PEER & PRACTICE ASSESSMENT 2.0: *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 • Vega testing	☐	☐	_____

	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 his/her 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 his/her own health care which allows the patient to make fully informed decisions concerning his/her 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)

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 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 updated if the patient's condition or plan of management changes	☐	☐	
(2) the risks/benefits of care vs. no care must be reviewed on an ongoing basis	☐	☐	
3. Member understands that informed consent includes the following:			
(1) an explanation of the diagnostic and therapeutic proceduce	☐	☐	
(2) a statement of the anticipated/expected goal or outcome	☐	☐	
(3) alternatives, if any	☐	☐	
(4) effects, risks and side-effects of both the use and 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	☐	☐	

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

ADVERTISING, WEBSITES AND SOCIAL MEDIA

**Reference – Standard of Practice S-016, Guideline G-016*

Review of member's current advertisements, website and social media posts (past six months from date of assessment)

The member's current advertisments, website and social media page includes:

	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. Guaranteed success of care	☐	☐	
5. Comparison to another member's or other health care provider's practice, qualifications or expertise	☐	☐	
6. An 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: Advertising)*	☐	☐	

8. **Exchange of products/services for proceeds/ donations to a charity** that does not comply with the standard of practice *(refer to S-016: Advertising)* ☐ ☐ _____

9. A health care claim without providing generally acceptable evidence *(refer to S-023: Health Care Claims in Advertising, Websites and Social Media; G-023: Health Care Claims in Advertising, Websites and Social Media)* ☐ ☐ _____

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 in order to adopt new and revised regulations, standards, policies and guidelines.	☐	☐	_____

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

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)

SCENARIO REVIEWS

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: ADVERTISING, WEBSITES, AND SOCIAL MEDIA.*** *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: ADVERTISING, WEBSITES AND SOCIAL MEDIA

A chiropractor's website has the following content:

- ***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***
- ***My technique can cure depression, ear infections asthma, respirartory conditions and boost your immune system***
- ***My technique is a highly effective, drug-free solution of 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
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
Chiropractic care can help restore healthy function to your joints, muscles and ligaments so your body can perform at its optimal level - and you can get back to your daily activities. 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.

Subluxations are caused by chemical interference, including vaccines
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

You have a patient return after some time 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 starting care after this absence.

SCENARIO 2

Patient recently had a baby and they ask you whether or not they should vaccinate her. What should be the focus of the communication with the patient?

SCENARIO 3

Patient complains of neck pain, dizziness, and shortness of breath as a result of being a heavy smoker; they also have high cholesterol, and say the need "a good crack". Identify three steps in managing this type of situation.

SCENARIO 4

You have treated Mr. A for a back complaint over a number of years; however, it has been a year since his last visit. As you chat with Mr. A, you notice Mr. A refers to Mary as his wife, while your records indicate his wife's name was Doris. Mary is his daughter. Mr. A tells you to go ahead with the usual knee care but you have never treated Mr. A's knee before. Mr. A also seems confused about the day of the week. In the past, Mr. A has impressed you with his memory for a 90 year-old man but you are now concerned about his memory. Mr. A claims his health is as good as ever. You know his daughter drove her dad, who lives with her, to the appointment and is waiting for him in the parking lot. What should you do?

SCENARIO 5

After completing a preliminary examination on a patient's knee that was made more difficult because of acute swelling and pain, you suspect a meniscal tear. Limited early interventions (e.g., assurance, ice, advice or movements) are indicated while working through your differential diagnoses before making a decision about additional testing or referring out. Identify three things the patient needs to know about the differential/working diagnosis in order to be fully informed.

SCENARIO 6

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

SCENARIO 7

You arrange to see a patient early in the morning to accommodate their schedule. You don't show up at the appointed time and the patient is irate. How do you handle situations where the doctor has inconveinienced the patient?

SCENARIO 8

You have a new patient who seeks 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?

SCENARIO 9

A patient who you haven't seen for a while returns and tells you they went to their physician for low back pain and the physician is referring them to a specialist for a pain blocking injection. They are asking you if they should have that procedure done. Identify three things to be aware of when handling this situation.

