

OREGON BOARD OF CHIROPRACTIC EXAMINERS



GUIDE TO POLICY & PRACTICE QUESTIONS

530 Center St NE, suite 620
Salem, OR 97301
(503) 378-5816
info@obce.oregon.gov

Updated/Adopted: 2/15/2024

TABLE OF CONTENTS

SECTION I.....	5
DEVICES, PROCEDURES, AND SUBSTANCES	5
DEVICES.....	5
BAX 3000 AND SIMILAR DEVICES	5
BIOPTRON LIGHT THERAPY.....	Error! Bookmark not defined.
CPAP MACHINE, ORDERING	Error! Bookmark not defined.
CTD MARK I MULTI-TORSION TRACTION DEVICE	Error! Bookmark not defined.
DYNATRON 2000	Error! Bookmark not defined.
ELLMAN SS PELLEVE.....	Error! Bookmark not defined.
EPIPEN.....	Error! Bookmark not defined.
EPI TOUCH ALEX HAIR REMOVAL DEVICE	Error! Bookmark not defined.
INFRATONIC QGM DEVICE	Error! Bookmark not defined.
MAGNETS.....	Error! Bookmark not defined.
MD PEEL MICRO-ABRASION DEVICE	Error! Bookmark not defined.
MICROCURRENT DEVICES	Error! Bookmark not defined.
PETROMETER	Error! Bookmark not defined.
TENS DEVICES	Error! Bookmark not defined.
TOFTNESS DEVICE.....	Error! Bookmark not defined.
TRACTION DEVICES.....	Error! Bookmark not defined.
PROCEDURES.....	6
ACUPUNCTURE	Error! Bookmark not defined.
ACUPUNCTURE USED AS ANESTHESIA FOR MANIPULATION	Error! Bookmark not defined.
ALLERGIES.....	6
APPLIED SPINAL BIOMECHANICAL ENGINEERING (ASBE).....	6
AUTOMATED MUSCLE TESTING.....	Error! Bookmark not defined.
BLOOD PRESSURE (SUPINE AND STANDING)	Error! Bookmark not defined.
BLOOD WITHDRAWAL.....	Error! Bookmark not defined.
BLOODBORNE PATHOGENS - STANDARDS, PROCEDURES	Error! Bookmark not defined.
COLONICS OR COLONIC THERAPY.....	Error! Bookmark not defined.
CONTACT REFLEX ANALYSIS	6
CRANIOSACRAL MANIPULATION	Error! Bookmark not defined.
CUPPING	6
DARK FIELD MICROSCOPY	Error! Bookmark not defined.
EKG.....	Error! Bookmark not defined.
ELECTRODIAGNOSTIC TESTING (SSEP)	Error! Bookmark not defined.
ELECTROLYSIS.....	Error! Bookmark not defined.
ELECTROTHERAPY	Error! Bookmark not defined.
EMG AND SURFACE EMG TESTING.....	6
EPLEY MANEUVER.....	Error! Bookmark not defined.
FISSURECTOMY.....	Error! Bookmark not defined.
GALVANIC ELECTRICITY	Error! Bookmark not defined.
HEMORRHOIDS (TREATMENT OF)	Error! Bookmark not defined.
INJECTIONS.....	Error! Bookmark not defined.
IMMEDIATE RELEASE TECHNIQUE (IRT) / RAPID EYE TECHNIQUE	6
KEESEY TECHNIQUE	Error! Bookmark not defined.
KINESIOTAPING METHOD.....	Error! Bookmark not defined.
LINGUAL ASCORBIC ACID TEST	6
MANIPULATION OF THE CERVICAL SPINE.....	Error! Bookmark not defined.
MANIPULATION UNDER ANESTHESIA.....	Error! Bookmark not defined.
N.A.E.T. NAMBUDRIPAD ALLERGY ELIMINATION TECHNIQUE	6
NASAL SPECIFICS.....	Error! Bookmark not defined.
NCV - NERVE CONDUCTION VELOCITY	Error! Bookmark not defined.
OUTPATIENT AND RADIOLOGICAL TESTS.....	Error! Bookmark not defined.
PARASPINAL SURFACE EMG	Error! Bookmark not defined.
PULMONARY STUDIES	7
QUANTITATIVE FUNCTIONAL CAPACITY EVALUATIONS (QFCE).....	Error! Bookmark not defined.
RANGE OF MOTION REPORTING.....	Error! Bookmark not defined.

RAPID EYE TECHNIQUE (RET).....	Error! Bookmark not defined.
RAST TESTING.....	7
REIKI (Also see Reiki under Chiropractic Assistants).....	Error! Bookmark not defined.
SOLKOWICH CALCIUM ABSORPTION AND UTILIZATION	7
SOMATIC TECHNIQUE	Error! Bookmark not defined.
SPUTUM ALCOHOL TESTING	7
STRESS TESTS.....	Error! Bookmark not defined.
TMJ (TEMPOROMANDIBULAR JOINT)	Error! Bookmark not defined.
TRIGGER POINT INJECTIONS (MYOFASCIAL)	Error! Bookmark not defined.
ULTRASOUND, DIAGNOSTIC.....	7
ULTRASOUND, THERAPEUTIC.....	Error! Bookmark not defined.
URINALYSIS.....	7
VENIPUNCTURE.....	7
SUBSTANCES	7
ALOE VERA GEL (FOR ORAL CONSUMPTION AND/OR TOPICAL USE).....	7
AQUA-SOOTHE.....	7
BOTANICALS	7
CLINICAL NUTRITION.....	8
COLLOIDAL SILVER; SILVER.....	8
ETHYL CHLORIDE.....	8
FLUORI-METHANE.....	8
FORMULA 303.....	8
HCG POLICY	8
HOMEOPATHICS, OVER-THE-COUNTER.....	9
INTRADERMALS.....	9
04/11/1996	Error! Bookmark not defined.
INJECTIONS.....	Error! Bookmark not defined.
MATOL AND FIBER SONIC (FIBER SUPPLEMENT)	9
MYOCIDE.....	9
NUTRITIONAL SUPPLEMENTS	9
ORIENTAL HERBS.....	9
OVER-THE-COUNTER NON-PRESCRIPTION DRUGS	9
OVER-THE-COUNTER SUBSTANCES, DOSAGES.....	9
PRESCRIPTIONS, RECOMMENDATION TO STOP USE	10
SALICYLATES AND LIDOCAINE.....	Error! Bookmark not defined.
VITACEL.....	10
VITAMIN C WITH ECHINACEA.....	10
VITAMINS WITH BOTANICALS.....	10
SECTION II	11
PRACTICE POLICIES REGARDING CHIROPRACTORS, APPLICANTS, AND CERTIFIED CHIROPRACTIC ASSISTANTS	11
CHIROPRACTORS	11
ABANDONMENT.....	11
ADVERTISING REVIEW POLICY: (UPDATED APRIL 27, 2010).....	Error! Bookmark not defined.
ANCILLARY SERVICES	Error! Bookmark not defined.
ANIMALS, TREATMENT OF.....	Error! Bookmark not defined.
ATHLETIC TRAINERS, SUPERVISION.....	11
BIRTH CERTIFICATES.....	Error! Bookmark not defined.
CHIROPRACTORS AND OTHER HEALTH LICENSES.....	11
CLINIC OWNERSHIP RESPONSIBILITY RULE, POLICY AND INTENT STATEMENT.....	Error! Bookmark not defined.
CLINICAL JUSTIFICATION RULE POLICY	Error! Bookmark not defined.
COLONIC THERAPY	Error! Bookmark not defined.
COMPUTERIZED SOAP NOTES.....	Error! Bookmark not defined.
CONTINUING EDUCATION	Error! Bookmark not defined.
Approval of Courses or Activities “not specifically listed” in the OAR	Error! Bookmark not defined.
Board Member CE Allowance	Error! Bookmark not defined.
Concussion CE, Mandatory	Error! Bookmark not defined.
Credit Taken 13 Months Prior to Renewal.....	Error! Bookmark not defined.
Educational Manual for Evidenced Based Chiropractic Chapters.....	Error! Bookmark not defined.
Federation of Chiropractic Licensing Boards’ (FCLB) PACE approved programs	Error! Bookmark not defined.

National Board of Chiropractic Examiners Part IV Exam Assistants	Error! Bookmark not defined.
Teaching at a Health-Care Institution or Teaching Post-Graduate Education	Error! Bookmark not defined.
COUNSELING PATIENTS	11
CPAP MACHINE, ORDERING	12
DIABETIC EDUCATION	12
DIPLOMATE STATUS	Error! Bookmark not defined.
DOCTORS' TITLE ACT, ORS 676 (2011)	Error! Bookmark not defined.
ELECTRONIC SIGNATURES	Error! Bookmark not defined.
EMERGENCY FIRST AID	Error! Bookmark not defined.
EMPLOYEE STATUS	12
FAMILY/RELATIVES, TREATMENT OF	12
FEE SPLITTING AND COMMISSIONS	Error! Bookmark not defined.
ABS Health Center, Inc. Marketing Plan	Error! Bookmark not defined.
Adjustments or Other Minor Gifts for Patient Referrals	Error! Bookmark not defined.
Commissions and Fees	Error! Bookmark not defined.
Donating to a Non-Profit	Error! Bookmark not defined.
Leasing Agreements and Professional Referrals	Error! Bookmark not defined.
Merchant Fees (Visa, MasterCard, Discover card charges)	Error! Bookmark not defined.
Online sales of coupons	Error! Bookmark not defined.
FUNCTIONAL CHIROPRACTIC NEUROLOGY	13
HIPAA - IMMINENT DANGER EXCEPTION	13
HYPNOTHERAPY	Error! Bookmark not defined.
INACTIVE LICENSE	Error! Bookmark not defined.
INDEPENDENT MEDICAL EXAMINATION (I.M.E.)	Error! Bookmark not defined.
INSURANCE – PIP OR HEALTH?	13
LYME DISEASE	13
MAGNETIC RESONANCE IMAGING (MRI'S)	14
MASSAGE THERAPIST, SCOPE OF PRACTICE	14
MIGRAINE HEADACHES	14
MILITARY SERVICE (AND RENEWAL)	Error! Bookmark not defined.
MINOR SURGERY CERTIFICATION	Error! Bookmark not defined.
MOTOR CARRIER PHYSICALS	Error! Bookmark not defined.
MULTI-DISCIPLINE CLINICS	Error! Bookmark not defined.
Employee status	Error! Bookmark not defined.
Independent Contractor	Error! Bookmark not defined.
NETWORK CHIROPRACTIC	14
PAP SMEARS	14
PARENTAL CONSENT	15
PATIENT-CHIROPRACTOR RELATIONSHIP	Error! Bookmark not defined.
PATIENT, DEFINITION	Error! Bookmark not defined.
PATIENT RECORDS	Error! Bookmark not defined.
Disclosure of Deceased Patient Records	Error! Bookmark not defined.
Electronic Records	Error! Bookmark not defined.
Faxed Records Requests	Error! Bookmark not defined.
Ownership of patient records	Error! Bookmark not defined.
Release of patient records	Error! Bookmark not defined.
Transfer of Patient Files	Error! Bookmark not defined.
PHYSICAL THERAPY, BILLING	15
POST-DOCTORAL DIPLOMATES, USE OF INITIALS	Error! Bookmark not defined.
PRIMARY CARE PHYSICIANS	Error! Bookmark not defined.
PYRAMID SELLING	15
RECORD KEEPING	Error! Bookmark not defined.
Record Keeping – Chart Notes Completion	Error! Bookmark not defined.
REFLEXOLOGY (also listed under Chiropractic Assistants)	15
REVOKED CHIROPRACTORS (WHAT THEY MAY AND MAY NOT DO)	Error! Bookmark not defined.
SATELLITE OFFICES	Error! Bookmark not defined.
SCHOOL PHYSICALS	15
TELEMARKETING	16
TESTIMONIALS	16
TRAVEL-TO-TREAT	Error! Bookmark not defined.
X-RAY SERVICES BY CHIROPRACTIC PHYSICIAN	16
X-RAY (Which Views Are Necessary?)	17
APPLICANTS (FOR CHIROPRACTIC)	ERROR! BOOKMARK NOT DEFINED.
DISCLOSURE OF SCHOOL RECORDS	Error! Bookmark not defined.

EXAMINATION	<i>Error! Bookmark not defined.</i>
Appeals	<i>Error! Bookmark not defined.</i>
Exam Schedules	<i>Error! Bookmark not defined.</i>
National Board of Chiropractic Examiners (NBCE) Part IV	<i>Error! Bookmark not defined.</i>
Physiotherapy Minimum Educational Requirement.....	<i>Error! Bookmark not defined.</i>
Special Purposes Examination for Competency (SPEC).....	<i>Error! Bookmark not defined.</i>
Waivers (from application/examination deadlines).....	<i>Error! Bookmark not defined.</i>
FELONY RECORD	<i>Error! Bookmark not defined.</i>
PRE-PROFESSIONAL LIBERAL ARTS AND SCIENCES POLICY.....	<i>Error! Bookmark not defined.</i>
WORKING UNDER A LICENSED CHIROPRACTOR.....	<i>Error! Bookmark not defined.</i>
CERTIFIED CHIROPRACTIC ASSISTANTS.....	17
ANY TRAINED PERSON (INCLUDING CERTIFIED CAS) MAY PERFORM THE FOLLOWING.....	17
ASSISTANT LICENSES, VALID IN OREGON	18
COLONICS OR COLONIC THERAPY.....	<i>Error! Bookmark not defined.</i>
COMPUTERIZED MUSCLE AND INCLINOMETER TESTING	18
(DIRECT) SUPERVISION OF CLINIC STAFF.....	18
ENGLISH PROFICIENCY REQUIREMENT FOR CA APPLICANTS	18
FELONY RECORD	18
INITIAL TRAINING FOR CA APPLICANTS.....	19
Chiropractic Students Training To Be Chiropractic Assistants	19
Massage Therapists	19
Physical Therapist Assistants.....	19
Online Initial Training (also see Webinar Training below).....	19
Other Training or Certification	20
Supervising DC, Training by the.....	20
Webinar Training	20
KINESIOTAPING METHOD.....	21
MASSAGE, OVERSIGHT REQUIREMENTS	21
QUANTITATIVE FUNCTIONAL CAPACITY EVALUATIONS (QFCE).....	21
RANGE OF MOTION	21
REFLEXOLOGY.....	22
REIKI	22
THERAPIES, Including Massage.....	22
VITALS, CONTINUING EDUCATION.....	22
WORKING FOR OTHER HEALTH-CARE PROVIDERS	22
SECTION III	23
NEW & UPDATED BOARD POLICIES.....	23
EXTRACORPOREAL SHOCKWAVE THERAPY (EST).....	<i>Error! Bookmark not defined.</i>
FEDERAL AVIATION ADMINISTRATION (FAA) BASIC MED MEDICAL EXAMINATION	50
HEMP AND MARIJUANA DERIVED PRODUCTS	52
INSTRUMENT ASSISTED SOFT TISSUE MOBILIZATION (IASTM)	58
IONTOPHORESIS AND PHONOPHORESIS	59
LICENSEES ON ACTIVE MILITARY DUTY POLICY AND PROCEDURE	62
MEDIA PRESS RELEASE POLICY AND PROCEDURES.....	68
NEEDLE ELECTROMYOGRAPHY (EMG)	72
RADIOGRAPHIC MENSURATION ANALYSIS POLICY.....	77
TELEHEALTH POLICY AND PROCEDURE	82
APPENDIX C.....	89
STANDARDS FOR USE OF BREAST THERMOGRAPHY IMAGING IN CHIROPRACTIC PRACTICE	89

SECTION I

Devices, Procedures, and Substances

DEVICES

BAX 3000 AND SIMILAR DEVICES

The BAX 3000 is marketed as device to diagnose and treat allergies and food sensitivities. The device was reviewed by the OBCE's ETSDP Committee and on January 17, 2013, this policy was adopted by the OBCE in accordance with the ETSDP rule.

