PEER & PRACTICE ASSESSMENT 2.0, 2026: *STREAM 1 WORKBOOK*

Member Name and Registration # | Assessor | Date

CHIROPRACTIC SCOPE OF PRACTICE

**Reference – Standard of Practice S-001: Chiropractic Scope of Practice*

	Yes	No	Comments
1. All activities and services, including all diagnostic and therapeutic procedures, performed by the member:			
(1) relate to the chiropractic scope of practice as set out in the *Chiropractic Act, 1991*, and,	☐	☐	_____
(2) appears to have achieved, maintained and can demonstrate clinical competency in diagnostic or therapeutic procedures used.	☐	☐	_____
2. The member uses adjunctive diagnostic and therapeutic procedures that are in the public domain, such as: • Provides nutritional counseling • Prescribes orthotics • Provides lifestyle, and exercise advice • Utilizes various therapeutic modalities such as ultrasound, IFC, cold laser therapy • Other: _____	☐	☐	_____
3. Member appears to be providing diagnostic and therapeutic procedures specifically prohibited, such as: • Dark field microscopy • Hyperbaric oxygen therapy • Pelvic or prostate examinations • Breast examinations • Vega testing	☐	☐	_____

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	Yes	No	Comments
4. In responding to general health-related questions by patients that relate to controlled acts outside the chiropractic scope of practice, the member: • advises the patient that the performance of the act is outside the chiropractic scope of practice and the patient should consult with a health care professional who has the act within their scope of practice; • responds in a professional, accurate and balanced manner in the context of providing primary health care to the patient consistent with the chiropractic scope of practice; and • Encourages the patient to be an active participant in their own health care which allows the patient to make fully informed decisions concerning their health care.	☐	☐	_____
5. In responding to general, health-related questions, the member is aware that: • Members are restricted from treating or advising outside the chiropractic scope of practice	☐	☐	_____
6. Member is aware and appears to comply with the CCO Professional Advisory that expressing views, or treating or advising in relation to vaccination is outside of the chiropractic scope of practice, including: • Counselling or providing information to patients or prospective patients with respect to vaccination; • Conducting seminars on vaccination; and • Providing information on vaccination on a member's website or social media account.	☐	☐	_____
7. Member appears to comply with the standard of practice	☐	☐	_____
8. *If no* – How is the member non-compliant? (provide examples)	☐	☐	_____

Disposition: ☐ Appears to meet the minimum level of competency ☐ Room for improvement (see comments)

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CONSENT

**Reference – Standard of Practice S-013: Consent*

	Yes	No	Comments
1. Consent is properly documented in the records (fully informed, voluntarily given, and evidenced in written form signed by the patient or otherwise documented in the patient's record) and obtained for: a) Examination b) Chiropractic care or plan of care c) Acupuncture (if appropriate) d) Orthotics (if appropriate)	☐	☐	
2. Member understands that:			
(1) consent is not a 'one-time' only event and must be upd updated if the patient's condition or plan of manage management changes	☐	☐	
(2) the risks/benefits of care vs. no care must be reviewereviewed on an ongoing basis	☐	☐	
3. Member understands that informed consent includes the following:			
(1) an explanation of the diagnostic and therapeutic proceduprocedure	☐	☐	
(2) a statement of the anticipated/expected goal or outcom outcome	☐	☐	
(3) alternatives, if any	☐	☐	
(4) effects, risks and side-effects of both the use and non- non-use of the diagnostic and therapeutic procedure	☐	☐	
4. Member understands how to determine capacity to consent and what steps to take if a patient lacks capacity to consent	☐	☐	
5. Member understands that consent may not be assigned to a staff person and that it is the member's obligation to obtain and document consent.	☐	☐	

Disposition: ☐ Appears to meet the minimum level of competency ☐ Room for improvement (see comments)

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COMMUNICATION TO THE PUBLIC

**Reference – Standard of Practice S-016: Communication to the Public, Guideline G-016: Communication to the Public*

Review the member's current communications to the public, including advertisements, website and social media posts (past six months from date of assessment).

