

Applicant Report Cover Sheet and Outline
Washington State Department of Health Sunrise Review

COVER SHEET

Legislative proposal being reviewed under the sunrise process (include bill number if available):

HB 1573- This legislation, as drafted, would include school districts in the description of “political subdivisions”, and specifically identified the “Washington Interscholastic Activities Association” in the entities not allowed to discriminate in 18.25 RCW. The proposed legislation would also allow doctors of chiropractic to perform sports physicals for school athletes and physicals examinations for commercial truck drivers.

The bill did not move from the House Health Care Committee therefore no amendments were able to be proposed however; we propose the following changes to the initial bill draft:

1. Remove reference to the Washington Interscholastic Activities Association (WIAA); and
2. Apply the proposed legislation to all youth sports; and
3. Propose additional training requirements for those doctors of chiropractic who would be eligible to perform pre-participation physical examinations; and
4. Require Federal Motor Carrier training for doctors of chiropractic performing the physical examinations that would meet the criteria of the Federal Motor Carrier Safety Act.

Name and title of profession the applicant seeks to credential/institute change in scope of practice:

Chiropractic

Applicant’s organization:

Washington State Chiropractic Association

Contact person:

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Number of members in the organization:

800

Approximate number of individuals practicing in Washington:

1500-1600

Name(s) and address(es) of national organization(s) with which the state organization is affiliated:

None

Name(s) of other state organizations representing the profession:

None

Outline of Factors to be Addressed

Supporting Documentation Attachments:

Attachment A: Draft bill language

Attachment B: Syllabus for Pre Participation Exam Course

Attachment C: Diplomate of the American Chiropractic Board of Sports

Physicians Candidates Guide

Attachment D: Scope from Other States 2008

Attachment E: Congress of Chiropractic State Associations state by state allowance of PPE, 2013

Attachment F: CCE Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status

Attachment G: Guidance for the Core Curriculum Specifications, Federal Motor Carrier Safety Act, US Department of Transportation

Attachment H: Complete Guide to Medical Examiner Certification

(1) Define the problem and why regulation is necessary:

Regulation is necessary to assure standards of care are met in the performance of physical examinations (PPE) as well as to meet Department of Transportation (DOT) requirements. Regulation assures that a minimum level of competency is obtained by all providers performing these examinations.

The problem identified by the Washington State Chiropractic Association (WSCA) is the arbitrary selection of which health care providers are identified to perform these examinations. Specifically, Doctors of Chiropractic are excluded from the privilege of performing athletic pre-participation examinations (PPE) and Department of Transportation (DOT) examinations in Washington State.

The regulation of DOT professional driver physical examinations are regulated nationally through the Federal Motor Carrier Safety Act (1992). The DOT classifies doctors of chiropractic as health care

providers permitted to perform DOT examinations. The Federal government requires all health care providers, regardless of their terminal degree, to be certified and tested through the National Registry of Certified Medical Examiners and provides the necessary training. The WSCA requests that the federal DOT rules and regulations also be applied in the State of Washington.

Taken from the Federal Motor Carrier Safety Act, Department of Transportation website, frequently asked questions document:

Q: Who can serve as a Medical Examiner and perform DOT Physical Exams?

A: Federal Motor Carrier Safety Regulations define Medical Examiner as a person who is licensed, certified and/or registered in accordance with applicable State laws and regulations to perform physical examinations. The term includes but is not limited to doctors of medicine, doctors of osteopathy, physician assistants, advanced practice nurses and doctors of chiropractic.

There are no federal guidelines regarding PPE examinations. States decide on an individual basis who may provide a PPE. Almost half of the states authorize doctors of chiropractic to perform PPE, one State (Colorado) provides for additional certification for interested doctors of chiropractic to become listed on a registry to perform the PPE. Attachments D and E reference application of PPE's in other states.

The WSCA seeks consistency in the scopes of practice in Washington State as compared to others including the Federal Government and States which provide for doctors of chiropractic to perform PPEs.

