BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

State of California
Edmund G. Brown Jr., Governor

Agenda Item 9
July 25, 2017

Occupational Analysis Presentation by Heidi Lincer-Hill, Chief Office of Professional Examination Services

Purpose of the item

The Board will receive a presentation from Heidi Lincer-Hill, Chief Office of Professional Examination Services (OPES) on the finding from the occupational analysis of the chiropractic profession.

Action(s) requested

No action requested at this time.

Background

In 2016, the Board requested that OPES conduct an occupational analysis of chiropractic practice in California. The purpose of the occupational analysis is to define practice for chiropractors in terms of the actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis provide a description of practice for the profession that can then be used as the basis for the licensing examination in California.

Among other things, the OA consisted of:

a. Telephone interviews with licensed chiropractors to identify the tasks performed by chiropractors and to specify the knowledge required to perform those tasks in a safe and competent manner
b. In July 2016, a workshop was held to review the results of the interviews and to identify changes and trends in chiropractor practice specific to California.
c. In August 2016, a second workshop was held in which additional chiropractors reviewed and refined the task and knowledge statements derived from the telephone interviews and the initial workshop.
d. Licensees in both of the workshops also performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task.
e. Upon completion of the first two workshops, OPES test specialists developed a three-part questionnaire to be completed by chiropractors statewide.

f. In October 2016, a stratified random sample of 5,000 licensed chiropractors were sent notification of an invitation to participate in the occupational analysis by the completing the questionnaire online.
g. The final sample size included in the data analysis was 304, or 6.1% of the population that was invited to complete the questionnaire.
h. Once the data had been analyzed, two additional workshops of licensed chiropractors were conducted in December 2016 and January 2017 to evaluate the critical indices of the task and knowledge statements and determine whether any task or knowledge statements should be eliminated.

Recommendation(s)
N/A

Next Step
N/A

Attachment(s)
- 2017 BCE Occupational Analysis Executive Summary

BOARD OF CHIROPRACTIC EXAMINERS

OCCUPATIONAL ANALYSIS OF THE

CHIROPRACTOR PROFESSION

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

STATE OF CALIFORNIA

DEPARTMENT OF CONSUMER AFFAIRS

BOARD OF CHIROPRACTIC EXAMINERS

OCCUPATIONAL ANALYSIS OF THE

CHIROPRACTOR PROFESSION

This report was prepared and written by the
Office of Professional Examination Services
California Department of Consumer Affairs

March 2017

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EXECUTIVE SUMMARY

The Board of Chiropractic Examiners (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis of chiropractor practice in California. The purpose of the occupational analysis is to define practice for chiropractors in terms of the actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis provide a description of practice for the chiropractor profession that can then be used as the basis for the chiropractor licensing examination in California.

OPES test specialists began by researching the profession and conducting telephone interviews with licensed chiropractors working in various locations throughout California. The purpose of these interviews was to identify the tasks performed by chiropractors and to specify the knowledge required to perform those tasks in a safe and competent manner. An initial workshop of practitioners was held at OPES in July 2016 to review the results of the interviews and to identify changes and trends in chiropractor practice specific to California. A second workshop was later held in August 2016 with additional chiropractors to review and refine the task and knowledge statements derived from the telephone interviews and the initial workshop. Licensees in both of the workshops also performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas.

Upon completion of the first two workshops, OPES test specialists developed a three-part questionnaire to be completed by chiropractors statewide. Development of the questionnaire included a pilot study which was conducted using a group of licensees. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered in October 2016.

In the first part of the questionnaire, licensees were asked to provide demographic information relating to their work settings and practice. In the second part, licensees were asked to rate specific job tasks in terms of frequency (i.e., how often the licensee performs the task in the licensee's current practice) and importance (i.e., how important the task is to performance of the licensee's current practice). In the third part of the questionnaire, licensees were asked to rate specific knowledge statements in terms of how important that knowledge is to performance of their current practice.

OPES test specialists then developed a stratified random sample of 5,000 California-licensed chiropractors (out of a total of 13,261 licensees) to participate in the occupational analysis. The sample was stratified by years licensed and by county of practice, with an oversampling of chiropractors licensed 0 to 5 years. In October 2016, the Board sent notification letters to the sample of 5,000 licensees inviting them to complete the questionnaire online. A total of 432 chiropractors, or approximately 8.6% of the licensed chiropractors in the sample (5,000), responded by accessing the online questionnaire. The final sample size included in the data analysis was 304, or 6.1% of

the population that was invited to complete the questionnaire. The demographic composition of the respondent sample is representative of the California chiropractor population.

OPES test specialists then performed data analyses of the task and knowledge ratings obtained from the questionnaire respondents. The task frequency and importance ratings were combined to derive an overall critical index for each task statement. The mean importance rating was used as the critical index for each knowledge statement.

Once the data had been analyzed, two additional workshops of licensed chiropractors were conducted in December 2016 and January 2017 to evaluate the critical indices of the task and knowledge statements and determine whether any task or knowledge statements should be eliminated. The licensees in these workshops also established the linkage between job tasks and knowledge statements, organized the task and knowledge statements into content areas, and defined those areas. The licensees then evaluated and confirmed the content area weights for the new description of practice.

The resulting description of practice for California chiropractors is structured into four content areas weighted by criticality relative to the other content areas. The description of practice specifies the job tasks and knowledge critical to safe and effective chiropractor practice in California at the time of licensure.

The description of practice developed as a result of this occupational analysis serves as a basis for developing an examination for inclusion in the process of granting California chiropractor licensure. Similarly, the description of practice serves as a basis for evaluating the degree to which the content of any examination under consideration measures content critical to California chiropractor practice.

At this time, California licensure as a chiropractor is granted by meeting the requisite education and training requirements and passing the National Board of Chiropractic Examiners' examinations (Parts I, II, III, IV, and Physiotherapy) and the California Chiropractic Law Examination (CCLE). Based on the questionnaire results, the licensees in the December 2016 and January 2017 workshops were asked to perform a preliminary evaluation of the Laws and Regulations content area and subareas to develop prospective weights for the CCLE.

OVERVIEW OF THE CALIFORNIA CHIROPRACTOR DESCRIPTION OF PRACTICE CONTENT OUTLINE

Content Area	Content Area Description	Percent Weight
I. Patient History	This area assesses the candidate's knowledge of performing a comprehensive patient evaluation.	14
II. Examination and Assessment	This area assesses the candidate's knowledge of performing physical examinations and evaluations to guide diagnosis and management.	29
III. Treatment	This area assesses the candidate's knowledge of chiropractic treatments, including the use of physiotherapy modalities and healthy lifestyle counseling.	26
IV. Laws and Regulations	This area assesses the candidate's knowledge of laws and regulations related to chiropractor practice as documented in the California Business and Professions Code, California Code of Regulations, California Health and Safety Code, and Chiropractic Initiative Act of California.	31
Total		**100**

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CHAPTER 1. INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Board of Chiropractic Examiners (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis to identify critical job activities performed by California-licensed chiropractors. This occupational analysis was part of the Board's comprehensive review of chiropractor practice in California. The purpose of the occupational analysis is to define practice for chiropractors in California in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis provide a description of practice for the chiropractor profession that can then be used as the basis for the chiropractor licensing examination in California.

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the occupational analysis reflected the actual tasks performed by practicing chiropractors. The technical expertise of California-licensed chiropractors was used throughout the occupational analysis process to ensure the identified task and knowledge statements directly reflect requirements for performance in current practice.

UTILIZATION OF SUBJECT MATTER EXPERTS

The Board selected California-licensed chiropractors to participate as subject matter experts (SMEs) during various phases of the occupational analysis. These SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current chiropractor practice during the development phase of the occupational analysis, and they participated in workshops to review the content of task and knowledge statements for technical accuracy prior to administration of the occupational analysis questionnaire. Following administration of the occupational analysis questionnaire, groups of SMEs were convened at OPES to review the questionnaire results, finalize the description of practice, and develop the preliminary examination plan for the California Chiropractic Law Examination (CCLE).

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations and professional guidelines and technical standards. For the purpose of occupational analyses, the following laws and guidelines are authoritative:

- California Business and Professions Code section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.
- California Fair Employment and Housing Act, Government Code section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

DESCRIPTION OF OCCUPATION

The chiropractor occupation is described as follows in Title 16, Section 302 of the California Code of Regulations:

(a) Scope of Practice.

(1) A duly licensed chiropractor may manipulate and adjust the spinal column and other joints of the human body and in the process thereof a chiropractor may manipulate the muscle and connective tissue related thereto.

(2) As part of a course of chiropractic treatment, a duly licensed chiropractor may use all necessary mechanical, hygienic, and sanitary measures incident to the care of the body, including, but not limited to, air, cold, diet, exercise, heat, light, massage, physical culture, rest, ultrasound, water, and physical therapy techniques in the course of chiropractic manipulations and/or adjustments.

(3) Other than as explicitly set forth in section 10(b) of the Act, a duly licensed chiropractor may treat any condition, disease, or injury in any patient, including a pregnant woman, and may diagnose, so long as such treatment or diagnosis is done in a manner consistent with chiropractic methods and techniques and so long as such methods and treatment do not constitute the practice of medicine by exceeding the legal scope of chiropractic practice as set forth in this section.

(4) A chiropractic license issued in the State of California does not authorize the holder thereof:

(A) to practice surgery or to sever or penetrate tissues of human beings, including, but not limited to severing the umbilical cord;

(B) to deliver a human child or practice obstetrics;

(C) to practice dentistry;

(D) to practice optometry;

(E) to use any drug or medicine included in materia medica;

(F) to use a lithotripter;

(G) to use ultrasound on a fetus for either diagnostic or treatment purposes; or

(H) to perform a mammography.

(5) A duly licensed chiropractor may employ the use of vitamins, food supplements, foods for special dietary use, or proprietary medicines, if the above substances are also included in section 4057 of the Business and Professions Code, so long as such substances are not included in materia medica as defined in section 13 of the Business and Professions Code.

The use of such substances by a licensed chiropractor in the treatment of illness or injury must be within the scope of the practice of chiropractic as defined in section 7 of the Act.

(6) Except as specifically provided in section 302(a)(4), a duly licensed chiropractor may make use of X-ray and thermography equipment for the purposes of diagnosis but not for the purposes of treatment. A duly licensed chiropractor may make use of diagnostic ultrasound equipment for the purposes of neuromuscular skeletal diagnosis.

(7) A duly licensed chiropractor may only practice or attempt to practice or hold himself or herself out as practicing a system of chiropractic. A duly licensed chiropractor may also advertise the use of the modalities authorized by this section as a part of a course of chiropractic treatment, but is not required to use all of the diagnostic and treatment modalities set forth in this section. A chiropractor may not hold himself or herself out as being licensed as anything other than a chiropractor or as holding any other healing arts license or as practicing physical therapy or use the term “physical therapy” in advertising unless he or she holds another such license.

CHAPTER 2. OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of seven California-licensed chiropractors to contact for telephone interviews. During the semi-structured interviews, the licensed chiropractors were asked to identify all of the activities performed that are specific to the chiropractor profession. The licensees confirmed major content areas of chiropractor practice and the job tasks performed in each content area. The licensees were also asked to identify the knowledge necessary to perform each job task safely and competently.

TASK AND KNOWLEDGE STATEMENTS

OPES test specialists integrated the information gathered from prior studies of the chiropractor profession and the telephone interviews to develop task and knowledge statements. The statements were then organized into major content areas of chiropractor practice.

In July and August 2016, OPES facilitated two workshops with four and eight SMEs respectively to evaluate the task and knowledge statements for technical accuracy and comprehensiveness. The SMEs assigned each statement to the appropriate content area and verified that the content areas were independent and non-overlapping. In addition, they performed a preliminary linkage of the task and knowledge statements to ensure that every task had a related knowledge and every knowledge statement had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas.

Once the lists of task and knowledge statements were verified and finalized, the information was used to develop an online questionnaire that was sent to, and eventually completed and evaluated by, a sample of chiropractors throughout California.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed the online occupational analysis questionnaire to solicit licensed chiropractors' ratings of the job task and knowledge statements. The responding chiropractors were instructed to rate each job task in terms of how often they perform the task (Frequency) and how important the task is to the performance of their current practice (Importance). In addition, they were instructed to rate each knowledge statement in terms of how important the specific knowledge is to the performance of their current practice (Importance). The questionnaire also included a demographic section for purposes of developing an accurate profile of the respondent sample. The questionnaire can be found in Appendix F.

PILOT STUDY

Prior to developing the final questionnaire, OPES prepared and administered an online pilot questionnaire. The pilot questionnaire was reviewed by the Board and a group of twenty-one SMEs for feedback about the technical accuracy of the task and knowledge statements, estimated time for completion, online navigation, and ease of use. OPES used this feedback to develop the final questionnaire.

CHAPTER 3. RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

OPES test specialists developed a stratified random sample of 5,000 California-licensed chiropractors (out of the total population of 13,261 licensees) to participate in the occupational analysis. The sample was stratified by years licensed and county of practice, with oversampling of chiropractors licensed 0 to 5 years.

In October 2016, the Board sent notification letters to the sample of 5,000 chiropractors inviting them to complete the questionnaire online. The notification letter can be found in Appendix E. The questionnaire's online format allowed for several enhancements to the questionnaire and the data collection process. As part of the questionnaire development, configuration, and analysis process, various criteria were established to ensure the integrity of the data.

