



Nova Scotia College of Chiropractors

Scope of Practice

*Approved by
the Board of
the NSCC*

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6*

INTENT

To provide guidance to members and the public about NSCC'S expectations concerning members as providers of chiropractic services to patients and as responders to general health-related questions.

NSCC recognizes that as a regulated health profession its paramount obligation is to serve and protect the public interest, and to respect and acknowledge the role of public health and other health care providers, respecting care and treatment outside the scope of the practice of chiropractic.

Education and Qualifications

The education of the chiropractor requires prerequisite university courses as determined by an accredited chiropractic program followed by a four or five-year chiropractic academic program. These curricula include but are not limited to courses such as anatomy, biochemistry, pathology, neuroscience, microbiology, general diagnosis, orthopedics, neurology and manipulative techniques. In addition to being licensed, the member must successfully complete written and practical examinations as prescribed by the regulations and after admission, to annually complete a minimum number of hours of continuing education. As a result of the education, chiropractors are qualified health care professionals in the care of neuro-musculoskeletal conditions and in the field of manual therapy.

In Nova Scotia, Practice of Chiropractic is defined and governed by the Chiropractic Act and its Regulations. In determining the Scope and limits of practice in addition to the Act, the Nova Scotia College of Chiropractors' Policy Manual and the Code of Ethics are referenced. Additional guidance regarding Scope of Practice is based on the Canadian Chiropractic Association (CCA), Guidelines of Practice, other Canadian Provincial Colleges of Chiropractic's scope of practice and the curricula of the accredited Chiropractic Academic Institutions and the Federation of Canadian Chiropractic (FCC).

Members are required to practice within the chiropractic scope of practice and the Code of ethics.

Members use a variety of diagnostic and therapeutic procedures in providing chiropractic care to patients; and

Members are primary health professionals who are frequently asked general health-related questions by patients, some of which relate to acts outside the chiropractic scope of practice (such as medication, surgery, and vaccination).

Legislative authority

The Nova Scotia College of Chiropractors is obligated and empowered to establish the standards of practice.

The Chiropractic Act 1999 S.N.S (2nd Sess) c.4:

“Objects and powers

4(3) In order that the public interest may be served and protected, the objects of the College are to:

- (a) regulate the practice of chiropractic and govern its members in accordance with this Act and the regulations;
- (b) establish, maintain and develop standards of knowledge and skill among its members;
- (c) establish, maintain and develop standards of qualification and practice for the practice of chiropractic;
- (d) establish, maintain and develop standards of professional ethics among its members; and
- (e) administer this Act and perform such other duties and exercise such other powers as are imposed or conferred on the College by or under any Act.”

DEFINITIONS:

SCOPE OF PRACTICE

“Scope of Practice of the profession” means the roles and functions authorized for members of a regulated health profession by that profession’s governing statute. (Regulated Health Professions Network Act, SNS 2012, c48)

The Chiropractic Act, 1999 (2nd Sess.), c. 4 s.2:

“Chiropractic” means professional services usually performed by or under the supervision of a chiropractor and includes

- (i) diagnosis, examination and treatment of persons principally by hand and without the use of drugs or surgery of the spinal column, pelvis, extremities and associated tissues, and
- (ii) such services as approved by the regulations”.

In other provinces the definition and scope of practice of Chiropractic is set out in provincial legislation but generally concerns itself with diagnosis and treatment related to the spine, joints, nervous system, and as an example, in Ontario:

“The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,

- (a) *dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and*
- (b) *dysfunctions or disorders arising from the structures and functions of the joints.”*
(Chiropractic Act, Ontario)

CODE OF ETHICS (NSCC 2002)

Any consideration of the Scope of Practice, particularly as it relates to the limits and obligations to respond to general health related issues, must be coupled with the ethical responsibility that a member has to the patient, the public, and the profession. The relevant sections of the code of ethics are:

Part A – Code of Ethics

“7. The chiropractor will preserve, protect, and communicate the art, science and philosophy of the profession in legislative, public education, and research matters, as appropriate.

8. The chiropractor will collaborate with other recognized health care practitioners toward the ideal of teamwork, in which the rights of both the patients and the profession will be respected equally.”

Part B – Code of Conduct Preamble:

These principles are intended to aid chiropractors individually and collectively in maintaining a high level of ethical conduct. They are not immutable laws, for the ethical practitioner needs no such laws, but standards by which a chiropractor may determine the propriety of conduct in relationships with patients, colleagues, members of other health care professions, and with the public.

Article I – Duties of a Chiropractor to the Patient

1.2. Professional limitations will be recognized by the chiropractor and, when indicated, other opinions and services will be recommended to the patient.

Article II – Duties of the Chiropractor to the Profession

5. Self-discipline for the profession is a privilege to be recognized along with the responsibility to protect that privilege

Article III– Duties of the Chiropractor to Society

1. Community

1.1. The chiropractor will strive to improve the standards of chiropractic services and health care in the community.

1.2. The chiropractor will accept full share of the chiropractic profession’s responsibility to society in matters relating to spinal and public health, health education, and legislation affecting the health or well-being of the citizens of the community.