There is significant demand by the public for these services. The restrictions prohibiting interested chiropractic doctors from providing the care to their patients in a cost effective manner creates delays in health care services and additional expenses for patients because of the shortage of primary care physicians. Additionally, patients have existing and established relationships with their chiropractic doctors. These patient health care provider relationships should not be unnecessary limited in regards to providing cost efficiencies, timeliness and continuity of appropriate health care services.

(a) The nature of the potential harm to the public if the health profession is not regulated, and the extent to which there is a threat to public health and safety.

There is minimal to no additional risk to the public because doctors of chiropractic are regulated by the State of Washington under RCW 18.25.005 and these clinicians provide an important role in health care in the State of Washington. The current regulatory scope of practice does not reflect recent advances in the education of the chiropractic profession including specialty and recent trends in voluntary training to demonstrate additional competencies. This proposal recognizes doctors of chiropractic with specialty training or additional voluntary training specific to these areas of practice provide an important quality assurance measure. This proposal will protect public health and safety through education and training.

(b) The extent to which consumers need and will benefit from a method of regulation identifying competent practitioners, indicating typical employers, if any, of practitioners in the health profession.

Consumers will benefit by greater access to qualified health care providers with specialized training in the pre-participation examination and federal recognition to perform DOT examinations.

Special certification in the PPE is unique to the chiropractic profession as this group of health care providers meets inclusion through voluntary processes to ensure clinical competencies. The WSCA recognizes the variability of clinical expertise on all health care provider groups. To protect the

citizens of Washington the WSCA promotes additional training and measurements of competency for those doctors of chiropractic who are interested in providing additional services to their patients. The voluntary participation and identification of doctors of chiropractic with special training, as recognized by state or federal regulatory bodies, provides for a measure of quality assurance to consumers that meets or exceeds other health care provider groups.

(c) The extent of autonomy a practitioner has, as indicated by: (i) The extent to which the health profession calls for independent judgment and the extent of skill or experience required in making the independent judgment; and (ii) The extent to which practitioners are supervised:

Proposed updates to the scope of practice will benefit the public by proving a mechanism whereby the public can be assured that participating licensed doctors of chiropractic who provide DOT or/and PPE examinations meet and maintain additional training in regards to the new services they provide. This proposal defines the level of education required to maintain such training.

(2) The efforts made to address the problem: (a) Voluntary efforts, if any, by members of the health profession to: (i) Establish a code of ethics; or (ii) Help resolve disputes between health practitioners and consumers; and (b) Recourse to and the extent of use of applicable law and whether it could be strengthened to control the problem:

The proposed changes to scope of practice would clarify current law under RCW 18.25.005 by further defining a subset of doctors of chiropractic specially trained in sports medicine, the performance of a PPE and DOT regulations.

Current law allows for doctors of chiropractic to perform a physical examination, however the PPE is not specifically addressed. The ability to perform the PPE which results in the clearance of athletes to participate in organized sport should be within the scope of practice for trained health care providers including doctors of chiropractic. Due to growth in the profession, there are groups of doctors of chiropractic with special training in certain fields of health care. These fields of specialty training include sports medicine and the performance of DOT examinations. This proposal provides for special acknowledgement in the practice act to define these specially trained doctors of chiropractic.

There are no proposed changes to current law that would affect the current code of ethics of the profession nor changes to RCW 18.130 (Regulation of health professions — uniform disciplinary act).

(3) The alternatives considered: (a) Voluntary efforts, if any, by members of the health profession to: (a) Regulation of business employers or practitioners rather than employee practitioners; (b) Regulation of the program or service rather than the individual practitioners; (c) Registration of all practitioners; (d) Certification of all practitioners; (e) Other alternatives; (f) Why the use of the alternatives specified in this subsection would not be adequate to protect the public interest; and (g) Why licensing would serve to protect the public interest.

Updating RCW 18.25.005 to the standards as proposed in (Attachment A) would serve the public interest by allowing specially trained doctors of chiropractic to perform services in high public demand. Additionally, this proposal serves as a quality assurance measure by identifying a subgroup of the profession with special training and providing a portal for consumers to access a list of providers that hold State or Federal recognition to provide needed services.