A total of 432, or 8.6% of the licensed chiropractors in the sample (5,000), responded to the Web-based questionnaire. The final sample size included in the data analysis was 304, or 6.1% of the population that was invited to complete the questionnaire. This response rate (6.1%) reflects two adjustments. First, data from respondents who indicated they were not currently licensed and practicing as chiropractors in California were excluded from analysis. Second, the reconciliation process removed questionnaires containing a large volume of missing or unresponsive data. The respondent sample is representative of the population of California-licensed chiropractors based on the sample's demographic composition.

DEMOGRAPHIC SUMMARY

Of the 304 respondents included in the analysis, 23.4% had been licensed as a chiropractor for 5 years or less, 21.4% had been practicing between 6 and 10 years, 21.7% had been practicing between 11 and 20 years, and 33.6% had been practicing for more than 20 years (see Table 1).

When asked to indicate the number of clinical locations where services were provided as a chiropractor, 81.9% of respondents reported providing services in 1 clinical location, 17.1% of respondents reported providing services in 2 to 4 clinical locations, and 1% of respondents reported providing services in 5 or more clinical locations (see Table 2).

As shown in Table 3, the majority of respondents (59.9%) reported working as a sole practitioner in their primary practice setting, 13.2% of respondents reported working as an independent contractor/associate, and 11.2% of respondents reported working as part of a multidisciplinary group. Of the respondents, 9.5% indicated working as part of a chiropractic group, and a small percentage indicated house calls/home visits (2.3%) or a hospital setting (0.7%) as their primary practice setting. As shown in Table 4, the

majority (56.6%) of respondents reported working in an urban setting, 29.3% of respondents reported working in a suburban setting, and 11.2% of respondents reported working in a rural setting.

Across work settings and locations, 52.6% of respondents reported working 21 to 39 hours per week, 22% reported working 40 or more hours per week, 16.4% reported working 11 to 20 hours per week, and 8.9% reported working 0 to 10 hours per week (see Table 5).

Respondents were also asked to review a list of chiropractic specialties and to select those specialties in which they possessed diplomate status, a certificate, or a degree. Of the sample, 12.8% reported either diplomate status or holding a certificate as a sports physician, 5.6% reported holding either diplomate status or a certificate in chiropractic physical and therapeutic rehabilitation, and 6.6% reported holding either diplomate status or a certificate in neurology or diagnostic imaging. Additionally, 6.0% of respondents indicated holding either diplomate status or a certificate in occupational health or chiropractic pediatrics, 5.2% of respondents indicated holding either diplomate status or a certificate in nutrition or orthopedics, 2.3% indicated holding either diplomate status or a certificate in chiropractic acupuncture, and 0.3% reported possessing a Juris Doctor degree (see Table 6).

When describing the highest level of non-chiropractic education achieved, the majority (62.8%) of respondents indicated having a bachelor's degree, while 11.8% of respondents indicated having a master's degree, and 3.9% of respondents indicated having a doctorate degree (see Table 7).

Respondents were also asked to indicate all of the licenses possessed in addition to their chiropractic license. As shown in Table 8, 36.2% of respondents hold an X-ray Supervisor license, 5.6% of respondents hold an acupuncturist license, 2.0% of respondents hold a certified athletic trainer license, and 1.4% of the respondents hold either a naturopathic doctor license or a physical therapist license.

TABLE 1 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A CHIROPRACTOR

YEARS	NUMBER (N)	PERCENT
0 to 5 years	71	23.4
6 to 10 years	65	21.4
11 to 20 years	66	21.7
More than 20 years	102	33.6
Total	304	100*

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 1 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A CHIROPRACTOR

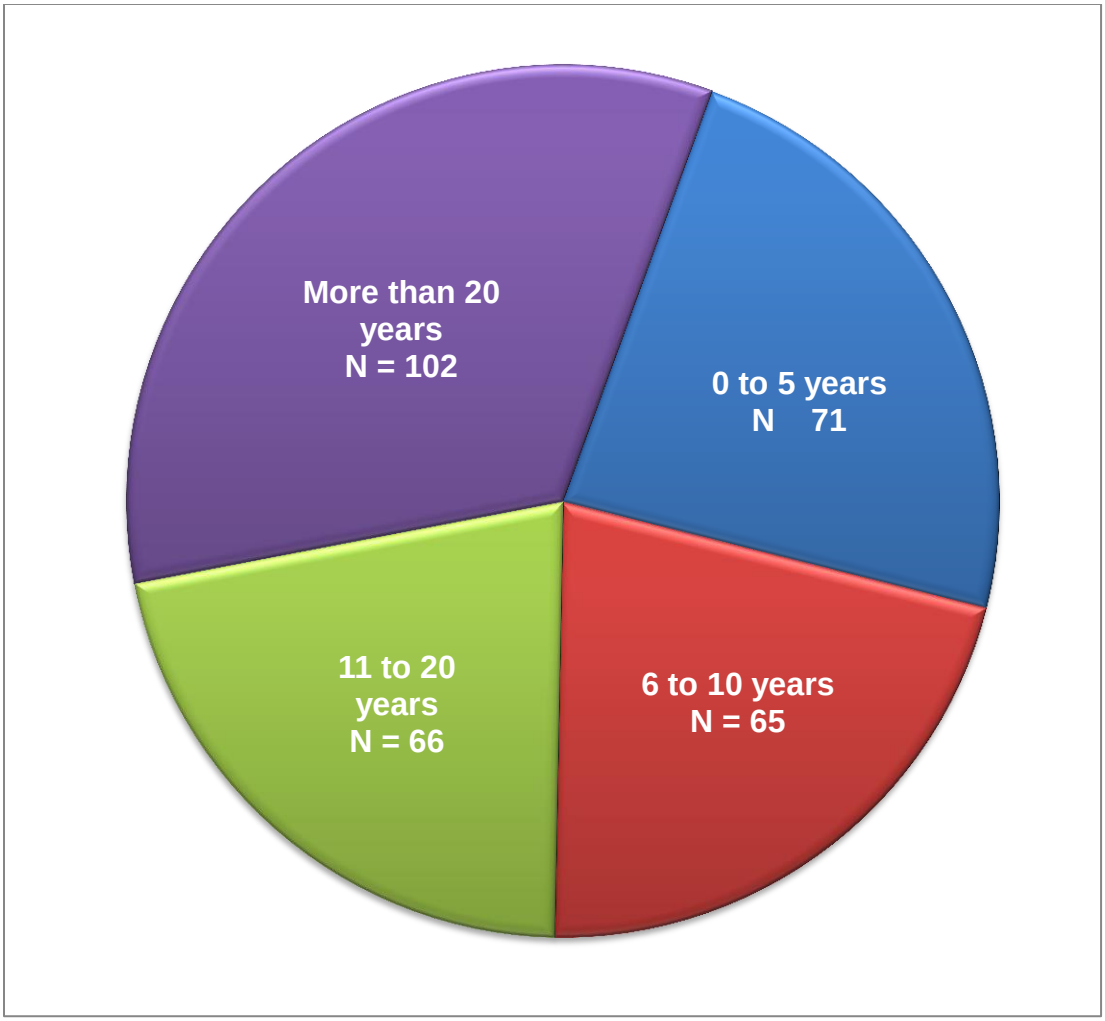

TABLE 2 – NUMBER OF CLINICAL LOCATIONS

CLINICAL LOCATIONS	NUMBER (N)	PERCENT
1	249	81.9
2 to 4	52	17.1
5 or more	3	1.0
Total	304	100%

FIGURE 2 – NUMBER OF CLINICAL LOCATIONS

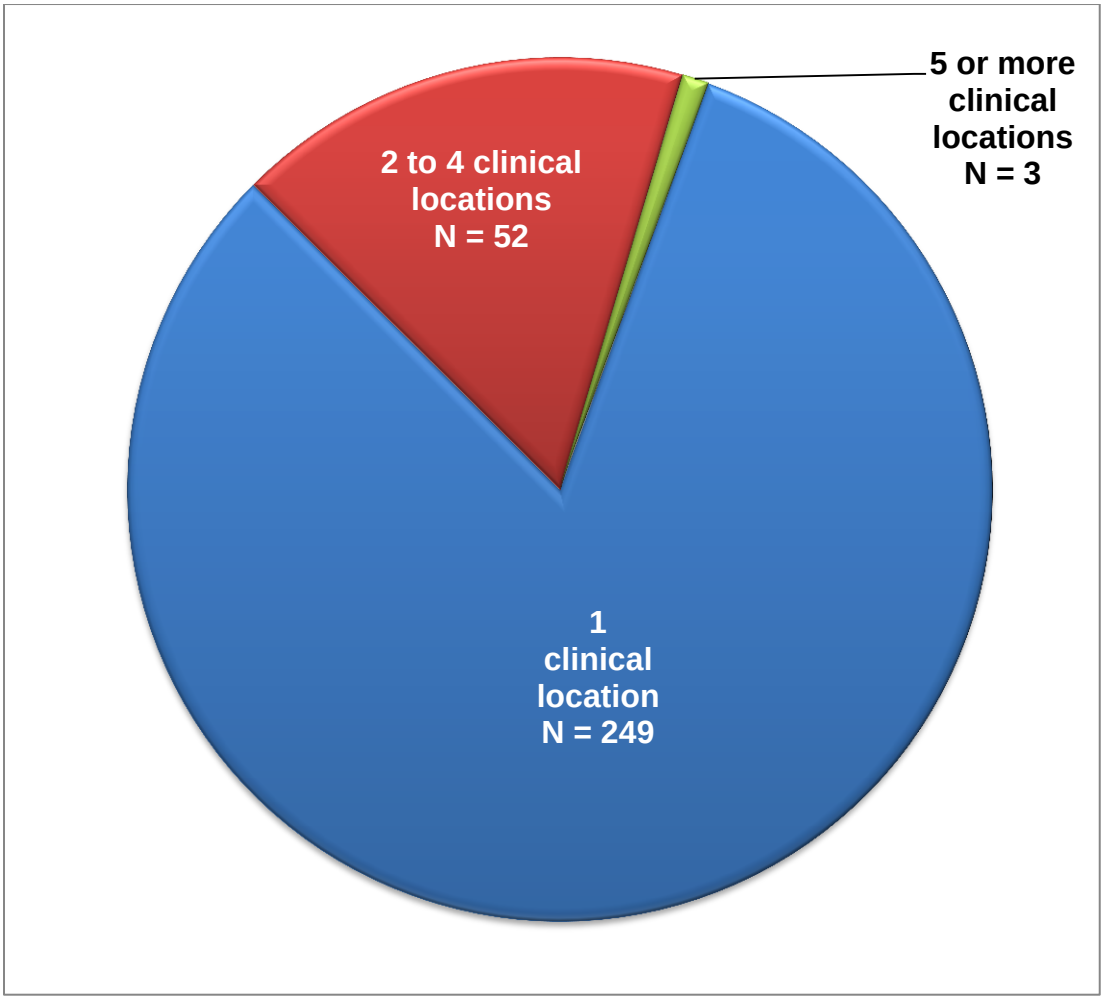

TABLE 3 – PRIMARY PRACTICE SETTING

PRACTICE SETTING	NUMBER (N)	PERCENT
Sole practitioner	182	59.9
Independent contractor/Associate	40	13.2
Multidisciplinary group	34	11.2
Chiropractic group	29	9.5
House calls/Home visits	7	2.3
Hospital	2	0.7
Missing	10	3.3
Total	304	100*

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 3 – PRIMARY PRACTICE SETTING

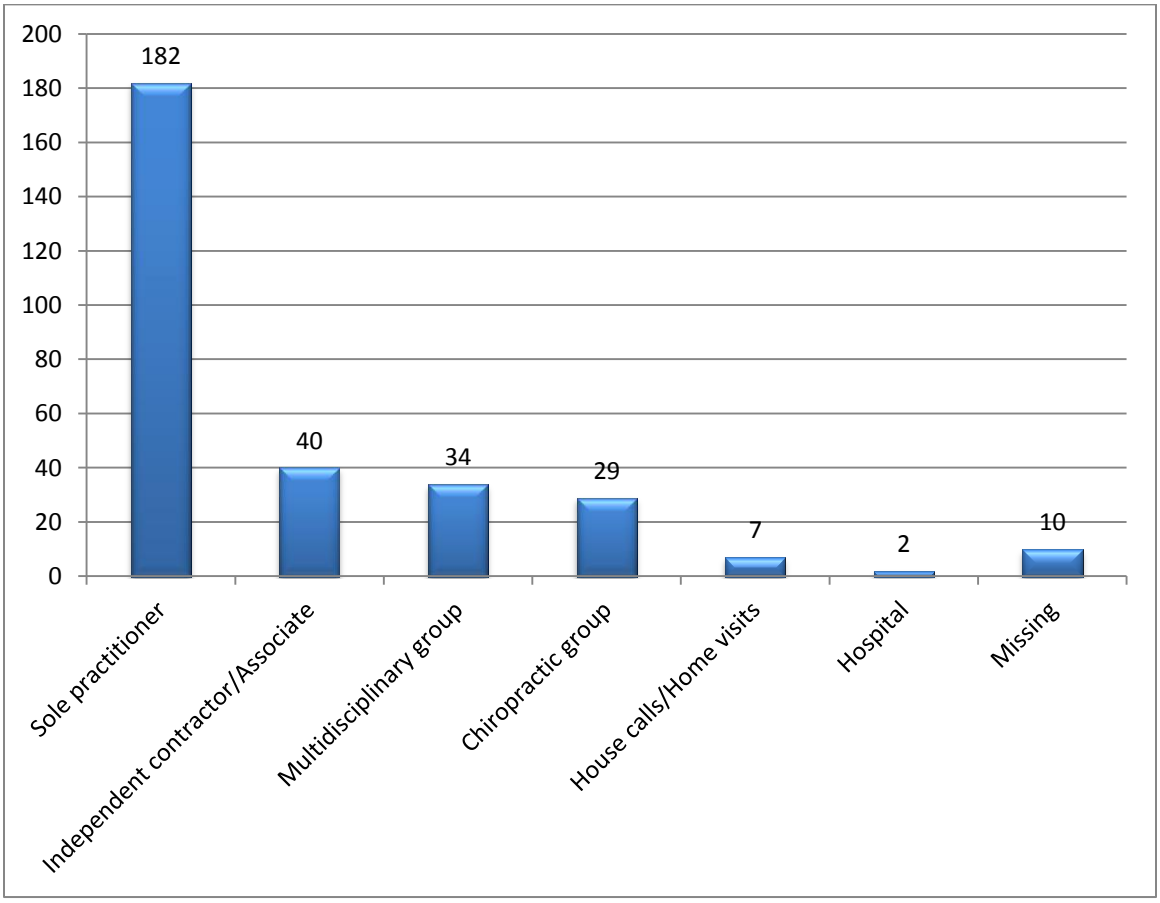

TABLE 4 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (greater than 100,000 people),	172	56.6
Suburban (between 100,000 and 10,000 people)	89	29.3
Rural (less than 10,000 people)	34	11.2
Missing	9	3.0
Total	304	100*

