



July 26, 2013

Sherry Thomas
Washington State Department of Health
Health Systems Quality Assurance
PO Box 47850
Olympia, WA 98504-7850

RE: Sunrise Hearing August 6, 2013: **Chiropractic Scope of Practice**

Dear Ms. Thomas,

This letter is written on behalf of the University of Western States (UWS) College of Chiropractic, a key stakeholder in matters of scope of practice in Washington. UWS fully supports the proposed clarification of scope of practice for chiropractic physicians in the state of Washington, with particular focus on the following issues pursuant to the Sunrise panel's deliberations.

1. Chiropractic physicians are qualified to perform these procedures by professional education, clinical training and daily practice.

Chiropractic physicians receive didactic instruction along with practical and supervised clinical training to competently, safely and effectively perform preparticipation physical examinations of k-12 students as well as US Department of Transportation (DOT) physical examinations. The doctor of chiropractic degree program at UWS requires nearly 1000 hours of formal training in all aspects of ambulatory care patient evaluation, and the analysis and employment of best practices therein. This education includes didactic and practical skills instruction in emergency procedures, physical examination of each body region and system, laboratory diagnosis, differential diagnosis, imaging, triage, evidence based practice, etc. In addition to didactic instruction and practical application, clinical practice training rotations include extensive experience in the application of these competencies on a very diverse array of patients in ambulatory care settings from all socioeconomic, ethnic, gender and age demographics.

Chiropractic physicians are eminently qualified to perform patient screening physical examinations. Additional evidence supporting this conclusion can be seen in the Council on Chiropractic Education (CCE) Standards for chiropractic programs. (**Attachment 1- 2013 CCE Standards**). CCE is the programmatic accreditor for all doctor of chiropractic degree programs in the USA, and is recognized as such by the US Department (Secretary) of Education, by licensing boards in the US and internationally and by the Council for Higher Education Accreditation. The exam blueprints for the National Board of Chiropractic Examiners (NBCE) Parts I - IV and Physiotherapy board examinations also serve as

evidence of the expectations for competency in this area of practice. (**Attachment 2- NBCE Parts I-IV test manuals**). These tests evaluate both the written and practical ability of chiropractic physicians to engage in a broad spectrum of patient types and concerns, and are required for licensure eligibility in Washington State. The procedural requirements for DOT and preparticipation physical examinations are clearly included within these preparation and examination requirements and hence, the competencies and abilities of all licensed Washington chiropractic physicians. Last, additional training is available to practitioners who desire a refresher in either of these arenas through UWS postgraduate offerings.

2. **The conduct of preparticipation physical examinations and DOT physical exams fall within the Washington scope of chiropractic as defined by law and rule.**

Under RCW 18.25.005 (3) (**bold and color emphasis added**), the definition of chiropractic includes examinations and differential diagnosis for chiropractic conditions and examination of the body for the purpose of identifying abnormalities for which referral would be appropriate:

RCW 18.25.005(3) "Chiropractic" defined:

As part of a chiropractic differential diagnosis, a chiropractor shall perform a physical examination, which may include diagnostic x-rays, to determine the appropriateness of chiropractic care or the need for referral to other health care providers. The chiropractic quality assurance commission shall provide by rule for the type and use of diagnostic and analytical devices and procedures consistent with this chapter.

This point is further emphasized under RCW 18.25.006(8) (**bold and color emphasis added**):

"Chiropractic differential diagnosis" means a diagnosis to determine the existence of a vertebral subluxation complex, articular dysfunction, or musculoskeletal disorder, and the appropriateness of chiropractic care or the need for referral to other health care providers.

Both sections obligate a chiropractic physician to engage in diagnostic procedures that would elucidate an infinite number of non-chiropractic conditions. In other words, full scope diagnosis is a requirement of chiropractic physicians as they pursue the applicability and appropriateness of chiropractic treatment options. The purpose of preparticipation physical examinations as well as DOT physical examinations is to identify findings for which a chiropractic physician would diagnose non-chiropractic conditions and refer the patient to other health care providers.

For example, the discovery of stage 1 or 2 hypertension, visual acuity deficits or uncontrolled diabetes would be expected of a competent chiropractic physician under any clinical situation, not just a DOT physical. In those circumstances, the chiropractic physician is trained to initiate an appropriate referral to another qualified health care provider regardless of the reason for the physical. Similarly, a chiropractic physician is trained to detect a cardiac bruit or an inguinal hernia, and to make an appropriate referral, whether the patient is being seen for a preparticipation physical or for another specific health concern.