Is the following deficiency present?	Yes	No	Comments
1. Reference to a specific diagnostic or therapeutic procedure, technique, modality, or product that claims superiority, endorses exclusive use, or is not in compliance with Standard of Practice S-001: Chiropractic Scope of Practice	☐	☐	
2. Reference to the member being a specialist contrary to CCO Policy P-029: Chiropractic Specialties	☐	☐	
3. Reference to the member being affiliated with a professional association, society or body other than CCO, except on a curriculum vitae (including online), business stationary or recognized public display	☐	☐	
4. Guarantees success of care	☐	☐	
5. Comparison to another member's or other health care provider's practice, qualifications or expertise	☐	☐	
6. Expressed or implied endorsement or recommendation for the exclusive use of a product or brand of equipment used to provide services	☐	☐	
7. **Fee for chiropractic services** that does not comply with standard of practice *(refer to S-016: Communication to the Public)*	☐	☐	
8. Exchange of products/services for proceeds/ donations to a charity that does not comply with the standard of practice *(refer to S-016: Communication to the Public)*	☐	☐	

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9. A health care claim that does not comply with the standard of practice *(refer to S-016: Communication to the Public)* ☐ ☐ _____

Disposition: ☐ Appears to meet the minimum level of competency ☐ Room for improvement (see comments)

COMMUNICATION AND COOPERATION WITH CCO

**Reference – Standard of Practice S-020: Communication and Cooperation with CCO*

	Yes	No	Comments
1. Under the *Regulated Health Professions Act, 1991 (RHPA),* Regulations made under the *Chiropractic Act, 1991* and CCO by-laws members are expected to cooperate with CCO and its statutory committees. When CCO makes reasonable requests for information, when CCO requires a specific action from a member or when attendance at a CCO meeting or hearing is requested to address an area of concern, the member understands it is their professional responsibility of each member to cooperate with these requests and communicate with CCO in a timely manner.	☐	☐	_____
2. Member understands that it may be considered an act of professional misconduct for a member to refuse to reasonably cooperate with CCO	☐	☐	_____
3. Member has made changes to practices, adopting new and revised regulations, standards, policies and gui guidelines.	☐	☐	_____

Disposition: ☐ Appears to meet the minimum level of competency ☐ Room for improvement (see comments)

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USE OF ARTIFICIAL INTELLIGENCE BY CCO MEMBERS

**Reference –Guideline G-017: Use of Artificial Intelligence by CCO Members*

	Yes	No	Comments
1. Member uses AI for clinical purposes, business practices or communication to the public	☐	☐	
2. Member understands the benefits, risks, biases and limitations with AI, and how to adjust the AI system to different patient populations and circumstances	☐	☐	
3. Member understands that they are responsible for overseeing the results of any AI output and that it does not replace sound clinical judgement.	☐	☐	
4. Member must obtain documented consent (may be obtained verbally and documented in the health record) from patients prior to using AI in practice. This includes transparency with what type of AI will be used, how it applies to patient care, if it involves audio recording or transcription of record keeping, benefits and risks.	☐	☐	
5. Member provides alternative options if a patient is uncomfortable with the use of AI.	☐	☐	
6. Member complies with all relevant privacy legislation (e.g. PHIPA and S-002: Record Keeping) when using AI for patient personal health information.	☐	☐	
7. Member understands the difference between a closed AI system vs. an open AI system, and the member ensures that the use of their AI system protects the confidentiality and privacy of patient personal health information.	☐	☐	

Disposition: ☐ Appears to meet the minimum level of competency ☐ Room for improvement (see comments)

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OBSERVATIONS OF THE PHYSICAL PREMISES AND OFFICE SPACE

Reference: Ontario Regulation 852/93, CCO Regulation R-008, Under the *Chiropractic Act, 1991*. Effective Date: December 31, 1993. No amendments as of December 31, 1996

The following are acts of professional misconduct for the purposes of clause 51.1 (c) of the Health Professionals Procedural Code.