There are no provisions in the proposed standards for services to be performed by anyone other than individuals licensed in RCW 18.25.005. A certification requirement by endorsement to the chiropractor's license is the most effective way to manage the training and certification requirements have been met and that those performing these examinations are safe. Due to the autonomous nature of chiropractic practice endorsement by the Chiropractic Quality Assurance Commission is the most appropriate methodology.

(4) The benefit to the public if regulation is granted. Consumers will benefit from the updated standards now being proposed as these standards will allow the practitioner with special training to provide a broader range of services within the current regulating guidelines for doctors of chiropractic.

Primary care medicine is an underserved need in health care. PPEs and DOT examinations have traditionally been performed by primary care health care providers. Allowing for additional providers with special training to provide PPE/DOT examinations, consumers will benefit from greater access to care as well as the right to seek care from the health care providers they choose. The public will be assured of quality of care by the educational endorsement requirements described in this statute.

Currently the statute does not reflect the growth of the profession or allow for interested practitioners to fully utilize their specialized post-graduate training for the health and enrichment of the public.

Consumers seeking fitness for duty examinations by qualified Medical Examiners, as defined in the Federal Motor Carrier Safety Act, will benefit by having greater access to providers especially in rural areas of Washington State. Currently there are only 24 total providers listed in the National Registry available to perform Department of Transportation examinations for commercial drivers.

(4)(a) The extent to which the incidence of specific problems present in the unregulated health profession can reasonably be expected to be reduced by regulation;

This proposal addresses only regulated health care providers. The educational and knowledge assessment procedures are designed to mitigate known concerns. Therefore, in order for doctors of chiropractic to be allowed to perform these examinations the scope of practice must be specifically defined.

(4)(b) Whether the public can identify qualified practitioners.

The Department of Health (DOH) has an easily navigable and searchable Web-site that lists all practitioners by name and license number so the public can identify qualified doctors of chiropractic. All information regarding a chiropractor's current licensing status or issues involving licensure is clearly marked and for public record. This proposal requests that the DOH Chiropractic Quality Assurance Commission add a section to this web site that clearly identifies doctors of chiropractic with specialty training in the PPE or that the Chiropractic Quality Assurance Commission maintain a list of doctors of chiropractic who have received the endorsement following certification and testing. As an additional resource the Washington State Chiropractic Association is able to maintain a list of providers available to consumers and the designation can be identified on its website when searching for chiropractic services.

The doctors of chiropractic engaged in the Federal Motor Carrier Safety fit for duty examinations will be identified through the National Registry of Certified Medical Examiners (National Registry) is a new Federal Motor Carrier Safety Administration (FMCSA) program. It requires all medical examiners (MEs) who wish to perform physical examinations for interstate commercial motor vehicle (CMV)

drivers to be trained and certified in FMCSA physical qualification standards. Medical examiners who have completed the training and successfully passed the test are included in an online directory on the National Registry website.

(4)(c) The extent to which the public can be confident that qualified practitioners are competent.

Based on the testimony of comments provided at the February 21, 2013, hearing in the House Health Care Committee for the proposed legislation, it is clear that the general public, especially our opposition, is unaware of the base chiropractic education.

By statute, a chiropractic doctor must graduate from a Council on Chiropractic Education (CCE) accredited college or university. CCE accredited institutions require the doctor of chiropractic programs to include training in physical diagnosis through an absolute minimum of 4,200 instructional hours, and include curriculum in the following topics: anatomy; biochemistry; physiology; microbiology, pathology; public health; physical, clinical and laboratory diagnosis; gynecology; obstetrics; pediatrics; geriatrics; dermatology; otolaryngology; diagnostic imaging procedures; psychology; nutrition/dietetics; biomechanics; orthopedics; neurology; first aid and emergency procedures; spinal analysis; principles and practice of chiropractic; clinical decision making; adjustive techniques; research methods and procedures; and professional practice ethics.

The accreditation requirements for CCE can be found in the document titled "Council on Chiropractic Education Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status" A detailed outline of the curriculum pertaining to the physical examination requirements are detailed in attachment F, pages 31-34.

