

Survey of Chiropractic Practice

This questionnaire is part of a comprehensive study of chiropractic practice being conducted by the National Board of Chiropractic Examiners.

Please use a soft (No. 1 or No. 2) lead pencil. DO NOT use a ball-point pen, nylon-tip or felt-tip pen, fountain pen, marker, or colored pencil. Be careful to avoid making stray marks on the form.

Most questions have several alternative answers. Choose the answer that best applies to your practice and blacken the circle beside it. To change your answer, erase your first mark completely and then blacken the correct circle.

A few questions ask you to write in information. Print your answer in the space following the question. Be careful to print legibly in the space provided.

Your answers will be kept confidential. Your individual responses to the questions will not be released.

1. If your mailing address is **different** from the one on the envelope, please print your name and current mailing address in the space provided below.

2. If you would like us to send a news release to your local newspaper recognizing your contribution to this study, please print the name and address of the newspaper below.

3. Would you like to receive a summary of the results of the study?

Yes
 No

4. Are you currently in active full-time chiropractic practice?

Yes
 No

If you answered "No" to question 4, don't answer any further questions. Simply return the questionnaire in the postage-paid envelope. **It's very important that you return the questionnaire.** Please put it in the mail today.

5. How many hours per week do you practice chiropractic?

_____ (Hours per week)

6. The final report describing the study will include a list of individuals who responded to this survey. Would you like us to include your name in the list?

Yes
 No

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NATIONAL BOARD OF CHIROPRACTIC EXAMINERS
 901 54th Avenue
 Greeley, Colorado 80634



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DEMOGRAPHIC DATA

In this section you are asked to provide background information that will be summarized to describe the group that completed this questionnaire. No individual responses will be reported.

1. Sex

- Male
- Female

2. Ethnic Origin

- American Indian
- Alaskan Native
- Asian
- Pacific Islander
- Filipino
- Hispanic
- Black (not Hispanic)
- White (not Hispanic)
- Other _____

3. Highest level of non-chiropractic education attained:

- High School Diploma
- Associate Degree
- Baccalaureate Degree
- Master's Degree
- Doctoral Degree
- Other _____

4. Post-graduate chiropractic specialty board eligibility or certification:

- None/Does not apply
- American Chiropractic Board of Sports Physicians
- American Board of Chiropractic Orthopedists
- American Chiropractic Academy of Neurology
- American Chiropractic Board of Radiology
- Chiropractic Rehabilitation Association
- American Chiropractic Board of Nutrition
- American Board of Chiropractic Internists
- ICA College on Chiropractic Imaging
- ICA College of Thermography
- ICA Council on Applied Chiropractic Sciences
- Other _____

5. Institution that conferred Doctor of Chiropractic Degree:

- Anglo-European College of Chiropractic
- Canadian Memorial Chiropractic College
- Cleveland Chiropractic College, Kansas City
- Cleveland Chiropractic College, Los Angeles
- Institut Francais de Chiropractie
- Life College, School of Chiropractic
- Life Chiropractic College, West
- Logan College of Chiropractic
- Los Angeles College of Chiropractic
- National College of Chiropractic
- New York Chiropractic College
- Northwestern College of Chiropractic
- Palmer College of Chiropractic
- Palmer College of Chiropractic, West
- Parker College of Chiropractic
- Pennsylvania College of Straight Chiropractic
- Phillip Institute of Technology, School of Chiropractic
- Sherman College of Straight Chiropractic
- Southern California College of Chiropractic
- Sydney College of Chiropractic
- Texas Chiropractic College
- Western States Chiropractic College
- Other _____