Patients often don't know what their health status or diagnosis is when they go to their chiropractic physician, or to any other health care provider for that matter. The purpose of the chiropractic physician's examination is to identify the nature and cause of the patient's symptoms and findings. As such, in all cases the diagnostic investigation must be broader in its search for causes of a complaint than the treatment scope of the practitioner. This is true of all other health care practitioners, including medical specialists. For example, an orthopedic surgeon would be expected to differentiate a metastatic bone lesion from a sprain/strain, but would probably not treat the metastatic lesion, which is exactly what a chiropractic physician would be expected to do in the same situation.

3. Chiropractic physicians can provide diagnostic evaluations and opinions in the absence of an intention to treat the patient.

The belief that chiropractic physicians are not allowed to perform diagnostic evaluations in the absence of intent to provide chiropractic care is incorrect. Interpretive Statement Number: CH-12-13-12: Practice of Chiropractic - Independent Chiropractic Examinations rendered by the Chiropractic Quality Assurance Commission clarifies this issue:

"...Given the purpose of the statute and the scope of practice stated in RCW 18.25.005, the Commission interprets the definition of chiropractic to include activities which involve diagnosis or analysis, as well as activities that include care or treatment. It is not necessary that both diagnosis or analysis and care or treatment occur together to be considered the practice of chiropractic.

If a chiropractor provides diagnosis or analysis but stops short of providing care or treatment, the activities are considered the practice of chiropractic. Similarly, if a chiropractor provides care or treatment based on another chiropractor's diagnosis or analysis, the activities are considered the practice of chiropractic."

4. Doctors of chiropractic are trained and qualified to provide concussion evaluation and return to play assessment

The Washington scope of practice for chiropractic physicians already includes authorization to perform examinations designed to rule-in or rule-out conditions of any nature- including those which would not fall within the scope of chiropractic practice to manage (RCW 18.25.005 (3), RCW 18.25.006(8)). The 2013 CCE Accreditation Standards demonstrate the expectation that chiropractic program graduates are evaluated for competency in a broad variety of health conditions, including many for which referral to another practitioner would be the most appropriate management choice. For instance, the curricula of chiropractic programs include extensive education in the evaluation, diagnosis, differential diagnosis and management of an extensive array of orthopedic, neurological and musculoskeletal conditions. The NBCE examination batteries verify that licentiates have demonstrated competency in the evaluation, differential diagnosis, triage, management and referral of a broad variety of patient problems and conditions.

Within this universe, doctors of chiropractic are educated and trained in the evaluation, differential diagnosis and management of mild traumatic brain injury (MTBI, or concussion). This education occurs in a variety of courses including orthopedics, neurology and emergency procedures. Chiropractic physicians are required to understand and be familiar with current published guidelines on the assessment, diagnosis, differential diagnosis, management and return to play assessment for individuals who have suffered mild traumatic brain injury. This education includes didactic, practical and clinical training experiences. The table below lists courses at the University of Western States where relevant information on various aspects of mild traumatic brain injury are addressed...

Course	Lecture	Lab	Clock Hours
Neuroanatomy	6	2	88
Neurophysiology	6	0	66
Neuromusculoskeletal Diagnosis & Treatment I Lecture	6	0	66
Neuromusculoskeletal Diagnosis & Treatment I Laboratory	0	2	22
Neuromusculoskeletal Diagnosis & Treatment II Lecture	3	0	33
Neuromusculoskeletal Diagnosis & Treatment II Laboratory	0	1	11
Neuromusculoskeletal Diagnosis & Treatment III Lecture	3	0	33
Neuromusculoskeletal Diagnosis & Treatment III Laboratory	0	1	11

Emergency Care	1	0	11
Clinic Phase 3	0	1	11

Some doctors of chiropractic whose focus is on treating athletes more extensively as a specialty practice can receive advanced didactic, practical and clinical experience education in postgraduate educational curricula relating to concussion identification, management and return to play assessment. Seventy nine chiropractic physicians possessing certification at an advanced level practice in the state of Washington.

The University of Western States supports the requested clarification to unambiguously include these examinations for chiropractic physicians licensed in Washington. UWS believes the exams are in fact within the scope of chiropractic practice in WA as they are in the vast majority of other licensing jurisdictions. Prohibition from practicing the legal scope in these specific situations and from allowing licensed chiropractic physicians to provide examinations and evaluations for which they are explicitly trained appears to be discriminatory and against the best interests of the citizens of Washington.

Sincerely,


Joseph Brimhall, DC
President

cc: Leo Romero, DC Chair, Board of Trustees
Gary Schultz, DC, DACBR, Professor and Chair, Clinical Sciences Department