The BAX 3000 and similar devices are disapproved (outside the scope) as a diagnostic procedure.

As a treatment modality, the BAX 3000 and similar devices are considered Investigational with Moderate Risk for use with chiropractic patients. This rating requires a written Informed Consent statement signed by the patient. This rating also recommends the chiropractic physician participate in or conduct a formal investigation of the procedure.

The written informed consent must at a minimum address or include:

- The risks of ingesting food or substances which may provoke an anaphylaxis reaction.
- A statement that the use of this treatment could cause an exacerbation.
- An acknowledgement that there is currently a lack of peer reviewed evidence and other evidence such as case studies.
- If the patient is to be part of a research or case study, consents to that participation.
- An understanding that this treatment is considered 'Investigational with Moderate Risk' by the Oregon Board of Chiropractic Examiners.
- This device/procedure is not used to diagnose allergies or other conditions and that other procedures are used for that purpose.

Chiropractic physicians using the BAX 3000 or similar devices must adhere to the OBCE's advertising rules and policies. They must refrain from making advertising claims which cannot be supported. (3/21/13)

SLEEP STUDIES

The Board determined that ordering a sleep study is within the DC's scope of practice; however, whether insurance will pay or not is another question.

PROCEDURES

ALLERGIES

The scope of practice for a Doctor of Chiropractic allows for the treatment of allergies.

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.

CONTACT REFLEX ANALYSIS

Contact reflex analysis is within the scope of chiropractic practice. (4/21/94) CRA was reviewed in 2009 and its current position as standard was not changed. (05/21/09)

CUPPING

Cupping is a type of myofascial release; it is taught in accredited chiropractic colleges. The Board determined that cupping is allowed within the DC scope of practice. No determination was made on the types of cup used. (9/22/16)

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)

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)

LINGUAL ASCORBIC ACID TEST

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

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)

PULMONARY STUDIES

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

RAST TESTING

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

SOLKOWICH CALCIUM ABSORPTION AND UTILIZATION

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

SPUTUM ALCOHOL TESTING

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

ULTRASOUND, DIAGNOSTIC

Appropriately trained Doctors of Chiropractic may provide musculoskeletal diagnostic ultrasound. (9/17/15)

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)

<h2>SUBSTANCES</h2>

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; SILVER

Previous OBCE policy stated, “Licensed chiropractors may create their own colloidal silver and sell it to their patients...(3/19/98)” As of January 17, 2013, this is revised due to concerns that the oral ingestion of silver runs the risk of causing argyria, a serious skin condition, and other less common health problems.

New Policy: Chiropractic physicians may not create their own colloidal silver for ingestion purposes and/or retail this to their patients from this point forward. (i.e. outside scope as per the ETSDP rule). Chiropractic physicians creating their own solutions may only use these for topical use.

Both the National Center for Complementary and Alternative Medicine and the Food and Drug Administration have issued strong warnings and alerts that focus on oral ingestion of silver compounds.

Topical uses of silver as taught and utilized in chiropractic colleges is within the Oregon chiropractic scope of practice. Even given the potential for absorption of silver across the mucous membranes, the occasional use of intranasal Argyrol applications for sinusitis would not result in a dose that remotely approximates the chronic oral Reference Dose (RfD – 5 mg/kg of body weight/day) of silver established by the EPA as a risk for developing argyria.

Also allowed is multi-mineral formulations which include small doses of colloidal silver below the allowable EPA limits. (01/17/13)

ETHYL CHLORIDE

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

FLUORI-METHANE

Fluori-methane is not in the Physician’s 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)

HCG POLICY

Use of HCG (Human chorionic gonadotropin) - “homeopathic” or otherwise - is outside the Oregon chiropractic scope of practice. The U.S Food and Drug Administration (FDA) and Federal Trade Commission (FTC) have taken action to remove “homeopathic” HCG weight loss products from the market. Their advisory issued December 11, 2011 states,

“The labeling for the “homeopathic” HCG products states that each product should be taken in conjunction with a very low calorie diet. There is no substantial evidence HCG increases weight loss beyond that resulting from the recommended caloric restriction. Consumers on a very low calorie diet are at increased risk for side effects including gallstone formation, electrolyte imbalance, and heart arrhythmias.

“These HCG products marketed over-the-counter are unproven to help with weight loss and are potentially dangerous even if taken as directed,” said Ilisa Bernstein, acting director of the Office of Compliance in FDA’s Center for Drug Evaluation and Research. “And a very low calorie diet should only be used under proper medical supervision.”

03/27/12

HOMEOPATHICS, OVER-THE-COUNTER

The Board addressed a series of questions regarding Over-the-Counter (OTC) homeopathic products (prepackaged for use by the consumer).

Question: May the DC give the patient a dose from that vial? Answer: Yes.

Question: Send the patient home with a dose from that vial? Answer: Yes.

Question: Place a pellet of the over-the-counter remedy in a vial with water to be administered to an infant? Answer: Yes.

Question: - Or, must I sell them the entire vial of the remedy? Answer: No.

INTRADERMALS

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

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).

NUTRITIONAL SUPPLEMENTS

Question: May a chiropractic clinic obtain nutritional supplements from a multilevel marketing company?

Answer: DCs may obtain their nutritional supplements from any retail or wholesale source. However, engaging in multi-level marketing to patients is a different matter. If a chiropractic physician were to recruit patients to sell product and thus earn a commission, that could be in violation of the Board’s rule on fee-splitting (OAR 811-0035-1015 (24)). If the DC merely obtains and retails the product to patients, that is not multi-level marketing or fee-splitting.

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)

Additional “dose-related questions were posed to the Board: 1) May a licensee give the patient a dose from an OTC/homeopathic preparation? Yes. 2) Send the patient home with a dose from that vial? Yes. 3) Place a pellet of the over-the-counter remedy in a vial with water to be administered to an infant? Yes 4) Or must I sell them the entire vial of the remedy? No.
(10/5/10)

PRESCRIPTIONS, RECOMMENDATION TO STOP USE

Question: May a chiropractor tell a patient with diffuse muscular pain to stop taking Lipitor?

Answer: It could be interpreted to be out of scope to do that bluntly as it could be considered the practice of medicine. It would be appropriate to share information and concerns with the patient (which the DC did). And/or the DC should share his concerns with the prescribing doctor since they are co-treating this patient.

ORS 684.015 specifically proscribes DCs from administering or writing prescriptions for medications. ORS 684.035 (This) Chapter not applicable to other methods of healing, says, "Nothing in this chapter shall be construed to interfere with any other method or science of healing in this state."

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)

SECTION II

Practice Policies Regarding Chiropractors, Applicants, and Certified Chiropractic Assistants

CHIROPRACTORS

ABANDONMENT

The Board determined that a licensee is not abandoning a patient in the case when the patient's insurance coverage reaches its limit, and the patient does not have private insurance nor can the patient afford to pay for further services. "...this is not abandonment (since) the patient is being given choices per the doctor's office policy. The decision is the patient's to continue care in that office or elsewhere with a policy that might better fit their need." (05/15/02)

ATHLETIC TRAINERS, SUPERVISION

Chiropractors may supervise athletic trainers. (11/16/95)

CHIROPRACTORS AND OTHER HEALTH LICENSES

The Board considered a series of questions concerning Chiropractors hiring and/or working with other health professional licensees. The specific example dealt with the relationship between Chiropractors and Licensed Massage Technicians.

As long as the licensee is working within the scope of the licensee's practice and is regulated by the licensee's own licensing Board, the licensee does not need to have a chiropractor present when working on the chiropractor's patient. The licensee is responsible for implementing and utilizing clinical judgment within the licensee's own scope of practice.

The Board of Nursing has specific administrative rules allowing Licensed Practical Nurses and Registered Nurses "to accept and implement orders for client care from licensed health care professionals who are authorized to independently diagnose and treat." Nurses are charged with the authority and responsibility to question any order which is not clear, perceived as unsafe, contraindicated for the client, or not within the health care professional's scope of practice.

Nurses must have knowledge of the professional's scope of practice. Please review OAR Chapter 851 Division 45 for more specific information regarding nursing scope of practice.

If the person is acting in the capacity of a Chiropractic Assistant or Ancillary Personnel, OAR 811-010-0110 will apply, and the chiropractor must be present when required.

The OBCE recommends that you thoroughly review the scope of practice for all personnel with whom you are working and/or choose to hire. (3/20/97)

COUNSELING PATIENTS

A Chiropractor may only counsel within the area of chiropractic. Example: Counseling regarding

sleep habits, eating habits, exercise, stress levels as it affects the musculoskeletal system. (3/17/93)

Chiropractors must stay within the guidelines as taught in chiropractic colleges. Counseling should relate to diagnosis and treatment. (1/21/93)

CPAP MACHINE, ORDERING

Ordering a **CPAP** machine and/or a sleep study is considered to be within the DC's scope of practice in Oregon.

Whether insurance will pay or not is another question.

DIABETIC EDUCATION

An Oregon chiropractic physician may provide diabetic education within chiropractic care. This education may include lifestyle counseling, nutritional support, and diagnostic testing for blood sugar levels. (03/06/02)

EMPLOYEE STATUS

(See also, Multidiscipline Clinics)

In response to the question, "Can a DC be an employee of a hospital or clinic that is multi-disciplinary with no majority interest?" the Board replied, "First, you must determine if the employer is "a business entity organized for the purpose of practicing chiropractic." It would be hard to argue that a hospital is organized for this purpose. The OBCE sees no problem from a business organization standpoint for a chiropractor or be employed by a hospital as long as the chiropractic physician is allowed to meet his/her responsibilities as outlined in ORS 684, OAR 811, and the Oregon Chiropractic Practice and Utilization Guidelines. The same logic may hold true for some other employing entity, however it must not be a subterfuge to skirt the requirements of OAR 811-010-0120. See also OAR 811-010-0120 (8) multidisciplinary provisions." (5/28/03)

In a follow-up question (from an acupuncturist clinic owner) the Board was asked, "May we change the status of our independent contracting DCs to employee status? And, if so, could the business also hire a CA, and have the DC supervise?"

The Board determined that DCs may be hired as employees just the same as they may also employ other health professionals. As the independent contractor situation is fraught with issues, having employees is probably a safer way to operate. We do have a requirement that chiropractic clinics must be majority owned and controlled by licensed Oregon chiropractors, but that same rule allows for multi-disciplinary (Oregon health licensee) clinics as well. What we don't want is non-health care or corporate controlled practice of chiropractic health care. However, it is the DC's responsibility to be part of a clinic that is compliant with our laws and rules, including the Oregon Doctor's Title Act, which applies to L.Ac.'s as well. The clinic can hire a chiropractic assistant as long as the DC is on site to supervise any practice as a CA. A complete explanation of our chiropractic assistant rules and policies can be found on the OBCE web page. Refer to OAR 811-010-0130

FAMILY/RELATIVES, TREATMENT OF

Oregon chiropractors may treat family members and employees. However, chart notes and files must be kept as with any other patient.

OAR 811-010-0005 defines "patient" as "any person who is examined, treated, or otherwise provided chiropractic services whether or not the person has entered into a physician/patient relationship or has agreed to pay a fee for services."

FUNCTIONAL CHIROPRACTIC NEUROLOGY

The Board recognizes functional chiropractic neurology procedures and protocols as “standard” as per the Board’s ETSDP rule. All chiropractic physicians who advertise that they hold special certification or training must be able to support those advertising claims with credible evidence. (03/17/14)

HIPAA - IMMINENT DANGER EXCEPTION

The OBCE recognizes the **Imminent danger exception** as outlined in HIPAA regulations. This policy communicates to chiropractic physicians that they may take appropriate action when faced with an imminent danger situation. See below an example of a recent situation.

A chiropractic physician may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information, if the chiropractic physician in good faith, believes the use or disclosure:

(i)(A) Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and

(B) Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or

(ii) Is necessary for law enforcement authorities to identify or apprehend an individual:

(A) Because of a statement by an individual admitting participation in a violent crime that the covered entity reasonably believes may have caused serious physical harm to the victim; or

(B) Where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody, as those terms are defined in Sec. 164.501.

This policy is based on current HIPAA regulations. Any chiropractic physician, who in good faith discloses protected health information under the above mentioned criteria, will not be found to be in violation of any other patient confidentiality laws or rules. (9/20/05)

INSURANCE – PIP OR HEALTH?

A chiropractic clinic manager asked, “Is it acceptable to bill a patient’s regular health insurance after being in a car accident instead of the auto PIP insurance.” The Board answered, “No, ORS 742.526 states that the auto PIP insurance is primary.”

LYME DISEASE

After review of the ETSDP Committee discussion notes, the OBCE adopted this statement at their November 2010 meeting:

In the treatment of patients with Lyme disease, it is standard of care for chiropractic physicians to participate adjunctively in the co-management with other appropriate health care providers having prescription writing privileges.

The November 2010 Board minutes and the ETSDP (Examinations, Tests, Substances, Devices and Procedures) Committee discussion notes can be found on the OBCE’s web site www.oregon.gov/obce. (Nov 2010)

MAGNETIC RESONANCE IMAGING (MRI'S)

Chiropractic physicians in Oregon have a broad scope of practice for diagnostic testing. This includes ordering magnetic resonance imaging (MRI) when indicated. Some entities such as hospitals or third party payers have questioned whether chiropractic physicians may order MRIs.