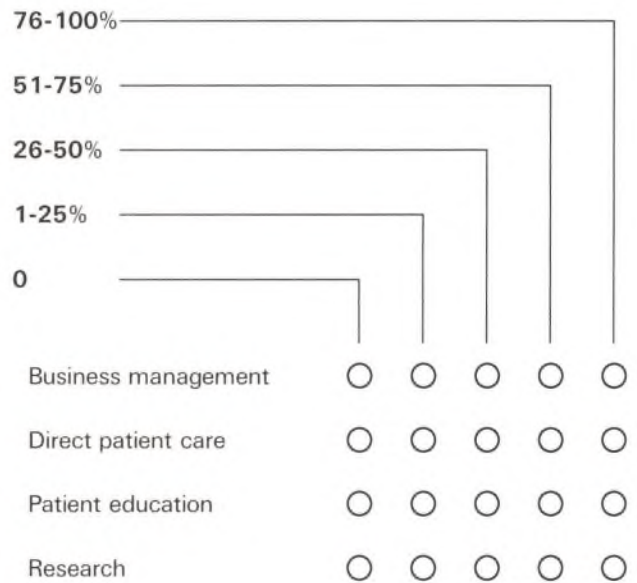
WORK ENVIRONMENT

1. Which of the following best describes your position in the office where you work?
 - Individual practitioner/only doctor in office
 - One of two or more doctors in office
 - Junior associate or examining doctor
 - Other _____
2. Do you practice in more than one office location?
 - Yes
 - No
3. Do you delegate some of your patient care, such as case history taking, the taking or developing of X-rays, or the administration of therapy, to a chiropractic assistant?
 - Yes
 - No
4. Do you ever deliver chiropractic care outside an office setting, such as in a patient's home?
 - Yes
 - No
5. Do you have staff privileges at a medical or osteopathic hospital?
 - Yes
 - No
6. Have you received patient referrals from medical or osteopathic physicians in the past two years?
 - Yes
 - No

EXPERIENCE AND ORIENTATION

1. How long have you been practicing in the state in which you are currently located?
 - less than 2 years
 - 2-4 years
 - 5-15 years
 - more than 15 years
2. How long have you been in practice altogether, including your current state and other states or countries?
 - less than 2 years
 - 2-4 years
 - 5-15 years
 - more than 15 years
3. What kind of clinical orientation did you receive in your first field practice setting?
 - No formal orientation
 - A preceptorship/field internship
 - An associateship
 - A state-mandated training program
 - Other _____

4. Approximately what percentage of your time is spent on each of the following functions during a typical week?



TYPES OF PATIENTS

For every 100 patients that you see in your practice, how many of these patients are from each of the following sex, age, ethnic, and occupational categories?

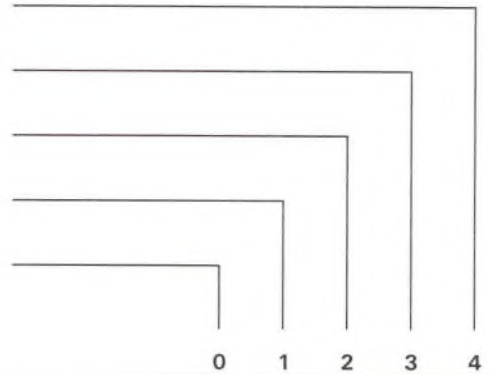
4 = MOST/ALL (76-100%)

3 = MORE THAN HALF (51-75%)

2 = HALF OR LESS (26-50%)

1 = FEW/SOME (1-25%)

0 = NONE (0)



SEX

- MALE
- FEMALE

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AGE

- 17 or younger
- 18 to 30
- 31 to 50
- 51 to 64
- 65 or older

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ETHNIC ORIGIN

- AMERICAN INDIAN
- ALASKAN NATIVE
- ASIAN
- PACIFIC ISLANDER
- FILIPINO
- HISPANIC
- BLACK (NOT HISPANIC)
- WHITE (NOT HISPANIC)
- OTHER _____

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OCCUPATION

- Executive/Professional
- White collar/Secretarial
- Professional/Amateur athlete
- Tradesman/Skilled Labor
- Unskilled Labor
- Homemaker
- Student
- Retired or other

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TYPES OF CONDITIONS

During the past two years in your practice, how often have you seen patients with the following presenting or concurrent conditions?

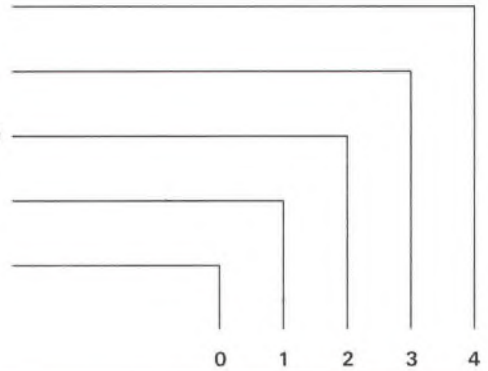
4 = ROUTINELY (Daily)

3 = OFTEN (1 or 2 per week)

2 = SOMETIMES (1 or 2 per month)

1 = RARELY (1 or 2 per year)

