

- (2) Each person teaching clinical subjects that involve the practical application of chiropractic analysis, adjustments or manipulations must have attained chiropractic licensure in at least one jurisdiction and must not have a record of license revocation.
- (3) Each person supervising direct clinical care experiences that include chiropractic analysis, adjustments or manipulations must be appropriately licensed to practice chiropractic in the jurisdiction in which the educational activity and/or clinical experience is offered. Each person supervising other direct clinical care experiences must be appropriately credentialed as a health-care provider and licensed to practice in the jurisdiction in which the educational activity and/or clinical experience is offered.

## 2. Professional Development of Faculty

- a. The DCP must provide faculty with opportunities to be engaged in research, scholarship, service, and professional development consistent with the mission, goals, and objectives of the DCP.
- b. The DCP must establish standards of performance for faculty.

## 3. Course and Curriculum Development Role of Faculty

The faculty must have a significant role in determining the content of the curricula and courses offered by the institution.

## F. Minimum Admission Requirements for Students

### 1. Students Admitted to the DCP from United States Institutions

The DCP must demonstrate that qualifications for student acceptance and resultant enrollment are appropriate to the program objectives, goals and educational mission of the program or institution. Each student admitted to begin the DCP on the basis of academic credentials from institutions within the United States must meet the following requirements:

- a. All matriculants must furnish proof of having earned a minimum of 90 semester hour credits of appropriate pre-professional education courses at an institution or institutions accredited by a nationally recognized agency. Included in these credits must be a minimum of 48 semester hour credits in the course areas noted in Section 2.III.F.1.b (below). In addition, all matriculants must have earned a cumulative grade point average of at least 2.50 on a scale of 4.00 for the courses listed in Section 2.III.F.1.b., and for the required 90 semester hours. Quarter hour credits may be converted to equivalent semester hour credits. In situations in which one or more courses have been repeated with equivalent courses, the most recent grade(s) may be used for grade point average computation and the earlier grade(s) may be disregarded.
- b. All matriculants must present a minimum of 48 semester hours' credit (or the quarter-hour credit equivalents), distributed as follows:

English Language Skills.....	6 semester hours
Psychology .....	3 semester hours
Social Sciences or Humanities.....	15 semester hours
Biological Sciences* .....	6 semester hours
Chemistry**.....	12 semester hours
Physics and related studies*** .....	6 semester hours

In each of the six distribution areas, no grades below 2.00 on a 4.00 scale may be accepted.

In each of the six distribution areas, if more than one course is taken to fulfill the requirement, the course contents must be unduplicated.

\*The Biological Sciences requirement must include pertinent laboratory experiences that cover the range of material presented in the didactic portions of the course(s).

\*\*The chemistry requirement may be met with at least 3 semester hours of general or inorganic chemistry and at least 6 hours of organic chemistry and/or biochemistry courses with unduplicated content. At least 6 semester hours of the chemistry courses must include pertinent related laboratory experiences, which cover the range of material presented in the didactic portions of the courses.

\*\*\*The physics requirement may be met with either one or more physics courses with unduplicated content (of which one must include a pertinent related laboratory that covers the range of material presented in the didactic portions of the course), or three (3) semester hours in physics (with laboratory) and three (3) semester hours in either biomechanics, kinesiology, statistics, or exercise physiology.

In the event an institution's transcript does not combine laboratory and lecture grades for a single course grade, the admitting institution may calculate a weighted average of those grades to establish the grade in that science course.

- c. Students who have earned a portion of the prerequisite credits through examination or means other than formal course work, as identified by an institution accredited by a nationally recognized agency which formally has accepted or awarded such credits, may be admitted to the DCP upon receipt of such evidence by the DCP. The DCP must document and retain evidence in the student's file, which identifies how such admission requirements were met.
- d. Students who hold a degree leading to licensure/registration in a health science discipline at the baccalaureate level or above with an earned cumulative grade point average of at least 2.50 on a scale of 4.0, or who hold a baccalaureate degree from an institution accredited by a nationally recognized accrediting agency with an earned grade point average of at least 3.25 on a scale of 4.0, may be admitted to the DCP upon presenting evidence that their academic preparation substantially meets the requirements for admission consistent with those noted in Section 2.III.F.1.a.-c.