PRACTICING WITHIN THE SCOPE OF PRACTICE

In the course of engaging in the practice of chiropractic, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to communicate a diagnosis identifying, as the cause of a person's symptoms:

- i. A disorder arising from the structures or functions of the spine and their effects on the nervous system, or
- ii. A disorder arising from the structures or functions of the joints, muscles and ligaments of the extremities.

If a proposed diagnostic or therapeutic procedure does not relate to the chiropractic Scope of Practice, a member should not use the diagnostic or therapeutic procedures in their professional capacity.

1. Diagnostic and Therapeutic Procedures

- a) A member shall take reasonable steps to ensure that any proposed diagnostic or therapeutic procedure to be used for the benefit of a patient relates to the chiropractic Scope of Practice.
- b) For a diagnostic or therapeutic procedure to be acceptable for clinical purposes, it must be taught in the core curriculum, post-graduate curriculum or continuing education division of an accredited educational institution.

2. Consent

- a) A member shall obtain the patient's consent to the use of the diagnostic or therapeutic procedure, consent that is fully informed, voluntarily given, related to the patient's condition and circumstances, not obtained through fraud or misrepresentation, and evidenced in a written form signed by the patient or otherwise documented in the patient health record.

http://knowyourback.ca/wp-content/uploads/Patient_Consent_Form_English.pdf

- b) Minors and others lacking the capacity to consent.
The member shall obtain the consent to treatment of minor or others lacking the capacity to consent from the parent, guardian, delegate under the Personal Directive (Personal Directives Act) or Power of Attorney who are authorized to consent to treatment, and must be guided by what is in the best interests of the patient. (Useful guide to consent is contained in the CCO Standard of Practice s-013.)

3. 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.

4. Examination

- a) Examination procedures include, but are not limited to: range of motion, muscle strength, orthopedic 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 patient's specific consent prior to examination.

5. 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.

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, micro-current, 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.

OUTSIDE THE SCOPE OF PRACTICE

Responding to General Health-Related Questions

Duties to a Patient

A member is restricted from treating or advising a patient about conditions and treatments that are outside the chiropractic Scope of Practice. In the diagnosis of a patient, a member may become aware of a condition of the patient which is outside the Scope of Practice. This requires the member to advise the patient and assist the patient in seeking appropriate referral to the services and health professionals able to render the appropriate advice and treatment.

(Code of Ethics: Professional limitations will be recognized by the chiropractor and, when indicated, other opinions and services will be recommended to the patient.)

This also requires that the member must avoid advising someone to not to seek appropriate advice and treatment (where there is a foreseeable risk that serious harm could result).

In the Ontario:

30 (1) No person, other than a member treating or advising within the scope of practice of his or her profession, shall treat or advise a person with respect to his or her health in circumstances in which it is reasonably foreseeable that serious bodily harm may result from the treatment or advice or from an omission from them.

Responding to General Health-Related Questions

Public Statements and Opinions

As a licensed, professional, health care provider, the member has an ethical and legal duty to advocate for the profession of chiropractic and to comment, and advise on health-related matters within the scope of chiropractic. If done honestly and truthfully this builds the trust in the public and with other health care providers.

In responding to health-related questions that relate to acts outside the chiropractic scope of practice such as prescribing a drug, performing surgery and administering vaccinations, treatment of infectious diseases, abortion, medically assisted suicide and treatment of mental and psychiatric disorders, a member should recognize that these are outside the professional limits of chiropractic and avoid comment lest it be misconstrued. A member may have moral, religious or other personal views regarding a matter which falls outside the scope of practice and it must be clear that any opinions expressed are not professional opinions and are not supported by the profession.

The member in his or her professional capacity shall:

- advise that the performance of the act is outside the chiropractic scope of practice and reference should be made to a health professional who has the act within his/her scope of practice;
- respond in a professional, accurate and balanced manner in the context of providing primary health care advice consistent with the chiropractic scope of practice and avoid expressing personal or other opinions inconsistent chiropractic scope of practice

Implications of Failure to Comply

A member is reminded that he/she may be the subject of an inquiry, complaint or report concerning the provision of chiropractic services or discussions related to general health-related questions outside the scope of practice. The member maybe be advised or instructed in relation to procedures or steps to be followed to conform to the policies related to Scope of Practice. The failure of the member to comply will result in a disciplinary complaint.

A complaint that a member is in violation of the Act, regulations or policies respecting Scope of Practice will be treated by the NSCC as a matter of professional misconduct and the disciplinary procedures will be implemented. The complaint will be referred to the NSCC's Investigation Committee. The committee may in accordance with the Act, carry out an investigation and in addition, the committee may, if deemed to be in the public interest, direct the member to discontinue the activity or restrict the member's license. The member's failure to comply could result in a temporary suspension and/or referral to a Hearing. After a Hearing, to fines, restrictions and possible revocation. Additionally, the NSCC has the authority to seek injunctive relief.

A member should also be aware that if their opinions are seen by other professional health professions, provincial health authorities or government as an infringement on their Scope of Practice or health polices, they may be investigated and possibly prosecuted.