



Colorado Board of Chiropractic Examiners Standard of Practice FAQs

(Last updated March 11, 2010)

The following information, while not all-inclusive, are guidelines the Board has determined meet generally accepted standards of practice for chiropractors in Colorado:

1. CLOSURE OF, OR DEPARTURE FROM, A CHIROPRACTIC PRACTICE

Pursuant to C.R.S. 12-33-117(1)(b) & (bb), due care should be taken when departing from or closing a chiropractic practice, to ensure a smooth transition from the current chiropractor if necessary. This should occur with a minimum of disruption in the continuity and quality of Chiropractic care being provided to the patient.

During such times, chiropractors and other parties involved in such processes must consider how their actions affect patients. It is the patient's decision from whom to receive care. Therefore, it is the responsibility of all chiropractors and other parties that may be involved to ensure the following:

- Timely patient notification of changes in the practice—often accomplished by a letter to patients who are currently, or have recently been under the chiropractor's care and should explain the changes in the practice and the final date of practice;
- Advise patients where their chiropractic records will be stored and how to access those records;
- Advise patients regarding how to reach chiropractor(s) remaining in the practice, if any; and
- Inform patients that the choice of healthcare provided belongs to the individual patient.

Chiropractors continue to have obligations toward patients during and after departure from, or the closing of, a chiropractic practice. Except in cases of death or other incapacity of the chiropractor, chiropractors may not abandon a patient or abruptly withdraw from the care of a patient. Therefore, patients should be given reasonable advance notice to allow their securing other care.

Good continuity of care includes preserving, keeping confidential, and providing appropriate access to records. Allow considerable time for patients to request their records be copied and forwarded to the new chiropractor. (See Board Rule 22.) Also, good continuity of care may often include making appropriate referrals. The chiropractor and other parties involved should ensure the requirements for continuity of care are effectively addressed.

2. PRIMARY HEALTHCARE PROVIDER AND SERVICES

Doctors of Chiropractic in Colorado are primary healthcare providers and provide primary healthcare services that include:



- The establishment of a chiropractor-patient relationship through consultation and taking a medical history.
- The determination of a patient's state of health and well being by performing physical examinations and differential diagnosis.
- The provision of a wide range of basic chiropractic healthcare services.
- The integration of basic chiropractic healthcare services throughout patient's lifetime.
- The interaction within the community served by the practitioner.
- The interaction with the public-health services available for the patient.

3. ADMINISTERING DRUG PRODUCTS

According to generally accepted standards in Colorado, a doctor of chiropractic who dispenses and administers unlabeled/incompletely labeled drug products has a responsibility to the patient/consumer to identify and have a reasonable degree of knowledge of what is dispensed to inform the patient of drug action, interaction, and side effect risks, and to use these products in a safe and responsible manner.

4. OPPOSING XRAY VIEWS

When it is appropriate and justifiable to perform X-rays on a patient, there must be 90 degree opposing views taken. There may be, however, two exceptions to this requirement:

- i. A single AP full spine view may be taken if the chiropractor is evaluating for lateral spinal curvature (scoliosis) only.
- ii. If the technique the chiropractor is utilizing specifically requires single view films for follow-up visits.

Initial X-ray studies must include 90 degree opposing views with a minimum of two films of each area examined radiologically. Only after the proper initial films have been produced may the doctor utilize single view films to evaluate for biomechanical effects of the treatments.

5. DIAGNOSIS

According to generally accepted standards in Colorado, a doctor of chiropractic who performs manipulations on patients is considered to have made a diagnosis. A diagnosis is an expert opinion identifying the nature and cause of a patient's concern or complaint, disease and/or abnormal findings. The process of arriving at a differential diagnosis prior to the commencing of treatment by a doctor of chiropractic includes: obtaining a thorough medical history; conducting physical, neurological, orthopedic, biochemical and other appropriate examination procedures; ordering, interpreting and analyzing specialized diagnostic imaging and/or laboratory tests as indicated by symptoms, clinical history and/or findings to determine the presence of disease or illness; and performing



postural and functional biomechanical analysis to determine the presence of articular dysfunction and/or subluxation.

6. REPORTING

Chiropractors must comply with all requirements, including those of the Department of Public Health and Environment relating to reporting. The following items should be reported:

- Diagnosis or treatment of animal bites pursuant to §25-4-603, C.R.S.
- Diagnosis or treatment of venereal disease, AIDS, HIV-related illness, or HIV infection pursuant to §25-4-402, C.R.S.