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 4 – LOCATION OF PRIMARY WORK SETTING

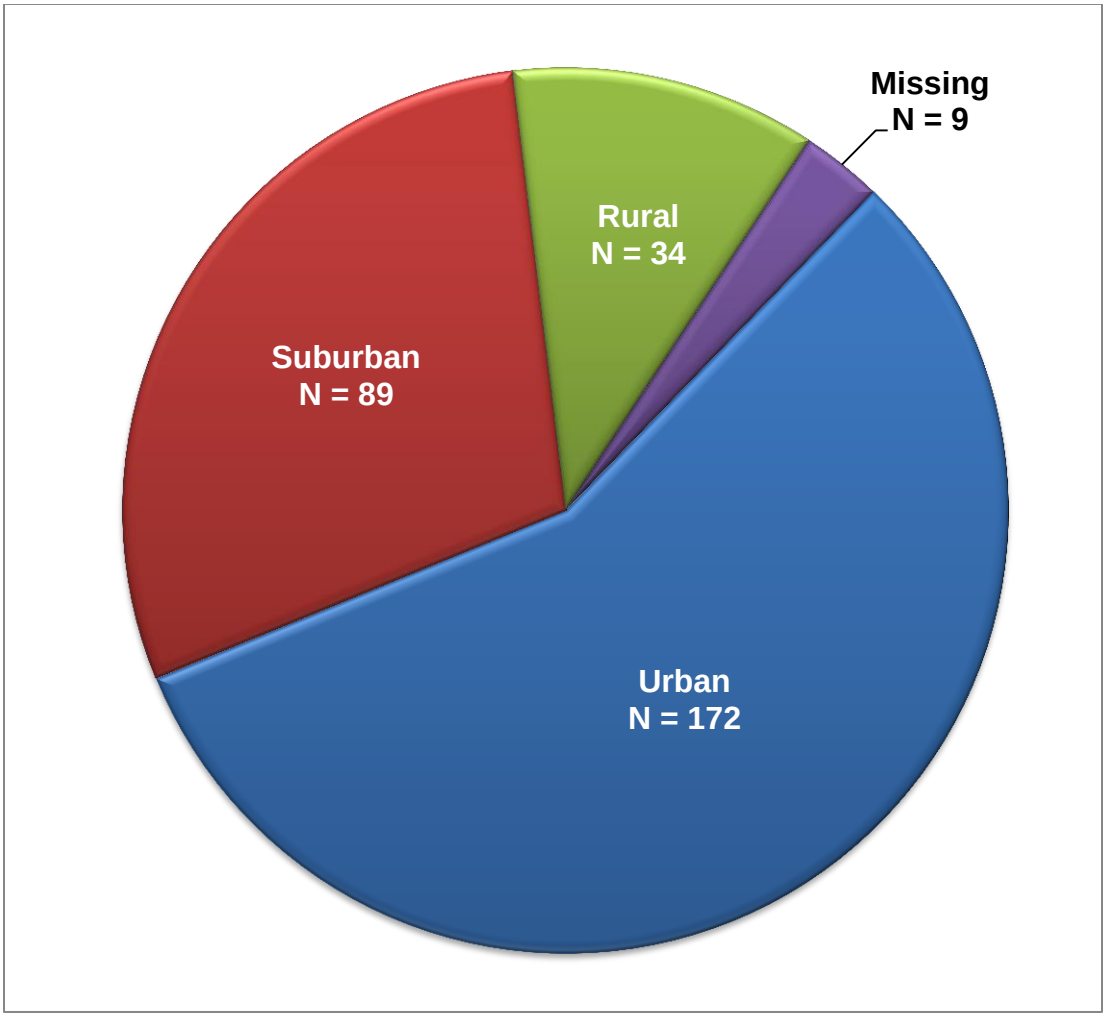

TABLE 5 – NUMBER OF HOURS WORKED PER WEEK

HOURS WORKED	NUMBER (N)	PERCENT
0 to 10 hours	27	8.9
11 to 20 hours	50	16.4
21 to 39 hours	160	52.6
40 or more hours	67	22.0
Total	304	100*

**Note: Percentages do not add to 100 due to rounding.*

FIGURE 5 – NUMBER OF HOURS WORKED PER WEEK

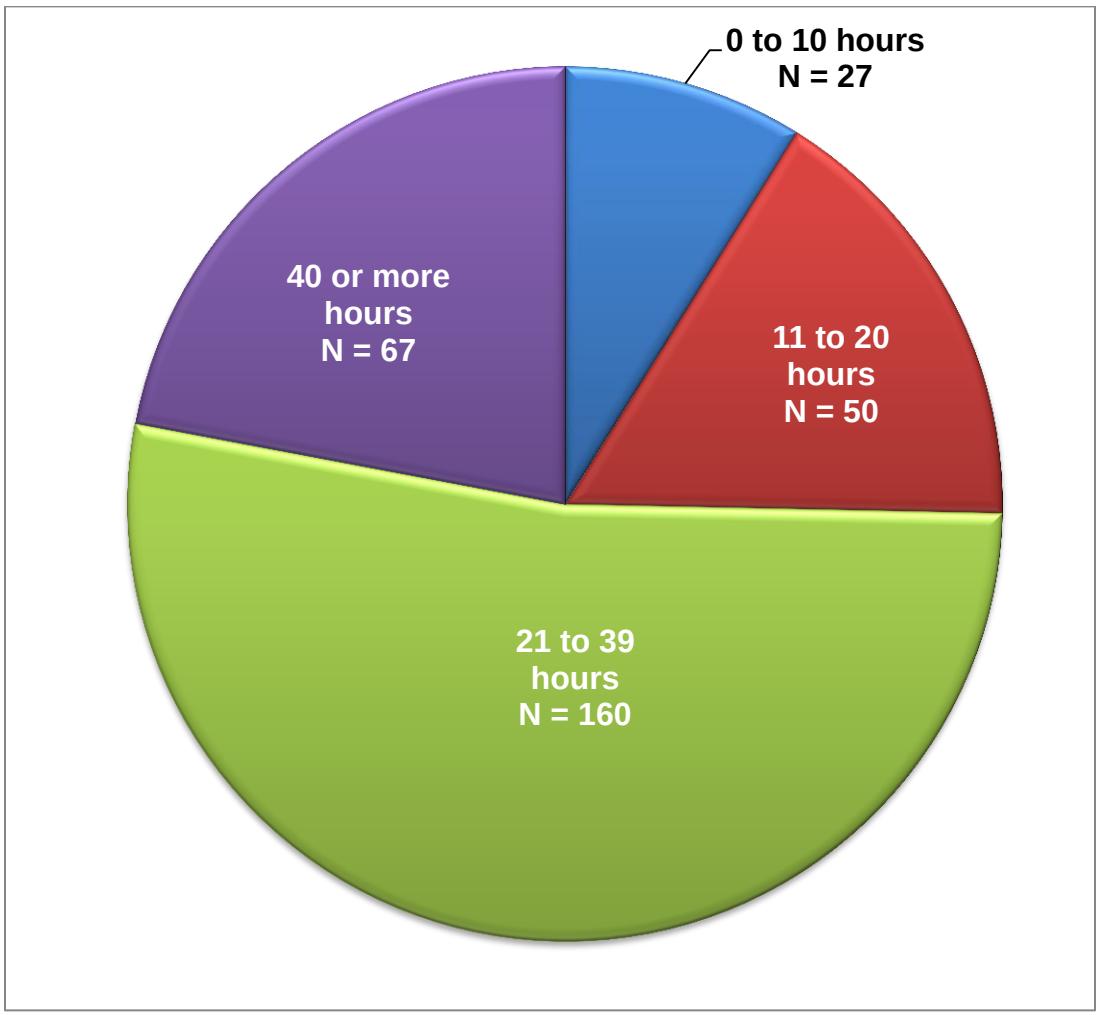

TABLE 6 – DIPLOMATES/CERTIFICATES/DEGREES

DIPLOMATES/CERTIFICATES/DEGREES*	NUMBER (N)	PERCENT
Sports Physician	39	12.8
Chiropractic Physical and Therapeutic Rehabilitation	17	5.6
Neurology	10	3.3
Diagnostic Imaging or Radiology	10	3.3
Occupational Health	9	3.0
Chiropractic Pediatrics	9	3.0
Nutrition	8	2.6
Orthopedics	8	2.6
Chiropractic Acupuncture	7	2.3
Juris Doctor	1	0.3
Diagnosis	0	0.0
Internal Disorder	0	0.0

**NOTE: Respondents were asked to select all that apply. Percentages indicate the proportion in the sample of respondents.*

FIGURE 6 – DIPLOMATES/CERTIFICATES/DEGREES

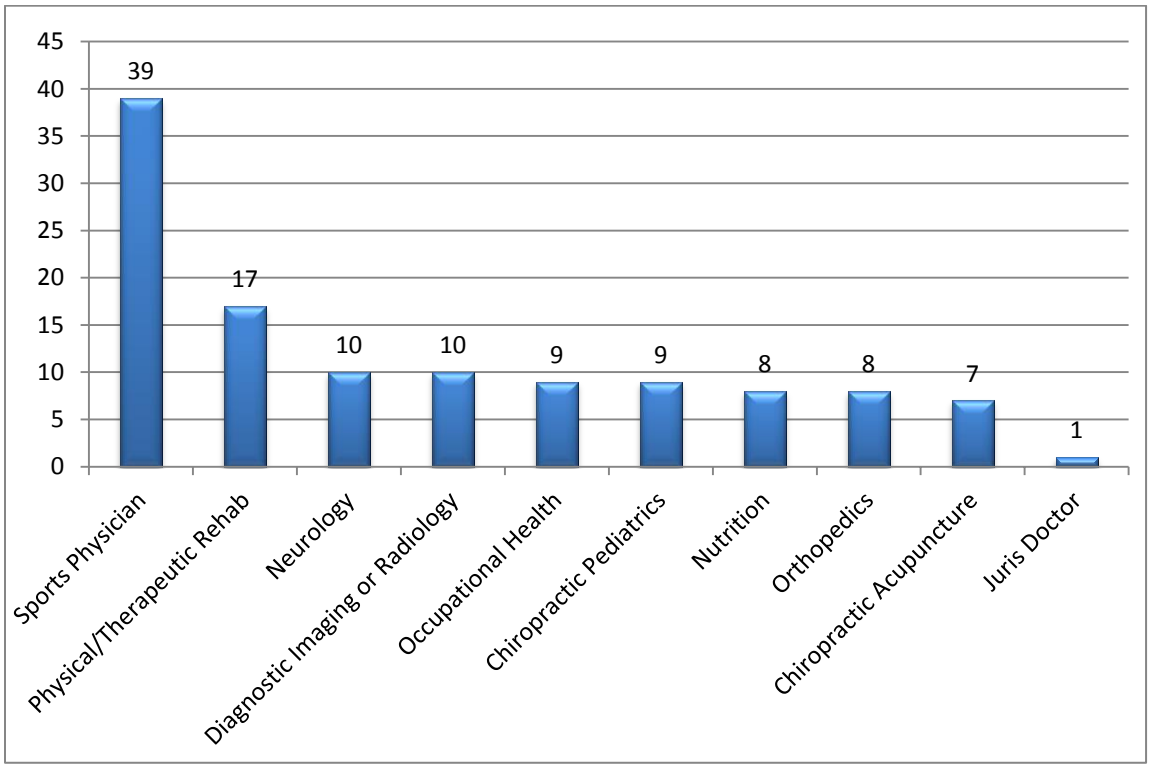

TABLE 7 – HIGHEST LEVEL OF NON-CHIROPRACTIC EDUCATION

DEGREE	NUMBER (N)	PERCENT
Associate degree	49	16.1
Bachelor's degree	191	62.8
Master's degree	36	11.8
Doctorate degree	12	3.9
Missing	16	5.3
Total	304	100*

