

Part 2 Consultation and Examination

- 2.1 A chiropractor will keep a clinical record for each patient, showing the patient's name and address, the dates seen, an adequate history and particulars of physical examinations, investigations ordered and the results of same, the findings from imaging, the diagnosis made, and the treatment prescribed. Clinical records must be accurate, legible and comprehensive. The contents of a good clinical record are reviewed in Appendix "B" to the *Handbook*. For information about preventing and responding to the clinical records see Appendix "C" to the *Handbook*. For requirements and information on documenting findings from imaging see Part 15 and Appendix "L" to the *Handbook*.
- 2.2 A chiropractor who uses an electronic health record must ensure that the system has additional safeguards to protect the confidentiality and security of information, including but not limited to, ensuring:
- a) An unauthorized person cannot access identifiable health information on electronic devices
 - b) Each authorized user can be uniquely identified
 - c) Each authorized user has a documented access level based on the individual's role
 - d) Appropriate password controls and data encryption are used
 - e) Audit logging must always be enabled. The audit trail must clearly capture all access and documentation of alterations made to the record clearly identifying:
 - a. who made the change or addition; and
 - b. the date the change was made.
 - f) Where electronic signatures are permitted, the authorized user can be authenticated
 - g) Identifiable health information is transmitted or remotely accessed as securely as possible with consideration given to the risks of non-secured structures
 - h) Secure backup of data
 - i) Data recovery protocols are in place and the regular testing of these protocols
 - j) Data integrity is protected such that information is accessible as stipulated in the CCBC Bylaws s. 72(2)
 - k) Practice continuity protocols are in place in the event that information cannot be accessed electronically

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- l) When hardware is disposed of that contains identifiable health information, all data is removed and cannot be reconstructed.
- 2.3 A chiropractor will adequately prepare a patient for both examination and treatment.
- 2.4 Before commencing examination or treatment, a chiropractor will obtain the patient's informed consent.
- 2.5 A chiropractor must not exaggerate or minimize the gravity of a patient's condition, and will ensure that the patient, or the person(s) responsible for the patient, has sufficient knowledge of that condition to make decisions regarding the patient's best interests.
- 2.6 A chiropractor will recommend only those diagnostic procedures deemed necessary to assist in the care of the patient and only that treatment considered essential for the well-being of the patient.
- 2.7 A chiropractor will not guarantee a cure, either verbally or in writing, and at most, will offer only an estimate as to length of time or number of visits required for treatment of the patient's condition.
- 2.8 Before the commencement of treatment, a chiropractor will advise the patient of findings and recommendations in a professional and responsible manner.
- 2.9 Before any chiropractic techniques are used, a chiropractor must conduct a direct physical examination of the patient's area of complaint.
- 2.10 A chiropractor may examine and treat his or her spouse and other family members so long as, in providing such care, the chiropractor meets all obligations pertaining to examination and the provision of treatment, including obtaining the patient's informed consent and keeping a clinical record in accordance with section 2.1 above.

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Part 15 Diagnostic Imaging

- 15.1 A chiropractor may
- a) apply X-rays to a patient, or
 - b) issue an authorization or instruction for another person to apply X-rays to a patient, including X-rays for the purpose of computerized axial tomography,

only if the application of X-rays is indicated by a patient history or physical examination that identifies serious pathology or clinical reasons to suspect serious pathology.
- 15.2 Routine or repeat X-rays used as a regular protocol during the evaluation and diagnosis of patients are not clinically justified. This includes
- a) X-rays to screen for spinal anomalies or serious pathology in the absence of any clinical indication,
 - b) X-rays to diagnose or re-assess spinal conditions in the absence of any clinical indication, and
 - c) X-rays to conduct biomechanical analysis or listings to identify spinal dysfunction, whether called subluxation, fixation or by any other term.
- 15.3 Before applying X-rays and before issuing an authorization or instruction for another person to apply X-rays under section 4(1)(f) of the *Chiropractors Regulation*, a chiropractor must
- a) document the clinical indication for X-rays in the patient's clinical record,
 - b) determine whether existing imaging that would remove the need to apply X-rays can be obtained within a clinically reasonable time, and
 - c) give due consideration to the particular risk X-rays present to
 - (i) patients under 19 years old, and
 - (ii) the reproductive capacity of female patients.
- 15.4 When a chiropractor applies X-rays for diagnostic or imaging purposes, he or she must
- a) create a report describing what was imaged and the findings from that imaging,
 - b) retain in a form that complies with s. 72 of the Bylaws a copy of the report created under paragraph (a) and copies of all imaging from the application of the X-rays, and
 - c) advise the patient of the findings from the imaging.

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- 15.5 A chiropractor must make an appropriate referral if there are findings outside the scope of practice for chiropractic in
- a) imaging from X-rays that he or she has applied, or
 - b) imaging or reports produced further to instructions or authorizations he or she has issued under section 4(1)(f) of the *Chiropractors Regulation*.
- 15.6 A chiropractor must document in the clinical record all action taken and referrals made further to section 15.5. See Appendix “L” for additional information.
- 15.7 A chiropractor who owns or operates radiograph equipment must comply with all radiation safety requirements, including section 83(1) of the Bylaws and [the Radiographic Equipment Ownership Guide for CCBC Registrants](#).

APPENDIX “L”: Imaging requests

Under s. 4(1)(f) of the *Chiropractors Regulation*, chiropractors may issue an authorization or instruction for imaging from another facility, including X-rays for diagnostic or imaging purposes, X-rays for the purpose of computerized axial tomography, and electromagnetism for the purpose of magnetic resonance imaging.

When chiropractors issue an authorization or instruction for X-rays for diagnostic or imaging purposes, they must either receive a written report from a qualified health professional documenting the interpretation of the X-rays or, provided they are trained in interpreting X-rays within the scope of practice for chiropractic, prepare that radiology report themselves.

When chiropractors issue an authorization or instruction for X-rays for the purpose of computerized axial tomography, and electromagnetism for the purpose of magnetic resonance imaging, they cannot interpret the results and must receive a written report from a qualified health professional documenting the interpretation of the imaging.