0 = NEVER



ARTICULAR/JOINT

- spinal subluxation/joint dysfunction
- extremity subluxation/joint dysfunction
- sprain or dislocation of any joint
- vertebral facet syndrome
- intervertebral disc syndrome
- thoracic outlet syndrome
- hyperlordosis of cervical or lumbar spine
- kyphosis of thoracic spine
- aseptic necrosis or epiphysitis
- scoliosis
- congenital/developmental anomaly
- osteoarthritis/degenerative joint disease
- systemic/rheumatoid arthritis or gout
- bacterial infection of joint
- bursitis or synovitis
- carpal or tarsal tunnel syndrome
- TMJ syndrome
- joint tumor or neoplasm
- spinal canal stenosis

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NEUROLOGICAL

- headaches
- peripheral neuritis or neuralgia
- ALS, multiple sclerosis or Parkinson's
- tearing or rupture of nerve/plexus
- stroke or cerebrovascular condition
- vertebrobasilar artery insufficiency
- cranial nerve disorder
- radiculitis or radiculopathy
- loss of equilibrium
- brain or spinal cord tumor

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(During the past two years)

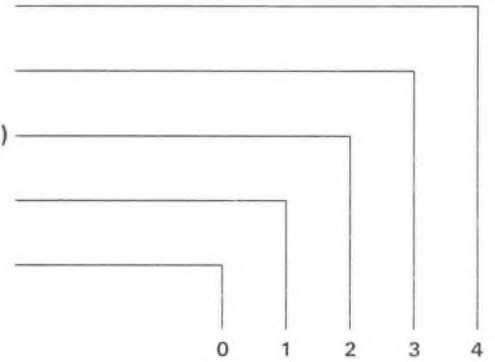
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3 = OFTEN (1 or 2 per week)

2 = SOMETIMES (1 or 2 per month)

1 = RARELY (1 or 2 per year)

0 = NEVER



SKELETAL

- fracture
- osteoporosis/osteomalacia
- congenital/developmental anomaly
- endocrine or metabolic bone disorder
- bone tumor

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MUSCULAR

- muscular strain/tear
- tendinitis/tenosynovitis
- muscular dystrophy
- muscular atrophy
- muscle tumor

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CARDIOVASCULAR

- high or low blood pressure
- angina or myocardial infarction
- arterial aneurysm
- peripheral artery or vein disorder
- murmur or rhythm irregularity
- congenital anomaly

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RESPIRATORY

- viral or bacterial infection
- asthma, emphysema or COPD
- occupational or environmental disorder
- atelectasis or pneumothorax
- tumor of lung or respiratory passages

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INTEGUMENT

- acne, dermatitis or psoriasis
- bacterial or fungal infection
- herpes simplex or zoster
- pigment disorders
- skin cancer

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(During the past two years)

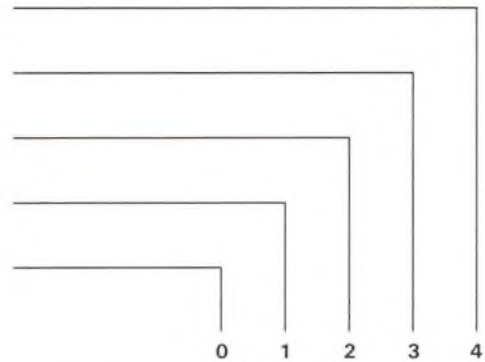
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3 = OFTEN (1 or 2 per week)

2 = SOMETIMES (1 or 2 per month)

1 = RARELY (1 or 2 per year)

0 = NEVER



GASTROINTESTINAL

- bacterial or viral infection 0 1 2 3 4
- appendicitis, cholecystitis or pancreatitis 0 1 2 3 4
- ulcer of stomach, intestine or colon 0 1 2 3 4
- hiatus or inguinal hernia 0 1 2 3 4
- colitis or diverticulitis 0 1 2 3 4
- hemorrhoids 0 1 2 3 4
- tumor of gastrointestinal tract 0 1 2 3 4

RENAL/UROLOGICAL

- infection of kidney or urinary tract 0 1 2 3 4
- kidney stones 0 1 2 3 4
- chronic kidney disease or failure 0 1 2 3 4
- tumor of the kidney or bladder 0 1 2 3 4

MALE REPRODUCTIVE

- male infertility or impotency 0 1 2 3 4
- prostate disorder 0 1 2 3 4
- congenital anomaly 0 1 2 3 4
- tumor of reproductive system 0 1 2 3 4

FEMALE REPRODUCTIVE OR BREAST

- female infertility 0 1 2 3 4
- pregnancy 0 1 2 3 4
- menstrual disorder 0 1 2 3 4
- non-cancerous disorder of breast 0 1 2 3 4
- tumor of breast or reproductive system 0 1 2 3 4