Chiropractors need direct access in ordering magnetic resonance imaging to establish diagnosis for key conditions presenting in their patient population that directs management of care.

Chiropractic physicians receive extensive training in this area. The training of doctors of chiropractic emphasizes the role of imaging, especially conventional radiography and magnetic resonance imaging. Chiropractic students are taught the basic physics, clinical applications, the advantages and limitations of these imaging modalities. In addition, chiropractic students are taught to interpret key bone and joint conditions as well as current imaging guidelines.

In all requests for diagnostic testing, there needs to be clinical justification (OAR 811-015-0010). (2/3/2010)

MASSAGE THERAPIST, SCOPE OF PRACTICE

The Board of Massage Technicians determined on January 9, 1992, that it is the intent of licensed massage technicians to stretch soft tissues which must include the movement of the bony joints through the normal range of motion.

Adjustments and manipulations are not identified as being within the scope of practice of massage therapists since the Board understands the intent of those two activities to be toward the joint surfaces and beyond the normal range of motion rather than the surrounding soft tissues. Although the Board realizes spontaneous manipulation of the joints may occur while doing massage, the intent is directed towards the soft tissues.

MIGRAINE HEADACHES

The Board determined that treating migraine headaches is within the Oregon chiropractic scope of practice.

NETWORK CHIROPRACTIC

The Oregon Board of Chiropractic Examiners (OBCE) reviewed the conclusions of the advisory committee on E.T.S.D.P.s (examinations, tests, substances, devices and procedures).

The Board determined that Network Chiropractic is standard under Board's present rule. This is solely due to the fact that this technique is taught in a post-graduate continuing education course at Sherman College of Straight Chiropractic. (Oregon Administrative Rule 811-015-0070)

In making this determination, the OBCE offers no opinion as to the clinical efficacy of Network Chiropractic.

However, the OBCE has serious concerns with the utilization recommended for this technique.

The OBCE recommends any Oregon chiropractic physician desiring to utilize Network Chiropractic protocols review OCPUG standards and administrative rules on clinical justification and excessive treatment. (10/15/98, updated May 22, 2003))

PAP SMEARS

A medical testing service asked, "May Oregon chiropractors order, collect and receive medical laboratory test results for pap smears?" Yes. DCs in Oregon have a very broad scope of practice

in the area of diagnostics. They are also trained in ob-gyn and female health issues in chiropractic college.

PARENTAL CONSENT

When a patient is a child or “minor,” the chiropractic physician must have the permission of the parent, custodian or legal guardian before treating the patient. There is no law which specifically defines the type of permission that must be given. Written contracts are enforceable and may be preferred to oral contracts. OAR 811-015-0006 states that the doctor shall preserve a patient’s medical records, unless given written permission from the patient. However, a custodial parent or guardian of a minor patient may authorize disclosure to self or others. Disclosure must be made in situations involving court orders. OAR 811-015-0006 implies that only the custodial parent is entitled to information concerning the minor. However, laws governing domestic relations provide that the noncustodial parent shall not be deprived of the authority to consult with any person who provides treatment and that records shall be available to inspect and receive. (Attorney General opinion, July 1995 BackTalk Newsletter)

PHYSICAL THERAPY, BILLING

The DC may provide treatment under the physical therapy codes. CAs may provide the therapies under DC supervision pursuant to ORS 684.155. (5/12/17)

PYRAMID SELLING

Pyramid schemes are illegal. (ORS Ch. 646.608(1)(r)) Pyramids are illegal because they are inherently fraudulent. In order to achieve the profits that are promised, a never-ending chain of participants must be recruited. At some point a saturation level will be reached and no more recruits will be available. When that occurs, the most recent recruits cannot receive what has been held out to them to cause them to join, and they lose all or a part of what they paid to join the scheme.

Some multi-level sales plans have the potential to run afoul of Oregon’s law against pyramid schemes. A paper prepared by the Oregon Attorney General’s office “Multi-level Sales Plans in Oregon” which addresses these issues is available by calling the Board office. However, a private attorney should be consulted for specific legal advice.

REFLEXOLOGY (also listed under Chiropractic Assistants)

The board was asked whether an UN-licensed person (either CA or DC) may provide reflexology treatment on chiropractic patients within the Oregon chiropractor’s clinic. The OBCE responded that this is unlicensed treatment of the chiropractic patients in the chiropractic clinic.

The inquiring physician is also a naturopath and this may be allowed under his naturopathic license for his naturopathic patients. Given this difference in scope, the Board reminded the chiropractor to always remember to chart under *which* license these services are being provided.

In conclusion, *ONLY* a person actively licensed in Oregon as a DC, or Chiropractic Assistant (under the direct onsite supervision of an Oregon licensed chiropractor), may perform reflexology on the chiropractic patients. (11/20/08)

SCHOOL PHYSICALS

The Oregon Board of Chiropractic Examiners reaffirms that chiropractic physicians are qualified by “clinical training and experience to detect cardiopulmonary diseases and defects.” SB 160, enacted by the 2001 Oregon Legislature, specified that chiropractic physicians may perform school physicals provided they have this training.

Chiropractic physicians have extensive training in diagnosis. This includes the ability to detect cardiopulmonary diseases and defects, as well as a range of other conditions.

Chiropractic professional education covers this subject in physiology, physical diagnosis and cardiorespiratory diagnosis classroom hours as well as internships in student clinic and outpatient clinic experience.

Further, cardiovascular diseases and defects and related diagnosis are tested on four qualifying examinations performed by the National Board of Chiropractic Examiners (NBCE). NBCE Parts I, II, and III are given to chiropractic students as they proceed through college. The NBCE Part IV practical examination is required for licensure in Oregon.

State law requires doctors to use the School Sports Pre-Participation Examination form approved by the Oregon Department of Education. This form also includes suggested exam protocols. It can be obtained from the OR School Athletics Association web page <http://www.osaa.org/docs/forms/>

Chiropractic physicians are further reminded that performing a school physical examination creates a doctor-patient relationship. The resulting records must be retained by the chiropractic physician for seven years or until the student (patient) is eighteen. These records may be stored off site (such as at the school), as long as the DC has access and confidentiality is maintained. (However HIPAA requirements should be reviewed if this is done.) (07/18/02)

TELEMARKETING

Chiropractors may engage in telemarketing to gain patients. Neither the Board nor anyone else may restrict chiropractors from using telemarketing to advertise. However, the Board does have the ability to proscribe any advertisement that is false, or that could be misleading or deceptive. See OAR 811-015-0045.

As far as telemarketing is concerned, OAR 811-035-0015(24) does not prohibit giving or receiving a commission in the referral of patients for chiropractic services. Due to Article I, section 8 of the Oregon Constitution, administrative rule 811-035-0015(24) does not apply to this situation. (7/22/96)

TESTIMONIALS

See also, "Advertising Review Policy"

Question: I have been reading your guide on testimonials and I wanted to clarify what we are considering. We would like to film our patients, without a script about their experience with their problem, our office, our treatment, and their results. We are happy to put any disclaimer that is deemed important by the board, but feel that testimonials are extremely important to marketing chiropractic. I have noticed that most chiropractic websites have testimonials. Please advise if it is ok to use honest, unscripted patient reports on our website.

Answer: You're referring to the Federal Trade Commission's guide which is found on the OBCE's website. The OBCE doesn't have any rules prohibiting testimonials. It's probably best to obtain a written permission statement from any patients who provide testimonials. There is a rule which says advertising must not be deceptive or misleading.

X-RAY SERVICES BY CHIROPRACTIC PHYSICIAN

A chiropractic clinic may take X-rays for another chiropractic physician or doctor. While this does not create a patient relationship with the doctor or other appropriately licensed person taking the films, the chiropractic clinic still has the obligation to abide by the x-ray rules found in

OAR 811-030-0020 and OAR 811-030-0030 (addressing shielding, contraindications such as pregnancy, diagnostic quality etc.).

In order to request films, the ordering doctor should include the relevant diagnoses, area of clinical interest, birth date, etc. so that the clinic taking the films has a "double check" that ensures the proper films are taken. It is not necessary for the clinic taking the films to review the entire patient file to determine whether the views ordered are in fact clinically necessary.

It is highly recommended all chiropractic physicians with x-ray equipment review OAR 811-030-0020 and OAR 811-030-0030, which also includes these record keeping requirements:

- The operator shall maintain a record on each exposure of each patient containing the patient's name, the date, the operator's name or initials, the type of exposure and the radiation factors of time, mA, kVp and target film distance, including those exposures resulting in the necessity of repeat exposure for better diagnostic information such as patient motion or poor technical factors. For computerized and automated systems the recording of technique factors is not necessary as long as the equipment is calibrated and maintained. OAR 333-106-045 requires the facility to determine the typical patient exposure for their most common radiographic examinations, i.e. technique chart.
- Each film shall be properly identified by date of exposure, location of X-ray department, patient's name or number, patient's age, right or left marker and postural position marker and indication of the position of the patient.

(3/18/10)

X-RAY (Which Views Are Necessary?)

Concerning views necessary for proper evaluation of the spine, the Board determined that it is up to the doctor's professional discretion.

However, the standard recognized by the Board is OAR Chapter 333, Division 106(15) which states, "The number of radiographs taken for any radiographic examination should be the minimum number needed to adequately diagnose the problem." Chapter 811 administrative rules and P & U Guidelines should be followed. (12/19/96)

CERTIFIED CHIROPRACTIC ASSISTANTS
--

The Certified Chiropractic Assistant (CCA) may perform physiotherapy, electrotherapy, or hydrotherapy once he or she has received the certificate from the Board. The CCA scope of practice does not include performing physical examinations, taking initial histories, taking X-rays, interpretation of postural screening, doing manual muscle testing or performing osseous adjustments or manipulations. (See OAR 811-010-0110)

ANY TRAINED PERSON (INCLUDING CERTIFIED CAS) MAY PERFORM THE FOLLOWING

- 1) Clarify initial patient intake history, which includes recording or performing height, weight, blood pressure, temperature, and pulse rate.
- 2) Record hand dynamometer readings.
- 3) Demonstrate, teach, check and review with patients the doctor's prescribed exercises
- 4) Facilitate provision of vitamins and/or supplements to patients as ordered by the doctor.
- 5) Relay doctor's instructions to the patient on recommendations of nutritional needs.
- 6) Facilitate provision of cervical pillow or support as recommended by the doctor.
- 7) Make follow-up phone calls to patients on their progress as instructed by the doctor.
- 8) Schedule return office visits for patients as instructed by the doctor.

- 9) Schedule referrals as instructed by the doctor.
 - 10) Check patient's body fat percentage.
 - 11) Perform postural screenings under the on-site supervision of a chiropractor, but only a Chiropractor may interpret the information.
 - 12) May apply electrodes and conduct surface EMG testing, but the doctor has to interpret the results.
 - 13) This list is not intended to be all-inclusive.
- (Updated 11/16/95, 7/18/96; 11/20/08; 4/3/09)

ASSISTANT LICENSES, VALID IN OREGON

A Chiropractor who practices in Taiwan which recognizes United States Chiropractic licenses asked, "If it is possible, can the State of Oregon issue a chiropractic assistant license for the chiropractic assistants here in Taiwan? The Board responded "No. A chiropractic assistant certificate is only valid in the State of Oregon and under the supervision of an Oregon licensed chiropractor."

COMPUTERIZED MUSCLE AND INCLINOMETER TESTING

Certified Chiropractic Assistants may not do computerized muscle or inclinometer testing. The Board considers this to be part of the physical examination. (9/21/00)

A follow up request was made asking if the inclinometer may be used by a Chiropractic Assistant. The Board maintains that this is part of the physical examination; the scope of practice does not allow it. (10/26/11)

(DIRECT) SUPERVISION OF CLINIC STAFF

The OBCE was asked if licensed chiropractic assistants could provide therapies in a business space next door to the clinic. The OBCE responded that the chiropractic assistant who is supervised needs to be in the same office space (defined as the same building or space contiguous) as the supervising doctor. OAR 811-035-0001 states, "'Direct supervision' means that the licensed Chiropractic Physician is physically present in the clinic, is monitoring the activities of the supervisee in the clinic and is available to intervene, if necessary."

If an employee and/or independent contractor is independently licensed to perform prescribed services within their scope of practice they may do so without direct supervision of the chiropractic physician. (7/31/03) (12/1/11)

ENGLISH PROFICIENCY REQUIREMENT FOR CA APPLICANTS

The Board reviewed this matter in light of a question from a licensee - May he interpret or provide an interpreter for non-English speaking CA applicants (to successfully complete the application and exam)? The OBCE surveyed other state health regulatory boards and determined that most other boards require that licensees be English-speaking proficient. Many of the other health-related licensing boards already have a policy, rule, or statute requiring applicant's to be English-speaking.

The Board determined that ALL (CA) applicants must be proficient in English in order to complete the chiropractic assistant licensing process in Oregon. (May 2008)

FELONY RECORD

The Board may deny a certified chiropractic assistant applicant certification with a felony conviction in areas that could be harmful to patients. ORS 684.100(1) states, "The board may refuse to grant a license...upon the following grounds: ... (d) A conviction of a felony or misdemeanor involving moral turpitude."

Any applicant denied certification for this reason has a right to appeal and make his/her case in a contested case hearing. Upon review of the hearing officer's recommendations, the Board will then consider whether to approve the application, with or without conditions, or continue to deny.

INITIAL TRAINING FOR CA APPLICANTS

All initial training for Chiropractic Assistants must be completed according to OAR 811-010-0110.

Chiropractic Students Training To Be Chiropractic Assistants

Seventh (7th) quarter students and above may use the completed course in Physiological Therapeutics in lieu of the OBCE's Initial Training Program to be a certified chiropractic assistant. A copy of their transcript or a letter from the course instructor on college letterhead will be accepted as proof of completion of the course. See OAR 811-010-0045 (3) for other specifics. (4/15/93)

Massage Therapists

The Board determined that a massage therapist must acquire the 12 initial training because they are not trained in the hydrotherapy or electrotherapy. (11/99) (01/11)

Physical Therapist Assistants

Question: May PTAs submit their **physical therapist assistant** education in lieu of the OBCE's required 12-hour initial training course to be licensed as a certified chiropractic assistant (CCA)?

The Board determined that PTA's will be waived from the 12-hour initial training requirement if the PTA education was completed within the past five years, *or if they have been continuously employed in the past five years.* (11/99) (01/11)

Online Initial Training (also see Webinar Training below)

The Board has determined that CA initial training courses (ITC) may be presented online for the 8-hour didactic (lecture) portion of the required 12 hours. An approved program will meet the following criteria

- Obtain OBCE approval prior to any presentation being offered
- Monitor and verify attendance (which must be no less than the 8 hours required) *
- Provide adequate testing frequently throughout the training ** and
- Provide a certificate of completion to each attendee

* **Monitoring/Verifying Attendance** - Each pre-approved course must incorporate a monitoring system, and verify the online attendance. The learner must login using a unique username and password. The system should log the amount of time the learner spends on the course and the learner cannot complete the course in less time than is assigned to the particular course.

