

SECTION I

Devices, Procedures, and Substances

DEVICES

BIOPTRON LIGHT THERAPY

The Bioptron Light Therapy Unit is approved by the FDA and the Board as a standard device. (3/16/95)

CTD MARK I MULTI-TORSION TRACTION DEVICE

The CTD Mark I Multi-torsion Traction Device (used as part of the non-surgical treatment for carpal tunnel syndrome) is approved. (4/20/95)

DYNATRON 2000

The Dynatron 2000 computerized muscle-testing device is a standard device for use by chiropractors in Oregon. The Board makes no assertion of its validity. The standard designation does not imply that use of the device is per se medically necessary. (5/15/97)

EPFX/SCIO DEVICE

The OBCE determined the EPFX/SCIO device is unacceptable for use by chiropractic physicians in Oregon. They also voted to consider this device again if there is a new USA-FDA, or new USA- FDA-IRB (investigational review board) clearance.

The Board is concerned about this device's biofeedback features, which appear to be more passive than active. (active biofeedback being standard for chiropractic in Oregon). There is also real concern with the device's purported ability to recognize if not diagnose a huge number of conditions based on the body's response to micro current stimulation.

Following review by the ETSDP Committee, the OBCE spent numerous hours over the course of three meetings to review this device. This is the first time since the ETSDP rule was adopted in 1995 that an "unacceptable" determination has been the result of this review. For more information concerning this decision see the OBCE's public meeting minutes for February, March and May of 2007 on the Board's Web page.

EPI TOUCH ALEX HAIR REMOVAL DEVICE

EPI Touch Alex hair removal device is approved as a minimal risk investigational minor surgery procedure. (9/24/99)

MAGNETS

A review of magnets revealed a lack of quality clinical evidence either supporting or opposing the use of magnets for pain relief. Magnets are not prohibited for use by chiropractors. However, it would be inaccurate for anyone to represent that the Board has "approved" the use of magnets. (7/27/00)

MD PEEL MICRO-ABRASION DEVICE

The MD Peel Micro-abrasion device is approved as a minimal risk investigational minor surgery procedure. (9/24/99)

MICROCURRENT DEVICES

Chiropractors may prescribe micro-current devices to their patients. (9/19/94)

MICROLIGHT 830/COLD LASER THERAPY

The use of the Microlight 830 is taught at some chiropractic colleges, and is therefore considered “standard” in Oregon, and determined to be within the scope of chiropractic. (7/17/03) (Also see “Laser Light Therapy” under Section I – Procedures.)

PETROMETER

The instrument called the Petrometer, used to measure range of motion, is considered standard instrumentation already in use. (12/15/94)

TENS DEVICES

Chiropractors may prescribe TENS devices to their patients. (9/19/94)

TOFTNESS DEVICE

The Toftness device, banned by the FDA, may not be used. (6/22/95)

In January 1982, the United States District Court in Wisconsin issued a permanent nationwide injunction against the manufacturing, promoting, selling, leasing, distributing, shipping, delivering, or using in any way any Toftness Radiation Detector or any article or device that is substantially the same as, or employs the same basic principles as, the Toftness Radiation Detector. The United States Court of Appeals for the Seventh Circuit upheld this decision in 1984.

The basis of the United States Government’s case was that these devices were misbranded under the Food, Drug and Cosmetic Act, because they could not be used safely or effectively for their intended purposes. Consequently, Oregon licensees should cease and desist using a Toftness or Toftness-like device. (1/17/91)

<h2>PROCEDURES</h2>

ACUPUNCTURE

The Board has determined that needle acupuncture is outside the Oregon chiropractic scope of practice. (ORS 684.035, Chapter not applicable to other methods of healing)

ACUPUNCTURE USED AS ANESTHESIA FOR MANIPULATION

(See Also Manipulation Under Anesthesia)

MUA is specific to hospital setting. There are no specific statutes or rules concerning the use of acupuncture as the anesthetic. The Board suggests writing the Board of Medical Examiners to get their views on this subject. (4/16/92)

APPLIED SPINAL BIOMECHANICAL ENGINEERING (ASBE)

The Board determined that ASBE is investigational and must comply with the investigational rule and the rule on informed consent. Chiropractors using ASBE must register their use of this technique with the Board of Chiropractic Examiners. Patients must be informed that the technique is considered investigational and consent must be in writing to its use in their case.