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 7 – HIGHEST LEVEL OF NON-CHIROPRACTIC EDUCATION

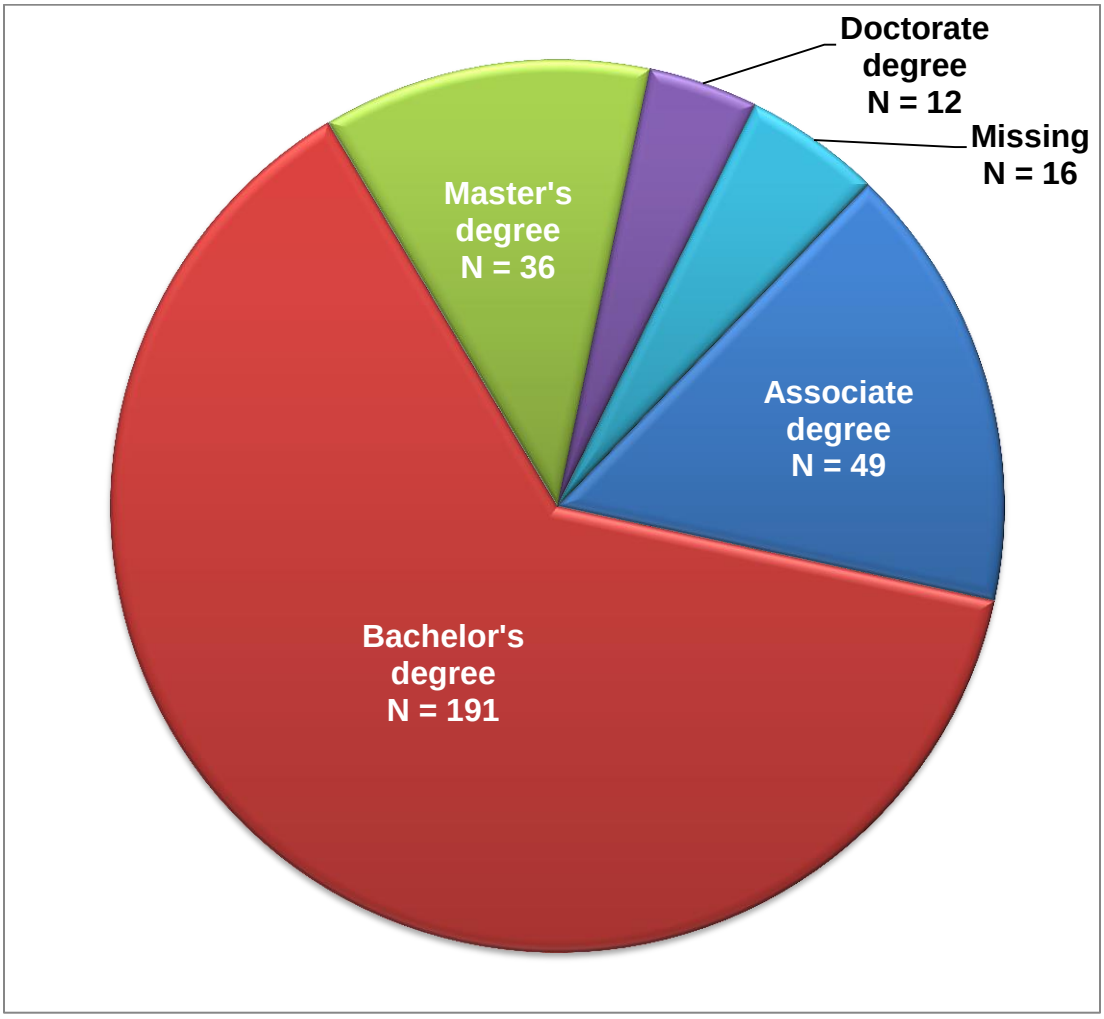

TABLE 8 – OTHER PROFESSIONAL LICENSES HELD

OTHER LICENSES	NUMBER (N)	PERCENT
X-ray Supervisor	110	36.2
Acupuncturist	17	5.6
Certified Athletic Trainer	6	2.0
Naturopathic Doctor	2	0.7
Physical Therapist	2	0.7
Medical Doctor	0	0.0
Osteopathic Doctor	0	0.0
Registered Nurse	0	0.0
Nurse Practitioner	0	0.0

**NOTE: Respondents were asked to select all that apply. Percentages indicate the proportion in the sample of respondents.*

FIGURE 8 – OTHER PROFESSIONAL LICENSES HELD

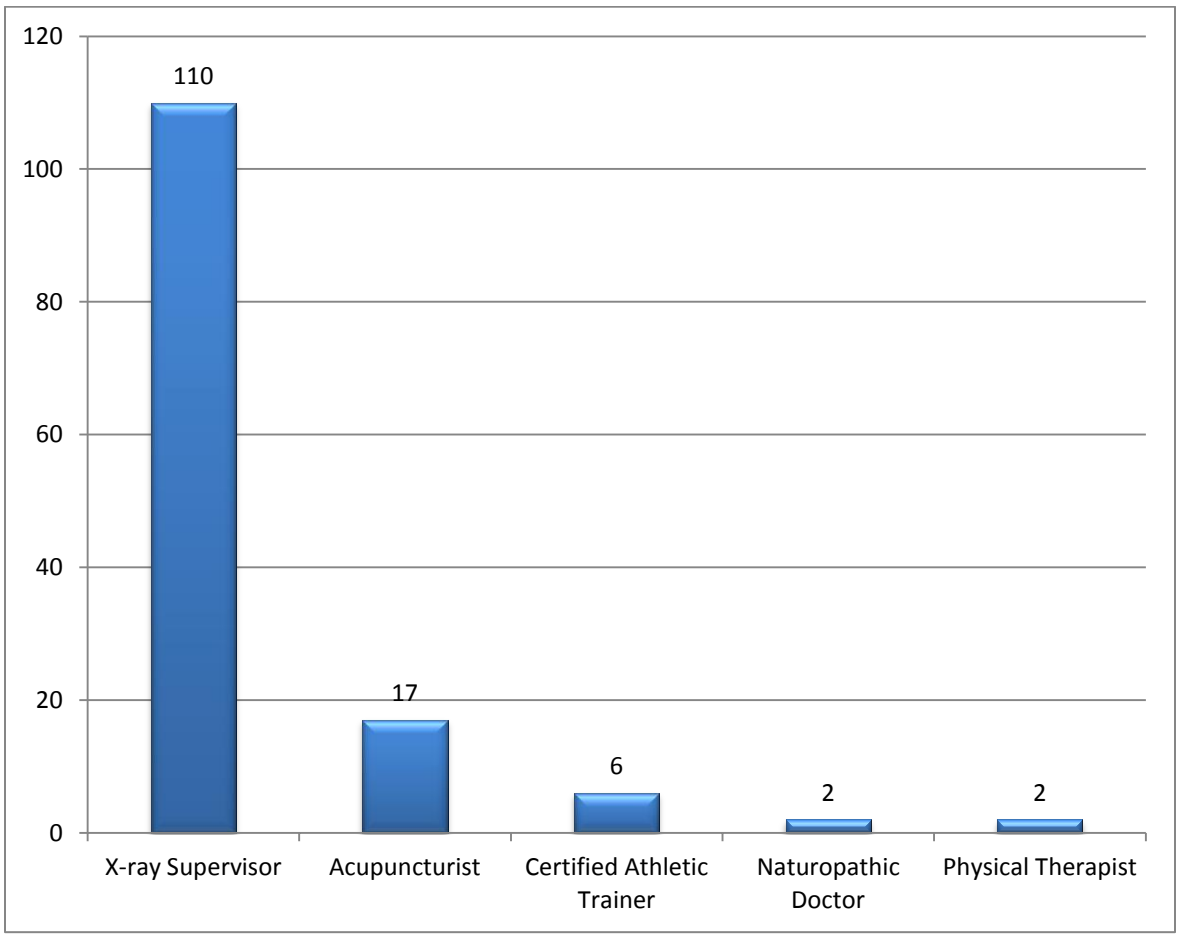

TABLE 9 – RESPONDENTS BY REGION*

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	81	26.6
San Francisco Bay Area	65	21.4
San Diego County and Vicinity	33	10.8
Sierra Mountain Valley	30	9.8
Sacramento Valley	19	6.2
San Joaquin Valley	19	6.2
Riverside and Vicinity	15	5.7
Shasta/Cascade	15	4.9
South/Central Coast	16	4.9
North Coast	11	3.6
Total	304	100**

**NOTE: Appendix A shows a more detailed breakdown of the frequencies by region.*
***NOTE: Percentages do not add to 100 due to rounding.*

CHAPTER 4. DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

The job task and knowledge ratings obtained from the questionnaire were evaluated with a standard index of reliability called coefficient alpha (α) that ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the job task and knowledge statements. Coefficients were calculated for all respondent ratings.

Table 10 displays the reliability coefficients for the task statement rating scales in each content area. The overall ratings of task frequency (α = .95) and task importance (α = .96) across content areas were highly reliable. Table 11 displays the reliability coefficients for the knowledge statements rating scale in each content area. The overall ratings of knowledge importance (α = .99) across content areas were highly reliable. These results indicate that the responding chiropractors rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 10 – TASK SCALE RELIABILITY

CONTENT AREA	Number of Tasks	α Frequency	α Importance
I. Patient History	10	.89	.90
II. Examination and Assessment	27	.93	.94
III. Treatment	32	.89	.92
IV. Laws and Regulations	22	.78	.88
Total	91	.95	.96

TABLE 11 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	Number of Knowledge Statements	α Importance
I. Patient History	23	.95
II. Examination and Assessment	40	.97
III. Treatment	57	.97
IV. Laws and Regulations	42	.96
Total	162	.99

TASK CRITICAL INDICES

Two workshops, each comprised of a diverse sample of licensed chiropractors, were convened at OPES in December 2016 and January 2017 to review the mean frequency and importance ratings of all task statements and their critical indices, and to evaluate the mean importance ratings for all knowledge statements. The purpose of these workshops was to identify the essential tasks and knowledge required for safe and effective chiropractor practice at the time of licensure.

In order to determine the critical indices (criticality) of the task statements, the frequency rating (Fi) and the importance rating (Ii) for each task were multiplied for each respondent, and the products were then averaged across respondents.

Task critical index = mean [(Fi) X (Ii)]

The task statements were then ranked according to their critical indices. The task statements, their mean frequency and importance ratings, and their associated critical indices sorted by descending order and content area are presented in Appendix B.

OPES test specialists instructed the SMEs from the December 2016 workshop to identify a cutoff value of criticality in order to determine if any of the tasks did not have a high enough critical index to be retained. Based on their review of the relative importance of all tasks to chiropractor practice, the SMEs determined that a cutoff value of 3.0 should be set. Six task statements did not meet the cutoff value and were thus excluded from the description of practice. The exclusion of a task statement from the description of practice does not mean that the task is not performed in chiropractor practice; it was only considered not critical for testing relative to other tasks.

The SMEs in the January 2017 workshop performed an independent review of the same data and arrived at the same conclusion that was determined by the SMEs from the December 2016 workshop.

KNOWLEDGE IMPORTANCE RATINGS

In order to determine the importance of each knowledge statement, the mean importance rating for each knowledge statement was calculated. The knowledge statements and their mean importance ratings sorted by descending order and content area are presented in Appendix C.

The December 2016 workshop of SMEs that evaluated the task critical indices also reviewed the knowledge statement importance ratings. After reviewing the average importance ratings and considering their relative importance to chiropractor practice, the SMEs determined that a cutoff value of 1.5 should be established. Ten knowledge statements did not meet the cutoff value and were thus excluded from the description of practice. The exclusion of a knowledge statement from the description of practice does not mean that the knowledge is not used in chiropractor practice; it was only considered not critical for testing relative to other knowledge.

TASK AND KNOWLEDGE LINKAGE

The SMEs who participated in the December 2016 workshop reviewed the preliminary linkage assignments of the task and knowledge statements to content areas and established the appropriate linkage of specific knowledge statements to task statements. As a result of their review, the SMEs made changes to the following task and knowledge statements:

- Task statement 73 was revised to make a minor change in phrasing so that it included businesses that are not corporations. Task statement 73 was changed from “Adhere to laws and regulations related to ownership and management of chiropractic corporations” to “Adhere to laws and regulations related to ownership and management of chiropractic businesses and corporations.”
- Knowledge statements 88 (“Knowledge of procedures for administering iontophoresis.”) and 89 (“Knowledge of ionic substances used for application of iontophoresis.”) were eliminated even though their mean importance ratings exceeded the criticality cutoff value because their associated task statements were eliminated and the knowledge statements were unable to be linked to other task statements.
- Knowledge statement 127 was revised to make a minor change in phrasing so that it included businesses that are not corporations. Knowledge statement 127 was changed from “Knowledge of laws and regulations related to managing chiropractic corporations” to “Knowledge of laws and regulations related to managing chiropractic businesses and corporations.”
- Knowledge statement 163 (“Knowledge of vestibular system assessment.”) was added to the description of practice because it was considered critically important to its related task statements.