** **Testing** - Interactive test questions must be presented throughout the course.

Current board-approved trainers (and their related courses) may be converted to an online course meeting the above criteria without additional board approval. *(The required (4-hours) hands-on portion must still only be provided live.)* (9/15/14)

Other Training or Certification

If an applicant has a current certificate or license from another state, or adequate documentation of training, the Board may waive the requirements for the initial training course. (11/99)

Supervising DC, Training by the

Due to a need for more initial training courses for chiropractic assistants, the Board determined that a supervising DC may train his applying CA. The DC must be in attendance, and directly supervising the CA during the training.

The Board determined that the DC must keep adequate documentation and submit evidence to the Board that the CA was appropriately trained according to OAR 811-010-0110. The OBCE developed a form which will meet all the points of this policy and the administrative rule. The form is available by request at the administrative office.

The Supervising DC and chiropractic assistant should understand that this does NOT preclude certification by the OBCE. This process addresses the 12-hour initial training only. Each assistant must still apply with the OBCE, take the open book exam and submit the required fees. OAR 811-010-0110 is still in effect and included in the chiropractic assistant application packet. (11/99) (01/11)

Webinar Training

It was proposed to the Board that webinars be allowed as a training tool for the eight (8) hours didactic portion of the Chiropractic Assistants initial training. After considering a draft of the proposed outline/presentation, the Board approved webinars as a viable option for the training. The Board continues to deny video presentations as they want the live person to person interaction.

Any program offered for chiropractic assistant initial training must be pre-approved by the Oregon Board of Chiropractic Examiners (Board). Note: "Pre-approval" is already required with current administrative rule. The Board will ONLY consider for pre-approval a minimum eight (8) hour program which covers all modules of the Board's required didactic training outline. These programs may be offered either in-person or by LIVE (not pre-recorded) webinar. This policy is drafted to better implement administrative rule 811-010-0110(2)(a)(i) through (iii).

When a program for approval is a webinar, it must meet the additional following criteria:

1. The proposed program must include technology which enables participants and the instructor to ASK and ANSWER questions in real time
2. Must offer some evaluation after EACH module of OBCE's required outline; the Board requires a minimum of 4 questions be asked
3. The sponsor/program must be able to demonstrate that interaction on the part of participants is required throughout the presentation. (for example: webcams, question/answer, etc.)
4. Answers to survey questions must be recorded and made available to the Board, if requested for audit purposes.
5. The webinar software and/or vendor must be able to record the ACTUAL time each participant spends "in" the webinar.
6. All webinar sponsors/programs must provide timely evidence of attendance after each full (minimum eight hours) program is completed. This report will include: Actual time each participant spends in the webinar, each participants name and e-mail address, Evidence of participation for each attendee (questions asked, answers to poll questions, etc.)

The board reserves the right to revoke approval for any training vendor that does not comply with the guidelines listed above at any time. It also reserves the right to not accept the training of Chiropractic Assistant applicants who enroll in webinar training but there is insufficient evidence in the opinion of the Board to conclude that they attentively participated in such training by an approved vendor. (08/16/12)

KINESIOTAPING METHOD

May a certified Chiropractic Assistant perform “kinesiotaping”? The kinesiotaping 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)

The Board was asked for additional clarification on the Kinesiotaping policy. “Does the board consider the two methods – ‘Kinesiotaping’ and ‘taping’ - one in the same?” Yes. The Board hasn’t distinguished a difference. And, referring to the policy’s second sentence, the question was asked, “If the DC is trained in the taping does this mean the DC needs to be trained to the extent that he holds a ‘certification’ in Kinesiotaping, or taping?” No. The training received in chiropractic college is sufficient. Other reasonable training would be acceptable also. (05/15/12)

MESSAGE, OVERSIGHT REQUIREMENTS

See also, “Therapies, including Massage”

Question: Does this mean the supervising chiropractic physician should be entering the treatment room periodically or seeing the patient during the same appointment for massage therapy (performed by the CCA)?

Answer: No, the OBCE’s policy doesn’t say that, although it may be advisable as regards the particular patient’s needs. We would presume there is other contact between the doctor and patient.

If a chiropractic clinic decides to have CCAs provide full body massages without having a meaningful patient relationship, the OBCE appreciates the concerns that would raise. That said, massage can be an important part of a chiropractic wellness program. Abuses of this privilege could lead to additional OBCE rulemaking mandating additional training for CCAs who provide full body massages or limiting their scope in this area.

Myofascial release is allowed within the CA scope of practice. (07/20/17)

QUANTITATIVE FUNCTIONAL CAPACITY EVALUATIONS (QFCE)

QFCEs are not within the chiropractic assistant scope of practice. The QFCE requires the doctor’s clinical judgment for evaluation and performance. CAs do not have the required training for this. The board also determined that QFCEs may not be performed by a Certified Strength and Conditioning Specialist (CSCS) under the OBCE’s “Any Trained Person” policy, thus a CSCS may not perform this as part of the chiropractic clinic’s services in or out of the clinic. The QFCE has to be performed by the chiropractic physician (or other licensed health provider within their scope of practice). (3/21/13)

RANGE OF MOTION

A chiropractor submitted a letter inquiring whether chiropractic assistants or any "trained personnel" may perform range of motion tests. The Board determined that chiropractic assistants or other persons may not perform range of motion tests. According to the administrative rule 811-010-0110(7) for CAs, it is clear that "the scope of practice does not include performing

physical examinations..." The performance of range of motion tests is definitely a physical examination. (12/99)

REFLEXOLOGY

The board was asked whether an UN-licensed person (either CA or DC) may provide reflexology treatment on chiropractic patients within the Oregon chiropractor's clinic. The OBCE responded that this is unlicensed treatment of the chiropractic patients in the chiropractic clinic.

The inquiring physician is also a naturopath and this may be allowed under his naturopathic license for his naturopathic patients. Given this difference in scope, the Board reminded the chiropractor to always remember to chart under *which* license these services are being provided.

In conclusion, *ONLY* a person actively licensed in Oregon as a DC or Chiropractic Assistant (under the direct onsite supervision of an Oregon licensed chiropractor), may perform reflexology on the chiropractic patients. (11/20/08)

REIKI

A Doctor of Chiropractic asked if his certified Chiropractic Assistant may practice Reiki, 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 Reiki-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)

THERAPIES, Including Massage

All CCA provided therapies must be performed under the supervision of a chiropractic physician who must always be on premise. A CCA could provide a full body massage if the chiropractic physician prescribes it, and provides instruction on how to do it.

Whatever therapy is provided by a CCA has to be justified by the results of the history, examination, and diagnosis for each chiropractic patient, as governed by the Oregon Chiropractic Practice and Utilization Guidelines and other applicable administrative rules. A CCA may not provide any therapy that is not part of chiropractic patient care. (1/25/12)

VITALS, CONTINUING EDUCATION

Newly certified chiropractic assistants must submit to the Board proof of completion of two hours in Vitals CE at their first renewal. Training is to include lecture and hands-on. For the hands-on portion, 20 documented checks of each of the following must be performed: blood pressure, pulse, respiration*; and body temperature. A minimum of 10 different people must be tested. The OBCE has a prescribed form to log the vitals.

* Measuring respiration can be done by auscultation (listening with a stethoscope) to count the breaths or observing movements of the chest. 3/17/16

WORKING FOR OTHER HEALTH-CARE PROVIDERS

A certified chiropractic assistant (CCA) is only certified to work in a chiropractic office under the direction of a licensed chiropractic physician. Other health care providers may not have their personnel take the Board's CCA exam for certification in their office. (8/15/91)

SECTION III

NEW & UPDATED Board Policies

The following policies are either new or updated to a new format.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: March 30, 2023</p> <p>Date approved/ratified: March 30, 2023</p>
<p>Additional Acronym or Initials for Degree, Diplomate Status, or Certification</p>	

Issue: Whether chiropractic licensees are permitted to use acronyms of additional education or training certification/degree.

Policy:

A licensed chiropractic physician who has completed education or training resulting in diplomate status, certification, or a degree may use the associated initials or acronyms in compliance with the advertising rule OAR 811-015-0045, the Doctor's Title Act ORS 676.110, and cannot be untruthful, improper, misleading, or deceptive, per ORS 684.100(1)(i)(j).

As Applicable to CAs:

A certified chiropractic assistant who has completed education or training resulting in diplomate status, certification, or a degree may use the associated initials or acronyms in compliance with the advertising rule OAR 811-015-0045, the Doctor's Title Act ORS 676.110, and cannot be untruthful, improper, misleading, or deceptive, per ORS 684.100(1)(i)(j).



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Animal Chiropractic Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to provide chiropractic care to animals.

Policy:

Yes, under the following conditions:

- Active Oregon chiropractic license;
- Successfully completed post-graduate animal chiropractic program; and
- Current written referral from an active licensed treating veterinarian.

As applicable to CAs:

Not within the scope of certified chiropractic assistants.



Oregon Board of
Chiropractic
Examiners

Effective Date:
March 30, 2023

Date approved/ratified:
March 30, 2023

Auriculotherapy Policy


Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform auriculotherapy.

Policy:

Auriculotherapy is within the scope of practice. The application is utilized to stimulate the points of the ear but must not penetrate the skin.

As Applicable to CAs:


Certified chiropractic assistants, with appropriate training, may apply treatment to the ear points under the supervision and direction of an Oregon licensed chiropractic physician.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 18, 2023</p> <p>Date approved/ratified: January 18, 2023</p>
<p>Biofeedback Policy</p>	

Issue: Whether Oregon chiropractic licensees are able to use biofeedback devices for diagnostic and/or therapeutic purposes.

Policy: Yes, chiropractic physicians may use biofeedback devices with Premarket Approval (PMA) or 510(k) Clearance by the FDA for applicable diagnostic and/or therapeutic purposes as applicable to the scope of chiropractic practice. For example, biofeedback for purposes of neuromuscular evaluation, rehabilitation, and reeducation is within the scope of practice.

As Applicable to CAs: An appropriately trained certified chiropractic assistant may utilize biofeedback devices with Premarket Approval (PMA) or 510(k) Clearance by the FDA at the direction of the attending chiropractic physician for therapeutic purposes within the scope of chiropractic practice. An appropriately trained certified chiropractic assistant may operate a biofeedback device and record findings for diagnostic purposes but may not interpret or provide an assessment of those findings.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Birth Certificate Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to sign birth certificates.

Policy:


Yes, for chiropractic physicians under the following conditions:

- Active Oregon license;
- Have appropriate Board approved specialty certification in Obstetrics; and
- Must have attended and managed the birth.

As applicable to CAs:

Not within the scope of certified chiropractic assistants.

ORS 432.005(26) “Physician” means a person authorized to practice medicine, chiropractic or naturopathic medicine under the laws of this state or under the laws of Washington, Idaho or California, a physician assistant licensed under ORS 677.505 to 677.525 or a nurse practitioner licensed under ORS 678.375 to 678.390.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 18, 2023</p> <p>Date approved/ratified: January 18, 2023</p>
<p>Breast Thermography Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform Breast Thermography.

Policy:

Breast Thermography is within the scope of practice for Oregon chiropractic licensees who have been adequately trained and certified by a recognized organization as a Clinical Thermographer or a Board Certified Clinical Thermographer or diplomate from a recognized organization. However, the interpretation of the thermal images should only be made by a licensed chiropractic physician or other health care provider who is licensed to diagnose and hold credentials as a board certified clinical thermographer or diplomate from a recognized organization. Any chiropractic clinic providing breast thermography imaging must use the informed consent form (Appendix C). This is in addition to verbal communication with the patient to ensure their understanding of these informed consent provisions.

In January 2021, the FDA stated that breast thermography is not an alternative to mammography and has not been shown to be effective as a “stand-alone” test for either breast cancer screening or diagnosis in detecting early-stage breast cancer. Mammography is the most effective primary screening method for detecting breast cancer in its early, most treatable stages. Therefore, providers shall inform patients that clinical breast thermography should only be considered as adjunctive to mammography and other standard breast diagnostic imaging or examination rather than being considered an alternative.

Regardless of the result from breast thermography exam, chiropractic physicians must refer the patient for further imaging.

As Applicable to CAs:

Oregon certified chiropractic assistants who have been adequately trained as a Clinical Thermographer Technician or who have completed an equivalent training program may perform thermographic thermal imaging.



Oregon Board of
Chiropractic
Examiners

Effective Date:
September 17, 2020

Date approved/ratified:
September 17, 2020

Chiropractic Assistant Continuing Education Course Instruction

Policy:

An individual or entity may conduct certified chiropractic assistant continuing education courses, provided they meet any of the following:

- (a) A professional degree in a healthcare related field or a license from a health professional regulatory board;
- (b) Three years of experience as a certified chiropractic assistant in the State of Oregon;
- (c) A degree or certification for college-level courses that supports job duties of a certified chiropractic assistant; or
- (d) Are a company or entity that offers continuing education to health care providers.



Oregon Board of
Chiropractic
Examiners

Effective Date:
September 17, 2020

Date approved/ratified:
September 17, 2020

Chiropractic Assistant Initial Course Instruction

Policy:

An individual or entity may conduct initial certified chiropractic assistant training, provided they meet any of the following:

- (a) A professional degree in a healthcare related field or a license from a health professional regulatory board. The practical training must be in physiotherapy, electrotherapy and hydrotherapy administered by a health care provider licensed to independently provide those therapies; or
- (b) Are a company or entity that offers continuing education to health care providers.

PROCEDURES

Links detailing the initial training requirements are below:

http://www.oregon.gov/obce/Documents/Guidelines_for_DC_Training_CA.pdf
https://www.oregon.gov/obce/Documents/CA_InitialTrainingSyllabus.pdf

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Clinical Nutrition Counseling Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensee to provide clinical nutritional counseling.

Policy:

Yes, any active Oregon licensed chiropractic physician may provide clinical nutritional counseling.

As applicable to CAs:

Certified chiropractic assistants may assist with clinical nutrition counseling at the direction of the supervising licensed chiropractic physician.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Colonic Therapy Policy


Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform colonic therapy.

Policy:

Yes, any active Oregon licensed chiropractic physician may perform colonic therapy.