SCENARIO 10

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

"A patient is injured during a sporting event, and comes to your office for assessment and treatment. She has some insurance that covers chiropractic treatment, but is worried that she will need more treatment than her insurance will cover. She is concerned that she won't be able to afford care once her insurance coverage is exhausted. How do you handle a situation like this?"

SCENARIO 12

A female patient has been injured in an MVA (contusion to the right lower thigh). It appears to be a straightforward injury. But the patient is insisting there has been a muscle tear and warrants further investigation. What should you do?

SCENARIO 13

You have been working at a multi-chiropractor clinic for three years and have decided to leave and open up your own practice 20 km away. You have your own patients but often other chiropractors may provide care to your patients when you are away and vice versa. There is no written agreement as to the ownership of patient health records. There will be a new chiropractor taking over at this multi-chiropractor clinic, and there is concern from the clinic owner about who the patients and records belong to. Identify three things to be aware of in this situation.

SCENARIO 14

You have completed the recommended initial phase of care and at the first re-evaluation, the patient reports that they are very happy to have achieved their pre-injury state of health. They do inquire about the value of continuing on with some form of 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 TAKING A HISTORY

It is your typical office procedure to have the patient fill out paperwork, prior to meeting them. This would include gathering of general biographical information as well as information on their reason for presenting to the office and a general health systems review. Additionally, the patient reads and signs the documentation related to informed consent related to the impending examination. Once this is completed, the patient is ushered into a consultation/exam room to meet with the doctor.
Identify three things the doctor should ensure is done before conducting the examination.
Identify the one step, in the process outlined above, which is "out of order".

SCENARIO 16: INFORMED CONSENT

You are preparing your report of findings for the patient based on the 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 a number of years, typically on a maintenance or wellness basis. This has typically involved full spine, diversified adjustments. On the most recent visit, you are asked to take a 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 you staff if they would kindly date their July 31st appointment for August 1st because, well, they will better maximize use of their insurance. You should…***

B. ***Your block fee policy includes refunding the unused portion of the pre-paid funds, if the patients chooses to discontinue care before the end of the payment contract. In order for this to follow CCO billing standards, identify the key elements to providing the refund?***

C. ***Please explain two-tiered billing.***

SCENARIO 19: BOUNDARY AND SENSITIVE PRACTICE

During the course of caring 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: SOCIAL MEDIA

At Bill's most recent re-assessment, he reports that, thanks to you and your chiropractic care, he is totally and 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 lots of other 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. Only with your permission, we will use it for…
WHAT COMES NEXT?

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.

SCENARIO 22: INFORMED CONSENT; REASSESSMENTS

Mildred has been your patient for over 30 years. In fact, she says, often 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 are providing supportive care, helping manage Mildred's ongoing, aging body… she has been with you for over 30 years and about to 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 the usual care you have given her for, well, many, many years and there really has been no need to do any sort of re-assessment. But, every time you wave good-bye to Mildred after her visit and rousing endorsement you think about the CCO newsletter article reviewing the value of regularly updating the status of all patients.
Question: Should you do more than just "think" about that CCO newsletter article? If so, what?

SCENARIO 23: PROVIDING ASSISTIVE DEVICES, ORTHOTICS, ETC IN THE CONTEXT OF CHIROPRACTIC PRACTICE

List three things that must be in the patient health record to reflect that they were completed in the process of providing an assistive device to a patient in your care?

SCENARIO 24: RETURNING TO PRACTICE OR ACTIVELY CARING FOR PATIENTS AFTER INACTIVE STATUS OR LEAVE

You've been off on an extended leave from actively treating patients. In the following scenarios, identify 2-3 things to consider before returning to active practice.