15. Failing to maintain the member's practice premises in a safe and sanitary manner.
Comments:

_____
_____
_____
_____
_____
_____

Disposition: ☐ Appears to meet the minimum level of competency ☐ Room for improvement (see comments)

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SCENARIO REVIEWS

The assessor will present 5-7 scenarios from those below, and review each, individually, with the member. **PLEASE NOTE – all members are to complete the MANDATORY SCENARIO: COMMUNICATION TO THE PUBLIC.** The assessor will use the "comments" chart below as a guide as the member provides comments related to each scenario. Please note there is space provided for additional comments to be made in each scenario. The assessor will summarize the performance in the scenario review chart on page 2 of the Report Form.

MANDATORY SCENARIO: COMMUNICATION TO THE PUBLIC

A chiropractor's website has the following content:

- **My technique is the most advanced chiropractic analysis and treatment system ever developed.**
- **Lots of patients, who previously would've been afraid of an adjustment, can now get the care they need without fear!**
- **My technique can cure depression, ear infections asthma, respiratory conditions and boost your immune system!**
- **My technique is a highly effective, drug-free solution for irritable bowel syndrome.**
- **Common disorders in kids may be linked to spinal dysfunction: infant colic, ear infections, constipation, bedwetting reflux**
- **Subluxations are caused by chemical interference, including vaccines.**

If you haven't done so yet, browse through the member's website and/or social media. To promote further discussion with the member, ask the member about the following in relation to their website/social media:

Statement or claim	Does the statement meet the minimum standard	If not, why?
My technique is the most advanced chiropractic analysis and treatment system even developed		
Lots of patients, who previously would've been afraid of an adjustment can now get the care they need without fear		
Our office contact information….		
Dr. X graduated Summa Cum Laude from….		
My family stays well with chiropractic adjustments and rarely needs to see our MD.		
My technique can cure depression, ear infections asthma, respiratory conditions and boost your immune system		
Our chiropractors assess your symptoms, diagnose your condition and develop a treatment plan to accelerate your recovery, improve function and may produce long-lasting results.		

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Statement or claim	Does the statement meet the minimum standard	If not, why?
Our advanced techniques can assist patients with disc herniation, sciatica, headaches, arm pain, back and neck pain and many other conditions related to the spine		
Our chiropractors assess your symptoms, diagnose your condition and develop a treatment plan to accelerate your recovery, improve function and may produce long-lasting results.		
Our advanced techniques can assist patients with disc herniation, sciatica, headaches, arm pain, back and neck pain and many other conditions related to the spine		
Our chiropractors assess your symptoms, diagnose your condition and develop a treatment plan to accelerate your recovery, improve function and may produce long-lasting results.		
Our advanced techniques can assist patients with disc herniation, sciatica, headaches, arm pain, back and neck pain and many other conditions related to the spine		

SCENARIO 1: CLINICAL ASSESSMENT

A patient returns to your practice after many years, presenting with a new complaint. All you know is that the complaint began with a mechanism consistent to the area (e.g., a fall with new onset back pain). Identify three things to assess prior to reinitiating care.

SCENARIO 2: CHIROPRACTIC SCOPE OF PRACTICE

Your patient recently had a baby and asks you whether or not they should vaccinate their newborn child. What should be the focus of the communication with the patient?

SCENARIO 3: SCOPE AND CLINCIAL ASSESSMENT

Your patient complains of neck pain, dizziness, and shortness of breath as a result of being a heavy smoker. When asked about any changes in their health, they state that they have high cholesterol, but all they need is "a good crack". Identify three steps in managing this type of situation.

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SCENARIO 4: INFORMED CONSENT

You have treated your 90-year old patient, John, for a low back issues for several years. It has been a year since his last visit. As you chat with him, you notice John keeps referring to "his wife", Mary. However, records indicate his wife's name was Doris; Mary is his daughter. John tells you to go ahead with the usual knee care, but you have never treated his knee before. John also claims that his health has never been better.

As it turns out his daughter, Mary, drove him to today's appointment and is waiting for her father in the parking lot. What should you do?

SCENARIO 5: DIAGNOSIS/CLINICAL IMPRESSION

You just completed a preliminary examination on a patient's knee that was exceptionally difficult because of acute swelling and pain. You currently suspect a meniscal tear and recommend some conservative interventions (i.e., assurance, ice, advice or movements) in the hopes that you will be able to conduct additional testing at the next visit and provide the patient with a definitive diagnosis or potentially refer out. Identify three things the patient needs to know about the differential/working diagnosis in order to be fully informed.