In addition, examinations for license to practice chiropractic shall be developed and administered, or approved, or both, by the commission according to the method deemed by it to be the most practicable and expeditious to test the applicant's qualifications. The commission may approve an examination prepared or administered by a private testing agency or association of licensing authorities. In Washington State the Chiropractic Quality Assurance Commission uses the national examination for chiropractic which is approved by the Council on Chiropractic Education (CCE) and the examination for licensing is administered by National Board of Chiropractic Examiners (NBCE).

Examination subjects may include the following: Anatomy, physiology, spinal anatomy, microbiology-public health, general diagnosis, neuromusculoskeletal diagnosis, X-ray, principles of chiropractic and adjusting, as taught by chiropractic schools and colleges, and any other subject areas consistent with chapter 18.25 RCW. The commission shall set the standards for passing the examination. The commission may enact additional requirements for testing administered by the national board of chiropractic examiners.

All examinations are managed by NBCE including Parts 1- IV which includes the following:

Part I

Includes subject examinations in each of six basic science areas: general anatomy, spinal anatomy, physiology, chemistry, pathology, and microbiology. Each subject examination contains 110 standard multiple-choice questions and is allotted 90 minutes of testing time.

Part II

Consists of 110 multiple-choice questions in each of six clinical science areas, including general diagnosis, neuromusculoskeletal diagnosis, diagnostic imaging, principles of chiropractic, chiropractic practice, and associated clinical sciences. Each Part II subject is allotted 90 minutes of testing time, with a 20-minute break between subjects.

Part III

Addresses nine clinical areas: case history, physical examination, neuromusculoskeletal examination, diagnostic imaging, clinical laboratory and special studies, diagnosis or clinical impression, chiropractic techniques, supportive interventions, and case management. The Part III Examination consists of two books, with a total of 110 standard multiple-choice questions and 10 case vignettes, broken down as follows:

- Each book has 55 standard multiple-choice questions, plus five case vignettes
- Each of the five case vignettes contains three extended multiple-choice questions
- Each extended multiple-choice question requires three answers

Each book is allotted two hours of testing time.

Part IV

The NBCE Part IV Examination tests individuals in three major areas:

- x-ray interpretation and diagnosis
- chiropractic technique
- case management

Results of the Part IV Examination may be used by state licensing authorities in lieu of other practical examinations for licensure. The NBCE Part IV Examination is administered in May and November of each year.

In Washington State the CQAC began using Part IV in May of 1999 to replace their x-ray practical examination but still required the Washington State generated chiropractic practical exam. In 2000, Washington State began requiring Part IV for licensure without further state generated practical tests. Presently, Part IV is accepted in all licensing jurisdictions in the United States except for Illinois, which has no requirement for a practical licensure examination.

(4)(c)(i) Whether the proposed regulatory entity would be a board composed of members of the profession and public members, or a state agency, or both, and, if appropriate, their respective responsibilities in administering the system of registration, certification, or licensure, including the composition of the board and the number of public members, if any; the powers and duties of the board or state agency regarding examinations and for cause revocation, suspension, and nonrenewal of registrations, certificates, or licenses; the promulgation of rules and canons of ethics; the conduct of inspections; the receipt of complaints and disciplinary action taken against practitioners; and how fees would be levied and collected to cover the expenses of administering and operating the regulatory system.

The regulatory entity for the chiropractic profession in Washington State is in place and there are no additional boards needed if this proposal is implemented. The current Chiropractic Quality Assurance Commission is already established and receives complaints and manages disciplinary action on all chiropractic matters.

(4)(c)(ii) If there is a grandfather clause, whether such practitioners will be required to meet the prerequisite qualifications established by the regulatory entity at a later date.

No grandfather clause is proposed for the PPE, all doctors participating would be required to meet the PPE examination.

The DOT provides for the measurement of competency in regards to the DOT examination. Individuals meeting the federal requirements should be permitted to provide the DOT physical examination service.

(4)(c)(iii) The nature of the standards proposed for registration, certification, or licensure as compared with the standards of other jurisdictions.