AURICULOTHERAPY

After review by the ETSDP Committee and a recommendation to the Board, the Board has determined that auriculotherapy, the device used and the therapy, is standard. The therapy is

performed without needles; it is a form of electro acupuncture. The procedure has been taught in CCE colleges. (11/16/06)

AUTOMATED MUSCLE TESTING

The Board determined that automated muscle testing is within the scope of practice and is accepted in the P & U Vol. I Guidelines. A chiropractor needs to show rationale for using automated muscle testing. (9/21/95)

BIOFEEDBACK

Chiropractors may order or perform biofeedback. (4/15/96)

BLOOD PRESSURE (SUPINE AND STANDING)

Supine and standing blood pressure are within the scope of chiropractic practice. (11/21/91)

BLOOD WITHDRAWAL

See VENIPUNCTURE

BLOODBORNE PATHOGENS - STANDARDS, PROCEDURES

Effective July 1992, Oregon Occupational Safety and Health Division (OR-OSHA) adopted the Federal standard on Bloodborne Pathogens. Oregon Chiropractors are required to implement the standards in their clinics.

Oregon OSHA has adopted the Federal OSHA Final Standard on Bloodborne Pathogens. The purpose of the standard is to limit and control occupational exposure to blood and other potentially infectious materials. This law covers all employees who could reasonably be expected to come in contact with human blood or other potentially infectious materials in the course of their work. Therefore, if you employ people in your clinic that may be subject to exposure to blood or other bodily fluids, this law may have a direct effect on you. **IT IS YOUR RESPONSIBILITY TO DETERMINE IF THIS LAW APPLIES TO YOU.** The staff of the Oregon Board of Chiropractic Examiners does not have the expertise to advise you in matters related to this law.

Call or write OR-OSHA (Salem Central Office, 350 Winter St. NE, Rm. 430, Salem, OR 97310 (503) 378-3272 or 1-800-922-2689. Request Oregon Administrative Rule 437-Division 2, Bloodborne Pathogens (1910.1030) and/or Questions & Answers About Bloodborne Pathogens.

CONTACT REFLEX ANALYSIS

Contact reflex analysis is within the scope of chiropractic practice. (4/21/94)

CRANIOSACRAL MANIPULATION

As part of Craniosacral Therapy, Craniosacral Manipulation is a standard chiropractic procedure. (1/21/93)

EKG'S

Chiropractors may order or perform EKG's. (4/15/93)

ELECTRODIAGNOSTIC TESTING (SSEP)

Performing an SSEP electrodiagnostic test is within the scope of chiropractic practice. (1/18/96)

ELECTROLYSIS

This procedure was reconsidered by the Board. "A person uses an electrical device that is not

used for physical therapy. The tissue is destroyed so the hair does not grow back. It is a surgical intervention where you are changing the tissue type.” The Board determined that electrolysis (i.e. removal of hair) is a minor surgical procedure and requires specialty certification by the Board to perform. (11/20/03)

ELECTROTHERAPY

Chiropractic Physicians may treat hemorrhoids with electrotherapy, specifically, the application of negative low voltage galvanic current (known as the Keesey technique) to the hemorrhoid. ORS Chapter 684.010(2)(a) and (5).

This therapy is approved and is considered as standard in the above-described manner and shall not be considered investigational by the Board. The Board recognizes that undergraduate and postgraduate courses at Western States Chiropractic College, a Council on Chiropractic Education accredited school, have included the teaching of this therapy for more than thirty years. (3/25/91)

EMG AND SURFACE EMG TESTING

Any trained individual, including certified chiropractic assistants, may apply electrodes and conduct surface EMG testing, but the doctor has to interpret the results. (11/16/95, 7/18/96)

FISSURECTOMY

This procedure is within the scope of practice for chiropractic physicians in Oregon. (1/28/92)

GALVANIC ELECTRICITY

See ELECTROTHERAPY

HEMORRHOIDS (TREATMENT OF)

See ELECTROTHERAPY

INJECTIONS

Can a licensee refer a patient to an MD for an injection (e.g. to a facet joint for pain relief) without the MD having to evaluate the patient him or herself?