The SMEs in the January 2017 workshop independently reviewed the SME results from the December 2016 workshop regarding the established linkage of specific knowledge statements to task statements and the changes made to task and knowledge statements, and they agreed with the outcome.

CHAPTER 5. EXAMINATION OUTLINE

CALIFORNIA CHIROPRACTIC LAW EXAMINATION

The requirements for chiropractic licensure in California include passing the National Board of Chiropractic Examiners' (NBCE) examinations and passing the California Chiropractic Law Examination (CCLE). This occupational analysis was performed prior to conducting a review of NBCE's examinations and prior to performing a linkage study to determine areas of California-specific practice not assessed on the national examinations. The SMEs from the December 2017 and January 2017 workshops were asked to develop a preliminary examination outline for the CCLE by identifying the tasks and knowledge that they believed were California-specific. The examination content outline is presented in Table 13.

CONTENT AREAS AND WEIGHTS

The SMEs in the December 2016 workshop were also asked to determine the weights for content areas on the CCLE. OPES test specialists presented the SMEs with preliminary weights of the content areas that were calculated by dividing the sum of the critical indices for the tasks in a content area by the overall sum of the critical indices for all tasks, as shown below.

$$\frac{\textit{Sum of Critical Indices for Tasks in Content Area}}{\textit{Sum of Critical Indices for All Tasks}} = \textit{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary weights by reviewing the group of tasks and knowledge, the linkage established between the tasks and knowledge, and the relative importance of the tasks in each content area to chiropractor practice in California. The SMEs made minor adjustments to the preliminary weights based on what they perceived to reflect the relative importance of the tasks in each content area to chiropractor practice in California. A summary of the preliminary and finalized content area weights for the CCLE is presented in Table 12. The chiropractor description of practice is presented in Appendix D .

TABLE 12 – CONTENT AREA WEIGHTS FOR THE CALIFORNIA CHIROPRACTIC LAW EXAMINATION

CONTENT AREA	Critical Task Indices Prelim. Weights.	Final Weights
I. Records Management	26.85%	26%
II. Business Management	25.59%	26%
III. Ethics	29.59%	26%
IV. Scope of Practice	17.97%	22%
Total	100%	100%

TABLE 13 – EXAMINATION CONTENT OUTLINE: CALIFORNIA CHIROPRACTIC LAW EXAMINATION

I. Records Management (26%): This area assesses the candidate's knowledge of California laws and regulations related to documentation, maintenance, and release of patient records.

TASK STATEMENTS	KNOWLEDGE STATEMENTS
T70. Obtain informed consent in accordance with laws and regulations. **T75.** Document assessments and treatments for patient records in accordance with laws and regulations. **T77.** Maintain patient records in accordance with laws and regulations. **T78.** Maintain confidentiality of patient records in accordance with laws and regulations. **T79.** Release patient records in accordance with laws and regulations.	**K121.** Knowledge of laws and regulations related to informed consent. **K129.** Knowledge of laws and regulations for documenting patient history, examination, treatment, principal spoken language, and management. **K134.** Knowledge of laws and regulations regarding maintaining physical and electronic patient records. **K135.** Knowledge of laws and regulations regarding patient addendums to records. **K136.** Knowledge of legal requirements of the Health Insurance Portability and Accountability Act (HIPAA). **K137.** Knowledge of laws and regulations regarding confidentiality of patient records and test results. **K138.** Knowledge of laws and regulations regarding release of minor and adult patient records.

II. Business Management (26%): This area assesses the candidate's knowledge of California laws and regulations relating to ownership and management of chiropractic businesses, corporations, and practices.

TASK STATEMENTS	KNOWLEDGE STATEMENTS
T71. Adhere to laws and regulations regarding billing, billing codes, and documentation.	**K122.** Knowledge of documentation requirements (e.g., billing codes) for insurance reimbursement.
T72. Adhere to laws and regulations related to treating patients with occupational injuries or illnesses.	**K123.** Knowledge of procedures for receiving insurance reimbursement.
T73. Adhere to laws and regulations related to ownership and management of chiropractic businesses and corporations.	**K124.** Knowledge of laws and regulations regarding accountable billings.
T74. Adhere to laws and regulations related to ownership and management of a chiropractic practice.	**K125.** Knowledge of laws and regulations regarding discounted fees and services.
T76. Report known or suspected abuse of patients by contacting protective services in accordance with laws and regulations.	**K126.** Knowledge of laws and regulations related to occupational injury or illness of patients.
T91. Adhere to laws and regulations regarding display of certificate to practice.	**K127.** Knowledge of laws and regulations related to managing chiropractic businesses and corporations.
	K128. Knowledge of laws and regulations related to transfer of ownership upon death or incapacity of licensed chiropractor.
	K130. Knowledge of laws for reporting suspected abuse of children, elders, or dependent adults.
	K131. Knowledge of mandated reporting procedures of suspected abuse of children, elders, or dependent adults.
	K132. Knowledge of mandated reporting procedures of suspected abuse, firearm injuries, or assaultive action.
	K133. Knowledge of physical indicators of abuse, firearm injuries, or assaultive action.
	K161. Knowledge of laws and regulations related to displaying of certificate to practice.
	K162. Knowledge of laws and regulations regarding filing and displaying certificates for satellite offices.

III. Ethics (26%): This area assesses the candidate's knowledge of California laws and regulations of professional and ethical conduct in a chiropractic office, advertising, and examinations.

TASK STATEMENTS	KNOWLEDGE STATEMENTS
T80. Adhere to laws and regulations regarding advertising of chiropractic services. **T81.** Adhere to laws and regulations regarding professional conduct. **T83.** Adhere to laws and regulations regarding excessive treatment. **T87.** Ensure professional conduct of others on the premises of chiropractic office in accordance with laws and regulations. **T89.** Adhere to laws and regulations regarding referral of patients. **T90.** Adhere to laws and regulations regarding license examination security.	**K139.** Knowledge of laws and regulations related to chiropractic advertising, misrepresentation, and false claims. **K140.** Knowledge of laws and regulations regarding advertising free or discounted services. **K141.** Knowledge of laws and regulations regarding chiropractic specialty designations. **K142.** Knowledge of laws and regulations related to use of chiropractic title. **K143.** Knowledge of laws and regulations of ethical standards for professional conduct in a chiropractic setting. **K144.** Knowledge of laws and regulations regarding mental illness and illness affecting chiropractor competency. **K147.** Knowledge of laws and regulations regarding excessive treatments. **K154.** Knowledge of laws and regulations related to inducing students to practice chiropractic. **K155.** Knowledge of laws and regulations regarding supervision of unlicensed individuals. **K157.** Knowledge of laws and regulations regarding referral rebates. **K158.** Knowledge of laws and regulations regarding unlawful referrals. **K159.** Knowledge of laws and regulations regarding solicitation of referrals providing beneficial interest to family or self. **K160.** Knowledge of laws and regulations regarding violations of license examination security.

IV. Scope of Practice (22%): This area assesses the candidate's knowledge of California laws and regulations relating to chiropractic scope of practice.

TASK STATEMENTS	KNOWLEDGE STATEMENTS
T82. Adhere to laws that define chiropractic scope of practice. **T84.** Maintain California chiropractor license according to laws and regulations. **T85.** Adhere to laws and regulations regarding use of lasers for chiropractic treatment. **T86.** Adhere to laws and regulations regarding radiographic imaging. **T88.** Adhere to laws and regulations regarding chiropractic manipulation under anesthesia.	**K145.** Knowledge of laws and regulations regarding reporting violations of the Chiropractic Initiative Act. **K146.** Knowledge of laws and regulations regarding professional treatment standards. **K148.** Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California chiropractor license. **K149.** Knowledge of laws and regulations for maintaining accurate licensee name and address with the Board of Chiropractic Examiners. **K150.** Knowledge of laws and regulations regarding continuing education requirements to maintain chiropractor license. **K151.** Knowledge of laws and regulations regarding citations, fines, and disciplinary actions. **K152.** Knowledge of laws and regulations on use of lasers for chiropractic treatment. **K153.** Knowledge of laws and regulations regarding radiographic imaging. **K156.** Knowledge of laws and regulations regarding chiropractic manipulations under anesthesia.

CHAPTER 6. CONCLUSION

The occupational analysis of the chiropractor profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the occupational analysis were based upon a content validation strategy to ensure that the results accurately represent chiropractor practice. Results of this occupational analysis provide information regarding current practice that can be used to make job-related decisions regarding professional licensure.

By adopting the chiropractor description of practice and the CCLE examination content outline contained in this report, the Board ensures that its examination program reflects current practice.

The final content area weights and the examination content outline for the CCLE, as shown on Tables 12 and 13, are based on the chiropractor description of practice. The weights and the examination content outline will be finalized during the linkage study to be conducted as part of the review of NBCE's examinations.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

APPENDIX A. RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	50
Orange	31
TOTAL	81

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	14
Contra Costa	9
Marin	2
Napa	4
San Francisco	11
San Mateo	4
Santa Clara	13
Santa Cruz	5
Solano	3
TOTAL	65

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
San Diego	32
Imperial	1
TOTAL	33

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Alpine	0
Amador	3
Calaveras	1
El Dorado	9
Inyo	1
Mariposa	1
Mono	0
Nevada	6
Placer	5
Tuolumne	4
TOTAL	30

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	5
Colusa	0
Glenn	1
Lake	2
Sacramento	9
Sutter	0
Yolo	2
Yuba	0
TOTAL	19

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	3
Kern	5
Kings	2
Madera	1
Merced	0
San Joaquin	3
Stanislaus	4
Tulare	1
TOTAL	19

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	9
San Bernardino	6
TOTAL	15

SHASTA/CASCADE

County of Practice	Frequency
Lassen	1
Modoc	0
Plumas	2
Shasta	11
Siskiyou	1
Tehama	0
Trinity	0
TOTAL	15

SOUTH/CENTRAL COAST

County of Practice	Frequency
Monterey	2
San Benito	0
San Luis Obispo	4
Santa Barbara	5
Ventura	5
TOTAL	16

NORTH COAST

County of Practice	Frequency
Del Norte	2
Humboldt	3
Mendocino	1
Sonoma	5
TOTAL	11

APPENDIX B. CRITICAL INDICES FOR ALL TASKS

Content Area 1: Patient History

Task #	Task Statement	Mean Freq	Mean Imp	Task Critical Index
1	Interview patient to determine history of present illness, chief complaint(s), and related symptoms.	4.84	4.81	**23.48**
3	Interview patient regarding characteristics (e.g., onset, duration, frequency, quality) of chief complaint(s).	4.75	4.66	**22.54**
4	Interview patient regarding previous diagnostic studies and treatments performed related to present illness and/or chief complaint.	4.51	4.39	**20.35**
10	Evaluate information gathered from patient history and relevant records to determine examinations and assessments.	4.46	4.39	**20.16**
5	Interview patient regarding current health and management of existing medical conditions.	4.40	4.26	**19.41**
7	Interview patient regarding past health and medical history.	4.34	4.22	**19.05**
6	Interview patient regarding review of systems (e.g., musculoskeletal, neurological, cardiovascular) information.	4.31	4.14	**18.67**
9	Interview patient regarding lifestyle history (e.g., social activities, diet, exercise, stress, mental health).	4.30	4.13	**18.50**
2	Select outcome assessment tool to obtain current baseline of pain and/or functionality.	3.90	3.60	**15.33**
8	Interview patient regarding family health and medical history.	3.71	3.49	**14.14**

Content Area 2: Examination and Assessment

Task #	Task Statement	Mean Freq	Mean Imp	Task Critical Index
36	Determine if diagnosed condition can be treated within chiropractic scope of practice.	4.78	4.73	**22.95**
25	Assess biomechanics of spine and extremities (e.g., palpation, muscle tone, joint mobility).	4.71	4.62	**22.16**
35	Develop diagnosis by reviewing results history, examination, and diagnostics.	4.53	4.49	**21.00**
37	Identify conditions that require referral to other health care providers.	4.38	4.70	**20.84**
24	Perform active/passive range of motion assessment.	4.59	4.42	**20.72**
17	Assess posture of patient to identify areas of dysfunction.	4.44	4.27	**19.67**
26	Perform orthopedic examination(s) to assess for abnormalities.	4.45	4.25	**19.66**
11	Observe antalgia, gait, and ambulation to assess for abnormalities.	4.38	4.30	**19.44**
14	Determine if patient requires urgent or emergency care.	3.98	4.73	**19.12**
32	Determine if imaging tests are needed before diagnosis (e.g., X-ray, CT, MRI).	4.15	4.23	**18.38**
22	Perform muscle strength testing to assess for abnormalities.	3.99	3.88	**16.50**
18	Examine skin of patient to assess for abnormalities (e.g., swelling, redness, lesions).	3.89	3.80	**15.94**
16	Assess current medications and comorbidities of patient to determine modifications to examination procedures and assessments.	3.79	3.86	**15.72**
23	Perform deep tendon reflexes (DTR) to assess for abnormalities.	3.80	3.71	**15.40**
15	Assess cognitive status of patient to aid in diagnosis.	3.60	3.82	**15.01**
20	Perform dermatomal sensory examination to aid in diagnosis of condition.	3.50	3.63	**13.93**
31	Perform balance and coordination tests to assess for abnormalities.	3.47	3.54	**13.61**
13	Obtain blood pressure and pulse of patient.	3.41	3.26	**12.86**
21	Perform testing for pathological reflexes (e.g., Babinski) to assess for abnormalities.	3.17	3.54	**12.56**
12	Obtain height and weight of patient.	3.64	3.07	**12.54**
33	Determine if additional tests (e.g., blood, urinalysis, EMG/NCV) are needed for diagnosis and management.	2.89	3.27	**11.19**
19	Examine patient with observation and circumferential measurements to identify muscle atrophy.	2.77	3.11	**9.93**
34	Read and interpret laboratory tests (e.g., blood, urinalysis).	2.58	3.01	**9.21**
28	Perform cardiovascular examination to assess for abnormalities.	2.29	2.66	**7.90**

