_ Page 182
- R4-7-802** Documenting Compliance with Continuing Education Requirements \_\_\_\_\_ Page 183
- R4-7-803** Effect of Suspension on Continuing Education Requirements \_\_\_\_\_ Page 184

## **ARTICLE 9: UNPROFESSIONAL CONDUCT**

- R4-7-901** Advertising of deceptive and fraudulent nature \_\_\_\_\_ Page 184
- R4-7-902** Unprofessional or Dishonorable Conduct Activities \_\_\_\_\_ Page 184

## **ARTICLE 10: PRECEPTORSHIP TRAINING PROGRAM**

- R4-7-1001** Eligibility; Application \_\_\_\_\_ Page 186
- R4-7-1002** Practice Limitation \_\_\_\_\_ Page 187
- R4-7-1003** Regulation and Termination of the Preceptorship Program \_\_\_\_\_ Page 188

## **ARTICLE 11: CHIROPRACTIC ASSISTANTS**

- Appendix A through F** Repealed \_\_\_\_\_ Page 188
- R4-7-1101** Use of the Term “Chiropractic Assistant” \_\_\_\_\_ Page 188
- R4-7-1102** Chiropractic Assistant Training \_\_\_\_\_ Page 189
- R4-7-1103** Scope of Practice \_\_\_\_\_ Page 189

## **ARTICLE 12: RESTRICTED PERMITS**

- R4-7-1201** Eligibility for a Restricted Permit \_\_\_\_\_ Page 190
- R4-7-1202** Application for Restricted Permit \_\_\_\_\_ Page 190

**R4-7-1203 Issuance and Renewal of a Restricted Permit\_\_\_\_\_ Page 191**

**R4-7-1204 Regulation\_\_\_\_\_ Page 193**

**ARTICLE 13: FEES**

**R4-7-1301 Additional Fees\_\_\_\_\_ Page 193**

**From A.R.S. Title 12: Courts and Civil Proceedings  
Chapter 5**

**§12-570 Malpractice settlement or award reporting; civil penalty\_\_\_\_\_ Page 194**

**§12-571 Qualified immunity; health professionals; nonprofit clinics\_\_\_\_\_ Page 194**

**From A.R.S. Title 12: Courts and Civil Proceedings  
Chapter 13**

**ARTICLE 7.1: MEDICAL RECORDS**

**§12-2291 Definitions\_\_\_\_\_ Page 195**

**§12-2292 Confidentiality of medical records\_\_\_\_\_ Page 195**

**§12-2293 Release of medical records to patients and  
health care decision makers \_\_\_\_\_ Page 196**

**§12-2294 Release of medical records to third parties\_\_\_\_\_ Page 197**

**§12-2295 Charges\_\_\_\_\_ Page 198**

**§12-2296 Immunity\_\_\_\_\_ Page 199**

**From A.R.S. Title 13: Criminal Code  
Chapter 36: Family Offenses**

**§13-3620 Duty and authorization to report nonaccidental injuries,  
physical neglect and denial or deprivation of necessary medical or surgical  
care or nourishment of minors; duty to make medical records available;  
exception; violation; classification\_\_\_\_\_ Page 199**

**§13-3620.01 False reports; violation; classification\_\_\_\_\_ Page 201**

**From A.R.S. Title 32: Professions and Occupations  
Chapter 28: Radiological Technologists**

<b>§32-2801</b>	<b>Definitions</b> _____	<b>Page 202</b>
<b>§32-2811</b>	<b>Prohibition and limitations; exceptions</b> _____	<b>Page 204</b>

**From A.R.S. Title 32: Professions and Occupations  
Chapter 32: Health Professionals**

<b>§32-3201</b>	<b>Definitions</b> _____	<b>Page 205</b>
<b>§32-3202</b>	<b>License or certificate suspension</b> _____	<b>Page 206</b>
<b>§32-3203</b>	<b>Malpractice claim investigation</b> _____	<b>Page 206</b>
<b>32-3208.</b>	<b>Criminal charges; mandatory reporting requirements; civil penalty</b> _____	<b>Page 206</b>

**From A.R.S. Title 32: Professions and Occupations  
Chapter 37: Child Support Obligations**

<b>§32-3701</b>	<b>Child support arrearages; suspension of license or certificate; applicability; definition</b> _____	<b>Page 207</b>
-----------------	--	-----------------

