ASSISTIVE DEVICES

Standard of Practice S-021
Quality Assurance Committee
Approved by Council: September 17, 2015
Amended: November 29, 2018, April 14, 2021 (came into effect June 16, 2021), September 9, 2022 (came into effect November 24, 2022)

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

INTENT

Assistive devices are intended to enable people with physical disabilities to increase their independence by addressing their individual needs. Assistive devices may be used by chiropractors as an adjunctive therapy to patient care for managing certain conditions within the chiropractic scope of practice. This standard of practice advises members of their obligations when examining a patient and recommending assistive devices or dispensing prescribed assistive devices.

Note: Standards related to orthotics are addressed in Standard of Practice S-012: Orthotics.

OBJECTIVES

- To facilitate appropriate care of patients who may benefit from assistive devices, whether determined by the member or another health professional who has provided a prescription.

- To inform members of their obligations for providing examinations, obtaining consent and making recommendations for assistive devices.

- To ensure members respond to clinical situations in a manner consistent with the best interests of their patients.

- To ensure members advise patients to consult with another health professional when:
  - the patient's condition is beyond the chiropractic scope of practice or competence of the member,
  - the patient requires the care of another health professional, or
  - the patient would be most appropriately treated by another health professional.

DESCRIPTION OF STANDARD

Training, Skill and Competence

A member who examines patients for assistive devices or recommends and/or dispenses assistive devices is required to have achieved, maintain and be able to demonstrate clinical competency, and have appropriate training, skill and competence, including:

- applied anatomy, biomechanics and physiology related to the application, fitting and dispensing of the specific assistive devices;
- examination and diagnosis of patients with conditions within the scope of practice of chiropractic who may reasonably be expected to benefit from the use of assistive devices;
- understanding of the indications and contraindications to assistive devices for any individual patient;
- understanding of the outcomes, benefits and risks of assistive devices; and
- participation in appropriate ongoing continuing education.[1]

Protocol

A member may recommend assistive devices related to the chiropractic scope of practice on a case-by-case basis for a patient. In the member's clinical judgment or opinion, an assistive device is intended to improve the patient's health, wellness and/or function when applied as an adjunctive therapy to a patient's chiropractic care.

A member shall adhere to the following protocols when recommending an assistive device which is to be documented in the patient health record:

1. *Diagnosis or Clinical Impression*

    - relevant case history, including neuro-musculoskeletal, orthopaedic and biomechanical conditions;
    - neuro-musculoskeletal examination (physical, diagnostic imaging, laboratory);
    - assessment of a patient's physical and functional limitations, including activities of daily living, that may benefit from an assistive device; and
    - interpretation and differential diagnosis to rule out possible contraindications.

2. *Consent*

    - A member shall obtain informed consent for the examination, prescription and/or dispensing of the assistive device, which otherwise complies with Standard of Practice S-013: Consent. Consent from the patient shall be:
        - fully informed about the purpose of the assistive device. A member shall explain the benefits and risks of the assistive device as compared to other care or no care;
        - voluntarily given;

[1] eg., programs offered by accredited chiropractic educational institutions or manufacturers of assistive devices.

- related to the patient's condition and circumstances; and
- evidenced in a written form signed by the patient or otherwise documented in the patient health record, which may be part of the general consent.

3. *Dispensing Prescribed Assisted Devices to a Patient*

A member shall only prescribe or dispense an assistive device, for a patient when the examination and diagnosis or clinical impression indicate a condition within the chiropractic scope of practice that would reasonably benefit the patient from that assistive device. If a prescription has been ordered by another regulated health professional and is related to the chiropractic scope of practice, the member may dispense that device.

A member shall provide advice to a patient in a manner that can be understood by the patient on the following:

- instructions for usage of the assistive device;
- reasonable expectations as to the outcomes of the assistive device; and
- time frames for achieving potential results.

4. Conditions Outside the Chiropractic Scope of Practice

A member shall advise the patient to consult with another health professional when the member knows or ought to know that:

- the patient's condition is beyond the chiropractic scope of practice;
- the patient's condition is beyond the competence of the member;
- the patient requires the care of another health professional, or
- the patient would be most appropriately treated by another health professional.