Content Area 2: Examination and Assessment (continued)

Task #	Task Statement	Mean Freq	Mean Imp	Task Critical Index
27	Perform abdominal examination to assess for abnormalities.	2.32	2.52	**7.46**
29	Perform respiratory examination to assess for abnormalities.	2.13	2.42	**6.83**
30	Perform otolaryngological and vision system examinations to assess for abnormalities.	1.83	2.01	**5.37**

Content Area 3: Treatment

Task #	Task Statement	Mean Freq	Mean Imp	Task Critical Index
39	Perform chiropractic manipulation and/or adjustments to improve biomechanical integrity.	4.79	4.71	**22.90**
38	Discuss examination findings, diagnoses, treatment options, and associated risks with patient.	4.68	4.56	**21.75**
69	Document assessments and treatments using Subjective/Objective/Assessment/Plan (SOAP) for patient record documentation.	4.72	4.41	**21.22**
68	Evaluate treatment efficacy to determine next course of treatment.	4.48	4.42	**20.33**
63	Provide recommendations on posture.	4.39	4.29	**19.52**
62	Provide recommendations for home exercise program (HEP).	4.42	4.29	**19.49**
61	Provide recommendations on healthy lifestyle behaviors.	4.37	4.31	**19.40**
64	Provide recommendations on ergonomics.	4.18	4.14	**18.01**
49	Perform therapeutic exercises to improve strength and range of motion.	4.14	4.01	**17.71**
47	Perform myofascial release therapy (e.g., mobilization, trigger point) to reduce pain and improve range of motion.	4.05	3.88	**16.92**
66	Provide recommendations on diet and nutrition.	3.80	3.98	**15.94**
42	Perform neuromuscular reeducation to improve proprioception and balance.	3.56	3.68	**14.64**
65	Provide recommendations on relaxation techniques for stress reduction.	3.47	3.65	**14.02**
40	Perform spinal traction to improve biomechanical integrity.	3.24	3.13	**12.79**
43	Apply cryotherapy to reduce pain, swelling, and inflammation.	3.05	3.27	**11.79**
67	Provide recommendations on nutritional supplements.	3.19	3.27	**11.72**
60	Consult with other medical practitioners to co-manage patients.	2.98	3.49	**11.57**
48	Perform massage therapy to reduce pain and improve range of motion.	2.93	3.23	**11.51**
44	Apply heat therapy (e.g., hot packs, moist heat, diathermy) to reduce pain, swelling, and inflammation.	2.75	2.91	**10.43**
50	Apply electrical modalities (e.g., EMS, IFC, HVG, microcurrent) to reduce muscle spasm and pain.	2.48	2.57	**9.41**
54	Provide orthopedic supports (e.g., braces, splints, taping) for immobilization and compression.	2.40	2.68	**8.18**
41	Perform spinal decompression to improve biomechanical integrity.	2.00	2.50	**7.72**
46	Perform therapeutic ultrasound therapy to reduce pain, swelling, and inflammation.	1.99	2.24	**7.14**
55	Provide orthotics to improve foot function.	1.71	2.35	**5.64**

Content Area 3: Treatment (continued)

Task #	Task Statement*	Mean Freq	Mean Imp	Task Critical Index
45	Perform laser treatment to reduce pain, swelling, and inflammation.	1.23	1.85	**4.29**
59	Apply sensory integration therapy to improve proprioception.	0.94	1.45	**3.07**
57	Perform whole body vibration therapy to improve function.	0.60	1.01	**1.89**
51	Apply iontophoresis modality to reduce pain, swelling, and inflammation.	0.61	1.01	**1.85**
58	Apply cupping therapy to improve soft tissue function.	0.58	1.05	**1.85**
53	Apply paraffin therapy to reduce pain, swelling, and inflammation.	0.56	0.99	**1.60**
52	Provide whirlpool/Hubbard tank therapy to reduce pain, swelling, and inflammation.	0.36	0.90	**1.15**
56	Perform extracorporeal shockwave therapy to reduce pain and improve range of motion.	0.27	0.73	**0.87**

**NOTE: The task statements shaded in gray did not meet the criticality cutoff value determined by SMEs (see Chapter 4).*

Content Area 4: Laws and Regulations

Task #	Task Statement	Mean Freq	Mean Imp	Task Critical Index
84	Maintain California chiropractor license according to laws and regulations.	4.93	4.90	**24.18**
82	Adhere to laws that define chiropractic scope of practice.	4.95	4.84	**24.02**
81	Adhere to laws and regulations regarding professional conduct.	4.94	4.85	**23.96**
78	Maintain confidentiality of patient records in accordance with laws and regulations.	4.92	4.81	**23.75**
71	Adhere to laws and regulations regarding billing, billing codes, and documentation.	4.85	4.75	**23.38**
77	Maintain patient records in accordance with laws and regulations.	4.90	4.74	**23.31**
70	Obtain informed consent in accordance with laws and regulations.	4.89	4.70	**23.20**
75	Document assessments and treatments for patient records in accordance with laws and regulations.	4.84	4.70	**22.85**
74	Adhere to laws and regulations related to ownership and management of a chiropractic practice.	4.64	4.73	**22.28**
87	Ensure professional conduct of others on the premises of chiropractic office in accordance with laws and regulations.	4.54	4.72	**21.90**
83	Adhere to laws and regulations regarding excessive treatment.	4.67	4.62	**21.88**
91	Adhere to laws and regulations regarding display of certificate to practice.	4.82	4.47	**21.71**
79	Release patient records in accordance with laws and regulations.	4.44	4.74	**21.23**
89	Adhere to laws and regulations regarding referral of patients.	4.36	4.59	**20.27**
72	Adhere to laws and regulations related to treating patients with occupational injuries or illnesses.	4.18	4.58	**20.07**
80	Adhere to laws and regulations regarding advertising of chiropractic services.	4.25	4.50	**19.99**
90	Adhere to laws and regulations regarding license examination security.	3.87	4.45	**19.38**
86	Adhere to laws and regulations regarding radiographic imaging.	2.93	4.10	**14.06**
73	Adhere to laws and regulations related to ownership and management of chiropractic businesses and corporations.	3.03	3.12	**11.42**
76	Report known or suspected abuse of patients by contacting protective services in accordance with laws and regulations.	2.15	4.65	**10.34**

Content Area 4: Laws and Regulations (continued)

Task #	Task Statement	Mean Freq	Mean Imp	Task Critical Index
85	Adhere to laws and regulations regarding use of lasers for chiropractic treatment.	2.06	3.60	**9.92**
88	Adhere to laws and regulations regarding chiropractic manipulation under anesthesia.	0.91	3.20	**4.45**

APPENDIX C. KNOWLEDGE IMPORTANCE RATINGS

Content Area 1: Patient History

Item #	Knowledge Statement	Mean Importance
14	Knowledge of anatomy and physiology of musculoskeletal system.	**4.79**
23	Knowledge of examinations and assessments relevant for developing chiropractic diagnoses.	**4.63**
10	Knowledge of anatomy and physiology of neurological system.	**4.60**
20	Knowledge of patient's health history and its relationship to the chief complaint.	**4.60**
1	Knowledge of interview techniques for obtaining health history.	**4.54**
3	Knowledge of Onset, Palliative, Provocative, Prior, Progression, Quality, Radiating, Severity, Timing (OPQRST) method for evaluating characteristics of chief complaints.	**4.44**
22	Knowledge of patient's current and past lifestyle behaviors and its relationship to chief complaint.	**4.29**
19	Knowledge of the interrelationship between body systems.	**4.20**
4	Knowledge of allopathic and alternative treatments for chief complaint.	**3.94**
6	Knowledge of comorbidities for various medical conditions.	**3.91**
2	Knowledge of outcome assessment tools to measure treatment efficacy.	**3.90**
9	Knowledge of anatomy and physiology of cardiovascular system.	**3.74**
21	Knowledge of family history and its relationship to the chief complaint.	**3.72**
7	Knowledge of anatomy and physiology of endocrine system.	**3.67**
13	Knowledge of anatomy and physiology of respiratory system.	**3.56**
15	Knowledge of anatomy and physiology of gastrointestinal system.	**3.56**
5	Knowledge of methods to obtain information on medications.	**3.55**
8	Knowledge of anatomy and physiology of allergy/immunological system.	**3.52**
11	Knowledge of anatomy and physiology of integumentary system.	**3.52**
18	Knowledge of anatomy and physiology of hematologic/lymphatic systems.	**3.40**
16	Knowledge of anatomy and physiology of genitourinary system.	**3.31**
12	Knowledge of anatomy and physiology of reproductive system.	**3.29**
17	Knowledge of anatomy and physiology of otolaryngological and vision systems.	**3.21**

Content Area 2: Examination and Assessment

Item #	Knowledge Statement	Mean Importance
60	Knowledge of contraindications for joint manipulation.	**4.78**
28	Knowledge of signs and symptoms of conditions requiring urgent or emergency care.	**4.73**
59	Knowledge of implementing treatment plans for chiropractic care.	**4.60**
57	Knowledge of sites of nerve compression and entrapment.	**4.59**
63	Knowledge of symptoms and indicators of medical conditions that require referrals to other providers.	**4.59**
55	Knowledge of signs and symptoms of current presenting condition.	**4.56**
58	Knowledge of differential diagnoses of present condition(s).	**4.52**
43	Knowledge of joint biomechanical assessments and interpretations.	**4.50**
42	Knowledge of techniques for active and passive range of motion assessment.	**4.42**
24	Knowledge of antalgia, gait, and ambulation evaluation.	**4.39**
51	Knowledge of clinical interpretation of radiographic images.	**4.39**
62	Knowledge of preexisting conditions and how they affect chiropractic treatments.	**4.35**
44	Knowledge of orthopedic assessment and interpretation.	**4.32**
35	Knowledge of clinical interpretation of patient posture.	**4.30**
56	Knowledge of pathophysiology of inflammation.	**4.28**
40	Knowledge of muscle strength testing and interpretation.	**4.22**
41	Knowledge of deep tendon reflex (DTR) testing and interpretation.	**4.19**
39	Knowledge of pathological reflexes testing and interpretation.	**4.10**
52	Knowledge of interpretation of magnetic resonance imaging (MRI) and CT reports.	**4.09**
50	Knowledge of balance and coordination testing and interpretation.	**4.07**
38	Knowledge of dermatomal sensory testing and interpretation.	**4.03**
32	Knowledge of comorbidities and their effects on examination procedures and assessments.	**3.93**
33	Knowledge of signs and symptoms of comorbidity.	**3.91**
27	Knowledge of signs and symptoms of contagious diseases.	**3.88**
36	Knowledge of dermatological conditions requiring referral.	**3.87**
29	Knowledge of the physical effects of mental health conditions on the human body.	**3.84**
34	Knowledge of common medications and their effects on examination procedures and assessments.	**3.79**
26	Knowledge of vital signs measurements and techniques.	**3.74**
31	Knowledge of indicators of cognitive disorders.	**3.66**
30	Knowledge of indicators of mental health disorders.	**3.58**
53	Knowledge of indication for ordering blood, urinalysis, EMG/NCV, and other laboratory tests.	**3.47**
54	Knowledge of clinical interpretation of blood tests and urinalysis.	**3.47**
37	Knowledge of circumferential measurement techniques and interpretation.	**3.32**
61	Knowledge of obstetrics and gynecology as it relates to chiropractic practice.	**3.25**

Content Area 2: Examination and Assessment (continued)

Item #	Knowledge Statement	Mean Importance
46	Knowledge of cardiovascular examination techniques.	**3.23**
25	Knowledge of methods for obtaining patient height and weight.	**3.20**
47	Knowledge of respiratory examination techniques (e.g., auscultation, percussion, rib excursion).	**3.15**
45	Knowledge of abdominal examination techniques (e.g., auscultation, percussion, palpation).	**3.12**
48	Knowledge of otolaryngological and vision system examinations and interpretations.	**2.88**
49	Knowledge of use of tools for otolaryngological and vision system examinations.	**2.81**