## 2. Students Admitted to the DCP from International Institutions

Each student admitted to begin the DCP on the basis of academic credentials from institutions outside the United States must meet the following requirements:

- a. Provide evidence of proficiency in reading and writing English, and an understanding of oral communication in English, commensurate with the level of proficiency expectations established by the DCP for successful completion of the DCP.
- b. Demonstrate academic preparation substantially equivalent to that possessed by beginning students admitted from United States institutions.
- c. Provide evidence of proficiency in the subject matter of each course for which credits are accepted.
- d. Provide evidence of having financial resources sufficient to complete at least one full year of full-time attendance in the DCP.
- e. Meet all applicable legal requirements for study in the United States.

(Please reference CCE Policy COA-25 in this regard.)

### 3. Students Transferring from Another Institution or Seeking Advanced Standing

Each student transferring credits applicable to the DCP must meet the following requirements:

- a. The applicant for transfer from one DCP to another must meet the admissions requirements that were in force at the admitting DCP on the date the student originally enrolled in the DCP from which the transfer is being made.
- b. Credits considered for transfer must have been awarded for courses taken in a DCP accredited by the CCE or in a program accredited as a first professional degree in one of the health sciences by another nationally recognized accrediting agency, or in a graduate program in an academic discipline closely related to the health sciences offered by an institution which is recognized by a national accrediting agency.
- c. Only credits recorded on an official transcript of the issuing institution with an equivalent grade of 2.00 on a 4.00 scale or better may be considered for transfer.
- d. Credits accepted for transfer must be determined by the receiving DCP to be substantially equivalent to courses offered by the receiving DCP.
- e. Credits accepted for transfer must have been awarded within five years of the date of admission to the receiving DCP, except that the receiving DCP may at its option accept older credits if the entering student holds an earned doctorate in one of the health sciences (e.g., D.C., M.D., D.O., D.D.S., D.P.M.) or a graduate degree in an academic discipline closely related to the health sciences.
- f. Credits accepted for transfer from institutions outside the United States must be accompanied by evidence of the individual student's proficiency in the subject matter of each course for which credits are accepted.

#### 4. Student Admission Records

For each admitted student that has not met the exact requirements noted in sections 2.III.F.1.a-e and section 2.III.F.2, the DCP must document and retain evidence in the student's file regarding the basis upon which the student was judged to be qualified for admission, and clearly inform the student at the time of admission that limitations of practice venue and licensure might occur as a result of admission to the DCP under this circumstance.

#### G. Outcomes

A DCP must assemble and report biennially to the COA data demonstrating annual: student rates of completion of term courses and completion of the DCP; student and graduate performance on national board examinations and success of program graduates in obtaining jurisdictional licensure. Programs must demonstrate their use of these data, and may utilize other outcomes measurements and assessments in planning for ongoing development of the effectiveness of the DCP. Related benchmarks identifying policy BOD-56, will be used in determining the extent which the DCP is meeting stated requirements.

#### H. Clinical Education

##### 1. Core Clinical Training Curriculum Design

- a. The DCP must identify to its students the competencies needed for graduation. These competencies must incorporate the quantitative requirements listed in point b. below, the competencies listed in section H.5., and any other competencies established by the DCP which embody the DCP's expected educational outcomes.
- b. The DCP must demonstrate that each student completes the following quantitative clinical requirements within the core clinical training program.
  - (1) a history on 20 different patients (16 must be non-student\* patients);
  - (2) an examination on 20 different patients (16 must be non-student\* patients), and clinical examination involving 15 different care types (which may be included among the 20 different patients, or in which the student may assist, observe, or participate in live, paper-based, computer-based, distance-learning, or other reasonable alternative);
  - (3) Interpretations, while enrolled in both the didactic and clinical phases of the DCP, of clinical laboratory tests to include at least 25 urinalysis, 20 hematology procedures such as blood counts, and 10 clinical chemistry, microbiology or immunology procedures or profiles on human blood and/or other body fluids;
  - (4) 20 radiographic studies (25% must be evaluated for the technical component, 100% must be evaluated for the interpretive component), and interpretation of radiographic studies involving 15 different case types (which may be included among the 20 radiographic studies, or in which the student may assist,

observe, or participate in live, paper-based, computer-based, distance-learning, or other reasonable alternative);