5. *Follow-up*

In the patient's best interests, a member shall advise a patient to seek timely follow-up and re-assessment relating to the assistive device and noted in the patient health record.

Billing

When billing for assistive devices, a member shall comply with the following:

- the business practices provisions of the Profession Misconduct Regulation under the *Chiropractic Act, 1991*, including that it is a potential act of professional misconduct to:
    - submit an account or charge for services that the member knows is false or misleading;
    - fail to disclose to a patient the fee for service before the service is provided, including a fee not payable by the patient; and
    - fail to itemize an account for professional services,
        - if requested to do so by the patient or the person or agency who is to pay, in whole or in part, for the services, or

    - if the account includes a fee for a product or device or a service other than a treatment

- The cost of the assistive devices shall reasonably relate to the time and expertise of, and cost to, the member when prescribing, manufacturing, selling or dispensing orthotics.

- Treatment, services and products associated with the prescription and dispensing of orthotics, including any discounted or complimentary services or products, shall be applied consistently with the member's fee schedule, clearly documented in the patient health record and financial record and invoice, clearly communicated to the patient before services are rendered, and clearly itemized accordingly. Any documentation, record or invoice associated with orthotics shall not be false or misleading.

- Fees charged for treatment, services and products associated with the prescription of assistive devices shall be based on clinical history, examination, diagnosis or clinical impression, consent, instructions and recommendations and follow-up, as recorded in the patient health record;

- Guideline G-008: Business Practices which provides that members may not bill any payor fees in excess of his/her normal fee billed to a private patient for similar services.

- A member shall only issue a receipt for payments that have been received.

- If billing practices related to assistive devices involve the billing or submitting of invoices to the patient's insurance company or third-party payor, the member should familiarize themselves with and ensure they are complying with the policies and procedures of the insurance company or third-party payor.

Conflict of Interest

For the purpose of this standard, a conflict of interest may arise when a member refers a patient to facilities, services or suppliers in which the member or the member's immediate family has an interest or gains a benefit.

A member may make such a referral provided that the member:

- discloses to the patient that the member or their immediate family member has an interest or gains a benefit from the referral;

- has assured the patient that the patient's choice of services or suppliers will not affect the quality of health care services provided by the member;

- has informed the patient that the patient has an option of using alternative facilities, services or suppliers; and

- upon request, advises CCO of any conflict of interest.

LEGISLATIVE CONTEXT

Regulated Health Professions Act, 1991

Section 3 (1) of the Health Professions Procedural Code – One of CCO's objects under the *Regulated Health Professions Act, 1991* (*RHPA*) is to "develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession."

The Quality Assurance program is defined in Ss. 1(1) of the Code as "a program to assure the quality of the practice of the profession and to promote continuing evaluation, competence and improvement among the members."

Chiropractic Act, 1991

Scope of Practice

The scope of practice is defined in the *Chiropractic Act, 1991* as follows:

> 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 and 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 or functions of the joints.

Sections of Regulation 852/93 under the *Chiropractic Act, 1991*

The following are acts of professional conduct misconduct for the purposes of clause 51(1)(c) of the Health Professions Procedural Code:

2. Contravening a standard of practice of the profession or failing to maintain the standard of practice expected of members of the profession.

3. Doing anything to a patient for therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purposes in a situation in which consent is required by law, without such consent

4. Delegating a controlled act contrary to *the Act* or the *Regulated Health Professions Act, 1991*, or the regulations under either of those Acts.

12. Failing to reveal the nature of a remedy or treatment used by the member following a patient's request to do so.

13. Failing to advise a patient to consult with another health professional when the member knows or ought to know that,
    - The patient's condition is beyond the scope of practice and competence for the member,
    - The patient requires the care of another health professional, or
    - The patient would be appropriately treated by another health professional

14. Providing a diagnosis or therapeutic service that is not necessary.

Explanatory Notes

This standard of practice should be read in conjunction with the Business Practices Provisions of the Professional Misconduct Regulation, Standard of Practice S-002 Record Keeping, Standard of Practice S-013: Consent, and Guideline G-008: Business Practices.