SCENARIO 6: SCOPE AND CONTINUING EDUCATION

You attended a weekend seminar and learned a new technique. What criteria must be met in order for you to use that technique with patients on Monday?

SCENARIO 7: COMMUNICATION WITH PATIENTS

Oh no!!! Your alarm didn't go off this morning, and you arrive at the clinic late 15 minutes late! Your CHA states that your first patient, who is waiting in Room 1, is rather irate. How do you handle situations where the doctor has inconvenienced the patient?

SCENARIO 8: SCOPE AND ACUPUNCTURE

You have a new patient who is seeking acupuncture for smoking cessation. He saw that you advertised yourself as a chiropractor and an acupuncturist. Identify three things to be aware of when a chiropractor provides acupuncture services to a patient?

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SCENARIO 9: CHIROPRACTIC SCOPE OF PRACTICE

A patient who you haven't seen in a while returns to your practice and tells you they went to their physician for low back pain and are now are being referred to a specialist for a nerve block. They are wondering if they should have that procedure done. Identify three things to be aware of when handling this situation.

SCENARIO 10: SEXUAL ABUSE

You and your patient are very attracted to each other and have discussed the possibility of entering into a romantic/sexualized relationship. What should you do?

SCENARIO 11: BILLING PRACTICES

Your patient comes to your office after experiencing a sports-related injury over the weekend. She states that she has extended healthcare coverage. However, she is worried that she will need more treatments than her insurance will cover and will not be able to afford care once her insurance coverage is exhausted. How do you handle a situation like this?

SCENARIO 12: SCOPE, ASSESSMENT, AND COMMUNICATION WITH PATIENTS

A female patient has been injured in an MVA and presents to your office with a contusion to the right upper thigh. It appears to be a straightforward injury, but she is insisting there has been a muscle tear that warrants further investigation. What should you do?

SCENARIO 13: RECORD KEEPING AND OWNERSHIP OF PATIENT RECORDS

You have been working at a multi-chiropractor clinic for the last five years. The experience was great, but you have decided that it is time to spread your wings and start your own practice (20 km away).

There will be a new chiropractor taking over at this multi-chiropractor clinic. The clinic owner has some concerns about who the patients and records belong to. (You have your own patients, but often other chiropractors may provide care to your patients when you are away and vice versa.) It must also be noted that there is no written agreement as to the ownership of patient health records.

Identify three things to be aware of in this situation.

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SCENARIO 14: TRANSITIONING CARE

You have completed the recommended initial phase of care. At the first re-evaluation, your patient reports that they are very happy to have achieved their pre-injury state of health. They inquire about the value of continuing care as they have heard that regular maintenance chiropractic care can be valuable. Identify three things to consider in this scenario.

SCENARIO 15: CONSULTATION AND HISTORY TAKING

You are so pleased that your office is very efficient! It is your typical office procedure to have patients fill out paperwork prior to meeting with them. This would include gathering of general biographical information, information regarding the reason(s) for presenting to the office, and a general health systems review. Additionally, new patients are instructed to read and sign the document related to consent to physical examination. Once this is completed, the patient is ushered into a treatment room for their initial visit with you. Identify three things you should ensure is done before conducting the examination. Identify the one step, in the process outlined above, that is "out of order".

SCENARIO 16: INFORMED CONSENT

You are preparing your report of findings for a patient based on their recent consultation and examination. Identify three things which are essential to include in your report in order that consent be considered "informed".

SCENARIO 17: SCOPE OF PRACTICE

You have been providing chiropractic care to a family for several years, typically on a maintenance or wellness basis. This typically involves full spine adjustments.
On the most recent visit, you are asked to look at little Jimmy's swollen ankle. Apparently, last evening at the playground, he fell off the climber and has been limping ever since. Identify three things that should happen next.

SCENARIO 18: BILLING PRACTICES

A) A patient asks your staff if they would kindly back date their January 2nd appointment to December 30th so can maximize the use of their insurance. You should…
B) Your block fee policy includes refunding the unused portion of the pre-paid funds, if the patient chooses to discontinue care before the end of the payment contract. To follow CCO billing standards, identify the key elements to providing the refund.
C) Please explain two-tiered billing.

