

## GUIDELINE

# Definition of a Chiropractic Visit

Guideline G-004  
Quality Assurance Committee  
Approved by Council: July 6, 1996  
Amended: April 10, 1999

*Note to Readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.*

### Intent

To ensure patients receive optimum, quality care at all times.

### Quality Care vs. Patient Care

The importance of quality care versus quantity of patients per hour is a key issue. The frequency and length of visits is determined to a large degree by the health care provider. With proper outcome measures, monitoring and continuous reassessment of progress of the patient as supported by S.O.A.P. Notes (i.e., maximum therapeutic benefit) the issue of time becomes less significant.

**S.O.A.P. Notes** is one of the more commonly used forms of note writing. The S.O.A.P. format lends itself to writing the initial interview and test results in an initial note, as well as to writing interim notes for each patient. Information should be stated concisely. It is acceptable to use sentence fragments or outline form.

Whatever style is used, it is important to be consistent and accurate. Registrants are advised that a clinical entry is required for every visit, but S.O.A.P. notes may not be required for every visit during the course of therapy. Registrants should rely on their clinical judgment in determining whether to include S.O.A.P. notes for every visit.

The following is an illustration of the analogy of initial to subsequent treatment records along with an illustration:

#### Macroscopic Version

#### Microscopic Version

##### Initial Visit

*(as per Record Keeping Regulation)*

History



##### Subsequent Visit

Subjective



##### Example

Walks Better

Examination



Objective



ROM (range of motion)

Diagnosis



Assessment



↑ T 12 ant, (L) s/i

Plan of Management



Plan



1 Week (next visit)

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Responsible monitoring of patient progress is the key to this subject area. Once the patient has ceased improving, then change in treatment plan or referral is necessary. Supportive care, which is defined as care, that when denied, causes deterioration of the patient's condition, may also be appropriate. Elective care encompasses therapeutically necessary maintenance and preventative care which is discretionary and elective on the part of the patient, but not supportive care.

### Frequency and Justification of X-ray Examination

Diagnostic x-ray examination offers many benefits, but also has certain risks. Clinical indication is required for diagnostic x-rays to be performed. The Ontario Provincial Government has guidelines addressing issues of the potentially harmful biologic effects of ionising radiation. The *Healing Arts Radiation Protection Act* also imposes requirements for the ordering, taking and interpreting of x-rays.

This guideline should be read in conjunction with CCO's record keeping standard of practice which requires the patient health record to contain "reasonable information about every examination, clinical finding, diagnosis and assessment made by the member." (see paragraph 5 (1) (f)).