1. ***You are returning to GENERAL Registration after being INACTIVE for 18 months.***
2. ***You have remained registered in the GENERAL category of registration but have not treated patients for over 5 years.***
3. ***You just realized that you have been registered INACTIVE for 3 complete registration cycles… DANG! What must you do to get back to GENERAL status?***

SCENARIO 25: ADVERTISING

Congratulations, you have been voted: Guelph's Best Chiropractic Office! The local newspaper, who runs this "contest" has asked if you'd like to run and advertisement in the paper that will 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. Sure, we'll give you some images that 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 2, 3 or 4 weeks!"
Question: What things should you consider before taking advantage of all this great publicity?

SCENARIO 26: CONFLICT OF INTEREST

The company you have long trusted to provide supplements which you, in turn sell to your patients, has a new promotion: Sell $1000 of product in a month and you'll receive an all-expenses paid invitation to our next "grand rounds" clinical products update seminar (suitable for structured CE hours with CCO… though they don't directly endorse this!)
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 has 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 under care since she was a toddler. Recently, though, her parents have divorced. Becky says she wants to keep coming for visits but says that her Mom is dead set against it. Becky thinks it's just because her other Mom is fine with it but says she has to live with her first Mom, at least for the time being.
Well, Doc, what do you do next?

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 when you want to take a holiday .One of your patients runs a very successful dog-sledding business. Sven, the lead dog-handler, long-time patient and great friend has brought in his lead dog, Balto. Sven: "You gotta help me doc. My Balto cannot lift his head and we have a big race this weekend!"
There are a few possible endings to this story. What might they be?

STREAM 1 FILE REVIEW

The assessor will provide feedback on the two files which had been submitted for review. The assessor will ask the member to "tell me the story" for two patient files 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 should 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 will 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 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

Documented content	***1: Submitted file reviewed by assessor***	***2: Submitted file reviewed by assessor***
Consultation, subjective findings	○ Demographic information necessary to identify the patient (e.g., patient's name, address, birth date) ○ dates of each of the patient's visits to the member ○ a reference identifying the patient, and the name/address of the primary treating chiropractor, on each separate page ○ name(s) of relevant referring health professionals, if appropriate. ○ patient's chief complaint(s)/concern(s) and supporting data ○ relevant past health history; and ○ family and social history when indicated by the presenting complaint(s)/concerns(s) ○ every written report received by the member with respect to examinations, tests, consultations or care performed by other health professionals	○ Demographic information necessary to identify the patient (e.g., patient's name, address, birth date) ○ dates of each of the patient's visits to the member ○ a reference identifying the patient, and the name/address of the primary treating chiropractor, on each separate page ○ name(s) of relevant referring health professionals, if appropriate. ○ patient's chief complaint(s)/concern(s) and supporting data ○ relevant past health history; and ○ family and social history when indicated by the presenting complaint(s)/concerns(s) ○ every written report received by the member with respect to examinations, tests, consultations or care performed by other health professionals
Consent to examine	○ Record of obtaining consent to examine the patient	○ Record of obtaining consent to examine the patient
Objective Examination findings	○ initial examination, assessment ○ reassessment, ○ all relevant diagnostic tests ○ relevant diagnostic imaging (images and accompanying reports included) made by the member	○ initial examination, assessment ○ reassessment, ○ all relevant diagnostic tests ○ relevant diagnostic imaging (images and accompanying reports included) made by the member
Diagnosis,	○ diagnosis or clinical impression and	○ diagnosis or clinical impression and