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SCENARIO 19: BOUNDARY AND SENSITIVE PRACTICE

During the course of care for a patient, it becomes apparent that the patient is suggesting or attempting to initiate a sexual relationship with you. As soon as you suspect this, you should…

SCENARIO 20: COMMUNICATION TO THE PUBLIC

At Bill's most recent re-assessment, he reports that he is completely headache free! "It's a miracle!", he says. "After all these years, all those medical tests, all those drugs, who would have thought! Boy, was I wrong about you chiropractors." After graciously accepting his thanks, you say that there are many people out there suffering needlessly because "they just don't know". Humbly, you ask, "Bill, could I get your permission to share your story so that we might reach others who need our help? We have a form here for you to sign and say a few words about your story."

What needs to be considered prior to sharing/posting Bill's testimonial online?

SCENARIO 21: DELEGATION, ASSIGNMENT AND REFERRAL OF CARE

Excerpts from the office manual of Dr. Tiny Spiney:

- **All new patients complete the intake paperwork, reviewed by front office staff for completion and signature of patient for consent to examination;**
- **Assigned Kinesiologist does history taking with the patient and conducts the initial examination;**
- **Kinesiologist reviews case file with DC and a diagnosis/differential diagnosis or clinical impression is formulated;**
- **Kinesiologist reviews findings with patient and provides the diagnosis/differential diagnosis or clinical impression along with the plan of care;**
- **DC arrives to answer any questions the patient may have and then all relevant parties (i.e. patient and DC) sign the informed consent**
- **Care begins with DC providing adjustments and Kinesiologist and other support staff providing other relevant and appropriate adjunctive therapies**

Question: Identify potential steps, in this process, that may not comply with CCO standards of care of patients.

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SCENARIO 22: INFORMED CONSENT AND REASSESSMENTS

Your loyal patient, Mildred, often says (very loudly in the reception area so that all can hear), "You are the best, doc, ya keep me going. I don't know what I'd do without these weekly visits!" Your records reflect that you have been providing supportive care for over 30 years (and she will soon celebrate her 78th birthday!).

For the past several years, there have really been no changes to Mildred's health or health goals. She has remained stable this whole time with her usual care and there really has been no need to do any sort of reassessment. But every time you wave good-bye to Mildred after her visit and rousing endorsement, you think about that CCO newsletter article reviewing the value of regularly updating the status of all patients.

Should you do more than just "think" about that CCO newsletter article? If so, what?

SCENARIO 23: ASSISTIVE DEVICES/ORTHOTICS

When providing patients with an assistive device, list three things that need to be documented in the patient's health record prior to doing so.

SCENARIO 24: RETURNING TO PRACTICE

You've been off on an extended leave from actively treating patients. In the following scenarios, what should you consider before returning to active practice.

1. **You are returning to GENERAL Registration after being INACTIVE for 18 months.**
2. **Oh no! You just realized that you have been registered INACTIVE for 3 complete registration cycle! What must you do to get back to GENERAL status?**

SCENARIO 25: COMMUNICATION TO THE PUBLIC

Congratulations, you have been voted "Best Chiropractic Office" in town! The contest organizers asked if you'd like to place an advertisement on the town's website to reveal this great news to your community. "Of course," they say, "it'll be posted on our website, and you can link it to yours. We'll also give you some images you can post on your website. And we even have a street-side mobile billboard we can roll onto your office lawn for the next 4 weeks!"

What things should you consider before taking advantage of all this great publicity?

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SCENARIO 26: CONFLICT OF INTEREST

For years, you have been using a particular company for their supplements which help your patients immensely with their neuromusculoskeletal complaints. This company is currently advertising a promotion: "Sell $1000 of our product in a month and you'll receive an all-expenses paid invitation to our next "grand rounds" seminar (suitable for structured CE hours)."

What thoughts should be rolling around your grey matter?

SCENARIO 27: INSURANCE

Bob has maxed out his chiropractic coverage for the year. He has greatly appreciated all the care you have provided to him. The chiropractic and acupuncture treatments every two weeks have gone a long way to manage his chronic back problems. At your last staff meeting, your front office manager reports that Bob asked, "Since I have maxed out my chiropractic coverage and I haven't used any of my acupuncture coverage, can we just bill these visits as acupuncture visits?"