The Board determined that a licensee may refer to the MD for the examination, but it is up to the MD to determine whether he/she needs to perform an additional examination and how to proceed. (11/9/00)

IMMEDIATE RELEASE TECHNIQUE (IRT) / RAPID EYE TECHNIQUE

Recently the ETSDP committee recommended, and the OBCE accepted that IRT (Immediate Release Technique) may be used by Chiropractors under the investigational rule (reference below). IRT involves eye exercises combined with forms of acupressure and chiropractic adjusting. The eye exercises are shown to affect brain activity that can alter pain states. There is a growing amount of clinical correlation showing that the brain function changes can/may change endocrine function associated with stress states. The military is investigating use of similar treatment procedures with veterans suffering with PTSD (post-traumatic stress disorder).

However, RET (Rapid Eye Technique), a technique that extends the treatment time and complexity to involve psychological counseling, is counseling/psychology and is NOT a chiropractic procedure. The OBCE will allow RET courses as continuing education similar to other adjunct treatment education, such as OHSU programs on surgical procedures. (May 2008)

KEESEY TECHNIQUE

See ELECTROTHERAPY

KINESIOTAPING METHOD

May a certified Chiropractic Assistant perform “Kinesio Taping”? The Kinesio Taping Method involves taping over and around muscles in order to assist and give support to, or prevent, over-contraction. The Board determined if the supervising DC is trained in the taping method, that he or she may also train the certified CA also to perform the method in the clinic, and only while the DC is on premise. The Board considers this a physiotherapy. (3/15/07)

LASER LIGHT THERAPY

A variety of low-level laser and light therapy (LLLT a.k.a. phototherapy) is available to Oregon chiropractic physicians as a standard treatment for NMS conditions. Western States and other chiropractic colleges have current core curriculum on this subject. In addition, WSCC is continuing work on future curriculum to cover advances and new applications in technology of this field. LLLT has been used to speed wound healing, stimulate tissue repair, reduce swelling and edema, and reduce acute and chronic pain. LLLT has been popular in Europe and Asia. More recently, in 2002, the United States FDA granted 510 (k) clearances allowing for healing and pain relief with various soft tissue disorders including carpal tunnel, rheumatoid arthritis, bursitis, tendonitis and more.

Following recommendations from the OBCE ETSDP committee (a.k.a. Examinations, Tests, Substances, Devices, And Procedures), the OBCE approved and reaffirmed as standard use of Class I-IIIa lasers/phototherapy for use by chiropractors (as well as certified chiropractic assistants!) as a physiotherapy modality.

The OBCE also approved use of Class IIIb & IV “hot” lasers for use by chiropractic physicians to treat NMS conditions. (*See the Board’s more recent determination for Class IIIb & IV laser therapy for cosmetic purposes at the end of this policy discussion.*) Expect requirements for DCs to obtain certification limited to treatment of benign superficial lesions, lacerations/abrasions, and removal of superficial foreign bodies.)

Chiropractors must be properly trained for use of all LLLT, especially Class IIIb & IV. Training is usually available from the vendors of these devices. Class IIIb for NMS conditions does not require detailed special training other than provided by vendors, however use of Class IV devices requires strict adherence to safety protocols. Minor surgery training, of course, should be more extensive.

Phototherapy involves the application of specific wavelengths of light energy capable of penetrating into tissue and being absorbed by cells. Light energy can be produced by low level laser and/or super luminous diodes (SLDs). Sufficient energy must be delivered to target tissue to trigger a response. Light is absorbed by irradiated tissue where the light energy is transformed into biochemical energy, which is then available for photochemical cell activities.

The FDA has classified lasers into six categories based on their potential damage to the eye. They are:

- Class 1: Safe to human eye or contained within device, no labeling required.

- Class 2: Low power lasers with output less than 1 mW. Labeled, “CAUTION – Laser Radiation: Do not stare into beam”
- Class 2a: Eye damage can occur if laser enters eye more than 1,000 seconds. Labeled: “CAUTION- Laser Radiation: Do not stare into beam”
- Class 3a: Power output up to 5 mW. Direct eye contact for short periods is not hazardous, but viewing laser through magnifying optics such as eyeglasses can present a hazard. Labeled: “CAUTION- Laser Radiation: Do not stare into beam or view directly with optical instruments.”
- Class 3b: Involves certain risk. Laser output 5mW to 500 mW. Labeled “DANGER – Visible and/or invisible laser radiation – avoid direct exposure to beam.”
- Class 4: High power lasers with output greater than 500 mW. Involves definite risk. Labeled “DANGER – Visible and/or invisible laser radiation – avoid eye or skin exposure to direct or scattered beam.”