As applicable to CAs:

Not within the scope of certified chiropractic assistants.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 18, 2023</p> <p>Date approved/ratified: January 18, 2023</p>
<p>Commercial Motor Vehicle (CMV) Driver Medical Examinations</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform the Federal Motor Carrier Safety Administration (FMCSA) Driver of a Commercial Motor Vehicle (CMV) Medical Examination when they are a FMCSA National Registry Certified Medical Examiner (CME).

Policy: In order to be certified, chiropractic physicians must complete a National Registry of Certified Medical Examiners (NRCME) training course from a Federal Motor Carrier Safety Administration (FMCSA) accredited National Registry Training Organization and pass the FMCSA Medical Examiner Certification Test.

Oregon chiropractic CMEs may perform the CMV driver medical examination on interstate and intrastate drivers. The medical examination for a driver of a CMV must be performed in a state in which the chiropractic physician has a license to practice.

A CMV driver licensed in any state may obtain a valid driver of a CMV Medical Examination from an Oregon licensed chiropractic CME so long as the medical examination is performed in Oregon.¹

As Applicable to CAs:

Oregon certified chiropractic assistants are not eligible to become Certified Medical Examiners.

A certified chiropractic assistant can perform portions of the tests included in the CMV driver medical examination that are within the scope of their practice and that are within the purview of the requirements of the CMV driver medical examination.

Commercial Motor Vehicle Driver Medical Examinations
12/2022

¹ The states of Washington, Michigan, and New York have concluded these examinations are outside their state's chiropractic scope of practice. As such, chiropractic physicians licensed in these states are not eligible to be a Certified Medical Examiner in the National Registry.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Compensation for Patient Referrals Policy</p>	

Issue: Whether it is allowed for Oregon chiropractic licensees to offer or receive compensation for patient referrals.


Policy:

Compensation offered or received in excess of a token or de minimis gift over the course of a year is prohibited. Offering or receiving compensation per referral versus a one time may be considered an inappropriate inducement for patient referrals.

As applicable to CAs:

Same as above.

See 42 USC Sec. 1320a-7a(a)(5); 42 USC Sec. 1320a-7a(i)(6); 42 USC Sec. 1320a-7b(b); OAR 811-035-0015(28).

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: September 28, 2023</p> <p>Date approved/ratified: September 28, 2023</p>
<p>Cosmetology and Cosmetic Procedures Policy</p>	

Issue: Whether it is within the scope of practice for Oregon licensed chiropractic physicians to perform cosmetology and cosmetic procedures.

Policy: Cosmetology and cosmetic procedures are not within the scope of Oregon licensed chiropractic physicians.

As Applicable to CAs: Certified chiropractic assistants are unable to perform cosmetology and cosmetic procedures.



Oregon Board of
Chiropractic
Examiners

Effective Date:
September 28, 2023

Date approved/ratified:
September 28, 2023

Darkfield Microscopy and Live Policy


Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to utilize darkfield microscopy and live cell analysis.

Policy:

Darkfield microscopy is allowed within the scope of chiropractic. The purpose of using a darkfield filter on a standard microscope in a clinical setting is to analyze live blood. Live cell analysis is within the scope of Oregon chiropractic licensees.

As Applicable to CAs:

Certified chiropractic assistants are not allowed to perform darkfield microscopy or live cell analysis.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 18, 2023</p> <p>Date approved/ratified: January 18, 2023</p>
<p>Death Certificate Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to sign Death Certificates.

Policy: Pursuant to ORS 432 Vital Statistics (2021)², chiropractic physicians, who have treated a decedent within the 12 months preceding death, may sign the death certificate. The physician must follow current protocols and use proper forms, per the statute cited above, when submitting a death certificate.

As Applicable to CAs: Non-applicable. Certified chiropractic assistants are not permitted to sign death certificates.

² https://www.oregonlegislature.gov/bills_laws/ors/ors432.html



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Device-Assisted Range of Motion Measurement and Muscle Testing Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform device-assisted range of motion or muscle testing.

Policy:

Yes, any active Oregon licensed chiropractic physician may perform device-assisted range of motion or muscle testing.

As applicable to CAs:

A certified chiropractic assistant may perform device-assisted range of motion measurement but may not interpret the findings. They may not perform manual or device-assisted muscle testing.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Diagnostic Imaging Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform, order, and interpret diagnostic imaging studies.

Policy:

Perform

Any active Oregon licensed chiropractic physician may perform diagnostic imaging procedures.

Order

Any active Oregon licensed chiropractic physician may order any type of diagnostic imaging modality that is clinically indicated.

Interpret

Every diagnostic imaging procedure must be accompanied by a formal interpretation report.

Any active Oregon licensed chiropractic physician may interpret any type of diagnostic imaging modality for which they are appropriately trained.

Interpretation may be referred to another qualified licensed professional. Referral for a second opinion does not establish a doctor/patient relationship.

Integration

All available diagnostic images must be integrated into a patient's evaluation and management plan.

As applicable to CAs:

A certified chiropractic assistant may not perform, order, or interpret any diagnostic imaging solely under their CA scope. A certified chiropractic assistant may take radiographs with appropriate certification and radiographic technician license under the order of the supervising licensed chiropractic physician.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Disabled Person Parking Permits Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to qualify a person for a disabled person parking permit.

Policy:

Yes, any active Oregon licensed chiropractic physician may qualify an established patient for a disabled person parking permit.

As applicable to CAs:

Not within the scope of certified chiropractic assistants.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Durable Medical Equipment Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to recommend, order, or provide durable medical equipment.

Policy:

Yes, it is within the scope of an Oregon licensed chiropractic physician to recommend, order, or provide durable medical equipment.

As applicable to CAs:

Certified chiropractic assistants may not recommend or order durable medical equipment. They may, however, provide instruction on use, if properly trained to do so and under the direction and supervision of a licensed chiropractic physician.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Electrodiagnostic Testing Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform, order, or interpret electrodiagnostic testing.

Policy:

Perform

Any active Oregon licensed chiropractic physician may perform electrodiagnostic testing which requires appropriate training and certification.

Order

Any active Oregon licensed chiropractic physician may order any type of electrodiagnostic testing that is clinically indicated.

Interpret

Every electrodiagnostic testing procedure must be accompanied by a formal interpretation report. Any active Oregon licensed chiropractic physician may interpret any type of electrodiagnostic testing procedure for which they are appropriately trained.

Interpretation may be referred to another qualified licensed professional. Referral for a second opinion does not establish a doctor/patient relationship.

Integration

All available electrodiagnostic tests must be integrated into the patient's evaluation and management plan.

As applicable to CAs:

A certified chiropractic assistant may not perform, order, or interpret any electrodiagnostic testing solely under their CA scope. A certified chiropractic assistant may perform electrodiagnostic testing procedures with appropriate certification and training under the order of the supervising licensed chiropractic physician.



Oregon Board of
Chiropractic
Examiners

Effective Date:
October 15, 2021

Date approved/ratified:
September 16, 2021

Electroencephalogram (EEG) Test Policy

Issue: Whether it is within the scope of practice for Oregon licensed chiropractic physicians to interpret electroencephalogram (EEG) tests.

Policy:

For Oregon licensed chiropractic physicians who are appropriately trained in interpreting EEG techniques and testing, and provide proof of said training to the OBCE, it is within the scope of practice for that trained physician to interpret EEGs.

If the chiropractic physician is screening for a psychological or psychiatric component of an EEG, that screening and analysis is outside the scope of practice for Oregon licensed chiropractic physicians and the physician should refer the patient out for appropriate testing by another type of healthcare professional.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Electronic Health Records and Signatures Policy

Issue: What are the timeline requirements for documentation and signatures for chart notes/SOAP, including paper and electronic health records.

Policy:

The timeline requirements are as follows:

- Documentation (dictation, handwritten notes, electronic chart entry, etc.) completed within 72 hours of a patient's visit.

- Electronic signature within 30 days.

Documentation is required for treatment of any and all patients including family members, spouses, and employees.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Electrotherapy Devices and Treatments Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to use electrotherapy devices and treatments.

Policy: Electrotherapy devices and treatments fall under the heading of “physiotherapy” which is within scope of Oregon licensed chiropractic physicians.

Rectal electrotherapy treatment by chiropractic physicians requires additional training for certification pursuant to OAR 811-015-0030.

As applicable to CAs:

Certified chiropractic assistants may not order electrotherapy devices or treatments. They may not perform intra-orificial electrotherapy. Certified chiropractic assistants, with appropriate training, may utilize electrotherapy devices and treatments under the supervision and direction of an Oregon licensed chiropractic physician.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Emergency First Aid/Medicine Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to administer emergency first aid/medicine.

Policy: Yes, it is within scope for Oregon licensed chiropractic physicians and certified chiropractic assistants to administer emergency first aid/medicine, including but not limited to:

- AED machine
- Basic First Aid procedures
- CPR
- Emergency use of oxygen*
- Epi-pen**
- Naloxone


This policy is addressing use only but not access or prescription rights and requires proper training for use.

* Please review “Emergency Oxygen Use” Policy

** Oregon licensed chiropractic physicians are authorized to use Epi-Pens in appropriate clinical situations but are not authorized to prescribe them.

As applicable to CAs:

Same as above.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: September 16, 2021</p> <p>Date approved/ratified: September 16, 2021</p>
<p>Emotional Support Animals</p>	

Issue: Whether Oregon licensed chiropractic physicians can write an approval or reference letter for an emotional support animal (ESA).

Policy:


It is outside the scope of practice for an Oregon licensed chiropractic physician to write letters in support of obtaining an emotional support animal's registration or use. Because chiropractic physicians are not licensed mental health professionals, it is outside the scope of chiropractic physicians to diagnose the conditions allowing for the registration or use of ESAs.

Please see the following sources:

Oregon Board of Licensed Professional Counselors and Therapists (Fall 2018, page 2):

https://www.oregon.gov/OBLPCT/Documents/Newsletter_Fall_18.pdf

ESA Registration of America: <https://www.esaregistration.org/esa-letter/>

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: March 30, 2023</p> <p>Date approved/ratified: March 30, 2023</p>
<p>Extracorporeal Shockwave Therapy (EST) Policy</p>	

Issue: Whether it is within scope of practice for Oregon chiropractic licensees to perform shockwave therapy, also called extracorporeal shockwave therapy (EST).


Policy:

Oregon licensed chiropractic physicians who have been properly trained are permitted to perform EST for the use of treatment of conditions within the scope of practice.

EST uses focused soundwaves to help chronic injuries heal by increasing circulation, decreasing inflammation, and stimulating a healing response over the treated area.

As Applicable to CAs:

Certified chiropractic assistants, with appropriate training, may perform EST under the supervision and direction of an Oregon licensed chiropractic physician.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: May 12, 2017</p> <p>Date approved/ratified: January 25, 2018</p>
<p>Federal Aviation Administration (FAA) BasicMed Medical Examination</p>	

Issues:

1. Whether Oregon Doctors of Chiropractic are considered “physicians;” and
2. Do DCs have the privilege and experience to conduct the “BasicMed” FAA Medical examination?
3. Is any additional training required in order for DCs to perform the FAA BasicMed Medical examination?

Policy:

Doctors of Chiropractic, duly licensed and active in Oregon, are considered state-licensed physicians under ORS 684.010(3). The “BasicMed” FAA Medical examination is within the training and scope of practice for Doctors of Chiropractic within Oregon.

The Board does not make a statement as to whether the FAA should allow Oregon DCs to perform these exams as the Board does not make FAA rules and does not interpret those rules.

In order to perform the FAA BasicMed Medical examination, the Board requires DCs to take and successfully pass the Certified Medical Examiner training, be certified and listed on the National Registry of Certified Medical Examiners, and take an additional 2 hours of PACE approved training.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Gynecological/Genitourinary Examination and Diagnosis Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform gynecological and/or genitourinary examinations.

Policy:


Yes, so long as the licensee has an active Oregon chiropractic physician license. The examination procedures that are allowed include, but are not limited to:

- PAP Smear
- STI testing
- Routine screening examinations
- GU examinations

This policy does not address obstetrics or proctology. Please see relevant rules and laws regarding obstetric and proctology certification.

As applicable to CAs:

Not within the scope of certified chiropractic assistants.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 16, 2020</p> <p>Date approved/ratified: January 16, 2020</p>
<p>Hemp and Marijuana Derived Products</p>	

Policy:

The purpose of this policy is to provide licensees with guidance regarding the use and recommendation of hemp and marijuana derived products.

Authority:

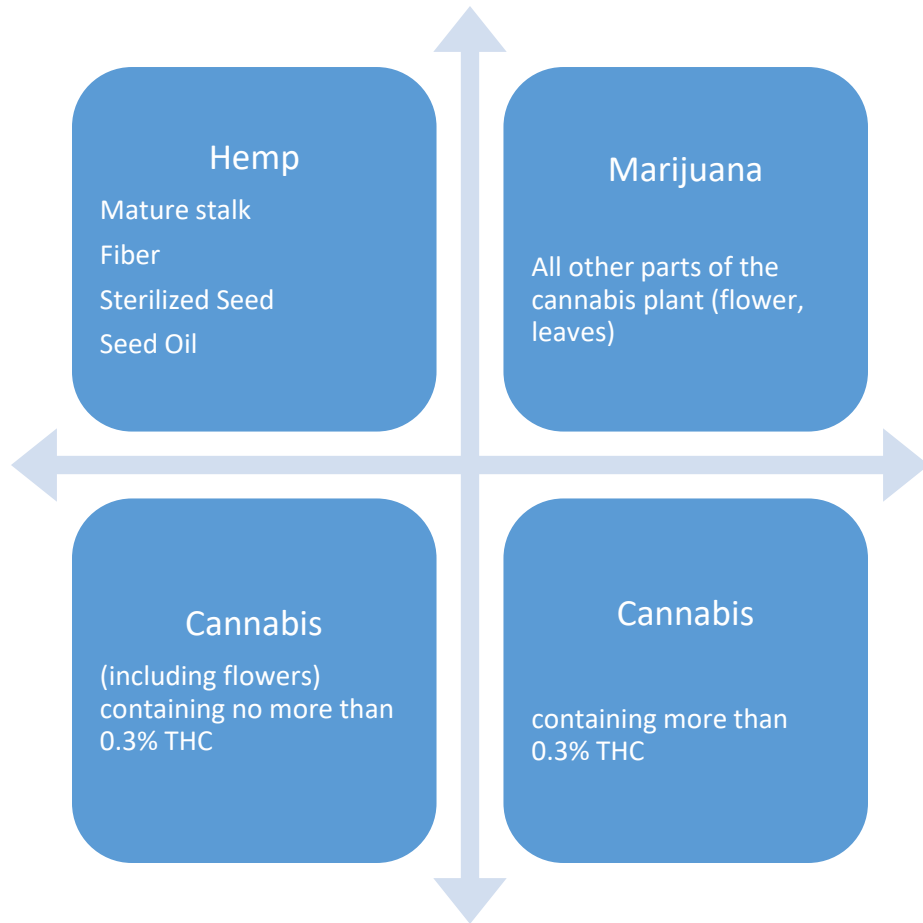
- 1) ORS 475B, OAR 603, and OAR 333
- 2) ORS 475B and OAR 845-025 regulate recreational marijuana
- 3) ORS 571 details the requirements for the sale and use of CBD products
- 4) ORS 614 details the regulations around recreational marijuana.
- 5) ORS 676.150 details health professionals' duty to report
- 6) ORS 684 details the scope of practice for chiropractic physicians
- 7) OAR 811-015-0010, Clinical Justification
- 8) OAR 811-015-0070 Scope of Practice Regarding Examinations, Test, Substances, Devices, and Procedures
- 9) Oregon Retail Sale of Cannabidiol (CBD) Products FAQ:
https://www.oregon.gov/pharmacy/Imports/Cannabidiol_CBD_Informational_6.2019.pdf
- 10) FDA Regulation of Cannabis and Cannabis-Derived Products, Including Cannabidiol (CBD) <https://www.fda.gov/news-events/public-health-focus/fda-regulation-cannabis-and-cannabis-derived-products-including-cannabidiol-cbd> (last visited October 31, 2019)
- 11) FDA and Marijuana: Questions and Answers
https://www.fda.gov/newsevents/publichealthfocus/ucm421168.htm#dietary_supplements (last visited December 26, 2018)
- 12) Statement from FDA Commissioner Scott Gottlieb, M.D., on signing the Agriculture Improvement Act of and the agency's regulation of products containing cannabis and cannabis-derived compounds,
<https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm628988.htm> (last visited December 26, 2018)

Definitions:

“Industrial hemp” has the meaning as defined by ORS 571.300 (2017). By definition, such products contain an average tetrahydrocannabinol (THC) concentration that does not exceed 0.3 percent on a dry weight basis.