Currently more than 15 states have special regulations regarding the PPE in their chiropractic practice acts. One state, Colorado, currently requires special certification as proposed in this document. A summary of these regulations is enclosed in appendix E.

The Federal government requires all health care providers, regardless of their terminal degree, to be certified and tested through the National Registry of Certified Medical Examiners and provides the necessary training. The WSCA requests that the federal DOT rules and regulations also be applied in the State of Washington. The Guidance for the Core Curriculum Specifications is provided as Attachment G, and the Complete Guide to Medical Examiner Certification is provided as Attachment H. All providers must achieve certification to qualify as a DOT Medical Examiner.

(4)(c)(iv) Whether the regulatory entity would be authorized to enter into reciprocity agreements with other jurisdictions.

This is not applicable to a profession regulated under the Secretary of Health.

(4)(c)(v) The nature and duration of any training including, but not limited to, whether the training includes a substantial amount of supervised field experience; whether training programs exist in this state; if there will be an experience requirement; whether the experience must be acquired under a registered, certificated, or licensed practitioner; whether there are alternative routes of entry or methods of meeting the prerequisite qualifications; whether all applicants will be required to pass an examination; and, if an examination is required, by whom it will be developed and how the costs of development will be met.

The educational coursework and competency testing would be offered at least once annually. There are two tracks available to Doctors of Chiropractic to become registered to perform the PPE:

1. A 18 hour course that prepares the Doctor of Chiropractic to perform the pre-participation examination and make clearance decisions to participate in sport. The course syllabus is attached in Appendix B. The preparatory PPE course is a 12 hour didactic course that delivers specific PPE education through either live or distance based education accompanied

by a minimum of six additional hours of practical education. The education syllabus would be approved by the Washington Quality Assurance Commission.

AND

An outcome evaluation that measures the learner's competency would be provided. A minimum passing score of 80% or better on a written/practical examination.

Current board certification by the American Chiropractic Board of Sports Physicians as a Diplomate of the American Chiropractic of Sports Physicians (DACBSP) would be eligible to challenge the PPE written examination because of their prior training and education in regards to this topic. The educational requirements for the DACBSP are attached in Attachment C.

No additional supervised field experience is required as part of this training program.

All doctors would be required to demonstrate certification in CPR. CPR training will be obtained outside the PPE course and minimally meet the CPR and AED for the professional rescuer.

To ensure continued competence and knowledge of best practices in performing PPEs, all participating doctors will need to recertify every two (2) years through additional training coursework consisting of four hours followed by an additional competency evaluation. The recertification examination will focus on core learning objectives as well as new information regarding PPEs. Learner outcome examinations will be considered successful with an 80% examination score. The recertified doctor's names would then be updated on the PPE DC Registry.

All course content and examinations would be created by Doctors of Chiropractic holding the highest board certification in sports medicine (Diplomate of the American Chiropractic Board of Sports Physicians) and the clinical expertise in the area of the PPE.

Training and examination development costs would be paid for the Washington State Chiropractic Association.

There are existing training programs for the National Registry of Certified Medical Examiners to provide the prerequisite education. The DOT provides for the examination and maintenance of the DOT related recognition.

(4)(c)(vi) What additional training programs are anticipated to be necessary to assure training accessible statewide; the anticipated time required to establish the additional training programs; the types of institutions capable of providing the training; a description of how training programs will meet the needs of the expected work force, including reentry workers, minorities, placebound students, and others.

As described in (4)(c)(v) additional training for the DOT pathway is already in place and for the PPE additional training in the form of live or distance based education would be required. All training courses would be approved by the Washington State Chiropractic Quality Assurance Commission,

be affiliated with CCE approved educational institutions, and instructors would be required to hold an advanced certification in sports medicine (DACBSP required) as well as a minimum of 5 years of experience in the performance and analysis of the PPE. Institutions providing training must include distance based platforms for training in order to reduce educational costs associated with travel.

(4)(d) Assurance of the public that practitioners have maintained their competence.

Assurance of practitioner competence is achieved through the public's ability to freely access licensing and PPE certification information through the Department of Health Web site or by contacting the Department of Health directly. The list of active certificate holders will provide the public with a list of doctors of chiropractic who have been found to be competent in the PPE by written examination within the previous 2 years.