According to Western States instructor Joel Agresta PT, DC, a patient treated with Class IV must wear goggles. “Class IV lasers have great benefits if handled properly and can deliver more energy in less time, but proper training and understanding of the contraindications is imperative. As far as I understand, the manufacturers (i.e., K-Lasers and Avicenna) issue specific protocols that keep these lasers safe for NMS conditions. These protocols have some degree of safety built into them. By their nature they do require a higher level of safety precaution, but when following the programmed protocols it appears that they are safe.”

He also said by law, Class III and above must be stored in a locked cabinet. Dr. Agresta says that “photo-biostimulation” stimulates or speeds up the inflammatory process and resultant healing when lower doses are used. However, he says that at higher doses starting around 100 to 200 Joules/cm² (Joules/cm² = power/beam area x time) inhibitory or negative effects may occur.

The ETSDP Committee and the OBCE reviewed a wealth of published clinical literature which documents many therapeutic applications of LLLT. (12/20/06)

The Board has received legal advice that LLLT for *purely cosmetic conditions*, such as hair removal, which do not address a skin condition or pathology, is not within the current scope of chiropractic practice. To the board’s knowledge, this is not currently taught in any chiropractic college course. (If this changes, the OBCE can revisit this issue.) (9/28/07)

LINGUAL ASCORBIC ACID TEST

Lingual ascorbic acid test is within the scope of chiropractic practice. (11/21/91)

MANIPULATION OF THE CERVICAL SPINE

Classic, diversified, and Gonstead-type manipulation of the cervical spine are standard procedures. Chiropractors may contact National Chiropractic Mutual Insurance Company for information on the risk factors of these procedures. (5/16/96)

MANIPULATION UNDER ANESTHESIA

Manipulation under Anesthesia is within the scope of practice for Chiropractic Physicians in Oregon. (1/28/92)

In review of this procedure, the Board found that Texas Chiropractic College teaches a continuing education course in Manipulation Under Anesthesia and offers a preceptorship program. The Board expects that hospitals involved with MUA will require proper training of Doctors of Chiropractic before allowing them to perform this procedure.

N.A.E.T. NAMBUDRIPAD ALLERGY ELIMINATION TECHNIQUE

After reviewing the details of this technique, the Board determined that, as described, it is allowable within the scope of chiropractic practice in Oregon, excepting the application of needle acupuncture. (12/19/00)

NASAL SPECIFICS

Chiropractors may not use local anesthesia for performing nasal specifics. (5/16/96)

NCV - NERVE CONDUCTION VELOCITY

(performed by a technician)

Chiropractors in Oregon may order or perform nerve conduction velocity testing. Recently the Board was asked if there is any licensure requirements for a technician who performs this test on behalf of the chiropractor and/or testing service. They determined that no special certification is required by chiropractors or any other trained person to perform NCV testing in Oregon (technical component only).

That said, the Board does have serious concerns due to persistent reports of testing services that charge excessive fees. The Board also has concerns with reports it has received regarding the billing practices associated with NCV and other kinds of diagnostic testing. The Board advises that these tests should meet basic criteria of medical necessity. (04/01)

OUTPATIENT AND RADIOLOGICAL TESTS

Chiropractors may order outpatient laboratory and radiological tests from hospitals. A chiropractor may order any test a hospital has available. (5/16/96)

PARASPINAL SURFACE EMG

Paraspinal surface EMG is within the scope of practice. (8/20/92)

POSTURAL SCREENING

See SPINAL (POSTURAL) SCREENING

PULMONARY STUDIES

Ordering pulmonary studies is within the scope of chiropractic practice. (9/21/95)

RANGE OF MOTION REPORTING

When reporting range of motion (ROM) measurements, the method of measurement should be noted, e.g. visual, goniometer, or inclinometer (single or double). The preferred method of measurement is with the goniometer in the extremities and the double inclinometer in the spine. Effort should be made to obtain reproducible measurements. (1/16/97)

RAPID EYE TECHNIQUE (RET)

See Immediate Release Technique in this section above (May 2008)

RAST TESTING

RAST Testing is within the scope of practice. (6/18/92)

REIKI

A Doctor of Chiropractic asked if his certified Chiropractic Assistant may practice Reike, a form of massage therapy, in his office without his supervision. The Board determined that the certified CA may perform this type of massage ONLY if the supervising DC is also Reike trained, and on premise to supervise. If the certified CA, trained in Reiki, is also an Oregon licensed massage therapist, then that is already allowed with the LMT scope of practice. (3/15/07)