“Marijuana” and “cannabinoid products” have the meaning defined in ORS 475B.015 (2017).

“Cannabinoid,” “cannabinoid product,” “cannabinoid concentrate,” “cannabinoid extract,” “cannabinoid tincture,” and other similar terms have the definitions specified by OAR 845-025-1015 (2019) and ORS 475B.791.



Regulatory Oversight

	Medical Marijuana	Recreational Marijuana	Industrial Hemp
Product	Marijuana	Marijuana products and CBD products derived from marijuana or industrial hemp containing $\geq 0.3\%$ THC.	CBD products containing $\leq 0.3\%$ THC derived from industrial hemp..
Location of Sales	Designated growers or OHA regulated medical marijuana dispensaries.	Licensed OLCC recreational marijuana dispensaries.	Any retail location.
Restriction on Sales	Must have a medical marijuana card.	Must be >21 years of age or older.	None.

	Individuals with a qualifying medical condition and a recommendation for medical marijuana from an attending physician may apply for a medical marijuana card.	Source of CBD must be labeled – hemp or marijuana.	Unless the product is used for the sale of inhalant delivery systems and their components, then must be 21 years of age or older.
Regulatory Body	Oregon Health Authority (OHA)	Oregon Liquor Control Commission (OLCC)	Oregon Department of Agriculture (ODA)

*Please note that these regulatory bodies above may have specific statutory or rule requirements for sale of products. Please contact those agencies directly for further information.

All hemp items sold at retail in Oregon must comply with the product testing required for like-marijuana items (solvents, pesticides, etc.).

Procedures:

1. Medical Use of Cannabidiol (CBD).

As of the date of the enactment of this policy, the U.S. Food and Drug Administration (FDA) continues to ban the use of CBD in food products and restricts its use as a dietary supplement. Based “on the evidence, FDA has concluded that THC and CBD products are excluded from the dietary supplement definition under sections 201(ff)(3)(B)(i) and (ii) of the FD&C Act, respectively. Under those provisions, if a substance (such as THC or CBD) is an active ingredient in a drug product that has been approved...or has been authorized for investigation as a new drug for which substantial clinical investigations have been instituted and for which the existence of such investigations has been made public, then products containing that substance are outside the definition of a dietary supplement. FDA is not aware of any evidence that would call into question its current conclusions that THC and CBD products are excluded from the dietary supplement definition under sections 201(ff)(3)(B)(i) and (ii) of the FD&C Act.”

The FDA has also issued warning letters to companies selling CBD products claiming that they prevent/treat diseases like cancer, diabetes, psychiatric disorders, etc. Examples: “soothing tincture for chronic pain,” “CBD can successfully reduce anxiety symptoms,” “For many, CBD holds the answers to treating depression.”

2. Clinical Justification.

The Board’s existing rules require that the chiropractic physician utilize clinical rationale and justification that, “within accepted standards and understood by a group of peers, must be shown for all opinions, diagnostic, and therapeutic procedures. Accepted standards mean skills and treatment which are recognized as being reasonable, prudent, and acceptable under similar conditions and circumstances.”

3. Scope of Practice.

In considering the inclusion of new substances in the practice of chiropractic, the Board may take into account all relevant factors and practices, including, but not limited to: the practices generally and currently followed and accepted by persons licensed to practice chiropractic in the state, the teachings at chiropractic schools accredited by the Council

on Chiropractic Education or its successor at any time since 1974, relevant technical reports published in recognized journals, and the desirability of reasonable experimentation in the furtherance of the chiropractic arts.

A chiropractic physician may utilize substances that are supported in peer reviewed literature, which has clinical rationale, valid outcome assessments measures, is consistent with generally recognized contraindications to chiropractic procedures, and where the potential benefit outweighs the potential risk to the patient.

4. Current Conclusions.

As chiropractic physicians do not have prescription rights within Oregon statute, there is no statutory authority to allow chiropractic physicians to recommend or prescribe marijuana, CBD, hemp, or products derived from these substances.

To dispense, use, or sell topical products derived from marijuana or hemp, licensees must abide by the laws and rules established by the OHA, OLCC, and ODA, as applicable. This is an explanation of OBCE's position and licensees act at their own risk with regard to federal prohibitions/requirements.

According to the FDA, under the FD&C Act, it is illegal to market and sell CBD as a dietary supplement.

https://www.oregon.gov/pharmacy/Imports/Cannabidiol_CBD_Informational_6.2019.pdf

Additionally, chiropractic physicians cannot sell recreational marijuana unless properly licensed through the OLCC to do so.

(<https://www.oregon.gov/olcc/marijuana/Pages/FAQs-Licensing-General.aspx>.)



Oregon Board of
Chiropractic
Examiners

Effective Date:
May 24, 2023

Date approved/ratified:
May 24, 2023

Hyperbaric Oxygen Therapy and Emergency Oxygen Administration

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform hyperbaric oxygen therapy and emergency oxygen administration.

Policy:

Chiropractic physicians may administer emergency oxygen to an individual as part of a first aid response provided the person administering the oxygen has completed approved training on the use of oxygen. Approved training consists of instruction and certification comparable to the American Red Cross course “Administering Emergency Oxygen.”

A chiropractic physician may utilize oxygen concentrated at a percentage lower than 100%, as it does not require a prescription. The OBCE does not prohibit chiropractic physicians from using oxygen concentration devices (hyperbaric oxygen therapy).


The Oregon Board of Pharmacy considers 100% oxygen a prescription drug. Therefore, 100% oxygen administration is outside the chiropractic scope of practice, and chiropractic physicians may not prescribe oxygen for therapeutic purposes. An exception to the administration of 100% oxygen is made for emergencies as described above.

As Applicable to CAs:

Certified chiropractic assistants, with the training detailed above, may administer emergency oxygen under the supervision and direction of an Oregon licensed chiropractic physician.

Certified chiropractic assistants may provide hyperbaric oxygen therapy under the supervision and direction of an Oregon licensed chiropractic physician.

Please refer to ORS 684.025(4) and OAR 811-010-0090(3) for proper procedures and requirements.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: September 28, 2023</p> <p>Date approved/ratified: September 28, 2023</p>
<p>Independent Medical Examination (IME) Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform Independent Medical Examinations (IMEs).

Policy: Oregon licensed chiropractic physicians may perform IMEs. A limited doctor-patient relationship is established and exists between the patient and the chiropractic physician, regardless of whether the doctor is the examining or treating doctor.ⁱ


As Applicable to CAs:

Certified chiropractic assistants may participate in performing IMEs consistent with their certification. The examination must be conducted by chiropractic physicians or other panel professionals contracted for the evaluation.

¹ The doctor/patient relationship between examiner and the examinee is limited to the examination, the opinion, and the review of the patient history and medical records provided; and does not include ongoing treatment monitoring. The examiner shall make important health information, diagnosis and treatment recommendations available to the patient, treating doctor, and patient's legal counselor or guardian via the independent report. Upon receipt of a signed written request from the patient or patient's legal guardian, a copy of the examination report shall be made available as indicated in the request to the patient and/or any other party designated by the patient.

When participating in a panel examination (an examination conducted with more than one health professional representing other disciplines) the independent chiropractic examiner should review the dictated medical opinion of other panel members for its accuracy and completeness, and when necessary to clarify biomechanical or chiropractic reasoning. If there are differing opinions preventing consensus, the independent chiropractic examiner should supplement the medical opinion (report) with their independent chiropractic opinion.

In any setting, the Clinical Justification Administrative Rule (OAR 811-015-0010) governs the conduct of all chiropractic physicians performing or participating in clinical examinations.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: July 26, 2018</p> <p>Date approved/ratified: October 4, 2018</p>
<p>Instrument Assisted Soft Tissue Mobilization (IASTM)</p>	

Issues:

Whether Instrument Assisted Soft Tissue Mobilization (IASTM), including Graston technique, is within the certified chiropractic assistant scope of practice.

Policy:

Certified chiropractic assistants may perform IASTM, including Graston technique, so long as they have obtained, and can provide proof of, in-person, hands-on, training in IASTM and perform it under the direct supervision of a chiropractic physician.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: July 26, 2018</p> <p>Date approved/ratified: October 4, 2018</p>
<p>Iontophoresis and Phonophoresis</p>	

Issues:

1. Whether chiropractic physicians and certified chiropractic assistants may perform iontophoresis and phonophoresis?
2. If so, whether the use of lidocaine, salicylates, and dexamethasone is within the scope of practice for both types of practitioners?

Policy:

Iontophoresis and phonophoresis – procedures where a health practitioner uses an over-the-counter (OTC) topical substance with ultrasound or low voltage galvanic current – is within the chiropractic physician’s scope of practice. (04/11/1996)

Certified chiropractic assistants may perform iontophoresis and/or phonophoresis under the chiropractic physician’s supervision as a form of physiotherapy. (11/20/2008)

Use of OTC salicylates and lidocaine substances in phono-or iontophoresis is allowed within the scope of chiropractic practice. (04/11/1996) (09/17/2015)

Use of dexamethasone, in prepackaged dosages, by chiropractic physicians and certified chiropractic assistants for iontophoresis purposes is within the scope of practice for each type of practitioner. Chart notes should reflect the practitioner performing iontophoresis and the use of dexamethasone and the specific plan/order regarding how it is administered. (07/26/2018)



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Laboratory Studies Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform, order, and interpret laboratory studies.

Policy:

Perform

Any active Oregon licensed chiropractic physician may perform laboratory studies with a current facility certificate or waiver issued by Clinical Laboratory Improvement Amendments (CLIA).

Order

Any active Oregon licensed chiropractic physician may order any type of laboratory testing that is clinically indicated.

Interpret

Every laboratory testing procedure must be accompanied by an interpretation report.

Any active Oregon licensed chiropractic physician may interpret any type of laboratory testing procedure for which they are appropriately trained.


Interpretation may be referred to another qualified licensed professional. Referral for a second opinion does not establish a doctor/patient relationship.

Integration

All available laboratory test results must be integrated into a patient's evaluation and management plan.

As applicable to CAs:

A certified chiropractic assistant may not perform, order, or interpret any laboratory testing solely under their CA scope. A certified chiropractic assistant may perform laboratory testing procedures with appropriate certification and training under the order of the supervising licensed chiropractic physician.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: March 30, 2023</p> <p>Date amended: March 30, 2023</p>
<p>Laser Therapy Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform laser therapy.


Policy: Oregon licensed chiropractic physicians are permitted the use of Class I-III laser therapy and non-surgical Class IVⁱⁱ therapeutic laser therapy.

As Applicable to CAs: Certified chiropractic assistants, who have been adequately trained, are permitted to use Class I-III laser therapy and non-surgical Class IV therapeutic laser therapy.

¹ Class III laser therapy (a.k.a. low-level laser therapy, LLLT, or cold laser) is a non-invasive light source treatment that generates a single wavelength of light. An output power of less than 0.5 Watts is classed as Class III. Class III laser therapy is delivered via direct contact with the skin using infrared diodes emitting a pulsed laser beam of low intensity light. The mechanism for Class III laser therapy includes speeding wound healing, stimulating tissue repair, reducing swelling and edema, and reducing acute and chronic pain.

Class IV therapeutic laser therapy (a.k.a. deep tissue laser therapy or high-power laser therapy) uses hand-held devices proving energy levels ranging from 0.5 up to 7.5 Watts and delivered without contact with the skin. These devices are not to be confused with class IV surgical lasers. Class IV therapeutic laser can provide topical heating aimed at elevating tissue temperature for relief of pain associated with a number of musculoskeletal conditions.

¹ Insurance carriers may have certain coverage limitations but these are governed under rules and laws beyond the jurisdiction of the Oregon Board of Chiropractic Examiners.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 25, 2018</p> <p>Date amended: January 23, 2019</p>
<p>Licensees on Active Military Duty Policy and Procedure</p>	

Policy:

Deferral of renewal fees and continuing education requirements for licensees on active military duty who are deployed for 1 month or longer. Licensees who are not deployed, yet considered on active military duty, are required to pay annual renewal fees and abide by all renewal terms, including continuing education requirements.

Procedures:

1. When contacted by licensee of a deployment for military service, regarding renewal and continuing education requirements, staff will inform the military member that the renewal fee and CE requirements will be deferred until licensee returns from deployment but only if deployed at a length of one month or longer.
2. Staff will request that licensee submit official documentation of deployment to the OBCE.
3. Staff will inform licensee that they must contact the OBCE prior to returning to Active practice.
4. Staff will request required CE and the appropriate fees prior to renewing licensee's license.
5. If licensee returns mid-year they will be required to renew again on their regular renewal month. The costs will be prorated for the number of months remaining in the current renewal period.
6. If not deployed but on active military duty, licensee is required to pay annual renewal fees and abide by all renewal terms, including CE requirements.
7. If deployed or non-deployed active military duty licensee fails to pay renewal fees, ORS 408.450 applies.
8. Thirteen (13) months after failure to pay, the license is moved to dormant status; the license may be restored to original status pursuant to the procedure within ORS 408.450.