What advice will you give to your front office manager?

SCENARIO 28: CARING FOR CHILDREN

Becky is a very mature 14 year old who has been in your care since she was a toddler. At her most recent appointment, she tells you that her parents are now divorced. Becky says she wants to keep coming for visits, but says that her mom (who she lives with) is dead set against it, while her dad encourages her to continue with chiropractic care. What do you do in this situation?

SCENARIO 29: CHIROPRACTIC CARE OF ANIMALS

You are the only chiropractor serving a vast area of northern Ontario. It is so remote that you have trouble getting locum coverage whenever you want to take a holiday.

One of your patients runs a very successful dog-sledding business. Sven, the lead dog-handler and long-time patient, has brought in his lead dog, Balto. Sven says, "You gotta help me doc. My Balto cannot lift his head and we have a big race this weekend!"
What do you say?

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STREAM 1 FILE REVIEW

The assessor will provide feedback on the two files which had been submitted for review.

The assessor will then ask the member to "tell me the story" of two additional patient files, which will be randomly selected by the assessor, and check to see that the record of patient health information is an accurate representation of the story shared.

Specific attention should be given to documented evidence of a logical, flowing connection between the following components of the patient health record:

- consultation
- examination
- diagnosis or clinical impression
- report of findings
- consent
- care or plan of care
- daily visit entries
- assessments, reassessments, etc…

Additionally, assessors will be looking for repetitive or "template" clinical entries in the patient health record. Each patient health record should be unique to the patient, and demonstrate how the patient is changing over time.

There must be a direct and rational connection between the patient's presenting complaint, the diagnosis and the recommended care.

The patient health record should clearly and completely demonstrate that the chiropractor has:

- Elicited and recorded an appropriate case history
- Performed and recorded an appropriate physical examination and other relevant investigations congruent with the presenting complaint
- Derived and recorded a diagnosis that is congruent with the presenting complaint
- Derived and recorded an appropriate care plan, consistent with the diagnosis and congruent with CCO standards of practice
- Identified clear progress markers or milestones in association with the care plan

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Criteria	Submitted files		Randomly selected		Comments
	1	2	3	4	
1. Member maintains a patient health record for each patient which includes:					
(1) patient's name					
(2) patient's address					
(3) patient's birth date					
(4) date of each of patient's visits to member					
(5) name of treating chiropractor (each sheet, when printed)					
(6) address of treating chiropractor (each sheet when printed)					
(7) names of primary care practitioners and the referring health profession (when applicable)					
(8) history of patient, including:					
(a) patient's chief complaint(s), reasons or goals for care					
(b) supporting data					
(c) relevant past health history					
(d) family and social history when indicated by presenting condition(s)					

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Criteria	Submitted files		Randomly selected		Comments
	1	2	3	4	
2. A record of consent to examination[1]					
3. Reasonable information about every examination performed by member sufficient to inform the diagnosis/differential diagnosis					
4. Reasonable information about every x-ray examination performed by member or from an outside facility					
5. Reasonable information made by member re:					
(1) every clinical finding of all tests conducted					
(2) diagnosis or clinical impression					
(3) assessment					
6. If the member uses abbreviations, there is an accompanying legend/key that explains the abbreviations and is made available upon request.					
7. Copy of every written consent to care or a plan of care[1] and, if appropriate, orthotics and/or acupuncture that are up-to-date and reflective of the patient's current condition and presentation					

[1]If a patient file is missing record of consent and/or consent form (either not in the file or not signed by the patient), it is a deficiency for both ***Consent*** and ***PPA 2.0 File Review*** on the Report Form.

