

Board of Chiropractic Examiners  
Attention: Chiropractic Compliance  
1560 Broadway, Suite 1350  
Denver, CO 80202  
(303) 894-2318 Fax: (303) 869-0281  
Chiropractic Home Page: [www.dora.state.co.us/chiropractic](http://www.dora.state.co.us/chiropractic)  
Compliance Monitor - [deborah.strauss@dora.state.co.us](mailto:deborah.strauss@dora.state.co.us)

## **PRACTICE MONITOR REQUIREMENTS**

### **PRE-REQUISITES FOR MONITORS:**

1. The monitor must have a valid active Chiropractic license in the state of Colorado without any pending disciplinary actions and be a full-time practicing Chiropractor with a minimum of five-years of experience. Retirees and licensees who have had previous disciplinary action may apply to act as a practice monitor, however, the Board has the discretion to not select a potential monitor after reviewing any previous disciplinary actions. Any request for approval of a practice monitor will be reviewed on a case-by-case basis.
2. The monitor shall not have any relationship by marriage, consanguinity, or of a personal nature that would create a perception of a conflict of interest, nor any corporate affiliation, nor any prior or current financial relationship with supervised licensee other than remuneration for services as a practice monitor for a reasonable fee. Any variances must be approved by the Board. It is the intent of the Board to eliminate any appearance of impropriety.
3. The monitor shall supervise only one licensee at a time in order to properly supervise the licensee's professional practice.
4. The monitor shall be sufficiently knowledgeable about the subspecialty or field of the licensee so that monitoring the practice can be precise.
5. The monitor shall submit to the Board an application provided herein, a current resume or current curriculum vitea and any other specific information requested by the Board.
6. The Board reserves the right to make the final decision to approve a practice monitor.
7. Monitors are responsible for periodic assessment of licensee's practice as specified by the Stipulation and Order and are responsible for submitting a report to the Board on the supplied reporting forms. It is the responsibility of the licensee to ensure that practice-monitor reports are submitted according to the time guidelines set forth by the Board.
8. Monitors are responsible for the implementation of a program that meets the requirements of the Stipulation.
9. The monitor may elect to observe the licensee in the execution of certain duties or procedures. The monitor shall have access to all patient records, files, and materials so that they may effectively monitor licensee's practice.

## MONITORING THE SAFETY OF LICENSEE'S PRACTICE:

1. **The licensee must give the monitor a copy of the Stipulation.** The monitor must carefully review it, and understand its requirements.
2. Prior to accepting the position as a monitor, the monitor shall interview the licensee under Stipulation. The purpose of this interview is:
  - a. assure that the monitor and the licensee understand the Stipulation requirements;
  - b. develop the dimensions of the monitor program;
  - c. identify individual responsibilities; and
  - d. assure compatibility between the monitor and the licensee.
    - a. The monitor shall meet with the licensee on a regular basis (monthly, if not specified in the Stipulation) to evaluate performance, to apprise the licensee of areas of competency or weakness, to identify problem areas, and to modify the plan to reflect changes which meet altered needs.
3. The Board will provide a form for the practice monitor to provide information. The report shall contain a review of the violation that caused the discipline. The monitor shall address areas addressed in the violation section of the Stipulation.
4. The tutorial education function places heavy demands on the monitor's time. The one-on-one tutorial function also fosters a role model relationship between monitor and licensee that is considered extremely valuable in the preparation and improvement of the professional's shortfalls.
5. Remuneration for such service should be at a minimum of \$400.00 per report. The fee for a service agreement has been included. The Board highly encourages payment for practice monitor services to ensure the professional nature of the relationship between the licensee and the practice monitor.

**COLORADO BOARD OF CHIROPRACTIC EXAMINERS PRACTICE MONITOR  
APPLICATION**

1560 Broadway, Suite 1350  
Denver, CO 80202

**Attention: Chiropractic Compliance**  
(303) 894-2318, Fax: (303) 69-0281

Name of Proposed Monitor \_\_\_\_\_ License #: CHR \_\_\_\_\_

Telephone #: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Address:

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City Zip Code

E-Mail: \_\_\_\_\_  
*(Please note that due to cost savings, the Board will be using e-mail for most of its correspondence)*

Any Disciplinary Action(s) against proposed monitor?  Yes  No (If yes, give details on a separate sheet of paper).