differential diagnosis or clinical impression	plan of care is recorded and has been delivered to the patient ○ Includes terminology related to time frame, intensity, cause, anatomical location, pathology and associated symptoms, where applicable	plan of care is recorded and has been delivered to the patient ○ Includes terminology related to time frame, intensity, cause, anatomical location, pathology and associated symptoms, where applicable
Care or plan of care	○ ***Frequency of visits*** ○ ***Expected outcomes/prognosis*** ○ ***What therapies will be performed***	○ ***Frequency of visits*** ○ ***Expected outcomes/prognosis*** ○ ***What therapies will be performed***
Informed Consent to chiropractic care or plan of care	***Evidenced in a written form signed by the patient or otherwise documented in the patient health record that the following was discussed with the patient…*** ○ The recommended care or plan of care? ○ The goals of the care or plan of care? ○ The alternatives to the care or plan of care? ○ The effects, material risks and side effects of the proposed care or plan of care and how they compare to the alternatives? ○ The likely consequences if the patient does not have the care or plan of care? ○ In discussing the effects, material risks and side effects of the proposed care and alternative examinations or treatments, members shall disclose improbable risks particularly if the effects are serious. Accordingly, members shall include a discussion with patients of the rare but potentially serious risk of stroke associated with cervical adjustments. ○ Accommodation of reasonable patient requests ○ Updated when appropriate	***Evidenced in a written form signed by the patient or otherwise documented in the patient health record that the following was discussed with the patient …*** ○ The recommended care or plan of care? ○ The goals of the care or plan of care? ○ The alternatives to the care or plan of care? ○ The effects, material risks and side effects of the proposed care or plan of care and how they compare to the alternatives? ○ The likely consequences if the patient does not have the care or plan of care? ○ In discussing the effects, material risks and side effects of the proposed care and alternative examinations or treatments, members shall disclose improbable risks particularly if the effects are serious. Accordingly, members shall include a discussion with patients of the rare but potentially serious risk of stroke associated with cervical adjustments. ○ Accommodation of reasonable patient requests ○ Updated when appropriate
Daily Visit	○ ***Record of care appears***	○ ***Record of care appears***

entries	***consistent with*** examination findings, diagnosis or clinical impression, report of findings and plan of care ○ reasonable information about every subsequent care interaction, including level of spine or joint contacted for the purpose of adjusting or mobilizing, and technique(s) used, where applicable ○ reasonable information about all advice given by the member to the patient ○ reasonable information about when a member advises a patient to consult with another health professional ○ every written report received by the member with respect to examinations, tests, consultations or care performed by other health professionals	***consistent with*** examination findings, diagnosis or clinical impression, report of findings and plan of care ○ reasonable information about every subsequent care interaction, including level of spine or joint contacted for the purpose of adjusting or mobilizing, and technique(s) used, where applicable ○ reasonable information about all advice given by the member to the patient ○ reasonable information about when a member advises a patient to consult with another health professional ○ every written report received by the member with respect to examinations, tests, consultations or care performed by other health professionals
Reassessments at appropriate intervals	○ be conducted when clinically necessary and, in any event, no later than each 24th visit ○ be sufficiently comprehensive for the member to: evaluate the patient's current condition; assess the effectiveness of the member's chiropractic care; discuss with the patient his/her goals and expectations for his/her ongoing care; and ○ **affirm or revise** the patient's	○ be conducted when clinically necessary and, in any event, no later than each 24th visit ○ be sufficiently comprehensive for the member to: evaluate the patient's current condition; assess the effectiveness of the member's chiropractic care; discuss with the patient his/her goals and expectations for his/her ongoing care; and ○ **affirm or revise** the patient's

	diagnosis or clinical impression and plan of care; and includes documented evidence on the performance of three or more of the clinically indicated analytical/assessment procedures in order to demonstrate the need for ongoing care: 1. _____ 2. _____ 3. _____	diagnosis or clinical impression and plan of care; and includes documented evidence on the performance of three or more of the clinically indicated analytical/assessment procedures in order to demonstrate the need for ongoing care: 1. _____ 2. _____ 3. _____
Logical flow and connection of all parts of the patient record	○ ***There is a logical connection between all consultations, assessments, daily visit, reassessments and any record of ongoing care***	○ ***There is a logical connection between all consultations, assessments, daily visits, reassessments and any record of ongoing care***
Level of competency demonstrated	○ ***Appears to meet minimum level of competency*** ○ ***Room for improvement***	○ ***Appears to meet minimum level of competency*** ○ ***Room for improvement***
Room for improvement in the following areas:		