- (5) a diagnosis on 20 different patients (16 must be non-student\* patients), each with defined case management plans, and diagnosis of 15 different case types, each with defined case management plans (which may be included among the 20 different patients, or in which the student may assist, observe, or participate in live, paper-based, computer-based, distance-learning, or other reasonable alternative);
- (6) 250 chiropractic adjustments or manipulations, at least 200 of which must be spinal adjustments, provided during 250 separate encounters (200 must be non-student\* patients), of which at least 75 must be assessed through direct observation;
- (7) evaluating and managing at least 10 cases (15 after the beginning of the Fall term 2003, to increase by 5 every two years to a maximum of 35 after September 2011) which, due to their complexity, require a higher order of clinical thinking and integration of data. This would include cases, which demand the application of imaging, lab procedures or other ancillary studies in determining a course of care, or cases in which multiple conditions, risk factors, or psychosocial factors have to be considered. A minimum of 10 cases must be live-patient cases (8 of which must be non-student\* patients). In the remaining cases, the student may assist, observe, or participate in live, paper-based, computer-based, distance learning, or other reasonable alternative;

\* A non-student patient is any patient other than a student of the DCP and a student intern's spouse, parents or children.

The DCP may establish additional or higher requirements in any of the above areas based on individual DCP goals and/or satisfaction or certain jurisdictional licensing requirements; however, these additional requirements may be attained in any clinical or educational setting the DCP deems appropriate.

- c. The DCP must provide students with the necessary instruction and opportunities to observe, acquire, and practice under supervision, the attitudes, knowledge, and skills listed in Section 2.III.H.5-6.
- d. Clinical training that utilizes multiple sites and/or tracks must describe and adhere to the core curriculum in which all students participate. If portions of the core curriculum are offered at distant sites, they must be equivalent in terms of their content, duration, and intensity to non-distant sites. Core clinical training can be provided at sites not owned/operated by the DCP, however there must be a written agreement establishing the educational affiliation between the DCP and the facility.
- e. Elective elements of clinical training must relate to the overall DCP mission, goals and objectives.

- f. The DCP must provide the opportunity for all students to obtain the adequate number of patient experiences needed to demonstrate the clinical competencies required of them.
- g. The DCP must provide ongoing opportunities for learning, which must include activities based on current active cases with which the student is involved and which may also include small group case-based discussion, observations, directed assignments or other reasonable alternatives. These opportunities must allow students to assume increasing responsibility, under appropriate supervision, according to their level of training, ability and experience, and to participate in continued doctor-patient relationships.
- h. The DCP must have a curriculum management plan that ensures:
  - (1) an ongoing clinical training review and evaluation process which includes input from faculty, students, administration and other appropriate sources;
  - (2) competencies are periodically reviewed and updated and that the clinical training is evaluated as to its effectiveness in imparting these competencies; and
  - (3) student participation is included in the evaluation of the effectiveness of clinical training integration with the overall DCP education.
- i. There must always be an adequate number of clinic faculty who are immediately available in the clinical setting to oversee, supervise, and take responsibility for student delivery of patient care services.

## 2. Supplemental Clinical Training Programs and Associated Facilities

A supplemental clinical training program is defined as clinical training activities conducted in health care facilities not owned or managed directly by the DCP. These facilities may provide services other than those found in the core clinical training. Education in these settings must be consistent with the overall educational mission of the DCP.

A supplemental clinical training program must:

- a. Have a commitment to education and quality of patient care, and have a mechanism to track the operations of affiliated field offices and other education sites participating in clinical education and training.
- b. Employ a mechanism for approving all education sites to which students rotate for a component supplemental training.
- c. Describe in a written document the arrangements between the DCP and each affiliated site, signed by the appropriate administrators of the respective supplemental training program. These arrangements must be specific to the supplemental training program and must address the scope of the affiliation, the content and duration of the rotations involved, the duties and patient care responsibilities of the students during these rotations, and the details of the supervision and resident evaluation that will be provided.