Are you retired?  Yes  No (If yes, provide details on a separate sheet of when retired and what proposed monitor has been doing since retirement).

**Education:**

Chiropractic College: \_\_\_\_\_  
Year Graduated: \_\_\_\_\_

Post Graduate Education (Including internships, specialty training):

\_\_\_\_\_  
Program Location Date

\_\_\_\_\_  
Program Location Date

**It is of the utmost importance that prospective practice monitors are familiar and in compliance with the Chiropractic Practice Laws, Board rules, and other Policies ([www.dora.state.co.us/chiropractice](http://www.dora.state.co.us/chiropractice)).**

I, \_\_\_\_\_, have reviewed the Chiropractic Practice Laws of Colorado and affirm that I am in compliance with them and that I have read the Stipulation and fully understand the practice monitor requirements of this Stipulation.





**FEE FOR SERVICE AGREEMENT  
(REQUIRED IF/WHEN A FEE IS CHARGED)**

I \_\_\_\_\_, agree to pay my  
practice monitor \_\_\_\_\_, a rate of at least \$400 *per report*  
as recommended by the Board of Chiropractic Examiners.

The services to be performed concern my practice as a chiropractor.

Fees are to be paid at the time of services. When this not possible, I agree to pay the full amount of the balance within 30 days.

I acknowledge that I have read the Stipulation and that I fully understand the provisions.

I am satisfied with the Fee for Service Agreement and sign my name below of my own free will.

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Licensee Signature

Date

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Home Phone

Work Phone

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Address

City

State

Zip Code

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Practice Monitor's Signature

Date

## COLORADO BOARD PRACTICE MONITOR REPORT GUIDELINES

### General Information:

The purpose of the practice monitor report is to record the requirements met and the progress of the licensee who is in a supervised relationship with an approved practice monitor.

1. The “**Initial Practice Monitor Report**” is completed once, at the first visit. The “Practice Monitor Report” is completed at every visit. *All areas of the practice monitor report must be completed, regardless of the area specified in the Stipulation.* **The “Initial Report” and the “Practice Monitor Report” should be completed at the first visit.**
2. At the end of each monitoring visit, the practice monitor shall review the results with the licensee in person.
3. If the practice monitor finds problems that are beyond the scope of the practice monitor role, such as financial counseling, legal issues, etc., they may refer the licensee to the peer assistance provider to assist directly with referrals. Contact the Board office for the number.
4. It is solely the licensee’s responsibility to ensure or the peer assistance provider receive copies of each report on the date required.
5. The practice monitor is encouraged to conduct “random visits” as well as scheduled visits with the licensee.
6. All practice monitor reports are due in the Board office by the **15<sup>th</sup> of the month after the following three months** (i.e. practice monitor report for October, November, and December is due by January 15<sup>th</sup>).
7. The Board reserves the right to request additional information to be included in the Practice Monitor report.

### Initial Practice Monitor Report

1. The purpose of the initial report is to record the orientation of the practice monitor and the licensee to the relationship being established, and to serve as a checklist for the important initial items to be discussed.
2. Fill in the demographic information at the top of the form.
3. Check the appropriate box and provide explanations as needed.
4. Both the practice monitor and licensee should sign and date the form.

**COLORADO BOARD OF CHIROPRACTIC EXAMINERS**

**Initial Practice Monitor Report**

(Please Print)

Licensee: \_\_\_\_\_ License #: CHR \_\_\_\_\_

Home Phone

Work Phone

Address

City

State

Zip Code

Monitor: \_\_\_\_\_ License #: CHR \_\_\_\_\_

Home Phone

Work Phone

Address

City

State

Zip Code

**This report should be submitted with the FIRST Practice Monitor Report Only**

**First Visit – Date:** \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
The licensee and I reviewed together the Final Agency Order (FAO), Stipulation and Order, or the Chiropractic Rehabilitation Contract.		
The licensee and I developed together the dimensions of the monitor program and identified individual responsibilities to my satisfaction.		
The licensee and I have scheduled regular monitoring appointments in which the licensee has provided his/her office hours and it is understood that random visits may be conducted.		
The licensee and I agreed upon a fee for service and signed the Fee for Service Agreement.		
I conducted an initial evaluation of the licensee’s performance and areas of competency and weakness and evaluated if licensee is following the rules and statutes set forth by the Board.		
The licensee and I agreed upon problem areas including those identified in the FAO, Stipulation, or Rehabilitation Contract and developed a plan to monitor the areas.		
The licensee understands that, as the practice monitor, I will remain impartial.		
The licensee understands that I am required to notify the Board in writing if the licensee is not practicing Chiropractic in accordance with generally accepted standards of chiropractic practice in Colorado or any provisions of the Chiropractic Practice Law of Colorado, Rules and Regulations of the Board and Board Policies.		

