

Standard of Practice S-006
Quality Assurance Committee
Approved by Council: February 28, 1998
Amended: November 27, 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 advise members of the requirements and components for x-ray ordering and taking to ensure the safety of the patient and the doctor.

Objectives

- To facilitate the care and treatment of patients.
- To ensure the safety of both the patient and the member during the taking and ordering of x-rays.
- To ensure the continuity of care for patients.
- To provide practitioners with a framework for organizing x-ray films, notes, logs, reports and other records.

Description of Standard

Radiological Records

Standard clinical workup as disseminated in the Record Keeping Standard of Practice, including:

- recent x-rays;
- the specific reason for which the radio-diagnostic examination is being conducted (e.g., differential diagnosis, treatment planning indicators);
- the results of the reading of the radiograph; and
- recommendation.

Radiological Log

The radiological log shall contain the following:

- patient's identification;

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- date;
 - projection or view;
 - part thickness in centimetre;
 - kilo Voltage/peak (k.V.p.);
 - milli Amperage x seconds (m.A.s); and
 - comments.

Radiological Report

When a standard narrative report is required, it shall contain the following mandatory components:

- patient information (name, age, sex);
- date of x-rays taken;
- examination (series and views);
- description (radiographic features, usually in order of importance or anatomical sequence);
- radiological impressions (list radiological diagnosis in order of importance); and
- initials of the reporting doctor.

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The following are optional components:

- letterhead (name, address, phone number of x-ray facility);
- referring doctor (name); and
- recommendations (suggestions for further studies, additional specific views or other imaging modalities).

Record Keeping

Members must keep records of compliance with the quality assurance requirements of the *Healing Arts Radiation Protection Act (HARP)*, as follows:

Every six months:

- half-value layer (Kilo Voltage test)
- milli Amperage linearity (m.A. test)
- timer accuracy

Each operational day:

- photographic quality control

Billing Guidelines

Billing procedures relate to the technical and professional components, whether rendered separately or as full service. A chiropractor may establish a fee schedule and divide the fee structure into technical (production) and professional (interpretative) components.

This division of fees shall not be a two-tier fee schedule with different charges to third party payors. However, appropriate professional bodies may negotiate fee schedules with different paying agencies.

Consent

The reasons for the x-ray examination and the type of radiological exam required shall be explained in advance. Consent from the patient or authorized person shall be fully informed and voluntarily given.

Patient Selection

Chiropractors shall use proper patient selection protocols with reference to age, child-bearing status and clinical indications of need. In the acquisition of radiological studies, chiropractors shall consider the risk/benefit ratio and the “as low as reasonably achievable” (A.L.A.R.A.) principle of dosage. The number of views and when they are taken shall be based upon clinical indications. The minimum number of views to reach a diagnostic conclusion shall be the prime objective. Generally, two views at right angles are the minimum number of projections for diagnosis of osseous structures.

Equipment Registration

All x-ray installations must be registered with the X-ray Inspection Service, Ministry of Health and Long-Term Care. This applies to all x-ray installations - whether new or used equipment, recently installed or relocated.

Legislative Context

Healing Arts Radiation Protection Act (HARP)

Record Keeping Regulation pursuant to the *Chiropractic Act, 1991*

Current Status

The proposed Record Keeping Regulation has been submitted to the Professional Relations Branch but has not been processed internally. There may be some amendments following processing.