HEMATOLOGICAL/ LYMPHATIC

- anemia 0 1 2 3 4
- immunological disorder 0 1 2 3 4
- hereditary disorder 0 1 2 3 4
- polycythemia 0 1 2 3 4
- cancer of the marrow or lymphatic system 0 1 2 3 4

(During the past two years)

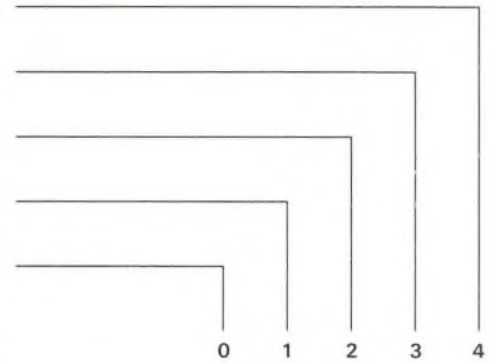
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1 = RARELY (1 or 2 per year)

0 = NEVER



ENDOCRINE/ METABOLIC

- obesity
- thyroid or parathyroid disorder
- adrenal disorder
- pituitary disorder
- thymus or pineal disorder
- diabetes
- endocrine tumor

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CHILDHOOD DISORDERS

- upper respiratory or ear infection
- measles/German measles
- mumps
- chickenpox
- whooping cough
- parasitic

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VENEREAL

- herpes II
- gonorrhea
- chlamydia
- venereal warts
- syphilis

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EENT

- eye or vision disorder
- ear or hearing disorder
- disorder of nose or sense of smell
- disorder of throat or larynx
- tumor of eye, ear, nose or throat

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MISCELLANEOUS

- allergies
- nutritional disorders
- eating disorders
- psychological disorders
- AIDS-related complex

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ACTIVITIES PERFORMED

INSTRUCTIONS: This section contains a list of activities that chiropractors may perform in their practices. Some of these activities may not apply to your practice. Please respond to the statements in terms of what you are now doing or have been doing over the **past two years** in your practice.

Using the rating scale

For each item in this inventory, you are asked to make two judgments using the **FREQUENCY** and **RISK FACTOR** rating scales presented below.

FREQUENCY: How often do you perform the activity in a typical series of **100 patients** or in a group of the type of patients specified?

0 Never (does not apply to my practice)
 1 Rarely (1-25%)
 2 Sometimes (26-50%)
 3 Frequently (51-75%)
 4 Routinely (76-100%)

RISK FACTOR: In your opinion, what would be the risk factor to public health or patient safety of **poor performance** or **omission** of the activity by a chiropractor?

0 No risk
 1 Little risk
 2 Some risk
 3 Significant risk
 4 Severe risk

0 Never (does not apply)
 1 Rarely (1-25%)
 2 Sometimes (26-50%)
 3 Frequently (51-75%)
 4 Routinely (76-100%)

0 No risk
 1 Little risk
 2 Some risk
 3 Significant risk
 4 Severe risk

EXAMPLES	FREQUENCY					RISK FACTOR				
	0	1	2	3	4	0	1	2	3	4
1. Order or perform an electrocardiogram as part of an initial or routine physical examination.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Order an electrocardiogram or refer a patient with a suspected heart problem to a cardiologist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3. Determine the appropriate placements of chest leads for an EKG.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Interpret an EKG tracing.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

NOTE: You may perform a procedure rarely, but the risk factor may be significant if performed poorly or omitted. Conversely, you may perform a procedure frequently, but omission of the activity may not necessarily present a significant risk to public health or patient safety.

These examples are hypothetical and are not intended to influence your rating of the procedures.

ACTIVITIES

Using the rating scale

For each item in this inventory, you are asked to make two judgments using the rating scales presented. In the column labeled "FREQUENCY," use the scale provided to indicate how often you perform the activity in a **typical series of 100 patients** or in a group of the **type of patients specified**. In the column labeled "RISK FACTOR," use the scale to provide your opinion of what would be the risk to public health or patient safety of **poor performance or omission** of the activity by a chiropractor.