- d. Utilize faculty for student supervision who are appropriately qualified and hold an appointment consistent with the faculty appointment practices of the DCP.
- e. Provide appropriate supervision of students at each education site.
- f. Maintain clear, written guidelines that outline the teaching expectations of all faculty in these locations.
- g. Provide programs to maintain educational and clinical skills of all faculty and foster their continual professional growth and development.
- h. Maintain a patient record system that is designed to promptly and easily provide information on patient care and the students' experiences.
- i. Have appropriate diagnostic and therapeutic equipment to meet the basic needs of patient care at that site and that supports the students' educational experiences consistent with the DCP's educational/practice objectives.
- j. Include the opportunity for students to attain hands-on or interactive training in areas requiring qualitative assessment, and ensure that a patient population of adequate size, gender/age variation, and range of case types is available in the practice based on the DCP's educational objectives for each particular clinical experience or rotation.
- k. Maintain an appropriate working environment and a duty hour schedule consistent with proper patient care and the educational needs of the students. The emphasis of duties must be related to clinical education.

### 3. Student Assessment and Evaluation

- a. The DCP must utilize a system of student assessment and evaluation that is based on the goals, objectives, and competencies established by the DCP, as well as those defined by the CCE *Standards* and appropriate to entry level chiropractic practice. The system must clearly identify the summative and formative methods used, and the level of performance expected of students in the achievement of these objectives and competencies.
- b. Feedback to the student must be useful and accurate. Informal or formal feedback sessions should occur regularly, as soon as possible after an assessment has been made.
- c. Assessment tools must be compatible with the domain being assessed:
  - (1) knowledge must be assessed using appropriate written and oral examinations as well as direct observation;
  - (2) psychomotor skills must be assessed by direct observation;
  - (3) communication skills must be assessed by direct observation of student interactions with faculty, colleagues, and patients and their families. Skills may also be assessed by review of any written communications to patients and colleagues including clinical reports, and referral or consultation letters;

- (4) interpersonal skills must be assessed by reviewing performance in collaboration with staff, members of the patient care team, and consultations with doctors of chiropractic and other health care providers as appropriate;
  - (5) attitudes must be assessed by interviews, observations, or evaluations with peers, supervisors, clinic faculty, and patients and their families; and
  - (6) competence in utilizing the acquired clinical data to arrive at a diagnosis, and develop a case management plan, must be assessed using appropriate written and oral examinations as well as direct observation.
- d. The DCP system of assessment and evaluation must provide for the identification of deficiencies in student knowledge, attitude, or skills.
- e. The DCP must provide:
- (1) an appropriate process for students to review and appeal identified deficiencies in knowledge, attitude, or skills.
  - (2) a formal system of remediation.
- f. Student assessment systems must :
- (1) have a clear organizational structure for assessment;
  - (2) have a clear description of the role of faculty in assessment and how assessment information will be used in student evaluation;
  - (3) track and document student assessment and progress through the educational program including the integration of classroom performance, clinical performance, and the overall attainment of clinical competencies; and
  - (4) evaluate the effectiveness of assessment tools.

#### 4. Quality Patient Care

The DCP must:

- a. Conduct a formal system of quality assurance for the patient care delivery that demonstrates evidence of:
- (1) standards of care with measurable outcomes criteria and ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided; and
  - (2) patient advocate grievance policies, procedures, outcomes and corrective measures.
- b. Include the following characteristics in the quality assurance system:
- (1) a clear organizational structure for quality assurance.



- (2) a listing and description of each area and item (indicator) of quality assurance that is measured including:
    - (a) how the item is measured;
    - (b) how frequently the item will be measured;
    - (c) how data will be assessed to identify need for improvement;
    - (d) how improvement efforts will be determined;
    - (e) how improvement efforts will be followed to ensure implementation and improvement; and
    - (f) how the effectiveness of implemented changes/improvements will be assessed on an ongoing basis.
  - (3) methods for communicating quality assurance results to the clinic and larger DCP community.
- c. Provide a written statement of patients' rights to all students, faculty, staff and each patient.
  - d. Provide ongoing training in basic life support and management of common medical emergencies for all students and supervising faculty involved in patient care.
  - e. Maintain and follow written policies and procedures for the safe use of ionizing radiation.
  - f. Follow federal, regional, state, and local requirements for clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste.
  - g. Follow federal, regional, state, and local requirements regarding the confidentiality of patient information.
  - h. Meet all state and community standards for chiropractic assessment and care, billing, and financial transactions.
  - i. Monitor and enforce all professional and legal requirements, inherent in the responsibilities of a licensed doctor of chiropractic.
5. Required Clinical Competencies

A CCE History of Clinical Competencies for DCPs appears in Appendix II.

