
Chiropractic Adjustment or Manipulation



Standard of Practice S-005

Quality Assurance Committee

Approved by Council: February 28, 1998

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INTENT

To assist members in maintaining a minimum standard of care that must be met prior to performing a chiropractic adjustment or manipulation.

OVERVIEW

Performing a chiropractic adjustment or manipulation requires proper training and much practice to develop the necessary skill and competence. The prime areas necessary for specialized training are:

- theory, including principles, applied anatomy, biomechanics, neuro-physiology and radiology;
- examination and diagnosis; and
- treatment techniques.

Chiropractic adjustment or manipulation is an authorized Act requiring a high degree of skill. This standard outlines the necessary elements to maintain that level of skill.

DESCRIPTION OF STANDARD

Consideration of Public Safety

In deciding to perform a chiropractic adjustment or manipulation a member shall, in the interest of public safety, know which form of adjustive or manipulative technique to use in specific situations. This includes knowing proper protocols for patient selection, indications and contraindications to application of a chiropractic adjustment or manipulation, the patient's health, proper assessment of the patient, the goal of care, and prognosis.

Degree of Skill

The following are important features of the skills required for a chiropractic adjustment or manipulation:

- accurate amplitude (speed, force, depth and distance) for the adjustive or manipulative thrust;
- quantity of thrust for the procedure or modified accordingly for the patient; and
- good sense in providing minimum risk to the patient. Consider when, where and how a particular adjustment or manipulation is given.

Continuing Education¹

Members shall be current with their knowledge and skills level to enable safe and effective care for the patient. CCO requires that every member participate in a minimum of five hours of CE, in every CE cycle, that consists of structured activity on diagnostic or therapeutic procedures related to any of the controlled acts within the chiropractic scope of practice². These mandatory five hours should be relevant to the member's clinical practice, but may not include adjunctive therapies, such as acupuncture, exercise or nutritional counseling.

It is a requirement that every member 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).

Protocol

The following protocol shall be adhered to prior to performing a chiropractic adjustment or manipulation:

(1) Diagnosis or Clinical Impression³

- case history (patient interview);
- examination (physical, diagnostic imaging, laboratory); and
- interpretation and differential diagnosis to rule out possible pathologies.

¹ See Standard of Practice S-003: Professional Portfolio for more information about Continuing Education requirements.

² See Standard of Practice S-001: Chiropractic Scope of Practice for an explanation of "diagnostic or therapeutic procedures". Controlled acts may include the authorized activities listed in section 4 of the *Chiropractic Act, 1991* or the authorization to operate an X-ray machine or prescribe the operation of an X-ray machine under sections 5-6 of the *Healing Arts Radiation Protection Act, 1990*.

³ See standards of practice S-002: Record Keeping, S-006: Ordering, Taking and Interpreting Radiographs, and S-008: Communicating a Diagnosis.

(2) Informed Consent

Members shall obtain the patient’s consent to the proposed care, consistent with standard of practice S-013: Consent, includes:

- 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.

(3) Care Protocols

- therapeutic trial of care;
- assessing the outcome of care; and
- timely re-assessment to determine if there is a need for different care and/or referral to a colleague or other health care provider.

LEGISLATIVE CONTEXT

Controlled Acts

The *Regulated Health Professions Act, 1991 (RHPA)*. Specific provisions as outlined below:

Ss. 27 (1) “No person shall perform a controlled act set out in subsection 2 in the course of providing health care services to an individual unless, (a) the person is a member authorized by a health profession Act to perform the controlled act.”

Ss. 27 (2) “A ‘controlled act’ is any one of the following done with respect to an individual: (4) Moving the joints of the spine beyond the individual’s usual physiological range of motion using a fast, low amplitude thrust.”

Scope of Practice

The scope of practice of chiropractic is defined in section 3 of the Chiropractic Act, 1991.

“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:

- 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

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- dysfunctions or disorders arising from the structures or functions of the joints.”

Authorized Acts

The authorized acts for chiropractors are outlined in section 4 of the Chiropractic Act, 1991, and include the following definition of chiropractic adjustment or manipulation.

“Moving the joints of the spine beyond a person’s usual physiological range of motion using a fast, low amplitude thrust.”