The Federal government requires all health care providers, regardless of their terminal degree, to be certified and tested through the National Registry of Certified Medical Examiners and provides the necessary training.

(4)(d)(i) Whether the registration, certification, or licensure will carry an expiration date.

The current PPE proposal includes an expiration date of 2 years from certification. Renewal will be allowed by challenge examination for those already certified.

The Federal government manages the National Registry of Certified Medical Examiners.

(4)(d)(ii) Whether renewal will be based only upon payment of a fee, or whether renewal will involve reexamination, peer review, or other enforcement.

Renewal will be based on the ability to pass a written examination. A small fee for administration expense related to PPE test and database administration will be required as part of the renewal process.

The Federal government manages the related fees for the National Registry of Certified Medical Examiners.

(5) The extent to which regulation might harm the public.

The regulation will provide quality assurance to the public and reduce risk of harm. The proposed regulations improve quality of care by identifying specially trained providers for a service that is in high demand in the State of Washington. This PPE proposal exceeds requirements of other professions currently providing PPE examinations.

(5)(a) The extent to which regulation will restrict entry into the health profession: (i) Whether the proposed standards are more restrictive than necessary to insure safe and effective performance.

The proposed standards do not restrict entry based on existing or new licensing requirements; there are no proposed changes to existing licensing requirements. The proposed standards are not more restrictive than necessary as they do not require mandatory use of the techniques by practitioners nor application to every patient.

(5)(a)(ii) Whether the proposed legislation requires registered, certificated, or licensed practitioners in other jurisdictions who migrate to this state to qualify in the same manner as state applicants for registration, certification, and licensure when the other jurisdiction has

substantially equivalent requirements for registration, certification, or licensure as those in this state.

Alternative or equivalent certification programs or education requirements are not accepted.

(5)(b) Whether there are similar professions to that of the applicant group which should be included in, or portions of the applicant group which should be excluded from, the proposed legislation.

This regulation is not relevant to any other groups or subgroups.

(6) The maintenance of standards: (a) Whether effective quality assurance standards exist in the health profession, such as legal requirements associated with specific programs that define or enforce standards, or a code of ethics.

The proposed standards do not change the current code of ethics as regulated by the Quality Assurance Commission.

(6)(b) How the proposed legislation will assure quality, (i) The extent to which a code of ethics, if any, will be adopted.

The proposed standards do not change the current code of ethics as regulated by the Quality Assurance Commission.

(6)(b)(ii) The grounds for suspension or revocation of registration, certification, or licensure.

The proposed standards do not change the current code of ethics as regulated by the Quality Assurance Commission.

(7) A description of the group proposed for regulation, including a list of associations, organizations, and other groups representing the practitioners in this state, an estimate of the number of practitioners in each group, and whether the groups represent different levels of practice.

Doctors of chiropractic in the state of Washington, currently number between 1500-1600. There are no different levels of practice within this group.

(8) The expected costs of regulation:

There will be costs associated with this proposal in terms. These include rulemaking costs, website upkeep and certification maintenance costs. The costs related to the proposed regulation would be the obligation of the professionals selecting these endorsements.

We anticipate additional revenue to the state by the purchase of PPE certification and certification renewal costs.

(9) List and describe major functions and procedures performed by members of the profession (refer to titles listed above). Indicate percentage of time typical individual spends performing each function or procedure:

The current scope of practice of doctors of chiropractic is defined in WAC Chapter 246-808. A classification of chiropractic procedures and instruments list is available through the Washington Department of Health: <http://www.doh.wa.gov/portals/1/Documents/Pubs/641042.pdf>

The use of these procedures is dependent on the practitioner and no valid estimate of procedures across the entire profession is available at this time.