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Criteria	Submitted files		Randomly selected		Comments
	1	2	3	4	
8. Reasonable information about who provided the care and location of where the care was delivered					
9. Record of therapeutic management/care of patient that includes:					
(1) reasonable information about every order made by member for examinations, including *x-ray examinations*, *other diagnostic imaging, tests*, *consultations*, and *treatments*, to be performed by any other person					
(2) every written report received by member which was performed by other health professionals related to *examinations*, *other diagnostic imaging*, *tests*, *consultations* and *treatments*					
10. Reasonable information about all advice given by member to patient in written form (e.g. prognosis, plan of management, expected outcomes of care)					
11. Reasonable information about care or plan of care involving the controlled acts authorized to chiropractors:					

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Criteria	Submitted files		Randomly selected		Comments
	1	2	3	4	
(1) communicating a diagnosis or clinical impression including appropriate language sufficient to describe the type, location, chronicity and other relevant elements of the diagnosis					
(2) moving the joints of the spine including level of spine contacted and specific type of adjustment or treatment delivered					
(3) putting a finger beyond the anal verge for the purpose of manipulating the tailbone					
12. Reasonable information about a procedure that was commenced but not completed, including reasons for non-completion					
13. Reasonable information about every comparative assessment (on or before the 24th visit) that includes evidence of the performance of three or more analytical assessment tools: i)_____ ii)_____ iii)_____ And any revisions/updates to diagnosis, care/plan of care, and informed consent					
14. Every part of a patient health record has a reference identifying the patient					

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Criteria	Submitted files		Randomly selected		Comments
	1	2	3	4	
15. Every entry in a patient health record includes:					
(1) date					
(2) the person who made the entry can be identified					
16. Member maintains *every patient health record*, *every financial record* and *every x-ray* for at least seven years following the patient's visit; or, if the patient is younger than 18 years old at the time of their last visit, the day the patient became or would have become 18 years old					
(1) *every patient health record*					
(2) *every financial record*					
(3) *every x-ray*					

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After having reviewed the files,

1. **Is the patient health care record complete?** Is the record of patient health information an accurate representation of the story shared? Please share general comments, especially those related to how improvements could be made.

2. Can the Peer Assessor interpret an **accurate story** from a review of the patient health information? (Are there any gaps in the records? Are the notes templated?)
   Please share general comments, especially those related to how improvements could be made.

3. Is there **enough information recorded to ensure that continuity of care** would be maintained? (Could another chiropractor step in and pick up where the previous chiropractor left off simply by reviewing the patient health record?)
   Is it clear: where the patient's care started, where they are now and where the care is going?
   Please share general comments, especially those related to how improvements could be made.

4. Is there a **logical, flowing connection** between the consultation, examination, diagnosis or clinical impression and report of findings, plan of care, daily visit entries, reassessments and any record of ongoing care?

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5. If the member uses electronic health records, are there cyber security and protections in place to ensure that personal health information is secure from loss, tampering, interference and unauthorized use or access?

6. Any additional comments:

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SOME PATIENT HEALTH RECORDS WERE MISSING THE INFORMATION NOTED BELOW, AND WHICH MUST BE CORRECTED:

- ☐ patient's name
- ☐ patient's address
- ☐ patient's birth date
- ☐ date of each of patient's visits to member
- ☐ name of treating chiropractor (on each separate page, when printed)
- ☐ address of treating chiropractor (on each separate page, when printed)
- ☐ names of primary care practitioners and the referring health profession (when applicable)
- ☐ patient's chief complaint(s) and supporting data, with doctor's comments as applicable
- ☐ relevant past health history with doctor's comments as applicable
- ☐ family and social history when indicated by presenting complaint(s) with doctor's comments as applicable
- ☐ reasonable information about every examination, assessment and clinical finding that accurately reflects all examinations and assessments, including positive, negative and qualitative findings of tests conducted
- ☐ reasonable information about every radiographic examination, including reasons and reports with evidence the member reviewed all reports provided by other facilities
- ☐ reasonable information about every order made by the member for examinations (including x-ray examinations, other diagnostic imaging, tests, consultations or treatments to be performed by any other person)
- ☐ every written report received by member with respect to examinations, other diagnostic imaging, tests, consultations or treatments performed by other health professionals with evidence the member reviewed all reports provided by other facilities
- ☐ reasonable information concerning diagnosis or clinical impression including appropriate language sufficient to describe the type, location, chronicity and other relevant elements of the diagnosis
- ☐ reasonable information about all advice given by member to patient in written form, including detailed plan of management/care after the initial examination and any subsequent re-assessments including prognosis, plan of management/care, expected outcomes of care
- ☐ use of abbreviations and having a legend/key that explains the abbreviations, is made available upon request and is up to date
- ☐ record of consent that is up-to-date and reflective of the patient's current condition and presentation for: (***please check all that apply***)