**From A.R.S. Title 41: State Government  
Chapter 10: Administrative Appeals Procedures**

**ARTICLE 6: UNIFORM ADMINISTRATIVE APPEALS PROCEDURES**

<b>§41-1092</b>	<b>Definitions</b> _____	<b>Page 207</b>
<b>§41-1092.01</b>	<b>Office of administrative hearings; director; powers and duties; fund</b> _____	<b>Page 209</b>
<b>§41-1092.02</b>	<b>Appealable agency actions; application of procedural rules; exemption from article</b> _____	<b>Page 211</b>
<b>§41-1092.03</b>	<b>Notice of appealable agency action ; hearing; informal settlement conference; applicability</b> _____	<b>Page 213</b>
<b>§41-1092.04</b>	<b>Service of documents</b> _____	<b>Page 213</b>

§41-1092.05	Scheduling of hearings; prehearing conferences	Page 213
§41-1092.06	Appeals of agency actions; informal settlement conferences; applicability	Page 214
§41-1092.07	Hearings	Page 215
§41-1092.08	Final administrative decisions; review	Page 216
§41-1092.09	Rehearing or review	Page 218
§41-1092.10	Compulsory testimony; privilege against self-incrimination	Page 218
§41-1092.11	Licenses; renewal revocation; suspension; annulment; withdrawal	Page 219
§41-1092.12	Private right of action; recovery of costs and fees; definitions	Page 219

### SUBSTANTIVE POLICY STATEMENTS

Substantive Policy Statements Notice	Page 221
<b>Activities Outside the Scope of Practice:</b>	
Colonic Irrigation Prostate Treatment Face Lift	Page 222
Advertising “Specialist” or “Expert”	Page 223
Use of Unlicensed Chiropractors	Page 224
Substantive Policy Statement on Practice Guidelines	Page 225
Requirement to Reinstate a License Placed on Permanent Retirement Status	Page 226
Procedures for Reviewing Student Loan Defaults	Page 227
Substantive Policy Statement Appeal of a Failing Grade in the Acupuncture Examination	Page 228
Submission of Early Application	Page 230
Substantive Policy Statement on Lasers	Page 231



**ARIZONA REVISED STATUTES**  
**Vol. 10, Title 32, Professions and Occupations**  
**Chapter 8, Chiropractic**

**ARTICLE 1. BOARD OF CHIROPRACTIC EXAMINERS**

**§32-900. Definitions**

In this chapter, unless the context otherwise requires:

1. "Board" means the state board of chiropractic examiners.
2. "Certification" means that a doctor of chiropractic has been certified by the board in a specialty of chiropractic as provided by law.
3. "Chiropractic assistant" means an unlicensed person who has completed an educational training program approved by the board, who assists in basic health care duties in the practice of chiropractic under the supervision of a doctor of chiropractic and who performs delegated duties commensurate with the chiropractic assistant's education and training but who does not evaluate, interpret, design or modify established treatment programs of chiropractic care or violate any statute.
4. "Doctor of chiropractic" means a natural person who holds a license to practice chiropractic pursuant to this chapter.
5. "License" means a license to practice chiropractic

**§32-901. Board of chiropractic examiners; removal; immunity**

- A. There shall be a state board of chiropractic examiners consisting of three licensed chiropractors and two consumer members appointed by the governor. One member shall be appointed each year for a term of five years, to begin and end on July 1.
- B. Each member of the board shall be a resident of this state, and each of the licensed chiropractic members shall have practiced chiropractic in this state for not less than three years. No two chiropractic members of the board shall be graduates of the same school or college of chiropractic. The two consumer members of the board shall not be in any manner connected with, or have an interest in, any college or school of chiropractic or any person practicing any form of healing or treatment of bodily or mental ailments.
- C. Board members, prior to entering upon their duties, shall take an oath prescribed by law and in addition shall make an oath as to their qualifications as prescribed in this section.
- D. Board members may be removed by the governor for neglect of duty, malfeasance or misfeasance in office. Vacancies occurring on the board other than by expiration of a term shall be filled for the unexpired portion of the term by appointment in the same manner as regular appointments.

- E. No member of the board may serve more than two consecutive terms.
- F. A board member who acts within his authority is personally immune from civil liability with respect to all actions he takes in good faith pursuant to this chapter.

**§32-902. Organization; meetings**

- A. The board shall annually elect from its membership a chairman and vice-chairman.
- B. The board shall hold regular meetings at such places as it determines in January and July of each year, and may hold other meetings at times and places determined by a majority of the board. The board shall notify the public of such dates, time and place of meetings at least twenty-four hours prior to any meeting as provided by law. Meetings of the board shall be open to the public as provided by law.
- C. A majority of the members of the board shall constitute a quorum and a majority vote of a quorum present at any meeting shall govern all actions taken by the board, except that licenses shall be issued pursuant to this chapter only upon the vote of a majority of the full board.