- 0 Never (does not apply)
- 1 Rarely (1-25%)
- 2 Sometimes (26-50%)
- 3 Frequently (51-75%)
- 4 Routinely (76-100%)

- 0 No risk
- 1 Little risk
- 2 Some risk
- 3 Significant risk
- 4 Severe risk

CASE HISTORY	FREQUENCY					RISK FACTOR				
	0	1	2	3	4	0	1	2	3	4
1. Take an initial case history from a new patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Identify the nature of a patient's condition using the information from the case history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Perform a focused case history in order to determine what additional examination procedures or tests may be needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Take S.O.A.P. notes or case progress notes on subsequent patient visits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Determine the appropriate technique or case management procedure using the information from the S.O.A.P. notes or case progress notes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Update case history for a patient whose condition has changed or who presents with a new condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PHYSICAL EXAMINATION	FREQUENCY					RISK FACTOR				
7. Perform a physical examination on a new patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Assess the patient's general state of health using the information from the physical examination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Perform a regional physical examination to further define the nature of the patient's presenting complaint, or to determine what, if any, further testing procedures may be indicated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Update certain physical examination procedures periodically or when patient's condition changes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TREATMENT PROCEDURES

Please indicate the **primary technique approach** that you use in your practice.

- Upper cervical
- Full spine
- Other _____

Please indicate whether or not you have used the following **adjustive techniques** in your practice during the past two years.

YES	NO	ADJUSTIVE TECHNIQUE
<input type="radio"/>	<input type="radio"/>	Activator
<input type="radio"/>	<input type="radio"/>	Applied kinesiology
<input type="radio"/>	<input type="radio"/>	Barge
<input type="radio"/>	<input type="radio"/>	Cox/Flexion-Distracton
<input type="radio"/>	<input type="radio"/>	Cranial
<input type="radio"/>	<input type="radio"/>	Diversified
<input type="radio"/>	<input type="radio"/>	Gonstead
<input type="radio"/>	<input type="radio"/>	Grostick
<input type="radio"/>	<input type="radio"/>	Life upper cervical
<input type="radio"/>	<input type="radio"/>	Logan Basic
<input type="radio"/>	<input type="radio"/>	Meric
<input type="radio"/>	<input type="radio"/>	NIMMO/Tonus receptor
<input type="radio"/>	<input type="radio"/>	NUCCA
<input type="radio"/>	<input type="radio"/>	Palmer upper cervical/HIO
<input type="radio"/>	<input type="radio"/>	Pettibon
<input type="radio"/>	<input type="radio"/>	Pierce-Stillwagon
<input type="radio"/>	<input type="radio"/>	SOT
<input type="radio"/>	<input type="radio"/>	Thompson
<input type="radio"/>	<input type="radio"/>	Toftness
<input type="radio"/>	<input type="radio"/>	Other _____

Please indicate whether or not you have used the following non-adjustive supportive techniques in your practice during the past two years.

YES	NO	NON-ADJUSTIVE TECHNIQUE
<input type="radio"/>	<input type="radio"/>	Acupressure or meridian therapy
<input type="radio"/>	<input type="radio"/>	Acupuncture
<input type="radio"/>	<input type="radio"/>	Biofeedback
<input type="radio"/>	<input type="radio"/>	Bedrest
<input type="radio"/>	<input type="radio"/>	Bracing with lumbar support, cervical collar, etc.
<input type="radio"/>	<input type="radio"/>	Casting or athletic taping/strapping
<input type="radio"/>	<input type="radio"/>	Corrective or therapeutic exercise
<input type="radio"/>	<input type="radio"/>	Diathermy - shortwave or microwave
<input type="radio"/>	<input type="radio"/>	Direct current, electrodiagnosis or iontophoresis
<input type="radio"/>	<input type="radio"/>	Electrical stimulation - TENS, high-volt, low-volt, EMS
<input type="radio"/>	<input type="radio"/>	Foot orthotics or heel lifts
<input type="radio"/>	<input type="radio"/>	Homeopathic remedies
<input type="radio"/>	<input type="radio"/>	Hot pack/moist heat
<input type="radio"/>	<input type="radio"/>	Ice pack/cryotherapy
<input type="radio"/>	<input type="radio"/>	Infrared - baker, heat lamp or hot pad
<input type="radio"/>	<input type="radio"/>	Interferential current
<input type="radio"/>	<input type="radio"/>	Massage therapy
<input type="radio"/>	<input type="radio"/>	Nutritional counseling, therapy or supplements
<input type="radio"/>	<input type="radio"/>	Paraffin bath
<input type="radio"/>	<input type="radio"/>	Traction
<input type="radio"/>	<input type="radio"/>	Ultrasound
<input type="radio"/>	<input type="radio"/>	Ultraviolet therapy
<input type="radio"/>	<input type="radio"/>	Vibratory therapy
<input type="radio"/>	<input type="radio"/>	Whirlpool or hydrotherapy
<input type="radio"/>	<input type="radio"/>	Other _____

THANK YOU very much for your contribution to this important research study. If you wish to make any comments or suggestions, please use the space below.