The DCP must document that each student has acquired these clinical competencies. prior to graduation.

a. History Taking

The history is that element of patient evaluation in which information regarding the individual's clinical status is obtained and an initial clinical impression is

developed. It is generally the first contact the patient has with the doctor and, consequently, initiates the doctor-patient relationship.

The process employed in history taking and the depth to which the doctor of chiropractic elicits a health history, is a critical factor in building the patient's confidence in the doctor's ability to professionally and effectively provide health care. Eliciting a competent history requires that the clinician have an understanding of pathophysiology and adequate knowledge of the basic and clinical sciences.

**(1) Attitudes**

The student must demonstrate an ability to:

- (a) attend to patient comfort and the environment in which the history is elicited;
- (b) appreciate the need for empathy, respect and an awareness of the patient's right for privacy and confidentiality;
- (c) recognize patient apprehension, and avoid exclamatory, misleading or inappropriate verbal or physical responses; and
- (d) recognize the professional and ethical boundaries expected of the doctor/patient relationship.

**(2) Knowledge**

The student must demonstrate an ability to:

- (a) recognize the importance of obtaining: patient demographic data, chief complaint, history of present illness, family history, past health history, current health status, psychosocial history, and review of systems;
- (b) recognize changes in patient presentations or health status during the course of care and apply the appropriate depth and breadth of questioning;
- (c) formulate and employ an organized and effective methodology of inquiry when taking the history;
- (d) understand and recognize non-verbal diagnostic clues observed during the history; and
- (e) select and organize pertinent information leading to the development of a problem and differential diagnosis list.

**(3) Skills**

The student must demonstrate an ability to:

- (a) develop a patient's comprehensive case history to include all elements

appropriate to the patient's entering complaint and health status and to the chiropractic analyses;

- (b) conduct the history in a clear, concise and organized manner, actively listening and communicating with the patient at an understandable level;
- (c) modify and apply history taking skills appropriate to challenging situations and difficult patient interactions;
- (d) question the patient with appropriate depth and pursue all relevant health concerns and symptoms; and
- (e) accurately record elicited information in an organized fashion and develop an initial problem list.

b. Physical Examination

The physical examination is an element of the evaluation in which information regarding the clinical status is elicited by selecting and applying appropriate examination procedures, including essential instruments and equipment

(1) Attitudes

The student must demonstrate an ability to:

- (a) recognize patient apprehension, and avoid exclamatory statements and physical responses that may exacerbate patient concern;
- (b) understand the importance of maintaining a clean and safe environment, and follow accepted hygienic procedures; and
- (c) recognize the professional and ethical boundaries expected of the doctor/patient relationship.

(2) Knowledge

The student must demonstrate an ability to:

- (a) understand and conduct the appropriate examination distinguishing between comprehensive, focused, or screening procedures;
- (b) select appropriate procedures, instruments and equipment for use in the examination;
- (c) correlate information obtained in the examination with the history;
- (d) recognize normal, variant and abnormal findings; and
- (e) interpret and assess the clinical importance of significant physical examination findings.

### (3) Skills

The student must demonstrate an ability to:

- (a) develop objective data from the physical examination appropriate to the health status and the chiropractic care of the patient;
- (b) obtain and record vital signs and examination findings in an organized manner;
- (c) conduct an examination using inspection, palpation, percussion and auscultation in a correct, safe and hygienic manner;
- (d) use examination instruments, equipment and procedures in an accurate, safe, appropriate and hygienic manner;
- (e) recognize and record significant non-verbal signs and behaviors exhibited by the patient;
- (f) conduct an examination which provides for efficient patient positioning and comfort; and
- (g) provide appropriate and understandable explanations and instructions to the patient relative to the use of procedures and instruments.

### c. Neuromusculoskeletal Examination

The neuromusculoskeletal examination is the foundation of the chiropractic approach toward evaluating the patient. Doctors of chiropractic commonly provide care to patients with complaints or health problems associated with the spine and extremities. The spine and its relationship to nervous system function is also viewed as an important factor in the patient's general health.

Because the traditional model of chiropractic care involves spinal adjustment, evaluating the spine and nervous system is a crucial component of the patient examination.