SOLKOWICH CALCIUM ABSORPTION AND UTILIZATION

Solkowich calcium absorption and utilization are within the scope of chiropractic practice. (11/21/91)

SOMATIC TECHNIQUE

The Board approved the somatic technique as a standard technique. Somatic technique is a neuromuscular reeducation or active muscle relaxation technique. It is taught at Palmer College West. (10/17/96)

SPINAL (POSTURAL) SCREENING

Any properly trained person may do postural screening under the onsite supervision of a chiropractic physician, but only a chiropractic physician may interpret the information. A postural screening is a non-diagnostic exam, which does not include any treatment. (12/16/93, 6/20/96, 9/18/97)

SPUTUM ALCOHOL TESTING

Chiropractors may perform sputum alcohol testing. (5/15/97)

STRESS TESTS

Stress tests (e.g. Koningsberg) are within the scope of chiropractic practice. (11/21/91)

TMJ (TEMPOROMANDIBULAR JOINT)

Chiropractors may treat TMJ. (12/14/95)

TRIGGER POINT INJECTIONS (MYOFASCIAL)

Are Oregon licensees who have completed the postgraduate certification in minor surgery able to perform myofascial trigger point injections?

The Board determined that injection of myofascial trigger points is a therapy, and as such is not within the Oregon chiropractic scope of practice. In addition, the injection is more than “superficial” and thus is not covered by the minor surgery provisions. (12/11/02)

ULTRASOUND

Therapeutic ultrasound is within the scope of chiropractic practice. (8/19/93)

URINALYSIS

Urinalysis is allowed within the scope of chiropractic practice. (11/21/91)

VENIPUNCTURE

Chiropractors are allowed to draw blood (venipuncture) for diagnostic testing purposes. This diagnostic testing procedure is taught in approved chiropractic colleges all over the United States. (10/24/96)

ORS 684.010(2)(b) defines “Chiropractic” as “The chiropractic diagnosis, treatment and prevention of body dysfunction; correction, maintenance of the structural and functional integrity of the neuromusculoskeletal system and the effects thereof or interferences therewith by the utilization of all recognized and accepted chiropractic diagnostic procedures and the employment of all rational therapeutic measures as taught in approved chiropractic colleges.”

ORS 684.025(2) states: “Nothing in this section or ORS 684.010 shall be interpreted as authorizing the administration of any substance by the penetration of the skin or mucous membrane of the human body for a therapeutic purpose.”

Further legal advice from the Oregon Attorney General confirms that “Chiropractic physicians are accordingly authorized by law to withdraw blood or other fluid samples for diagnostic purposes in connection with the practice of chiropractic.” (9/9/70)

SUBSTANCES

ALOE VERA GEL (FOR ORAL CONSUMPTION AND/OR TOPICAL USE)

Chiropractors may recommend aloe vera gel. (1/21/93)

AQUA-SOOTHE

This product is within the scope of practice, but the Board does have concerns about proper billing. (1/21/93)

BOTANICALS

Non-prescription botanicals are within the scope of chiropractic practice. (5/18/95)

CLINICAL NUTRITION

Applied clinical nutrition is within the scope of practice. See ORS 684.010. (4/21/94; 9/18/97)

COLLOIDAL SILVER

Licensed chiropractors may create their own colloidal silver and sell it to their patients; otherwise, chiropractors may not mix their own homeopathic dilutions. (3/19/98)

ETHYL CHLORIDE

This product may not be used or purchased by chiropractors in Oregon. (7/16/92)

FLUORIMETHANE

Fluorimethane is not in the Physicians Desk Reference (PDR); however, according to the Oregon Board of Pharmacy it is a prescription legend drug. This product may be used as a topical anesthetic in minor surgery **ONLY**, within the chiropractic profession in Oregon. (7/16/92)

FORMULA 303

Chiropractors may recommend Formula 303 to patients, because it is an herbal. (8/20/92)

INTRADERMALS

Intradermals for allergy testing are within the scope of practice. (5/19/94)

LIDOCAINE AND SALICYLATES

Salicylates and lidocaine in phono- or iontophoresis (a procedure where a D.C. uses topical substances w/ultrasound or low volt galvanic current) are within the scope of chiropractic practice. (4/11/96)

LIDOCAINE INJECTIONS

This may be used in minor surgery only.