I certify that I have received and read a copy of the Stipulation and Final Agency Order, or Rehabilitation Contract and I fully understand what is required for monitoring the licensee. I further certify that, as the practice monitor, I can be an impartial representative of the Board.

Signature of Monitor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

**For the initial visit only, attach this form to the front of the Practice Monitor Report and submit both reports.**

**Practice Monitor Report**

**Colorado Board of Chiropractic Examiners  
1560 Broadway, Suite 1350  
Denver CO 80202  
Phone 303-894-2318 Fax 303-869-0281  
E-Mail: Deborah.strauss@dora.state.co.us**

**Mail, Fax or E-Mail completed report to Deborah Strauss, Compliance Monitor**  
*(Make copies for your future use so that you have a blank copy available)*

Licensee Name: \_\_\_\_\_

Licensee E-Mail: \_\_\_\_\_

Practice Monitor Name: \_\_\_\_\_

Practice Monitor E-Mail: \_\_\_\_\_

Time period of this report from \_\_\_\_\_ through \_\_\_\_\_

Date(s) of Review:

1<sup>st</sup> Review: \_\_\_\_\_

2<sup>nd</sup> Review: \_\_\_\_\_

3<sup>rd</sup> Review: \_\_\_\_\_

Number of Records Reviewed \_\_\_\_\_

*(Minimum of ten patient charts required, if not stated in Stipulation, but the Board encourages that all new patient records be reviewed). A copy of at least two of the patient records reviewed must be attached to each quarterly report if the violations are in record keeping or documentation. The Board reserves the right to request additional information to be included in the Practice Monitor report.*

This is report # (number of reports submitted) \_\_\_\_\_ of \_\_\_\_\_ reports required.  
*(Total number of reports required, i.e. 2 years of quarterly reports equal 8 reports).*

Based on the Stipulation, this report will review:

Record Keeping/Documentation

Fiscal Area

Procedures

Practices/ examinations/ assessment plan

Activities

Licensee Behavior

Other:

Complete the appropriate box(s) as applicable:

	1	2	3	4	5	6
<i>Physical Facility</i>	<b>Not Improving</b>	<b>Concerns Exist</b>	<b>Progressing</b>	<b>Consistent Improvement</b>	<b>Satisfactory</b>	<b>NA</b>
1. Satisfactory general appearance, cleanliness, orderliness of reception and business areas?						
2. Are work areas organized to encourage efficient and orderly work flow processes?						
3. Are patient files secure?						
4. Are private treatment/evaluation rooms available?						
5. a. Presence of adequate/appropriate sterilization abilities available?						
5. b. equipment up-to-date?						
6. Presence of current X-Ray inspection certification sticker?						
7. Evidence of attempts to comply with OSHA (gloves, masks, etc.)						

***If “Not Improving” or “Concerns Exist”, please provide narrative or any other information that may be informative. If necessary use a separate sheet of paper for your explanation.***

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b><i>Record Keeping</i></b>	<b>Not Improving</b>	<b>Concerns Exist</b>	<b>Progressing</b>	<b>Consistent Improvement</b>	<b>Satisfactory</b>	<b>NA</b>
1. Do the record entries reviewed follow a consistent and logical order in all or most charts reviewed?						
2. Are the records reviewed legible and all the records dated?						
3. Do the records include:						
a. A complete and current medical/ social/ family/ past history with a detailed history of problems identified?						
b. Is there appropriate follow-up?						
c. Were vitals taken on initial visit as well as any needed on follow up visits?						
d. An adequate description of the patient's presenting or subsequent complaints, including duration/ type of pain / pain scales/ provoking/ relieving factors?						
e. If X-ray were taken, was there a clinical need and were the views appropriate ?						
f. Examination results/discussion with patient?						
g. A Chiropractic diagnosis?						
h. Informed consent forms appropriately and properly completed?						
i. A description of the treatment rendered/ prognosis?						
4. Describe any herbal medications history that you have suggested?						
5. Does each note give the name of person rendering any of all treatment?						
6. Are the notes entered in correct SOAP notes format?						
7. All physiotherapy treatments document time and area?						
9. Did treating chiropractor review and sign SOAP note?						
10. Were any appropriate referrals made to other healthcare specialists or do notes give future plans for referral if patient does not make gains with existing treatment plan?						
11. Were examinations thorough and well documented?						