ATTACHMENT

A

HOUSE BILL 1573

State of Washington

63rd Legislature

2013 Regular Session

By Representatives Harris, Hope, Pettigrew, Green, Walsh, Cody, Moeller, Stonier, and Morrell

Read first time 01/31/13. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to clarifying the prohibitions against
2 discriminating against licensed chiropractors; and amending RCW
3 18.25.0194 and 18.25.0195.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 18.25.0194 and 1974 ex.s. c 97 s 3 are each amended to
6 read as follows:

7 The state and its political subdivisions, including school
8 districts, and all officials, agents, employees, or representatives
9 thereof, are prohibited from in any way discriminating against licensed
10 chiropractors in performing and receiving compensation for services
11 covered by their licenses. Licensed chiropractors must be allowed to
12 perform sports physicals for school athletes and physical examinations
13 required for commercial driver's licenses.

14 **Sec. 2.** RCW 18.25.0195 and 1974 ex.s. c 97 s 4 are each amended to
15 read as follows:

16 Notwithstanding any other provision of law, the state and its
17 political subdivisions, and all officials, agents, employees, or
18 representatives thereof, are prohibited from entering into any

1 agreement or contract with any individual, group, association,
2 including the Washington interscholastic activities association, or
3 corporation which in any way, directly or indirectly, discriminates
4 against licensed chiropractors in performing and receiving compensation
5 for services covered by their licenses.

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ATTACHMENT

B

Washington State Chiropractic Course Syllabus

Course Name: Pre-participation Examination (PPE)

Hours: 18

Course Description

This 18 hour course will provide Doctors of Chiropractic with current information concerning performing pre-participation examinations. The course is designed for the general practicing Doctor of Chiropractic. This course contains outcome evaluative measures in the form of a final examination. Participants would be expected to repeat this course every two years.

Course Objectives / Outcomes:

- Understand the proper structure and implementation of a PPE
- Know the standard of care concerning the PPE
- Apply the knowledge of physical examination and history taking to provide for the proper assessment of athlete's eligibility to safely participate in sport.
- Learn the key components of the PPE
- Refine the skills associated with obtaining and evaluating a health history.
- Develop further appreciation of the conditions encountered in the athletic population that involve an individual's ability to safely participate in sport.
- Analyze the history and physical examination to determine clearance to participate in sporting activities.
- Recognize and develop the skills to implement the key components of the cardiovascular examination.
- Analyze heart sounds to determine patient selection for referral or additional studies.
- Evaluate several case studies of athletes and perform synthesis of the case study to determine clearance to participate in sporting activity.

Course Outline:

Hour

1. General information regarding the expected standards of care, including the primary and secondary objectives of the pre-participation examination. The protocol for performing and recording the PPE is described in a step-by-step fashion.
2. Classifications of sports including by contact and by cardiovascular stress are described. Administrative, ethical and legal concerns will be addressed.
3. Review of the formats of the pre-participation examination, to include timing setting and structure. The station based versus 1:1 PPE is described along with the advantages and disadvantages of these formats as well as issues and concerns regarding obtaining and evaluating the patient history for the pre-participation exam. Specific

discussion regards to the care of minors and the recognition of the keys to the participation examination history.

4. Marfan Syndrome characteristic signs and symptoms is discussed as it relates to the PPE and proper referral. The female triad is described along with the formulation of a multiple disciplinary care plan.
5. System Based examinations: Obtaining, reviewing and interpreting vital signs. Discussion on how to manage the deconditioned athlete.
6. The physical examination of the head, neck, skin, peripheral vascular and lymphatic systems.
7. One hour lab on the above topic.
8. The general physical examination.
9. One hour lab on the above topic.
10. The methodology and performance of the musculoskeletal examination is investigated.
11. One hour lab in the above topic.
12. The cardiovascular examination to include pulmonary evaluations and assessment of peripheral pulses.
13. Cardiovascular and pulmonary practical skills workshop.
14. Other disqualifying disorders and conditions are discussed.
15. The importance and methodology determining clearance to participate is provided
16. Examination and case study workshop.

Evaluation Methods: A formal multiple-choice examination is administered at the termination of the course materials. There will be at least three questions for every hour of the class. The learner will also be required listen to evaluate heart and chest sounds and complete multiple case-based studies to determine clearance. The learner must score 75% to receive credit for the course and to be listed on the registry.