Oregon Board of
Chiropractic
Examiners

Effective Date:
February 5, 2022

Date approved/ratified:
February 5, 2022

Local Anesthetics: Topical/Injectable (Lidocaine)

Policy:

It is within the scope or practice for an Oregon licensed chiropractic physician to purchase, possess, prescribe, or utilize local anesthetics per the following criteria:

Criteria:

- Topical Lidocaine in liquid, gel, or patch at 2% to 5% (over-the-counter) to be used on the epidermis and mucus membranes, for the purpose of local anesthesia.
- Injectable Lidocaine (Xylocaine) to be used in connection with minor surgery as per ORS 684.010(5) in the following concentrations:
 - 1% without epinephrine
 - 1% with 1:100,000 epinephrine (for use in highly vascular areas for the control of bleeding)
 - 2% without epinephrine for use in patients with higher tolerance to 1%



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Lifestyle Management Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to provide, counsel, or coach patients on lifestyle management.

Policy:

Any active licensed Oregon chiropractic physician may provide lifestyle management coaching/counseling within the chiropractic standard of care with an established patient. Utilizing lifestyle management with complex pathological conditions (*e.g.* endocrine, rheumatological, psychological, auto-immune, infectious) may necessitate communication with a patient's appropriate other healthcare provider(s). Lifestyle management is not intended to replace standard medical care.

Lifestyle management includes, but is not limited to:


- Sleep hygiene, stress management, meditation, diet, and exercise education;
- Health risk reduction;
- Drug and alcohol cessation;
- Social engagement/social drivers of health;
- Injury prevention;
- Personal safety; and
- Weight management.

Lifestyle management does not include:

- Psychological/psychiatric disorder counseling;
- Diagnosing anxiety, depression, and other psychological conditions; or
- Prescription medication management.

As applicable to CAs:

Certified chiropractic assistants may assist with lifestyle management under the direction of the supervising licensed chiropractic physician.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: March 20, 2023</p> <p>Date approved/ratified: March 20, 2023</p>
<p>Magnet Therapy Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform magnet therapy¹.

Policy:

Magnet therapy is within the scope of practice for licensed chiropractic physicians in Oregon.

As Applicable to CAs:

Magnet therapy is within the scope of practice for certified chiropractic physician assistants in Oregon.

¹ The term “magnet therapy” usually refers to the use of static magnets placed directly on the body, generally over regions of pain. Static magnets are either attached to the body by tape or encapsulated in specially designed products such as belts, wraps, bracelets, insoles, wrist and knee bands, back and neck braces, or mattress pads. Static magnets are also sometimes known as permanent magnets.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Manipulation Under Anesthesia Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform manipulation under anesthesia.

Policy:

Yes, under the following conditions:

- Active Oregon chiropractic license;
- Successfully completed post-graduate training program; and
- Privileges at an appropriate facility.

As applicable to CAs:

Not within the scope of certified chiropractic assistants.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022


Mechanical Traction Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to use mechanical traction devices.

Policy: Mechanical traction falls under the heading of “physiotherapy” which is within scope of Oregon licensed chiropractic physicians.

As applicable to CAs:

CAs may not order mechanical traction. CAs may not perform or order manual traction. Certified chiropractic assistants, with appropriate training, may perform mechanical traction under the supervision and direction of an Oregon licensed chiropractic physician.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: March 15, 2018</p> <p>Date approved/ratified: March 15, 2018</p>
<p>Media Press Release Policy and Procedures</p>	

Policy:

To determine the procedures for issuing and removing media press releases on the OBCE website.

Procedures:


1. Issuance.

At any time, the OBCE may issue media press releases regarding cases or other situations involving risks to public safety.

2. Retention and Removal.

If a press release is issued pursuant to a case, the release will remain on the OBCE website for 90 days after completion of the requirements within the final and/or stipulated order but not to exceed 10 years.

If a press release is issued pursuant to some other situation or purpose, the release will remain on the OBCE website for no longer than 10 years.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: September 28, 2023</p> <p>Date approved/ratified: September 28, 2023</p>
<p>Minor Surgery Procedures and Devices Policy</p>	

Issue: Whether the following procedures or devices are within the scope of practice for Oregon chiropractic licensees who are certified in minor surgery.

Policy: For Oregon chiropractic physicians who are certified in minor surgery, allowed procedures and/or devices include but are not limited to the following:

- Electrolysis,
- EPI Touch Alex Hair Removal Device,
- Fissurectomies, and
- Injections only relevant to use for minor surgical procedures, which do not include administering antibiotics, steroids, or Botox.

As Applicable to CAs: Certified chiropractic assistants are not permitted to perform any of the above.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Myofascial Therapy and Massage Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to provide myofascial therapy and massage.

Policy:

Yes, it is within the scope of an Oregon licensed chiropractic physician.

As applicable to CAs:

Yes, under the following conditions:

- Active CA certification;
- CA has completed adequate training and proven competency to safely perform myofascial massage as determined by the supervising chiropractic physician; and
- It is performed at the direction and under the direct supervision of licensed chiropractic physician.

See ORS 684.010(2)(a). Physiotherapy as defined by statute encompasses myofascial therapy and massage.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Nasal Specific Procedure Policy


Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform nasal specific procedure.

Policy:

Yes, any active Oregon licensed chiropractic physician may perform nasal specific procedure.

As applicable to CAs:

Not within the scope of certified chiropractic assistants.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: October 4, 2018</p> <p>Date approved/ratified: October 4, 2018</p>
<p>Needle Electromyography (EMG)</p>	

Issue:

Whether performing Needle EMG is within the scope of practice for chiropractic physicians.

Policy:

Chiropractic physicians are allowed to perform diagnostic Needle EMG on an individual basis, to be reviewed by the Board, depending on undergraduate, graduate, and post-graduate studies, training, and work.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Out of Scope Policy</p>	

Issue: In addition to limits imposed by the chiropractic scope of practice pursuant to ORS 684.010(2), are there other treatments/modalities/practices that are outside the scope of practice for Oregon licensed chiropractic physicians and certified chiropractic assistants?

Policy: The following treatments/modalities/practices are outside the scope of practice for Oregon licensed chiropractic physicians and certified chiropractic assistants:

- Acupuncture
- Acupuncture as anesthesia
- CBD/Hemp products*
- HCG products
- Hypnotherapy
- Injections – joint, trigger points, nutrition
- Oxygen except for emergency purposes
- Prescription strength Ethyl Chloride
- Psychological diagnoses/management (as found in current DSM)
- Recommending stop or alteration of use of prescription
- Toftness technique
- Vaccinations other than during a declared state of emergency or otherwise authorized by Oregon Health Authority

This list will be regularly updated.

*Please review the “Hemp and Marijuana Derived Products Policy” for deeper understanding on this topic.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Pre-Participation Physicals Policy

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform and sign pre-participation physicals.

Policy:

Yes, under the following conditions:

- Active Oregon license; and
- Successfully completed clinical training in detecting cardiopulmonary diseases and defects.

As applicable to CAs:

Certified chiropractic assistants are only allowed to conduct portions of the pre-participation physical examination that are allowed within their duties as described in rule and law.

This policy does not address CDL, FAA, and “Return to Play” examinations. See separate individual policies.

See ORS 336.479(5)(e).



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022

Prescription Medication Modification Policy


Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to alter or discontinue prescription medications.

Policy: Recommendations to alter or discontinue a prescription medication are not within the scope of chiropractic practice.

Referring to qualified licensed healthcare professionals for consideration of starting/stopping/altering dosages of prescription medications is within chiropractic scope of practice.

As applicable to CAs:

Certified chiropractic assistants may not refer, recommend, alter, or discontinue prescription medications.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: March 30, 2023</p> <p>Date approved/ratified: March 30, 2023</p>
<p>Primary Care Services and Portal of Entry Policy</p>	

Issue: Whether Oregon chiropractic licensees are considered attending physicians, primary care service providers, and portal of entry providers.

Policy:

A chiropractic physician may provide primary care services that are within the scope of practice. Chiropractic physicians are portal of entry providers; as such, patients do not need a referralⁱⁱⁱ to seek care.

Chiropractic physicians may, but are not limited to, independently:

- perform a diagnostic evaluation that includes but is not limited to any components of a history and physical examination;
- perform and order appropriate diagnostic tests, including but not limited to lab work, imaging studies, and other special tests;
- create a differential diagnosis list;
- formulate diagnoses;
- provide treatment that is within the chiropractic scope of practice for acute and chronic conditions;
- order or provide preventative health services, health maintenance, and disease screening; and
- act as attending physician, refer, coordinate care, and co-manage care with other appropriate health care providers.

As Applicable to CAs:

Certified chiropractic assistants (CAs) are not attending physicians, primary care service providers, or portal of entry providers. A CA's scope of practice allows support to the chiropractic physician for primary care services that fall under OAR 811-010-0110.

¹ Insurance carriers may have certain coverage limitations, but these are governed under rules and laws beyond the jurisdiction of the Oregon Board of Chiropractic Examiners.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 16, 2020

Date approved/ratified:
January 16, 2020

Radiographic Mensuration Analysis Policy

Issue:

Can a non-DACBR (Diplomate of the American Chiropractic Board of Radiology) chiropractic physician perform radiographic mensuration analysis?

Policy:

Yes, chiropractic physicians licensed in the State of Oregon can perform radiographic mensuration analysis.

Chiropractic physicians are trained to do these types of measurements, no matter whether they are DACBR certified or not. How the physician goes about determining the measurements is up to that practicing physician's best clinical skill and judgment.



Oregon Board of
Chiropractic
Examiners

Effective Date:
January 20, 2022

Date approved/ratified:
January 20, 2022


Referral to Other Providers or Facilities Policy

Issue: Whether Oregon chiropractic licensees are allowed to refer for additional diagnostic or management services.

Policy: Oregon licensed chiropractic physicians are authorized to provide a timely referral for any evaluation and/or case management to appropriate and licensed healthcare provider or facility. Referral should be based on individual patient needs and clinical justification.

As applicable to CAs:

Certified chiropractic assistants may not make referrals, unless under emergency medical circumstances.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: May 24, 2023</p> <p>Date approved/ratified: May 24, 2023</p>
<p>Spinal (Postural) Screening Policy</p>	

Issue: Whether it is within the scope of practice for Oregon chiropractic licensees to perform, order, and interpret spinal (postural) screening.

Policy: Yes, Oregon licensed chiropractic physicians may perform, order, and interpret spinal (postural) screening and have the same responsibilities for documentation, patient care, and appropriate urgent or emergent referral, given a spinal (postural) screen is a non-diagnostic exam, which does not include any treatment.

Spinal (postural) screening forms a doctor-patient relationship and is subject to the standard of care.

As Applicable to CAs: Certified chiropractic assistants (CAs) may perform components of a spinal (postural) screen, outlined below, when ordered and supervised by a chiropractic physician as established under a CA certification.

The components of spinal (postural) screening CAs must perform, if not already performed by the supervising chiropractic physician, are:


- Observation of the presence and absence of indicators for urgent or emergent referral as established by the clinic's spinal screen referral policy to ensure patient safety.
- Documentation of spinal (postural) screening findings in a manner consistent with documentation rules.
- Maintenance of all responsibilities otherwise of a CA, given a spinal (postural) screen establishes a doctor-patient relationship with the supervising chiropractic physician and is subject to the standard of care.

CAs may perform a preliminary and non-diagnostic observation of static posture during a spinal (postural) screen.

CAs may not order or interpret spinal (postural) screening consistent with their limitation in duties performed.

Components that are potentially included during a spinal screen that may not be performed by a CA are the following:

- Imaging, lab work, special tests, and any component of a physical examination (outside of vitals, height, weight, and a preliminary and non-diagnostic observation of static posture).

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: March 18, 2021</p> <p>Date approved/ratified: March 18, 2021</p>
<p>Topical Salicylates</p>	

Policy:

It is within the scope of practice for a licensed chiropractic physician in the State of Oregon to purchase, possess, or use over-the-counter Trolamine Salicylates, in liquid, gel, or patch form (in any combination or amalgamation of legal over the counter products) for the control of pain/discomfort.



Oregon Board of
Chiropractic
Examiners

Effective Date:
March 29, 2020

Date approved/ratified:
March 29, 2020

Telehealth Policy and Procedure


Policy:

OAR 811-015-0066, Telehealth Rule, allows Oregon licensed chiropractic physicians to utilize telehealth (electronic and telecommunication technologies) for the distance delivery of health care services and clinical information designed to improve the health status of a patient, and to enhance delivery of the health care services and clinical information.

The Board has determined that this rule applies to both existing and new patients. Chiropractic physicians can utilize telehealth for initial consultations and examinations provided that the following criteria and procedures are met, pursuant to all relevant administrative rules and statutes. Practitioners may want to seek guidance from their medical malpractice carriers and various coding authorities as to billing and other requirements.

PROCEDURES

1. Document telehealth visit start time.
2. Establish and document the reason for visit.
3. Establish and document primary complaint(s).
4. Ascertain if, after #2 and #3 above, a telehealth visit is possible. If so, go to #5.
5. Take and document personal, family, and medical histories.
6. Perform visual evaluations and document:
 - a. patients self-report height, weight, blood pressure, and pulse, if possible;
 - b. nutritional/dietary assessment;
 - c. postural analysis;
 - d. range of motion; and
 - e. any contraindications to providing services via telehealth.
7. Document and provide patient a provisional diagnosis.
8. Document and provide patient a report of findings.
9. Document and provide patient a PARQ and obtain consent to provide care/treatment.
10. Document and provide patient clinical recommendations.
11. Document telehealth visit end time.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: February 5, 2022</p> <p>Date approved/ratified: February 5, 2022</p>
<p>Topical Salicylates</p>	

Policy:

It is within the scope of practice for an Oregon licensed chiropractic physician to purchase, possess, prescribe, or use in their practice, over-the-counter Trolamine Salicylates, in liquid, gel, or patch form, to be used for the control of pain/discomfort and in any over-the-counter combination or amalgamation of legal over-the-counter products.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: January 20, 2022</p> <p>Date approved/ratified: January 20, 2022</p>
<p>Termination of Patient Care Policy</p>	

Issue: What is the proper procedure for terminating patient care?