#### (1) Attitudes

The student must demonstrate an ability to:

- (a) appreciate the effect that a patient's pain and discomfort may have on the doctor's ability to conduct a neuromusculoskeletal examination;
- (b) appreciate and adapt to patient apprehension in the performance of neuromusculoskeletal examination procedures; and
- (c) consider the possibility that the origin of the patient's symptoms may be from a source other than the neuromusculoskeletal system.

#### (2) Knowledge

The student must demonstrate an ability to:

- (a) identify and select appropriate neuromusculoskeletal examination tests and procedures consistent with the patient's complaint or presentation;
- (b) understand and select methods for evaluating posture, biomechanical function, and the presence of spinal or other articular subluxation or dysfunction;
- (c) correlate information obtained in the neuromusculoskeletal examination with the information obtained from patient's history and physical examination;
- (d) understand the mechanisms of neuromusculoskeletal tests and demonstrate an ability to recognize normal, variant and abnormal findings;
- (e) interpret and assess the clinical importance of significant normal and abnormal neuromusculoskeletal examination findings; and
- (f) assess the reliability of data elicited in the neuromusculoskeletal examination through repetition and/or selection of confirmatory procedures.

**(3) Skills**

The student must demonstrate an ability to:

- (a) conduct a neuromusculoskeletal examination using inspection, palpation, percussion, range of motion, and appropriate orthopedic and neurologic procedures in a correct, orderly, safe and hygienic manner;
- (b) use instruments and equipment during the neuromusculoskeletal examination in an appropriate, safe and hygienic manner;
- (c) observe and record verbal and non-verbal diagnostic clues elicited and observed during the neuromusculoskeletal examination;
- (d) conduct a neuromusculoskeletal examination in a manner that provides for efficient patient positioning and comfort; and
- (e) provide appropriate and understandable explanations and instructions to the patient prior to the use of procedures and instruments.

**d. The Psychosocial Assessment**

It is important to develop the knowledge and skills necessary to evaluate the psychosocial status of patients. As a component of the patient evaluation, doctors of chiropractic must be able to recognize the interrelationships among the biological, psychological and social factors in patients. Psychosocial factors may influence the health of patients or explain the nature of their complaint. This

aspect of evaluation is also important in the context of establishing the doctor-patient relationship. For these reasons, doctors of chiropractic must have a basic understanding of common health behaviors and mental health disorders, and be prepared to conduct general patient assessments.

(1) Attitudes

The student must demonstrate an ability to:

- (a) recognize and be willing to explore the patient's psychosocial environment; and
- (b) understand and appreciate the role and influence of psychosocial factors in the overall health of the patient.

(2) Knowledge

The student must demonstrate an ability to:

- (a) appreciate how lifestyle, health status, behavior and psychological factors contribute to, or affect, patient presentations;
- (b) understand how pain and disability can affect patient behavior and well-being;
- (c) recognize psychological and social factors that may affect or distort the patient's ability to report symptoms, comply with, or respond to chiropractic care;
- (d) recognize verbal and non-verbal clues indicating the need for further psychological and psychosocial assessment;
- (e) recognize the clinical indications for referral to or collaborative care with appropriate mental health professionals, agencies or programs;
- (f) identify appropriate services, agencies and programs available to assist the patient with psychosocial problems; and
- (g) recognize circumstances that legally require doctors to report patient information to appropriate authorities.

(3) Skills

The student must demonstrate an ability to:

- (a) identify and administer screening tools for evaluating the patient's psychological and psychosocial status;
- (b) modify history taking, examination, and management procedures when caring for patients demonstrating and affected by psychosocial factors;
- (c) obtain psychosocial information effectively and legally from family

members, or others, when clinically indicated and appropriate;

- (d) record psychosocial information in a manner that is accurate, complete and complies with legal standards;
- (e) discuss sensitive psychosocial and health behavior issues;
- (f) deal effectively with aberrant behavior from a patient in an office setting; and
- (g) assess attitudes that negatively impact health and intervene appropriately to educate and motivate the patient to modify behaviors.

**e. Diagnostic Studies**

Diagnostic studies are those elements of patient evaluation in which objective data regarding the patient's clinical status are elicited, and which include the use of diagnostic imaging, clinical laboratory, and specialized testing procedures.

Doctors of chiropractic must be knowledgeable and skilled in the use of those specialized testing procedures commonly employed in the evaluation of patients with neuromusculoskeletal presentations. They must also have an understanding of diagnostic studies used in the screening of patients with other complaints or health problems in the primary care setting.

