

Quality Assurance Committee
Approved by Council: February 8, 2011
S-001 replaces S-010 and S-015, which were are
revoked on February 8, 2011
Amended: April 24, 2018

Note to readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

INTENT

To provide guidance to members and the public about CCO's expectations concerning members as providers of chiropractic services to patients and as responders to general health-related questions from patients.

CCO recognizes that:

- One of the underlying principles of the *Regulated Health Professions Act, 1991 (RHPA)* is to permit the public to exercise freedom of choice of health professional within a range of safe options;
- Members are required to practise within the chiropractic scope of practice set out in the *Chiropractic Act, 1991*, in providing patient-centred care;
- Members use a variety of diagnostic and therapeutic procedures in providing chiropractic care to patients; and
- Members are primary health professionals who are frequently asked general health-related questions by patients, some of which relate to acts outside the chiropractic scope of practice (such as medication, surgery, and vaccination).

Definitions

For the purpose of this standard:

"controlled act" means any diagnostic or therapeutic procedure listed in section 27(2) of the *RHPA* that is authorized only to certain regulated health professionals in providing patient care

"public domain" means any diagnostic or therapeutic procedure other than those listed in section 27(2) of the *RHPA* that any regulated health professional may utilize in the course of providing patient care

DESCRIPTION OF STANDARD

Practising Within the Chiropractic Scope of Practice

All activities and services performed by members must relate to the chiropractic scope of practice and authorized acts as set out in the *Chiropractic Act, 1991*, as follows:

Chiropractic Scope of Practice

The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,

- (a) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
- (b) dysfunctions or disorders arising from the structures or functions of the joints.

Authorized Acts

In the course of engaging in the practice of chiropractic, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

1. Communicating a diagnosis identifying, as the cause of a person's symptoms,
 2. A disorder arising from the structures or functions of the spine and their effects on the nervous system, or
 - ii. A disorder arising from the structures or functions of the joints of the extremities.
2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.

Expectations of a Chiropractic Visit

CCO regulates the full range of chiropractic approaches and a member shall always practise within the chiropractic scope of practice. As such, a member shall perform the following, which is to be clearly and legibly reflected in the patient health record:

- a consultation related to the patient's presenting condition and/or goals;
- an assessment of chiropractic conditions related to the spine, nervous system and joints; and
- a diagnosis or clinical impression related to the chiropractic scope of practice, consistent with Standard of Practice S-008: Communicating a Diagnosis;
- recommendations for care, including possible referral to an appropriate health care provider if necessary; and
- obtaining of informed consent, consistent with Standard of Practice S-013: Consent

On each patient visit (as outlined and defined in G-013: Chiropractic Assessments), the member shall allow sufficient time to:

- provide relevant, safe, supportive and patient-centred quality care within the chiropractic scope of practice, and related to the patient's condition and goals;
- conduct outcome measures, assessment and reassessment of progress related to the patient's presenting condition and goals, as required (as outlined and defined in G-013: Chiropractic Assessments); and
- document legible and accurate, individualized and personalized notes capturing the unique aspects of that particular patient encounter (as outlined and defined in G-013: Chiropractic Assessments)

Diagnostic and Therapeutic Procedures

A member shall take reasonable steps to ensure that any proposed diagnostic or therapeutic procedure to be used for the benefit of a patient relates to the chiropractic scope of practice.

For a diagnostic or therapeutic procedure to be acceptable for clinical purposes, it must be taught in the core curriculum, post-graduate curriculum or continuing education division of an accredited educational institution.

In order to perform a diagnostic or therapeutic procedure, a member shall:

- achieve, maintain and be able to demonstrate clinical competency (e.g., examination, certification, or proof of training) in the diagnostic or therapeutic procedure; or
- be fulfilling the requirements to achieve clinical competency and have informed the patient that they are fulfilling the requirements to achieve clinical competency.