Documented content	***File 3: Selected and summarized by member***	***File 4: Selected and summarized by member***
Consultation, subjective findings	○ Demographic information necessary to identify the patient (e.g., patient's name, address, birth date) ○ dates of each of the patient's visits to the member ○ a reference identifying the patient, and the name/address of the primary treating chiropractor, on each separate page ○ name(s) of relevant referring health professionals, if appropriate ○ patient's chief complaint(s)/concern(s) and supporting data ○ relevant past health history ○ family and social history when indicated by the presenting complaint(s)/concerns(s) ○ every written report received by the member with respect to examinations, tests, consultations or care performed by other health professionals	○ Demographic information necessary to identify the patient (e.g., patient's name, address, birth date) ○ dates of each of the patient's visits to the member ○ a reference identifying the patient, and the name/address of the primary treating chiropractor, on each separate page ○ name(s) of relevant referring health professionals, if appropriate ○ patient's chief complaint(s)/concern(s) and supporting data ○ relevant past health history ○ family and social history when indicated by the presenting complaint(s)/concerns(s) ○ every written report received by the member with respect to examinations, tests, consultations or care performed by other health professionals
Consent to Examine	○ Record of obtaining consent to examine the patient	○ Record of obtaining consent to examine the patient
Objective Examination findings	○ initial examination, assessment ○ reassessment, ○ all relevant diagnostic tests ○ relevant diagnostic imaging (images and accompanying reports included) made by the member.	○ initial examination, assessment ○ reassessment, ○ all relevant diagnostic tests ○ relevant diagnostic imaging (images and accompanying reports included) made by the member.

Diagnosis, differential diagnosis or clinical impression	○ diagnosis or clinical impression and plan of care is recorded and has been delivered to the patient ○ Includes terminology related to time frame, intensity, cause, anatomical location, pathology and associated symptoms, where applicable	○ diagnosis or clinical impression and plan of care is recorded and has been delivered to the patient ○ Includes terminology related to time frame, intensity, cause, anatomical location, pathology and associated symptoms, where applicable
Care or plan of care	○ ***Frequency of visits*** ○ ***Expected outcomes/prognosis*** ○ ***What therapies will be performed***	○ ***Frequency of visits*** ○ ***Expected outcomes/prognosis*** ○ ***What therapies will be performed***
Informed Consent to chiropractic care or plan of care	***Evidenced in a written form signed by the patient or otherwise documented in the patient health record that the following was discussed with the patient …*** ○ The recommended care or plan of care? ○ The goals of the care or plan of care? ○ The alternatives to the care or plan of care? ○ The effects, material risks and side effects of the proposed care or plan of care and how they compare to the alternatives? ○ The likely consequences if the patient does not have the care or plan of care? In discussing the effects, material risks and side effects of the proposed care and alternative examinations or treatments, members shall disclose improbable risks particularly if the effects are serious. Accordingly, members shall include a discussion with patients of the rare but potentially serious risk of stroke associated with cervical adjustments ○ Accommodation of reasonable patient requests ○ Updated when appropriate	***Evidenced in a written form signed by the patient or otherwise documented in the patient health record that the following was discussed with the patient …*** ○ The recommended care or plan of care? ○ The goals of the care or plan of care? ○ The alternatives to the care or plan of care? ○ The effects, material risks and side effects of the proposed care or plan of care and how they compare to the alternatives? ○ The likely consequences if the patient does not have the care or plan of care? ○ In discussing the effects, material risks and side effects of the proposed care and alternative examinations or treatments, members shall disclose improbable risks particularly if the effects are serious. Accordingly, members shall include a discussion with patients of the rare but potentially serious risk of stroke associated with cervical adjustments ○ Accommodation of reasonable patient requests ○ Updated when appropriate