MATOL AND FIBER SONIC (FIBER SUPPLEMENT)

This supplement is OK to recommend. (1/21/93)

MYOCIDE

The use of myocide is within the scope of chiropractic practice (OTC).

ORIENTAL HERBS

The use of herbs is allowed within the scope of practice in Oregon. (5/19/94)

OVER-THE-COUNTER NON-PRESCRIPTION DRUGS

“Over-the-counter substances” means the same thing as “nonprescription drugs.” The Board has adopted the Board of Pharmacy’s definition of nonprescription (over-the-counter) drugs which is:

ORS 689.005(22) “Nonprescription drugs” means drugs which may be sold without a prescription and which are prepackaged for use by the consumer and labeled in accordance with requirements of the statutes and regulations of this state and the Federal Government. (9/18/97)

OVER-THE-COUNTER SUBSTANCES, DOSAGES

In response to a question regarding whether the statutes or rules allow chiropractors to prescribe or recommend over-the-counter substances in higher doses to achieve a more therapeutic or beneficial dosage, the Board’s response is: Chiropractors must follow the statute. The statute is based on substances, not dosages. Chiropractors must use their best clinical judgment. (1/18/96; 7/9/98)

OXYGEN (NOT allowed for therapeutic purposes)

Medical oxygen is outside the chiropractic scope of practice, and chiropractic physicians may not prescribe oxygen for therapeutic purposes. (4/27/00) **3/16/06**

OXYGEN CONCENTRATION

The Oregon Board of Pharmacy considers USP (medical) Oxygen (100%) a prescription drug. However oxygen concentrated at a lower percentage (90 to 95%) does not require a prescription. With that understanding, the OBCE does not prohibit oxygen concentration or the devices which

(Oxygen Concentration, cont.)

produce this by chiropractic physicians. However, it would be inaccurate for anyone to represent that the Board has “approved” the use of oxygen concentration. Similar precautions as indicated for emergency medical oxygen must be observed. (11/20/2008)

OXYGEN USE IN EMERGENCIES

Chiropractic physicians and Certified Chiropractic Assistants may provide emergency first aid, including administering emergency oxygen. A person may not administer emergency oxygen unless the person has received training in the administration of oxygen. *The OBCE is beginning the rulemaking process to establish training requirements. (HB 2242, 2007)*

Chiropractic physicians may obtain oxygen units on an over-the-counter non-prescription basis provided a few basic requirements are met. Use of portable oxygen units for clinic emergencies is currently taught at Western States Chiropractic College. Access to emergency oxygen could be useful in the event of a cardiac arrest or other incident in which a patient may stop or have difficulty breathing. These OTC oxygen units are readily available over the Web from a variety of distributors.

According to the FDA, any oxygen inhaled by a human or animal is considered a drug as per section 201(g)(1) of the Federal Food, Drug, and Cosmetic Act (the Act), and is required to be dispensed by prescription. However, the agency allows medical oxygen to be dispensed without a prescription to properly trained individuals for oxygen deficiency and resuscitation, as long as the following conditions are met:

- 1) A high-pressure cylinder filled with medical oxygen and used for oxygen deficiency and resuscitation must have the following statement present on the drug label: "For emergency use only when administered by properly trained personnel for oxygen deficiency and resuscitation. For all other medical applications, Rx Only."
- 2) The equipment intended for such use must deliver a minimum flow rate of 6 liters of oxygen per minute for a minimum of 15 minutes, and include a content gauge and an appropriate mask or administration device, and
- 3) Proper training is documentation that an individual has received training within the past twenty-four months or other appropriate interval, in the use of emergency oxygen including providing oxygen to both breathing and non-breathing patients, and safe use and handing of emergency oxygen equipment. Training may be obtained from any nationally recognized professional organization, such as the National Safety Council, the American Heart Association, the American Red Cross, etc. Under no circumstances can emergency oxygen be used to fill high-pressure cylinders or be used in a mixture or blend.

Once all of these conditions are met, an individual may have access to medical oxygen without a prescription. **(11/16/06)**

SALICYLATES AND LIDOCAINE

See LIDOCAINE AND SALICYLATES

VITACEL

Vitacel is not considered a nutritional supplement because the main carrier is a drug. (9/16/93)

VITAMIN C WITH ECHINACEA

This supplement is acceptable for chiropractors to recommend. (1/21/93)

VITAMINS WITH BOTANICALS

These supplements are acceptable for chiropractors to recommend. (1/21/93)