

# CODE OF PRACTICE - CHIROPRACTIC

## PRODUCED BY THE COUNCIL FOR THE PROFESSIONS COMPLEMENTARY TO MEDICINE

April 2006

### 1 Record Keeping

- a) All records relating to a patient should be kept together in a file marked with the patient details. This file should be registered to an individual practitioner with the name of the Chiropractic Clinic attended.
- b) Each patient should only have one file.
- c) Each entry to this record should be dated and if not made by the practitioner to whom the file is registered then it should be signed. If the patient changes practitioner then that note should be made on the file as it becomes registered to a new practitioner and the date upon which this occurs should be recorded.
- d) All clinical correspondence not involved in patient note-taking but referring to that patient should be kept with the file.
- e) All records should be made legibly and at the time or immediately after a relevant event. They should be made in a permanent form on material clearly identifying the patient.
- f) A patient file should contain personal data relating to the patient which should include:
  - (I) name
  - (II) address
  - (III) telephone number
  - (iv) date of birth/age
  - (v) sex
  - (vi) occupation and pastimes
  - (vii) details of guardian or person to be contacted in case of emergency
  - (viii) position in family with marital status/position, children (ages)
  - (ix) details of health insurance.
- g) It is necessary that it contains a case history of the main complaint and general health including:
  - (I) present health
  - (II) main complaint
  - (III) a past history
  - (iv) review of other systems both past and present with notes for significant or long term drug therapy
  - (v) relevant family history
  - (vi) psycho-social factors.

- h) It must contain the results of all examinations carried out;
  - (i) vital signs
  - (ii) results of physical, neuromuscular, orthopaedic and other observed findings
  - (iii) findings relating to instrumental assessment
  - (iv) radiological examinations or other imaging
  - (v) laboratory tests.

All positive examination findings should be recorded and those negative findings which are deemed pertinent.

- i) It must contain a clinical impression which will then lead either to referral or a treatment protocol.
- j) The treatment protocol must be recorded with the projected dates of review and reassessment if no improvement is shown with the chosen treatment.
- k) It must contain notes on each subsequent visit by that patient. Each will include the date, the report by the patient of progress or other changes since the previous visit. It will include examination of findings at that stage and clear details of the nature of treatment and/or advice given, finishing with the suggested next appointment.
- l) It should include a summary of all discussions or phone conversations of a clinical nature with the patient or someone else on behalf of or about the patient.
- m) All changes which are made to notes after the event should be signed and dated.
- n) If abbreviations are to be used they should be legible and a list of such abbreviations with their meanings must exist in the practice.
- o) Strict confidentiality should apply to this file but equally it must be made available either by being directly reproduced as a photocopy or by being summarised in report form to any other practitioner or authority who has a legitimate need to see it subject to the patient's agreement, or at the request of the patient.
- p) All staff should be well versed with those record keeping procedures for which they have responsibility and the need for confidentiality.
- q) The file should be retained for easy access and be with the practitioner whenever s/he sees or communicates with the patient whenever possible.

## **2 Clinical Evaluation**

During examinations, no-one should be present who has no direct reason to be so, except for guardians of minors; chaperons at the patients request or for the benefit of the Chiropractor should the circumstances dictate or for direct family members to be present at the patients request. It is appropriate for observers to be present only with permission from the patient and only if they have a legitimate interest in doing so.

### ***Case History***

#### **2.1 Complaint:**

- a) Location of the symptoms with note of the focus or the patient's perceived

centre of the problem and its subsequent topographic distribution or the extent of its effect.

- b) The pattern of the symptoms should be noted.
- c) The types of different aspects of the problem, ie pain, ache, paraesthesia, hypoaesthesia, restriction or weakness.
- d) The character of that pain, ie sharp or dull.
- e) The intensity of the symptom.
- f) The areas of radiation or the aspect of local pain.
- g) Aggravating and relieving factors.
- h) Other symptoms should be noted.

## 2.2 Onset.

- a) The mode and type of onset.
- b) The duration of the complaint.
- c) The character of the symptom pattern.

## 2.3 Previous investigations.

Results of previous investigations and their relationship to the presenting complaint.

## 2.4 History.

Prior episodes of similar complaints and outcomes.

## 2.5 Past Medical History.

Details of past accidents, illnesses or operations together with details of any current treatment of other disorders. Familial history of disease

## 2.6 General Health Status.

Details of relevant social, psychological and family health with details of work status and ergonomic factors which may affect the patient.

