



Oregon

Theodore R. Kulongoski, Governor

Oregon Board of Chiropractic Examiners

3218 Pringle Road SE, Suite 150

Salem, Oregon 97302-6311

(503) 378-5816

FAX (503) 362-1260

E-mail: Oregon.obce@state.or.us

Web: www.oregon.gov/OBCE

Clinical Justification Rule: Additional Policy language

Adopted by the OBCE, May 18, 2006

The following policy declarations further describe and explain the intent of OAR 811-015-0010 (4).

The requirement in OAR 811-015-0010 (4) for evidence based outcomes management for “curative chiropractic treatment” does not include maintenance or wellness care. OCPUG defines maintenance care as inclusive of both preventive care and supportive care. While preventive may be considered similar to wellness care, supportive care “is appropriate for a patient who has reached maximum therapeutic benefit” and/or “is appropriate in patients who display persistent and/or recurrent signs of illness or impairment.”

Nothing in OAR 811-015-0010 should be interpreted as requiring or implementing a “very restrictive cook book approach.”

The term “evidence based” as it relates to outcomes measures is not a specific reference to the Educational Manual (EMEBC) or to “evidence-based medicine,” nor “evidence based best practice.”

There should be clinical literature and evidence supporting the outcome assessments utilized. “Evidence” means the whole body of professional knowledge. This includes the spectrum of evidence from randomized, controlled clinical trials to less rigorous forms of evidence. Examples of less rigorous forms of evidence includes one or more well designed controlled observational clinical studies, clinically relevant basic science studies, descriptive studies, case reports, or expert opinions published in refereed journals. Where such evidence is lacking professional field consensus is considered.

Lastly, the Board understands that some practitioners employ investigational or other varied (or non-traditional) chiropractic approaches addressing certain types of curative chiropractic care. It is not the Board’s intent to discourage these approaches with the evidence based outcomes measures language of Section (4). Should an issue or complaint arise concerning treatment of this general type, the Board will first look to Section (1) language which states, “Clinical rationale, within accepted standards and understood by a group of peers, must be shown for all opinions, diagnostic and therapeutic procedures.”

(The policy above is for inclusion in the OBCE Guide to Policy & Practice Questions and does not need to be further promulgated as administrative rule. The Board will revisit OAR 811-015-0010 beginning in July 2007 as required by the sunset clause.)