<i>Billing/Coding</i>	<b>Not Improving</b>	<b>Concerns Exist</b>	<b>Progressing</b>	<b>Consistent Improvement</b>	<b>Satisfactory</b>	<b>NA</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
1. Are billings, payments, petty cash, accounts receivable, insurance claims handled properly?						
2. Does the practice appear to be organized?						
3. Does staff appear to be well trained to answer billing/ insurance questions from patients?						
4. Is each date of service well documented, including all charges, payments and services billed to insurance?						
5. If chiropractor offers pre-pay plans: does the chiropractor and patient sign a form that includes a thorough explanation of plan and reimbursement if necessary?						
6. If licensee is not a provider for patient's insurance list, does the staff or doctor inform the patient?						
7. Is all office staff aware of legal requirements for collecting co-pays and deductibles?						
8.. Are patients offered receipts for any services and charges that were performed on each and any visit?						

*If "Not Improving" or "Concerns Exist", please provide narrative or any other information that may be informative. If necessary use a separate sheet of paper for your explanation.*

**Specific Procedures Reviewed:**

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**Does the Licensee demonstrate skills at the Standard of Care?**

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**Areas of Specific Concern:**

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**Observations and Comments:**

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**Based on the Stipulation requirements or my observations, the following areas need to be addressed (this area can also include areas not specifically addressed by the Stipulation):**

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**Based on the Stipulation requirements or my observations, the following areas need to be addressed (this area can also include areas not specifically addressed by Stipulation):**

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**Based on the Stipulation requirements or my observations, I discussed the following with the Licensee. (Be specific as to what exactly was addressed and if any resolutions or changes have been/will be made:**

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**Overall Review and Comments:**

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I hereby certify that I do not work with Licensee (unless pre-approved by the Board), and am not related to him/her, nor do I receive any remuneration from him/her or his/her's practice other than the fee he/she has agreed to pay for monitoring services. I have no conflict of interest in carrying out these duties and I can be an impartial representative of the Board.

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Practice Monitor's Signature

Date

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Licensee's Signature

Date

## Sample Case Files

Case Files:	Appropriate Exam/Findings	Standard of Practice:	DX Code	CPT Code
35 year-old male with disc prolapse history, continued LBP.	Treated 3 times a week for 4 weeks, 2 times a week for 3 weeks, now PRN with occasional symptoms.	Good	Must be provided	Must be provided
67 year-old man with dizziness.	Treatment was rendered for 3 weeks at 3 times a week until patient discontinued without symptoms.	Good	Must be provided	Must be provided
27 year-old woman with chronic “migraine” headaches.	Currently scheduled at 3 times a week for 6 weeks based on eval. findings, then re-eval.	Good	Must be provided	Must be provided
38 year-old male with LBP.	Scheduled 3 times a week for 5 weeks, then 2 times a week for 4 weeks. Condition improved. Now PRN.	Good	Must be provided	Must be provided
87 year-old woman with chronic low back pain, now radiating into buttocks.	Scheduled 3 times a week for 6 weeks, then 2 times a week for 4 weeks. Referred to PT and neurosurgeon at 6 weeks for consults in concurrent care.	Good	Must be provided	Must be provided
77 year-old male with LBP, CSP.	Severe degenerative condition. Scheduled 3 times a week for 8 weeks. Currently see improvement.	Good	Must be provided	Must be provided
1 year old male health wellness	Adjusted 1 time/2 weeks	Good	Must be provided	Must be provided
Pregnant 33 year-old with low back pain.	Adjusted 2 times a week for 6 weeks, a woman delivered baby at 6 weeks, continued care at 2 times a week for 4 more weeks. Currently PRN.	Good	Must be provided	Must be provided

Reminder - Ten case files per month are required including new patient files.

**Use additional pages to complete this information if needed. The cases listed above are only examples.**

**The format shown above is required, *type* all case file review information.**