**(1) Attitudes**

The student must demonstrate an ability to:

- (a) recognize the importance and necessity of diagnostic studies as they relate to the development of an accurate patient profile; and
- (b) recognize the importance of considering benefits, costs and risks in assessing the need for conducting or ordering diagnostic studies.

**(2) Knowledge**

The student must demonstrate an ability to:

- (a) understand the clinical indications for and the relative value of diagnostic studies;
- (b) understand the principles, applications, technical and procedural elements of equipment employed in diagnostic imaging, clinical laboratory and other diagnostic studies;
- (c) understand the significance of findings, values, and ranges of values adequate to differentiate normal from abnormal findings obtained from laboratory and other diagnostic studies;
- (d) integrate findings obtained from diagnostic studies with information obtained from other components of the examination in forming or assessing the diagnosis; and

- (e) understand federal and state regulatory guidelines governing procedures and the use of equipment employed in diagnostic studies.

**(3) Skills**

The student must demonstrate an ability to:

- (a) perform and/or order and interpret appropriate imaging examinations;
- (b) take, process and interpret plain film radiographs with appropriate attention given to quality and safety;
- (c) perform and/or order and interpret appropriate clinical laboratory examinations;
- (d) obtain and process laboratory samples with appropriate attention given to patient comfort, hygiene, safety and specimen integrity;
- (e) perform and/or order and interpret other relevant procedures indicated by the clinical status of the patient;
- (f) order, or conduct, diagnostic studies with attention to following professional protocol, and providing appropriate patient instructions and follow-up; and
- (g) record accurately data obtained from diagnostic studies, whether personally conducted or ordered.

**f. Diagnosis**

Diagnosis is the process which attempts to identify the nature and cause of a patient's complaint and/or abnormal finding, and is essential to the ongoing process of reasoning used by the doctor of chiropractic to direct patient management. The diagnosis may be modified during the course of care as the result of further testing, patient care and changes in the patient's signs and symptoms.

**(1) Attitudes**

The student must demonstrate an ability to:

- (a) understand the importance of collecting sufficient clinical information in order to avoid reaching a premature diagnosis; and
- (b) recognize the importance of generating a diagnosis consistent with history and examination findings, prior to initiating care or ordering special studies.

**(2) Knowledge**

The student must demonstrate an ability to:



- (a) exhibit reasoning and understanding in using sources (such as the available literature and clinical experience) to support the diagnosis;
- (b) develop the diagnosis by recognizing and correlating significant information; and
- (c) identify the pathophysiologic process responsible for the patient's clinical presentation, and understand the natural history of the disorder.

(3) Skills

The student must demonstrate an ability to:

- (a) integrate data in a manner that facilitates the formulation of a diagnosis;
- (b) develop and prioritize a problem list;
- (c) record and convey a diagnosis consistent with history and examination findings; and
- (d) recognize when routine diagnostic procedures are insufficient and obtain appropriate advanced studies when indicated.

g. Case Management

Case management includes developing and recording a patient care plan, case follow-up, and the referral and/or collaborative care as necessary in the management of a patient. Doctors of chiropractic must be able to identify a care plan that is consistent with findings obtained from the history, examination and diagnostic studies, and the needs of the patient and must also consider the cost implications of care and choose methods of care that are cost-effective. Doctors of chiropractic must also be able to provide wellness care and to promote health maintenance.

(1) Attitudes

The student must demonstrate an ability to:

- (a) recognize the need to develop, record, and communicate a plan for care, and to assess and modify elements of the plan as clinical circumstances dictate;
- (b) appreciate the need to obtain the patient's informed consent, cooperation and compliance with care and/or referral recommendations;
- (c) consider the patient's physical and psychosocial factors when developing and communicating a plan for care;
- (d) identify personal and/or professional care limitations and recognize the need for referral or collaborative care;
- (e) be aware of the need to ensure that all records relevant to the patient's

management contain adequate, accurate and current information;

- (f) be aware of the confidential nature of the doctor-patient relationship, and ensure that appropriate information is properly released only to agencies or individuals authorized for its review;
- (g) comply with requests for patient records and reports in an adequate, accurate and timely manner; and
- (h) recognize the importance of preventative care and health promotion practices.