**§32-903. Compensation**

The salary of the executive director shall be as determined pursuant to section 38-611. The members of the board shall receive compensation in the amount of one hundred dollars for each day of actual service in the business of the board and are eligible for reimbursement of expenses pursuant to title 38, chapter 4, article 2.

**§32-904. Powers and duties**

- A. The board may administer oaths, summon witnesses and take testimony on matters within its powers and duties.
- B. The board shall:
  - 1. Adopt a seal which shall be affixed to licenses issued by the board.
  - 2. Adopt rules which are necessary and proper for the enforcement of this chapter.
  - 3. Adopt rules regarding chiropractic assistants who assist a doctor of chiropractic, and the board shall determine the qualifications and regulation of chiropractic assistants who are not otherwise licensed by law.
- C. A copy of the rules shall be filed with the secretary of state upon adoption as provided by law.

**§32-905. Executive Director of Board; duties; other personnel; immunity**

- A. The board shall appoint an executive director who is not a member of the board and who shall serve at the pleasure of the board.
- B. The executive director shall:
1. Keep a record of the proceedings of the board.
  2. Collect all monies due and payable to the board.
  3. Deposit, pursuant to sections 35-146 and 35-147, all monies received by the board in the board of chiropractic examiners fund.
  4. Prepare bills for authorized expenditures of the board and obtain warrants from the director of the department of administration for payment of bills.
  5. Administer oaths.
  6. Act as custodian of the seal, books, minutes, records and proceedings of the board.
  7. At the request of the board, do and perform any other duty not prescribed for the executive director elsewhere in this chapter.
- C. The board may employ other permanent and temporary personnel as it deems necessary to carry out the purposes of this chapter.
- D. The executive director and a person acting pursuant to the executive director's direction is personally immune from civil liability for all actions taken in good faith pursuant to this chapter.

**§32-906. Board of Chiropractic Examiners fund**

- A. All monies, except civil penalties collected pursuant to section 32-924, that are received by the board shall be deposited monthly. Pursuant to sections 35-146 and 35-147, the board shall deposit ten per cent of the monies in the general fund and deposit the remaining ninety per cent in the board of chiropractic examiners fund. All monies that are derived from civil penalties collected pursuant to section 32-924 shall be deposited, pursuant to sections 35-146 and 35-147, in the state general fund.
- B. Monies that are deposited in the board of chiropractic examiners fund subject to section 35-143.01.

**§32-907. Additional fees**

In addition to charging the fees and making the refunds provided by this chapter, the board may charge fees for services requested but not required to be provided by this chapter and for applications, certifications, license issuances, renewals and reinstatements and preceptor filings.

## **ARTICLE 2. LICENSING AND REGULATION**

### **§32-921. Application for license; qualifications of applicant; fee; background investigations**

A. A person who wishes to practice chiropractic in this state shall submit a complete application to the board at least forty-five days before the next scheduled examinations on a form and in the manner prescribed by the board.

B. To be eligible for an examination and licensure, the applicant shall:

1. Be a person of good character and reputation.

2. Be a graduate of a chiropractic college that both:

(a) Is accredited by or has status with the council on chiropractic education or is accredited by an accrediting agency recognized by the United States department of education or the council on postsecondary accreditation or has the equivalent of these standards as determined by the board.

(b) Teaches a resident course of four years of not less than nine months each year, or the equivalent of thirty-six months of continuous study, and that comprises not less than four thousand credit hours of resident study required to receive a degree of doctor of chiropractic (D.C.).

3. Be physically and mentally able to practice chiropractic skillfully and safely.

4. Have a certificate of attainment for part I and part II and a score of three hundred seventy-five or more on part III of the examination conducted by the national board of chiropractic examiners.

C. The board may refuse to give an examination or may deny licensure to an applicant who:

1. Fails to qualify for an examination or licensure under subsection B of this section.

2. Has had a license to practice chiropractic refused, revoked, suspended or restricted by a regulatory board in this or any other jurisdiction for any act that constitutes unprofessional conduct pursuant to this chapter.

3. Is currently under investigation by a regulatory board in this or any other jurisdiction for an act that constitutes unprofessional conduct pursuant to this chapter.

4. Has surrendered a license to practice chiropractic in lieu of disciplinary action by a regulatory board in this or any other jurisdiction for an act that constitutes unprofessional conduct pursuant to this chapter.

5. Has been convicted of criminal conduct that constitutes grounds for disciplinary action pursuant to section 32-924 or board rules.