  ☐**Examination** ☐**Care or Plan of Care** ☐**Acupuncture** ☐**Modalities used as adjunctive therapies** ☐**Orthotics**

- ☐ moving the joints of the spine including level of spine contacted and specific type of adjustment or treatment delivered; indications and contraindications to the application of adjustment/manipulation
- ☐ putting a finger beyond the anal verge for the purpose of manipulating the tailbone
- ☐ reasonable information about who provided the care and the location where the care was delivered which should include the identity of the person who made the entry, and the date
- ☐ reasonable information about a procedure that was commenced but not completed, including reasons for non-completion (e.g. missed or rescheduled appointments)
- ☐ reasonable information about every comparative assessment visit that includes evidence of the performance of three or more of the analytical assessment tools outlined in S-002: Record Keeping

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- ☐ a reference identifying the patient or the health care record (on each separate page, when printed)
- ☐ the identity of the person who made the entry and the date
- ☐ all records are accurate, legible, and comprehensive, demonstrating the uniqueness of each doctor-patient encounter

SUMMARY RESULTS OF THE PPA 2.0 FILE REVIEW IN CORRELATION TO PPA 1.0:

	Yes	No
The member has made changes to all areas that required improvement during PPA 1.0.	☐	☐

Details:

Disposition: ☐ Appears to meet the minimum level of competency ☐ Room for improvement (see comments)

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PROFESSIONAL PORTFOLIO REVIEW
(REVIEWING THE MOST CURRENT CE CYCLE, AS WELL AS THE LAST CE CYCLE)

PROFESSIONAL PORTFOLIO
**Reference – Standard of Practice S-003: Professional Portfolio*

	Yes	No	Comments
1. Member is aware of the requirements regarding self-assessment and continuing education	☐	☐	
2. Member maintains a professional portfolio, which may be the member's online Continuing Education and Professional Development log	☐	☐	
3. *If no* – Member will submit a copy of their professional portfolio to CCO for review	☐	☐	
4. *If yes* – Professional portfolio is consistent with the standard of practice and contains the following:			
(1) Self-Assessment Plan of Action Summary Sheet Review/Self Assessment (and is of aware of the new self-assessment, July 1, 2026)	☐	☐	
(2) Continuing Education and Professional Development Log (may be online CE log)	☐	☐	
(3) Materials member has gathered while fulfilling their CE requirements (e.g., course outlines, brochures, pamphlets, etc.)	☐	☐	
5. Member maintains a valid emergency first aid + CPR Level C + AED (or higher level)	☐	☐	
6. Member is aware that as of July 1, 2022, members in the General class of registration are required to attend a CCO Regulatory Excellence Workshop (virtual or in-person) once every three CE cycles (or six years).	☐	☐	

Disposition: ☐ Appears to meet the minimum level of competency ☐ Room for improvement (see comments)

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CHIROPRACTIC ADJUSTMENT OR MANIPULATION

**Reference – Standard of Practice S-005: Chiropractic Adjustment or Manipulation*

	Yes	No	Comments
1. During **CE cycle #8 (July 1, 2024 – June 30, 2026),** the member completed the mandatory 5 hours of continuing education that consists of structured activity on diagnostic or therapeutic procedures related to any of the controlled acts within the chiropractic scope of practice, but may not include adjunctive therapies, such as acupuncture, exercise or nutritional counseling.	☐	☐	
2. The member is aware that as of July 1, 2024, members registered in the General class of registration are required to complete a minimum of 5 hours of structured CE activity, that primarily focuses on an in-person hands-on or hand-held instrument adjustment or manipulation activity and includes training in the competency of manual or hand-held instrument spinal adjustment or manipulation skills, at least once every three CE cycles (or six years).	☐	☐	

Details:

Disposition: ☐ Appears to meet the minimum level of competency ☐ Room for improvement (see comments)

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