Daily Visit entries	○ ***Record of care appears consistent with*** examination findings, diagnosis or clinical impression, report of findings and plan of care ○ reasonable information about every subsequent care interaction, including level of spine or joint contacted for the purpose of adjusting or mobilizing, and technique(s) used, where applicable ○ reasonable information about all advice given by the member to the patient ○ reasonable information about when a member advises a patient to consult with another health professional ○ every written report received by the member with respect to examinations, tests, consultations or care performed by other health professionals	○ ***Record of care appears consistent with*** examination findings, diagnosis or clinical impression, report of findings and plan of care ○ reasonable information about every subsequent care interaction, including level of spine or joint contacted for the purpose of adjusting or mobilizing, and technique(s) used, where applicable ○ reasonable information about all advice given by the member to the patient ○ reasonable information about when a member advises a patient to consult with another health professional ○ every written report received by the member with respect to examinations, tests, consultations or care performed by other health professionals
Reassessments at appropriate intervals	○ be conducted when clinically necessary and, in any event, no later than each 24th visit ○ be sufficiently comprehensive for the member to: evaluate the patient's current condition; assess the effectiveness of the member's chiropractic care; discuss with the patient his/her goals and expectations for his/her ongoing care	○ be conducted when clinically necessary and, in any event, no later than each 24th visit ○ be sufficiently comprehensive for the member to: evaluate the patient's current condition; assess the effectiveness of the member's chiropractic care; discuss with the patient his/her goals and expectations for his/her ongoing care

	○ **affirm or revise** the patient's diagnosis or clinical impression and plan of care; and includes documented evidence on the performance of three or more of the clinically indicated analytical/assessment procedures in order to demonstrate the need for ongoing care: 1. _____ 2. _____ 3. _____	○ **affirm or revise** the patient's diagnosis or clinical impression and plan of care; and includes documented evidence on the performance of three or more of the clinically indicated analytical/assessment procedures in order to demonstrate the need for ongoing care: 1. _____ 2. _____ 3. _____
Logical flow and connection of all parts of the patient record	○ ***There is a logical connection between all consultations, assessments, daily visits, reassessments and any record of ongoing care***	○ ***There is a logical connection between all consultations, assessments, daily visits, reassessments and any record of ongoing care***
Level of competency demonstrated	○ ***Appears to meet minimum level of competency*** ○ ***Room for improvement***	○ ***Appears to meet minimum level of competency*** ○ ***Room for improvement***
Room for improvement in the following areas:		

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?
   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? (i.e. 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 and reassessments?

   _____
   _____
   _____
   _____
   _____

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

   _____
   _____
   _____
   _____
   _____

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

- ☐ patient's name
- ☐ date of each patient's visit to member
- ☐ patient's birth date
- ☐ 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
- ☐ relevant past history
- ☐ family and social history when indicated by presenting complaint(s)
- ☐ reasonable information about every examination and assessment performed by member sufficient to recreate the clinical assessment encounter
- ☐ reasonable information about all relevant radiographic studies
- ☐ 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
- ☐ reasonable information about every order made by member for examinations (including x-ray examination, tests, consultations or treatments to be performed by any other person)
- ☐ every written report received by a member with respect to examinations, tests, consultations or treatments by other health professionals
- ☐ 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
- ☐ 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 made by member re: 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;
- ☐ reasonable information made by member re: putting a finger beyond the anal verge for the purposes of manipulating the tailbone
- ☐ reasonable information about who provided the care and the location where the care was delivered
- ☐ reasonable information about a procedure that was commenced but not completed, including the reasons for non-completion
- ☐ 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**

- ☐ a reference identifying the patient or the health care record
- ☐ the identity of the person who made the entry and the date
- ☐ updated abbreviation/short form list
- ☐ 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)

PROFESSIONAL PORTFOLIO REVIEW (REVIEWING THE MOST CURRENT CYCLE) PLAN OF ACTION SUMMARY (ATTACH COPY IF NOT PREVIOUSLY PROVIDED)

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. Member provides professional portfolio on site	☐	☐	
4. *If no* – Member will send professional portfolio to CCO's Quality Assurance Committee for review	☐	☐	
5. *If yes* – Professional portfolio is consistent with the standard of practice and contains the following:			
(1) Self-Assessment Plan of Action Summary Sheet Review or Self Assessment 2.0	☐	☐	
(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.)	☐	☐	
(4) samples of recent advertisements *(if applicable)*	☐	☐	

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

CHIROPRACTIC ADJUSTMENT OR MANIPULATION

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

The member has completed, or plans to complete, the mandatory 5 hours of continuing education, in this CE cycle, 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.

Yes	No
☐	☐

Details:

_____
_____
_____
_____
_____

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