A member shall obtain the patient's consent to the use of the diagnostic or therapeutic procedure, consistent with Standard of Practice S-013: Consent, that is:

- fully informed;
- voluntarily given;
- related to the patient's condition and circumstances;
- not obtained through fraud or misrepresentation; and
- evidenced in a written form signed by the patient or otherwise documented in the patient health record.

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If a proposed diagnostic or therapeutic procedure does not relate to the chiropractic scope of practice, a member should not use the diagnostic or therapeutic procedures in their professional capacity.

In providing patient care, a member may use adjunctive diagnostic and therapeutic procedures that are in the public domain. This includes, but is not limited to, providing nutritional counselling, prescribing orthotics, giving advice on lifestyle and exercise, providing therapeutic modalities, and other therapies.

A member is reminded that CCO has specifically prohibited the use of some diagnostic and therapeutic procedures including, but not limited to, dark field microscopy, hyperbaric oxygen therapy, pelvic and prostate examinations, and vega testing.

Responding to General Health-Related Questions

A member is restricted from treating or advising outside the chiropractic scope of practice by section 30 of the *RHPA* as follows:

Treatment, etc., where risk of harm

30 (1) No person, other than a member treating or advising within the scope of practice of his or her profession, shall treat or advise a person with respect to his or her health in circumstances in which it is reasonably foreseeable that serious bodily harm may result from the treatment or advice or from an omission from them. (specific, limited exemptions are referenced in section 30 of the *RHPA*)

Offences

40 (1) Every person who contravenes subsection ... 30 (1) is guilty of an offence and on conviction is liable,

- (a) for a first offence, to a fine of not more than \$25,000, or to imprisonment for a term of not more than one year, or both; and
- (b) for a second or subsequent offence, to a fine of not more than \$50,000, or to imprisonment for a term of not more than one year, or both.

In responding to general health-related questions by patients that relate to controlled acts outside the chiropractic scope of practice (such as prescribing a drug as defined in the *Drug and Pharmacies Regulation Act, 1990*, performing surgery and administering vaccinations), a member shall:

- advise the patient that the performance of the act is outside the chiropractic scope of practice and the patient should consult with a health professional who has the act within his/her scope of practice;
- respond in a professional, accurate and balanced manner in the context of providing primary health care to the patient consistent with the chiropractic scope of practice; and
- encourage the patient to be an active participant in his/her own health care which allows the patient to make fully informed decisions concerning his/her health care.

Implications of Failure to Comply

A member is reminded that he/she may be the subject of an inquiry, complaint or report concerning the provision of chiropractic services or discussions related to general health-related questions from patients. The Inquiries, Complaints and Reports Committee (ICRC), composed of elected (chiropractor), appointed (public) and non-council (chiropractor) committee members will review any inquiry, complaint or report to determine the member's compliance with all relevant standards of practice including Standard of Practice S-001: Scope of Practice. In exercising its discretion, the ICRC may consider if:

- the diagnostic or therapeutic procedure related to the chiropractic scope of practice for the benefit of the patient;
- the member achieved, maintained and can demonstrate clinical competency in the diagnostic or therapeutic procedure; and
- the discussions with the patient relating to general health-related questions were consistent with this standard of practice.

LEGISLATIVE CONTEXT

In addition to the legislative provisions outlined above, members are reminded that the following are acts of professional misconduct under Ontario Regulation 852/93 (Professional Misconduct):

2. Contravening a standard of practice of the profession or failing to maintain the standard of practice expected of members of the profession.
12. Failing to reveal the nature of a remedy or treatment used by the member following a patient's request to do so.
- 6 13. Failing to advise a patient to consult with another health professional when the member knows or ought to know that,
 - the patient's condition is beyond the scope of practice and competence for the member;
 - the patient requires the care of another health professional;
or
 - the patient would be appropriately treated by another health professional.
14. Providing a diagnostic or therapeutic service that is not necessary.