Content Area 3: Treatment

Item #	Knowledge Statement	Mean Importance
69	Knowledge of joint adjustment and manipulation techniques.	**4.68**
67	Knowledge of joint adjustment and manipulation therapies indicated for presenting condition.	**4.65**
64	Knowledge of material risks of chiropractic treatments.	**4.54**
120	Knowledge of use of Subjective/Objective/Assessment/Plan (SOAP) note-taking method for documenting patient encounters.	**4.45**
119	Knowledge of indications for modifying chiropractic treatment plans.	**4.38**
118	Knowledge of time frames for chiropractic treatments.	**4.24**
85	Knowledge of implementation of therapeutic exercises.	**4.22**
112	Knowledge of therapeutic home exercises program.	**4.21**
70	Knowledge of procedures for operating chiropractic tables.	**4.20**
68	Knowledge of adjunctive therapies indicated for presenting condition.	**4.14**
65	Knowledge of material risks of physiotherapy treatments.	**4.13**
113	Knowledge of the application of posture corrections.	**4.13**
114	Knowledge of the application of ergonomic corrections.	**4.09**
66	Knowledge of treatment options available from other health care providers.	**4.05**
83	Knowledge of application of myofascial release therapies.	**3.98**
116	Knowledge of nutrition and diet effects on health.	**3.98**
75	Knowledge of implementation of neuromuscular reeducation.	**3.78**
117	Knowledge of the effects of nutritional supplementation on health.	**3.73**
106	Knowledge of strategies for coordinating patient care with other health care providers.	**3.70**
76	Knowledge of procedures for administering cryotherapy.	**3.62**
72	Knowledge of application of manual and mechanical spinal traction therapies.	**3.60**
77	Knowledge of procedures for administering heat therapies.	**3.48**
115	Knowledge of relaxation techniques.	**3.48**
111	Knowledge of effects of recreational drugs on health.	**3.44**
84	Knowledge of procedures for administering massage therapies.	**3.43**
95	Knowledge of procedures for applying orthopedic support devices.	**3.41**
94	Knowledge of orthopedic support devices.	**3.38**
109	Knowledge of effects of aberrant sleep patterns on health.	**3.35**
110	Knowledge of alcohol consumption effects on health.	**3.34**
71	Knowledge of procedures for operating spinal traction equipment.	**3.21**
87	Knowledge of procedures for operating electric stimulation equipment.	**3.10**
78	Knowledge of procedures for operating heat therapy equipment.	**3.09**
86	Knowledge of procedures for administering electric stimulation.	**3.09**
96	Knowledge of procedures for applying therapeutic taping.	**3.06**
97	Knowledge of application of orthotics.	**2.97**
81	Knowledge of procedures for administering therapeutic ultrasound.	**2.94**
82	Knowledge of procedures for operating therapeutic ultrasound equipment.	**2.93**
108	Knowledge of caffeine consumption effects on health.	**2.84**

Content Area 3: Treatment (continued)

Item #	Knowledge Statement*	Mean Importance
98	Knowledge of procedures for fitting orthotics.	**2.73**
74	Knowledge of application of spinal decompression therapies.	**2.53**
73	Knowledge of procedures for operating spinal decompression equipment.	**2.40**
107	Knowledge of smoking cessation techniques.	**2.30**
80	Knowledge of procedures for operating laser equipment.	**2.28**
79	Knowledge of procedures for administering laser therapy.	**2.21**
89**	Knowledge of ionic substances used for application of iontophoresis.	**1.54**
88**	Knowledge of procedures for administering iontophoresis.	**1.53**
105	Knowledge of application of sensory integration therapies.	**1.51**
93	Knowledge of use of paraffin therapy equipment	**1.49**
92	Knowledge of procedures for administering paraffin therapy.	**1.44**
102	Knowledge of use of whole body vibration therapy equipment.	**1.31**
90	Knowledge of procedures for administering whirlpool/Hubbard tank therapy.	**1.27**
91	Knowledge of use of whirlpool/Hubbard tank therapy equipment.	**1.25**
101	Knowledge of procedures for administering whole body vibration therapy.	**1.20**
103	Knowledge of procedures for administering cupping therapy.	**1.12**
104	Knowledge of use of cupping equipment.	**1.11**
100	Knowledge of use of extracorporeal shockwave therapy equipment.	**0.93**
99	Knowledge of procedures for administering extracorporeal shockwave therapy.	**0.92**

**NOTE: The knowledge statements shaded in gray did not meet the criticality cutoff value determined by SMEs (see Chapter 4).*

***NOTE: The knowledge statements were eliminated because their associated task statements did not meet the task criticality cutoff value.*

Content Area 4: Laws and Regulations

Item #	Knowledge Statement	Mean Importance
121	Knowledge of laws and regulations related to informed consent.	**4.61**
143	Knowledge of laws and regulations of ethical standards for professional conduct in a chiropractic setting.	**4.60**
137	Knowledge of laws and regulations regarding confidentiality of patient records and test results.	**4.56**
150	Knowledge of laws and regulations regarding continuing education requirements to maintain chiropractor license.	**4.55**
138	Knowledge of laws and regulations regarding release of minor and adult patient records.	**4.51**
148	Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California chiropractor license.	**4.51**
136	Knowledge of legal requirements of the Health Insurance Portability and Accountability Act (HIPAA).	**4.46**
146	Knowledge of laws and regulations regarding professional treatment standards.	**4.46**
149	Knowledge of laws and regulations for maintaining accurate licensee name and address with the Board of Chiropractic Examiners.	**4.45**
129	Knowledge of laws and regulations for documenting patient history, examination, treatment, principal spoken language, and management.	**4.43**
131	Knowledge of mandated reporting procedures of suspected abuse of children, elders, or dependent adults.	**4.42**
130	Knowledge of laws for reporting suspected abuse of children, elders, or dependent adults.	**4.36**
134	Knowledge of laws and regulations regarding maintaining physical and electronic patient records.	**4.36**
139	Knowledge of laws and regulations related to chiropractic advertising, misrepresentation, and false claims.	**4.35**
142	Knowledge of laws and regulations related to use of chiropractic title.	**4.33**
147	Knowledge of laws and regulations regarding excessive treatments.	**4.33**
145	Knowledge of laws and regulations regarding reporting violations of the Chiropractic Initiative Act.	**4.26**
161	Knowledge of laws and regulations related to displaying of certificate to practice.	**4.24**
122	Knowledge of documentation requirements (e.g., billing codes) for insurance reimbursement.	**4.19**
135	Knowledge of laws and regulations regarding patient addendums to records.	**4.19**
125	Knowledge of laws and regulations regarding discounted fees and services.	**4.17**
132	Knowledge of mandated reporting procedures of suspected abuse, firearm injuries, or assaultive action.	**4.12**
124	Knowledge of laws and regulations regarding accountable billings.	**4.09**
140	Knowledge of laws and regulations regarding advertising free or discounted services.	**4.08**

Content Area 4: Laws and Regulations (continued)

Item #	Knowledge Statement	Mean Importance
144	Knowledge of laws and regulations regarding mental illness and illness affecting chiropractor competency.	**4.08**
133	Knowledge of physical indicators of abuse, firearm injuries, or assaultive action.	**4.04**
151	Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.	**4.00**
123	Knowledge of procedures for receiving insurance reimbursement.	**3.99**
126	Knowledge of laws and regulations related to occupational injury or illness of patients.	**3.96**
153	Knowledge of laws and regulations regarding radiographic imaging.	**3.83**
158	Knowledge of laws and regulations regarding unlawful referrals.	**3.79**
160	Knowledge of laws and regulations regarding violations of license examination security.	**3.79**
155	Knowledge of laws and regulations regarding supervision of unlicensed individuals.	**3.74**
159	Knowledge of laws and regulations regarding solicitation of referrals providing beneficial interest to family or self.	**3.73**
141	Knowledge of laws and regulations regarding chiropractic specialty designations.	**3.69**
157	Knowledge of laws and regulations regarding referral rebates.	**3.48**
154	Knowledge of laws and regulations related to inducing students to practice chiropractic.	**3.42**
162	Knowledge of laws and regulations regarding filing and displaying certificates for satellite offices.	**3.32**
128	Knowledge of laws and regulations related to transfer of ownership upon death or incapacity of licensed chiropractor.	**3.26**
127	Knowledge of laws and regulations related to managing chiropractic businesses and corporations.	**2.98**
152	Knowledge of laws and regulations on use of lasers for chiropractic treatment.	**2.97**
156	Knowledge of laws and regulations regarding chiropractic manipulations under anesthesia.	**2.19**

APPENDIX D. DESCRIPTION OF PRACTICE

I. Patient History (14%): This area assesses the candidate's knowledge of performing a comprehensive patient evaluation.

TASK STATEMENTS		KNOWLEDGE STATEMENTS	
A.	**Chief Complaint (7%)**		
T1.	Interview patient to determine history of present illness, chief complaint(s), and related symptoms.	**K1.**	Knowledge of interview techniques for obtaining health history.
T2.	Select outcome assessment tool to obtain current baseline of pain and/or functionality.	**K2.**	Knowledge of outcome assessment tools to measure treatment efficacy.
T3.	Interview patient regarding characteristics (e.g., onset, duration, frequency, quality) of chief complaint(s).	**K3.**	Knowledge of Onset, Palliative, Provocative, Prior, Progression, Quality, Radiating, Severity, Timing (OPQRST) method for evaluating characteristics of chief complaints.
T4.	Interview patient regarding previous diagnostic studies and treatments performed related to present illness and/or chief complaint.	**K4.**	Knowledge of allopathic and alternative treatments for chief complaint.
T5.	Interview patient regarding current health and management of existing medical conditions.	**K5.**	Knowledge of methods to obtain information on medications.
T10.	Evaluate information gathered from patient history and relevant records to determine examinations and assessments.	**K6.**	Knowledge of comorbidities for various medical conditions.
		K23.	Knowledge of examinations and assessments relevant for developing chiropractic diagnoses.

I. Patient History (14%) continued: This area assesses the candidate's knowledge of performing a comprehensive patient evaluation.

TASK STATEMENTS		KNOWLEDGE STATEMENTS	
B.	**Review of Systems (5%)**		
T6.	Interview patient regarding review of systems (e.g., musculoskeletal, neurological, cardiovascular) information.	**K7.** **K8.** **K9.** **K10.** **K11.** **K12.** **K13.** **K14.** **K15.** **K16.** **K17.** **K18.** **K19.**	Knowledge of anatomy and physiology of endocrine system. Knowledge of anatomy and physiology of allergy/immunological system. Knowledge of anatomy and physiology of cardiovascular system. Knowledge of anatomy and physiology of neurological system. Knowledge of anatomy and physiology of integumentary system. Knowledge of anatomy and physiology of reproductive system. Knowledge of anatomy and physiology of respiratory system. Knowledge of anatomy and physiology of musculoskeletal system. Knowledge of anatomy and physiology of gastrointestinal system. Knowledge of anatomy and physiology of genitourinary system. Knowledge of anatomy and physiology of otolaryngological and vision systems. Knowledge of anatomy and physiology of hematologic/lymphatic systems. Knowledge of the interrelationship between body systems.
C.	**Medical History (2%)**		
T7. **T8.** **T9.**	Interview patient regarding past health and medical history. Interview patient regarding family health and medical history. Interview patient regarding lifestyle history (e.g., social activities, diet, exercise, stress, mental health).	**K20.** **K21.** **K22.**	Knowledge of patient's health history and its relationship to the chief complaint. Knowledge of family history and its relationship to the chief complaint. Knowledge of patient's current and past lifestyle behaviors and its relationship to chief complaint.

II. Examination and Assessment (29%): This area assesses the candidate's knowledge of performing physical examinations and evaluations to guide diagnosis and management.

TASK STATEMENTS		KNOWLEDGE STATEMENTS	
A.	**Initial Assessment (3%)**		
T12.	Obtain height and weight of patient.	**K25.**	Knowledge of methods for obtaining patient height and weight.
T13.	Obtain blood pressure and pulse of patient.	**K26.**	Knowledge of vital signs measurements and techniques.
T14.	Determine if patient requires urgent or emergency care.	**K27.**	Knowledge of signs and symptoms of contagious diseases.
T16.	Assess current medications and comorbidities of patient to determine modifications to examination procedures and assessments.	**K28.**	Knowledge of signs and symptoms of conditions requiring urgent or emergency care.
T17.	Assess posture of patient to identify areas of dysfunction.	**K32.**	Knowledge of comorbidities and their effects on examination procedures and assessments.
T18.	Examine skin of patient to assess for abnormalities (e.g., swelling, redness, lesions).	**K33.**	Knowledge of signs and symptoms of comorbidity.
		K34.	Knowledge of common medications and their effects on examination procedures and assessments.
		K35.	Knowledge of clinical interpretation of patient posture.
		K36.	Knowledge of dermatological conditions requiring referral.

II. Examination and Assessment (29%) continued: This area assesses the candidate's knowledge of performing physical examinations and evaluations to guide diagnosis and management.