# 3 Examination

## 3.1 The examination should include:

- a) Physical appearance, ie body symmetry, posture, stance, gait.
- b) General movement, coordination and balance.
- c) The full spine should be viewed for general impressions, postural assessment etc.

## 3.2 Regional inspection:

- a) Visual inspection of the skin and surface anatomy.
- b) Evaluation of muscle tone, bulk, symmetry and strength.
- c) Regional palpation.
- d) Active, passive and resisted movements.

## 3.3 Special Testing, ie: provocative manoeuvres, reflexes, vascular and neurovascular assessment.

## 3.4 Systems Tests, ie temperature, cardiovascular, respiratory/pulmonary, neurological, neurovascular, abdominal or physical examination procedures.

## **4 Further Investigation**

### ***Laboratory Testing***

4. If a chiropractor wishes to use outside testing facilities, they must be familiar with the appropriateness of the tests ordered and their interpretation. They must be satisfied with the competency of the processing laboratory.

## **5 Diagnosis**

### **5.1 Clinical Impression**

It is imperative that a conclusion of the results of the history, examination and any other investigations is made before treatment is begun. This should be recorded on the case history. Revision of this clinical impression may be made depending on clinical circumstances that occur during the course of treatment.

### **5.2 Prognosis**

This should bear in mind the clinical impression, severity of problem, any previous history, chronicity, general health status, psychosocial, ergonomic or environmental factors. This should be recorded.

## **6 Patient Management**

### **6.1 Treatment Programme;**

Should include details of the intended treatment or where indicated and appropriate, details of referral either for treatment with another discipline or another opinion. There should be an explanation of the intended treatment and its likely effects to the patient, gaining their consent to embark on such a course of action. This is advised especially if treatment might cause injury or mishap to the patient.

### **6.2 Maintenance, discharge or referral.**

- a) Any advice regarding maintenance treatment or instructions to follow outside the clinical environment must be clearly explained to the patient and clearly documented in the case notes.
- b) Discharge should occur when the problem has been resolved to the satisfaction of the patient and practitioner.
- c) Discharge to the care of another practitioner is indicated if the patient or practitioner is unhappy with the expected course of treatment. This may be for further investigations, another opinion or simply that the patient has reached an optimal improvement given the clinical circumstances.

### **6.3 Maintenance treatment programmes may include:**

- a) Problems which have a long chronicity
- b) Frequent similar acute episodes
- c) Old injury or degenerative change
- d) Presence of adverse habitual or ergonomic factors
- e) By request of the patient for preventative purposes.

- 6.4 Reassessment;  
This should be considered if the expected course of treatment fails to match the expectations of either patient or practitioner.

## **7 *Contra-Indications to Treatment.***

Chiropractic treatment consists of a wide spectrum of treatment techniques. It is not possible to make a complete list of contra-indications. In some cases it is not the presence of an illness that in itself poses as a contra-indication, but more the influence it has on the musculo-skeletal apparatus. Contra-indications do not include conditions for which chiropractic treatment is not appropriate. They relate to conditions for which chiropractic treatment is appropriate but where manipulation is not.

There are two types of contra-indications: 'absolute' or 'relative'. Some conditions may fall into both categories depending on severity or degree. Patients with an absolute contra-indication have a significant risk of responding badly to manipulation which out-weighs the likely benefit of such treatment. Patients with relative contra-indications should be carefully considered by the chiropractor and if manipulation is carried out, it is done so with an advised regard for that contra-indication. Bone weakening disease, frank articular derangement and vascular abnormalities are typical instances where special care must be taken to avoid potentially catastrophic complications of treatment.

Perhaps the most important contra-indication to osseous manipulation is in the case where a patient, either at earlier treatments or in the course of treatment, develops signs and symptoms of complications, ie signs and symptoms of cerebrovascular insult. It is therefore extremely important for the practitioner to be knowledgeable of and vigilant for the complications that can arise during the course of treatment as well as its outset.

It is highly recommended that every Chiropractor carries out Continuing Professional Development.

### References

*Consensus for the Chiropractic Profession in Europe*  
European Chiropractors' Union  
19 November 1998

*Code of Practice and Standard of Proficiency*  
General Chiropractic Council UK  
8 December 2005

*Policy Statement*  
American Chiropractic Association  
June 1991

*Policies Document*  
Chiropractor's Association of Australia  
Revised October 2004