



Nova Scotia College of Chiropractors

Scope of Practice

*Approved by
the Board of
the NSCC*

*Effective
April 2002*

*Revised
March 3rd, 2012
October 17th, 2015*

*Pages
3*

The role of chiropractic in primary health care is characterized by direct access of integrated and conservative care of patient's health needs. Chiropractic specializes in patient-centred diagnosis and treatment of neuromusculoskeletal conditions.

The education of a chiropractor requires a prerequisite of three years of university followed by a four-year academic program. The curricula include courses such as anatomy, biochemistry, pathology, neuroscience, microbiology, general diagnosis, orthopaedics, neurology, biomechanics/kinesiology, radiology and manipulative techniques. As a result of this education, chiropractors are the most qualified of all health care professionals in the care of neuromusculoskeletal conditions and in the field of manipulative therapy.

In Nova Scotia, the Scope of Practice is governed by the *Chiropractic Act and its Regulations* and by the Nova Scotia College of Chiropractors Policy Manual. The Scope of Practice is also based on the Canadian Chiropractic Association (CCA), CFCREAB Guidelines of Practice and the curricula of the chiropractic colleges accredited by the Council of Chiropractic Education of Canada.

The above noted documents provide a comprehensive description of the scope of chiropractic practice in Nova Scotia. A brief summary of the scope of practice is given as follows:

1. Patient base

- a) Legislation and policy guidelines allow chiropractors to render health services to persons of all ages.
- b) The legislation covers the diagnosis, examination and treatment of persons.

2. History Taking

- a) Patient interviews represent an important component of the chiropractor's scope of practice. The components of the history include, but not limited to: chief complaint(s), history of present complaint(s), family history, past health history, psychosocial history; social history; review of systems.

3. Examination

- a) Examination procedures include, but are not limited to: range of motion, muscle strength, orthopaedic test, neurological examination, vascular examination including evaluation of blood pressure and pulse rate, motion and static palpation, inspection and observation, postural and gait examination, and provocative maneuvers.

- b) Special examination procedures, particularly those involving the genitalia or breasts of patients, can be performed but must be pertinent to the physical examination and have the patients specific consent prior to examination.**

4. Diagnostic Instrumentation and Outcomes Assessment

- a) Diagnostic instrumentation and outcomes assessment methods may include: questionnaires; pain and disability indices; pressure algometry; instruments of measurement of position/clinical anthropometry; instruments that measure movement (goniometers, inclinometers); instruments that measure strength; infrared thermography, surface (scanning) EMG.

5. Laboratory Procedures

- a) Present legislation restricts access of chiropractors to clinical laboratories.

6. Diagnostic Imaging

- a) Chiropractors can take diagnostic radiographs and interpret his/her own films in their office.
- b) Chiropractors can also take and interpret films that are required by another practitioner.
- c) At present, there are provisions for chiropractors to order/request plain film radiographs from diagnostic imaging departments in certain Nova Scotia hospitals, where hospital policy allows.

7. Clinical Impression and Diagnosis

- a) Chiropractors must communicate a diagnosis, or a working diagnosis/clinical impression to patients.
- b) Chiropractors must differentiate conditions that are amenable to chiropractic care from those conditions that require referral to or concurrent management with another health care professional.

8. Modes of Care and Management

The following modes of care and management are included but not limited to the scope of practice:

- a) Manipulative therapy administered by hand or by an instrument (e.g. activator);
- b) Soft tissue therapy;
- c) Therapeutic modalities (e.g. muscle stimulation, ultrasound, microcurrent, laser therapy).
- d) Nutritional counseling and dispensing of nutritional supplements;
- e) Patient education, ergonomic recommendations and exercise prescription;
- f) Needle acupuncture in conjunction with chiropractic care, with Board approval;
- g) Orthotics and therapeutic/supportive products;
- h) Rehabilitative Services.