**(2) Knowledge**

The student must demonstrate an ability to:

- (a) develop and record an appropriate care plan and prognosis consistent with the diagnosis, and the pathophysiology and/or natural history of the disorder;
- (b) evaluate and integrate the patient's health and psychosocial needs in the development of the care plan;
- (c) select and employ outcome measures that can aid the doctor in assessing the validity of the initial diagnosis and prognosis, and the effectiveness of the care plan;
- (d) understand professionally and legally acceptable methods of recording and organizing patient records including information about the patient history and examination findings, diagnosis and patient care plan, progress notes, correspondence, services provided and care rendered, and financial transactions; and
- (e) select appropriate assessments for health maintenance and wellness care.

**(3) Skills**

The student must demonstrate an ability to:

- (a) communicate effectively to the patient the diagnosis, recommended chiropractic care, and alternatives to chiropractic care that may be indicated;
- (b) provide patient education on health care needs;
- (c) use appropriate forms of communication to ensure that the patient has an adequate understanding of their health status and health care needs;
- (d) identify and initiate the appropriate drugless (with the exception of nutritional supplements or supplementation) health care regimen;

- (e) perform appropriate chiropractic adjustments and/or manipulations;
- (f) refer the patient, when clinically indicated, for consultation, continued study or other care;
- (g) initiate referral or collaborative care when appropriate to the needs of the patient;
- (h) keep appropriate records of the patient's evaluation and case management;
- (i) appropriately respond to changes in patient status, or failure of the patient to respond to care;
- (j) construct reports and professional correspondence;
- (k) establish clear outcomes for care that can be used to evaluate clinical progress, and recognize when the patient has achieved resolution or maximum therapeutic benefit;
- (l) recognize when routine clinical procedures are insufficient and incorporate other procedures when indicated;
- (m) perform common screening procedures and wellness assessments in different age groups; and
- (n) effectively utilize technology to gather and manage information relative to patient care and practice management.

#### h. Chiropractic Adjustment or Manipulation

The chiropractic adjustment is a precise procedure that uses controlled force, leverage, direction, amplitude, and velocity directed at specific articulations. Doctors of chiropractic employ adjustive and/or manipulative procedures to influence joint and neurophysiologic function. Other manual procedures may be used in the care of patients.

##### (1) Attitudes

The student must demonstrate an ability to:

- (a) appreciate the need to explain what will be done when administering the chiropractic adjustment or manipulation, discuss risks, and recognize the potential for patient apprehension and concern;
- (b) be aware of the need to accommodate patient privacy and modesty in the course of administering chiropractic adjustments or manipulations; and
- (c) be aware of the need to reassess and modify chiropractic adjustment or manipulation appropriate to the needs of the patient.

**(2) Knowledge**

The student must demonstrate an ability to:

- (a) appreciate the normal and abnormal structural and functional articular relationships;
- (b) be aware of the pathophysiology and methods of evaluating articular biomechanics;
- (c) understand the principles and methods of various chiropractic adjustments and manipulations common to the practice of chiropractic;
- (d) recognize the clinical indications and rationale for selecting a particular chiropractic adjustment or manipulation;
- (e) select and appropriately use equipment and instruments necessary to administer chiropractic adjustment or manipulation; and
- (f) recognize the indications and contraindications for, and potential complications of, chiropractic adjustment or manipulation.

**(3) Skills**

The student must demonstrate an ability to:

- (a) palpate specific anatomical landmarks associated with spinal segments and other articulations;
- (b) select and effectively utilize palpatory and other appropriate methods to identify subluxations of the spine and/or other articulations;
- (c) use effectively equipment and instruments which support chiropractic adjustment or manipulation;
- (d) deliver effectively the correct chiropractic adjustments or manipulations which utilize appropriate positioning, alignment, contact and execution;
- (e) administer effectively a variety of chiropractic adjustments or manipulations in order to accommodate differences in patient body type and clinical status;
- (f) record accurately the method of determining location, specific procedure followed and outcome of the chiropractic adjustment or manipulation;
- (g) select and employ palpation and other methods for identifying the effects following chiropractic adjustment or manipulation;
- (h) communicate the health benefits of chiropractic adjustment or manipulation to patients;
- (i) perform chiropractic adjustment and manipulation in a confident and