Policy:

Termination of patient care (terminating doctor/patient relationship) may occur for any reason, so long as it does not violate current state or federal law. Should the licensed chiropractic physician choose to terminate care, the following procedure must be followed:

- Patient must be notified of termination of care (verbal or written) within a reasonable time frame;
- Document the reason for termination in the patient's chart; and
- Refer patient to appropriate other providers when necessary.

The patient has the right to access or obtain a copy of their medical record when requested and regardless of any balances due.

As applicable to CAs:

Terminating patient care is within the scope of certified chiropractic assistants at the direction of the supervising licensed chiropractic physician.

APPENDIX A

EXAMINATIONS, TESTS, SUBSTANCES,
DEVICES, and PROCEDURES (ETSDP)

EVALUATION FORM
Examinations, Tests, Substances, Devices, And Procedures

Please complete and return to:
Oregon Board of Chiropractic Examiners
530 Center St. NE, Suite 620
Salem, OR 97301
(503) 378-5816

NAME: _____
 First MI Last

CLINIC ADDRESS: _____

PHONE: ____ () _____

Requesting approval for ETSDP as (check appropriate box):

☐ **Standard**

Please answer the attached questions completely, using another piece of paper.

When finished, return this form, signed and dated, to the OBCE administrative office (see above address).

If you have any questions, please contact the OBCE administrative office.

☐ **Investigational**

Use the attached questions as a general guide to determine effectiveness and acceptable risk to the patient.

When finished, return this form, signed and dated, to the OBCE administrative office (see above address).

If you have any questions, please contact the administrative office.

Signature

Date

OBCE USE ONLY: RISK FACTOR: _____

Board Approved _____ Board Denied _____ Need More Information _____

E.T.S.D.P. EVALUATION QUESTIONS

Clinical Rationale

Is this an exam, test, substance, device or procedure, herein after referred to as ETSDP?

Describe in detail your ETSDP.

Describe the clinical rationale for your ETSDP.

How do you determine appropriate termination of care and/or consultation to other providers with special skills/knowledge for the welfare of the patient?

If this is a diagnostic procedure, are you using it by itself or in addition to generally accepted diagnostic procedures?

Taught at accredited chiropractic school

Is this ETSDP taught at a chiropractic school accredited by the Council on Chiropractic Education or its successor at any time since 1974? If so, which one(s)?

Consensus

Do you have evidence of consensus on safety and/or effectiveness and/or of practices generally and currently followed and accepted by persons licensed to practice chiropractic in this state?

Outcome assessment measures

Choose from the following or list outcome assessment measures:

visual analog scale
pain drawing
Oswestry questionnaire
objective signs
general patient satisfaction
other

Literature based references

Cite any literature discussing indications, contraindications, and beneficial, adverse or unintended effects of this ETSDP.

Please indicate the current level of support for this ETSDP from the following:

- 1) One or more randomized controlled clinical trials or experimental studies that address reliability, validity, positive predictive value, discrimination, sensitivity and specificity.
- 2) One or more well designed controlled observational clinical studies such as case control or cohort studies published in referenced journals.
- 3) Clinically relevant basic science studies addressing reliability, validity, positive predictive value, discrimination, sensitivity and specificity published in referenced journals.
- 4) Expert opinion, descriptive studies, case report.

Consistent with generally recognized contraindications to chiropractic procedures

Please list any known or suspected contraindications.

Is there a subpopulation that would be at higher risk for this ETSDP? (e.g. people with osteoporosis, skin lesions, heart disease, etc.)

Potential benefit outweighs the potential risk to the patient.

Does the ETSDP affect any structure (either mechanically, chemically, thermally, or electrically, etc.) in such a way that a beneficial effect can be created?

Does this ETSDP affect any structure (either mechanically, chemically, thermally, electrically, etc.) in such a way that an adverse effect can be created?

Describe the beneficial effects your patients have experienced from this ETSDP.

Describe any adverse or unintended effects your patients have experienced from this ETSDP.

Please rate the risk factor if this ETSDP is used improperly on select populations. Choose from the following categories:

- 1) an extremely remote chance of serious injury
- 2) a remote chance of serious injury
- 3) a slight chance of serious injury
- 4) a significant chance of serious injury
- 5) extremely likely chance of serious injury

Please describe.

Please rate the risk factor if this ETSDP is used properly on the general population. Choose from the following categories:

- 1) an extremely remote chance of serious injury
- 2) a remote chance of serious injury
- 3) a slight chance of serious injury
- 4) a significant chance of serious injury
- 5) extremely likely chance of serious injury

Please describe.

Alternatives

Is there a standard ETSDP for the equivalent condition? If yes, does your ETSDP expose a patient to more risk or harm than the standard treatment for an equivalent condition?

List alternatives to this ETSDP if any.

What are the suspected effects, results or consequences of doing nothing?

General

Are you currently conducting or soon planning to conduct an organized investigation into the use of the ETSDP?

APPENDIX C
STANDARDS FOR USE OF BREAST
THERMOGRAPHY IMAGING IN
CHIROPRACTIC PRACTICE

OBCCE's Standards for Use of Breast Thermography Imaging in Chiropractic Practice

- Definition of Clinical Thermography
- Breast Thermography Education
- Equipment Guidelines
- Informed Consent

The Oregon Board of Chiropractic Examiners has determined that breast thermography is investigational. Investigational means further study is warranted, evidence is equivocal or insufficient, the patient has to evaluate their own risk and it is not standard. Standard means that it is taught in a chiropractic college or otherwise accepted in the chiropractic profession.

Definition of Clinical Thermography

Thermography, when used in a clinical setting, is an imaging procedure that detects, records, and produces an image (thermogram) of a patient's skin surface temperatures and/or thermal patterns. The procedure uses equipment that can provide both qualitative and quantitative representations of these temperature patterns.

Thermography does not entail the use of ionizing radiation, venous access, or other invasive procedures; therefore, the examination poses no harm to the patient. Clinical thermography is appropriate and germane to chiropractic practice whenever a clinician feels a physiologic imaging test is needed for differential diagnostic purposes. Clinical thermography is a physiologic imaging technology that provides information on the normal and abnormal functioning of the sensory and sympathetic nervous systems, vascular system, musculoskeletal system, and local inflammatory processes. The procedure also provides valuable diagnostic information with regard to dermatologic, endocrine, and breast conditions.

Clinical thermography may contribute to the diagnosis and management of the patient by assisting in determining the location and degree of irritation, the type of functional disorder, and perhaps the treatment prognosis. The procedure may also aid the clinician in the evaluation of the case and in determining the most effective treatment.

Clinical breast thermography is an investigational procedure that may be performed by a doctor or technician who has been adequately trained and certified by a recognized organization. However, the interpretation of the thermal images will only be made by health care providers who are licensed to diagnose and hold credentials as board certified clinical thermographers or diplomates from a recognized organization. This is meant to insure that directed care and proper follow-up recommendations will be made available to the patient if warranted by the interpretation of the images.

Breast Thermography Education

Adequate training in thermographic imaging is a necessity to insure quality image acquisition, accurate interpretation, and public safety. Minimum training as a technician (proven with core curriculum or post graduate training from the ACA, ACCT, ITS, IACT, AAT, or AAMII only) is required before breast thermography may be used in chiropractic practice. If a chiropractor is to engage in interpreting images from outside offices, the chiropractor needs to be board certified or a diplomate in thermology from the ACA, ITS, IACT, AAT, or AAMII.

A chiropractor may also image the breast as long as the images are sent out for interpretation by an appropriately trained health care provider who is licensed to diagnose and is board certified; or a chiropractic physician who holds a diplomate in thermology from the ACA, ACCT, ITS, IACT, AAT, or AAMII. This same health care provider must have obtained training in breast thermography as part of their core curriculum in

board certification or diplomate thermology courses, or obtained post-graduate training under the tutelage of a recognized expert in the field (that can be demonstrated to the satisfaction of the OBCE).

Certified Clinical Thermographic Technicians: (DCs or other trained persons obtaining the images) Training courses leading to certification are comprised of both formal classroom hours and practical imaging experience. Courses typically cover basic thermal imaging principles, patient management, laboratory and imaging protocols. Candidates that complete a recognized course of study, and successfully pass the required examination(s), hold credentials as certified clinical thermographic technicians.

Certified Clinical Thermologist and Diplomates: (DCs doing interpretation) Educational courses at this level are comprised of both formal classroom hours and practical imaging experience. The course material typically covered includes: a review of relevant anatomy and physiology, pathophysiologic processes and their relation to thermographic presentations, laboratory and imaging protocols, patient management, thermal imaging principles, image analysis and interpretation, thermographic correlation to a mammogram or MRI and a time period of practical field experience. Candidates that complete a recognized course of study, and successfully pass the required examinations, hold credentials as board certified clinical Infrared Imagers or thermologists. A typical course of study includes: a review of breast anatomy and physiology, pathophysiologic breast processes and their relation to thermographic presentations, laboratory and imaging protocols, patient management, thermal imaging principles, image analysis and interpretation, and a time period of practical field experience.

Supervised Instruction: In the event that the core curriculum of a board certified or diplomate course did not cover breast thermography, post-graduate training under the tutelage of a recognized expert in the field (expert in the field that can be demonstrated to the satisfaction of the OBCE) would provide the training needed for breast thermography interpretation. All the standards and practical study listed above apply.

Certifying Organizations: Educational courses in clinical thermography are provided through recognized organizations. Due to the many non-clinical uses of thermographic imaging, only organizations specifically founded to serve the educational needs in clinical thermography are recognized. The currently recognized training organizations are the: American Chiropractic Association, American College of Clinical Thermology, International Academy of Clinical Thermology, American Academy of Thermology, and past graduates of the American Academy of Medical Infrared Imaging (no longer in existence).

Equipment Guidelines

In order to provide quality image production and accurate clinical interpretations, certain minimum equipment standards should be maintained, only FDA cleared equipment for thermography of the breast shall be used. (Note: No evidence has been presented that this equipment is actually “FDA approved”.)

Informed Consent

Any chiropractic clinic providing breast thermography imaging must use the attached informed consent form. This is in addition to verbal communication with the patient to ensure their understanding of these informed consent provisions, the investigational status and that this is adjunctive to other standard diagnostic imaging or examination.

Clinic or Entity Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _ (_____) _____

Informed Consent ***Breast Thermal Imaging

Please **read carefully and initial your name** on the line at the end of each section.

The Oregon Board of Chiropractic Examiners has determined that breast thermography is investigational. Investigational means further study is warranted, evidence is equivocal or insufficient, the patient has to evaluate their own risk and this is not considered standard by the Chiropractic profession. Standard means taught in a chiropractic college or otherwise accepted in the chiropractic profession.

I understand that thermography of the breast is a procedure utilizing a digital thermal imaging camera to visualize and obtain an image of the infrared radiation (heat) coming from the surface of the skin. _____
me

I understand that Infrared Imaging of the breast is not intended as a replacement of breast mammography and that according to the current recommended protocol, clinical examination and mammogram are considered the standard breast cancer screen for women. Thermography is not a stand-alone diagnostic tool, meaning it is not approved to be used by itself for screening. _____

I understand that Thermal breast scans and mammography do not provide the same information on breast tissues and therefore provide different values on breast tissue assessment (thermography looking for physiological changes and mammography looking for anatomical changes). _____

I understand that breast thermography may be used as an adjunctive screen in addition to mammography, MRI and clinical exam to detect early stages of breast abnormalities. _____

I understand that the imaging physician and/or technician providing the Thermal Breast Scans at (clinic name) are not diagnosing or treating breast abnormalities. Follow up care relating to treatment must be done with properly trained and licensed breast specialists. _____

I understand that if by any chance, an abnormal finding is discovered on my breast scan, I will comply with any diagnostic or referral recommendation made by Dr. (name) such as following up with a breast ultrasound/mammogram and/or with a breast specialist to ensure I receive proper care. _____

I understand that I will disrobe from the waist up during the exam. My breasts will then be imaged with an electronic thermographic camera. I understand that the procedure does not use radiation or compression and does not pose any harmful effects to my body. A clinical breast examination could be necessary at the end of my imaging session and will be performed by Dr. (name) to verify any abnormal findings. _____

I understand that the results of my thermograms will be made available to my physicians and others as I so designate for further diagnosis and analysis in the overall evaluation of my breast health. _____

I have been given a Pre-Imaging instruction form to follow and I agree that I have complied with the preparation protocol prior to the procedure. _____

I also understand that this procedure is not covered by insurance and the office fee is due and payable at the time of service unless special provisions have been made with the office in advance. _____

Having understood the above and having received satisfactory answers to all questions that I may have had concerning the purpose, outcome, benefits, and risk factors of thermographic evaluation, I consent to examination by Infrared Imaging of my breasts by (clinic)_____. _____

Signature_____Date _____

Print Name_____

ⁱ The doctor/patient relationship between examiner and the examinee is limited to the examination, the opinion, and the review of the patient history and medical records provided; and does not include ongoing treatment monitoring. The examiner shall make important health information, diagnosis and treatment recommendations available to the patient, treating doctor, and patient's legal counselor or guardian via the independent report. Upon receipt of a signed written request from the patient or patient's legal guardian, a copy of the examination report shall be made available as indicated in the request to the patient and/or any other party designated by the patient.

When participating in a panel examination (an examination conducted with more than one health professional representing other disciplines) the independent chiropractic examiner should review the dictated medical opinion of other panel members for its accuracy and completeness, and when necessary to clarify biomechanical or chiropractic reasoning. If there are differing opinions preventing consensus, the independent chiropractic examiner should supplement the medical opinion (report) with their independent chiropractic opinion.

In any setting, the Clinical Justification Administrative Rule (OAR 811-015-0010) governs the conduct of all chiropractic physicians performing or participating in clinical examinations.

ⁱⁱ Class III laser therapy (a.k.a. low-level laser therapy, LLLT, or cold laser) is a non-invasive light source treatment that generates a single wavelength of light. An output power of less than 0.5 Watts is classed as Class III. Class III laser therapy is delivered via direct contact with the skin using infrared diodes emitting a pulsed laser beam of low intensity light. The mechanism for Class III laser therapy includes speeding wound healing, stimulating tissue repair, reducing swelling and edema, and reducing acute and chronic pain.

Class IV therapeutic laser therapy (a.k.a. deep tissue laser therapy or high-power laser therapy) uses hand-held devices proving energy levels ranging from 0.5 up to 7.5 Watts and delivered without contact with the skin. These devices are not to be confused with class IV surgical lasers. Class IV therapeutic laser can provide topical heating aimed at elevating tissue temperature for relief of pain associated with a number of musculoskeletal conditions.

ⁱⁱⁱ Insurance carriers may have certain coverage limitations but these are governed under rules and laws beyond the jurisdiction of the Oregon Board of Chiropractic Examiners.