TASK STATEMENTS		KNOWLEDGE STATEMENTS	
B.	**Neurological Assessments (9%)**		
T11.	Observe antalgia, gait, and ambulation to assess for abnormalities.	**K24.**	Knowledge of antalgia, gait, and ambulation evaluation.
T15.	Assess cognitive status of patient to aid in diagnosis.	**K29.**	Knowledge of the physical effects of mental health conditions on the human body.
T19.	Examine patient with observation and circumferential measurements to identify muscle atrophy.	**K30.**	Knowledge of indicators of mental health disorders.
T20.	Perform dermatomal sensory examination to aid in diagnosis of condition.	**K31.**	Knowledge of indicators of cognitive disorders.
T21.	Perform testing for pathological reflexes (e.g., Babinski) to assess for abnormalities.	**K37.**	Knowledge of circumferential measurement techniques and interpretation.
T22.	Perform muscle strength testing to assess for abnormalities.	**K38.**	Knowledge of dermatomal sensory testing and interpretation.
T23.	Perform deep tendon reflexes (DTR) to assess for abnormalities.	**K39.**	Knowledge of pathological reflexes testing and interpretation.
T30.	Perform otolaryngological and vision system examinations to assess for abnormalities.	**K40.**	Knowledge of muscle strength testing and interpretation.
T31.	Perform balance and coordination tests to assess for abnormalities.	**K41.**	Knowledge of deep tendon reflex (DTR) testing and interpretation.
		K48.	Knowledge of otolaryngological and vision system examinations and interpretations.
		K49.	Knowledge of use of tools for otolaryngological and vision system examinations.
		K50.	Knowledge of balance and coordination testing and interpretation.
		K163.	Knowledge of vestibular system assessment.
C.	**Orthopedic Assessments (9%)**		
T24.	Perform active/passive range of motion assessment.	**K42.**	Knowledge of techniques for active and passive range of motion assessment.
T25.	Assess biomechanics of spine and extremities (e.g., palpation, muscle tone, joint mobility).	**K43.**	Knowledge of joint biomechanical assessments and interpretations.
T26.	Perform orthopedic examination(s) to assess for abnormalities.	**K44.**	Knowledge of orthopedic assessments and interpretation.

II. Examination and Assessment (29%) continued: This area assesses the candidate's knowledge of performing physical examinations and evaluations to guide diagnosis and management.

TASK STATEMENTS	KNOWLEDGE STATEMENTS
D. Autonomic Assessments (3%)	
T27. Perform abdominal examination to assess for abnormalities. **T28.** Perform cardiovascular examination to assess for abnormalities. **T29.** Perform respiratory examination to assess for abnormalities.	**K45.** Knowledge of abdominal examination techniques (e.g., auscultation, percussion, palpation). **K46.** Knowledge of cardiovascular examination techniques. **K47.** Knowledge of respiratory examination techniques (e.g., auscultation, percussion, rib excursion).
E. Diagnostics and Referrals (5%)	
T32. Determine if imaging tests are needed before diagnosis (e.g., X-ray, CT, MRI). **T33.** Determine if additional tests (e.g., blood, urinalysis, EMG/NCV) are needed for diagnosis and management. **T34.** Read and interpret laboratory tests (e.g., blood, urinalysis). **T35.** Develop diagnosis by reviewing results history, examination, and diagnostics. **T36.** Determine if diagnosed condition can be treated within chiropractic scope of practice. **T37.** Identify conditions that require referral to other health care providers.	**K51.** Knowledge of clinical interpretation of radiographic images. **K52.** Knowledge of interpretation of magnetic resonance imaging (MRI) and CT reports. **K53.** Knowledge of indication for ordering blood, urinalysis, EMG/NCV, and other laboratory tests. **K54.** Knowledge of clinical interpretation of blood tests and urinalysis. **K55.** Knowledge of signs and symptoms of current presenting condition. **K56.** Knowledge of pathophysiology of inflammation. **K57.** Knowledge of sites of nerve compression and entrapment. **K58.** Knowledge of differential diagnoses of present condition(s). **K59.** Knowledge of implementing treatment plans for chiropractic care. **K60.** Knowledge of contraindications for joint manipulation. **K61.** Knowledge of obstetrics and gynecology as it relates to chiropractic practice. **K62.** Knowledge of preexisting conditions and how they affect chiropractic treatments. **K63.** Knowledge of symptoms and indicators of medical conditions that require referrals to other providers.

III. Treatment (26%): This area assesses the candidate's knowledge of chiropractic treatments, including the use of physiotherapy modalities and healthy lifestyle counseling.

TASK STATEMENTS		KNOWLEDGE STATEMENTS	
A.	**Patient Management (15%)**		
T38.	Discuss examination findings, diagnoses, treatment options, and associated risks with patient.	**K64.**	Knowledge of material risks of chiropractic treatments.
		K65.	Knowledge of material risks of physiotherapy treatments.
T39.	Perform chiropractic manipulation and/or adjustments to improve biomechanical integrity.	**K66.**	Knowledge of treatment options available from other health care providers.
T60.	Consult with other medical practitioners to co-manage patients.	**K67.**	Knowledge of joint adjustment and manipulation therapies indicated for presenting condition.
T68.	Evaluate treatment efficacy to determine next course of treatment.	**K68.**	Knowledge of adjunctive therapies indicated for presenting condition.
T69.	Document assessments and treatments using Subjective/Objective/Assessment/Plan (SOAP) for patient record documentation.	**K69.**	Knowledge of joint adjustment and manipulation techniques.
		K70.	Knowledge of procedures for operating chiropractic tables.
		K106.	Knowledge of strategies for coordinating patient care with other health care providers.
		K118.	Knowledge of time frames for chiropractic treatments.
		K119.	Knowledge of indications for modifying chiropractic treatment plans.
		K120.	Knowledge of use of Subjective/Objective/Assessment/Plan (SOAP) note-taking method for documenting patient encounters.

III. Treatment (26%) continued: This area assesses the candidate's knowledge of chiropractic treatments, including the use of physiotherapy modalities and healthy lifestyle counseling.

TASK STATEMENTS		KNOWLEDGE STATEMENTS	
B.	**Adjunctive Therapies (7%)**		
T40.	Perform spinal traction to improve biomechanical integrity.	**K71.**	Knowledge of procedures for operating spinal traction equipment.
T41.	Perform spinal decompression to improve biomechanical integrity.	**K72.**	Knowledge of application of manual and mechanical spinal traction therapies.
T42.	Perform neuromuscular reeducation to improve proprioception and balance.	**K73.**	Knowledge of procedures for operating spinal decompression equipment.
T43.	Apply cryotherapy to reduce pain, swelling, and inflammation.	**K74.**	Knowledge of application of spinal decompression therapies.
T44.	Apply heat therapy (e.g., hot packs, moist heat, diathermy) to reduce pain, swelling, and inflammation.	**K75.**	Knowledge of implementation of neuromuscular reeducation.
T45.	Perform laser treatment to reduce pain, swelling, and inflammation.	**K76.**	Knowledge of procedures for administering cryotherapy.
T46.	Perform therapeutic ultrasound therapy to reduce pain, swelling, and inflammation.	**K77.**	Knowledge of procedures for administering heat therapies.
T47.	Perform myofascial release therapy (e.g., mobilization, trigger point) to reduce pain and improve range of motion.	**K78.**	Knowledge of procedures for operating heat therapy equipment.
T48.	Perform massage therapy to reduce pain and improve range of motion.	**K79.**	Knowledge of procedures for administering laser therapy.
T49.	Perform therapeutic exercises to improve strength and range of motion.	**K80.**	Knowledge of procedures for operating laser equipment.
T50.	Apply electrical modalities (e.g., EMS, IFC, HVG, microcurrent) to reduce muscle spasm and pain.	**K81.**	Knowledge of procedures for administering therapeutic ultrasound.
T54.	Provide orthopedic supports (e.g., braces, splints, taping) for immobilization and compression.	**K82.**	Knowledge of procedures for operating therapeutic ultrasound equipment.
T55.	Provide orthotics to improve foot function.	**K83.**	Knowledge of application of myofascial release therapies.
T59.	Apply sensory integration therapy to improve proprioception.	**K84.**	Knowledge of procedures for administering massage therapies.
		K85.	Knowledge of implementation of therapeutic exercises.
		K86.	Knowledge of procedures for administering electric stimulation.
		K87.	Knowledge of procedures for operating electric stimulation equipment.
		K94.	Knowledge of orthopedic support devices.
		K95.	Knowledge of procedures for applying orthopedic support devices.
		K96.	Knowledge of procedures for applying therapeutic taping.
		K97.	Knowledge of application of orthotics.
		K98.	Knowledge of procedures for fitting orthotics.
		K105.	Knowledge of application of sensory integration therapies.

III. Treatment (26%) continued: This area assesses the candidate's knowledge of chiropractic treatments, including the use of physiotherapy modalities and healthy lifestyle counseling.

TASK STATEMENTS		KNOWLEDGE STATEMENTS	
C.	**Healthy Lifestyle (4%)**		
T61.	Provide recommendations on healthy lifestyle behaviors.	**K107.**	Knowledge of smoking cessation techniques.
T62.	Provide recommendations for home exercise program (HEP).	**K108.**	Knowledge of caffeine consumption effects on health.
T63.	Provide recommendations on posture.	**K109.**	Knowledge of effects of aberrant sleep patterns on health.
T64.	Provide recommendations on ergonomics.	**K110.**	Knowledge of alcohol consumption effects on health.
T65.	Provide recommendations on relaxation techniques for stress reduction.	**K111.**	Knowledge of effects of recreational drugs on health.
T66.	Provide recommendations on diet and nutrition.	**K112.**	Knowledge of therapeutic home exercises program.
T67.	Provide recommendations on nutritional supplements.	**K113.**	Knowledge of the application of posture corrections.
		K114.	Knowledge of the application of ergonomic corrections.
		K115.	Knowledge of relaxation techniques.
		K116.	Knowledge of nutrition and diet effects on health.
		K117.	Knowledge of the effects of nutritional supplementation on health.

IV. Laws and Regulations (31%): This area assesses the candidate's knowledge of laws and regulations related to chiropractor practice as documented in the California Business and Professions Code, California Code of Regulations, California Health and Safety Code, and Chiropractic Initiative Act of California.

TASK STATEMENTS	KNOWLEDGE STATEMENTS
A. Records Management (8%)	
T70. Obtain informed consent in accordance with laws and regulations. **T75.** Document assessments and treatments for patient records in accordance with laws and regulations. **T77.** Maintain patient records in accordance with laws and regulations. **T78.** Maintain confidentiality of patient records in accordance with laws and regulations. **T79.** Release patient records in accordance with laws and regulations.	**K121.** Knowledge of laws and regulations related to informed consent. **K129.** Knowledge of laws and regulations for documenting patient history, examination, treatment, principal spoken language, and management. **K146.** Knowledge of laws and regulations regarding professional treatment standards. **K134.** Knowledge of laws and regulations regarding maintaining physical and electronic patient records. **K135.** Knowledge of laws and regulations regarding patient addendums to records. **K136.** Knowledge of legal requirements of the Health Insurance Portability and Accountability Act (HIPAA). **K137.** Knowledge of laws and regulations regarding confidentiality of patient records and test results. **K138.** Knowledge of laws and regulations regarding release of minor and adult patient records.

IV. Laws and Regulations (31%) continued: This area assesses the candidate's knowledge of laws and regulations related to chiropractor practice as documented in the California Business and Professions Code, California Code of Regulations, California Health and Safety Code, and Chiropractic Initiative Act of California.

TASK STATEMENTS	KNOWLEDGE STATEMENTS
B. Business Management (8%)	
T71. Adhere to laws and regulations regarding billing, billing codes, and documentation. **T72.** Adhere to laws and regulations related to treating patients with occupational injuries or illnesses. **T73.** Adhere to laws and regulations related to ownership and management of chiropractic businesses and corporations. **T74.** Adhere to laws and regulations related to ownership and management of a chiropractic practice. **T76.** Report known or suspected abuse of patients by contacting protective services in accordance with laws and regulations. **T91.** Adhere to laws and regulations regarding display of certificate to practice.	**K122.** Knowledge of documentation requirements (e.g., billing codes) for insurance reimbursement. **K123.** Knowledge of procedures for receiving insurance reimbursement. **K124.** Knowledge of laws and regulations regarding accountable billings. **K125.** Knowledge of laws and regulations regarding discounted fees and services. **K126.** Knowledge of laws and regulations related to occupational injury or illness of patients. **K127.** Knowledge of laws and regulations related to managing chiropractic businesses and corporations. **K128.** Knowledge of laws and regulations related to transfer of ownership upon death or incapacity of licensed chiropractor. **K130.** Knowledge of laws for reporting suspected abuse of children, elders, or dependent adults. **K131.** Knowledge of mandated reporting procedures of suspected abuse of children, elders, or dependent adults. **K132.** Knowledge of mandated reporting procedures of suspected abuse, firearm injuries, or assaultive action. **K133.** Knowledge of physical indicators of abuse, firearm injuries, or assaultive action. **K161.** Knowledge of laws and regulations related to displaying of certificate to practice. **K162.** Knowledge of laws and regulations regarding filing and displaying certificates for satellite offices.

IV. Laws and Regulations (31%) continued: This area assesses the candidate's knowledge of laws and regulations related to chiropractor practice as documented in the California Business and Professions Code, California Code of Regulations, California Health and Safety Code, and Chiropractic Initiative Act of California.

TASK STATEMENTS		KNOWLEDGE STATEMENTS	
C.	**Ethics (8%)**		
T80.	Adhere to laws and regulations regarding advertising of chiropractic services.	**K139.**	Knowledge of laws and regulations related to chiropractic advertising, misrepresentation, and false claims.
T81.	Adhere to laws and regulations regarding professional conduct.	**K140.**	Knowledge of laws and regulations regarding advertising free or discounted services.
T83.	Adhere to laws and regulations regarding excessive treatment.	**K141.**	Knowledge of laws and regulations regarding chiropractic specialty designations.
T87.	Ensure professional conduct of others on the premises of chiropractic office in accordance with laws and regulations.	**K142.**	Knowledge of laws and regulations related to use of chiropractic title.
T89.	Adhere to laws and regulations regarding referral of patients.	**K143.**	Knowledge of laws and regulations of ethical standards for professional conduct in a chiropractic setting.
T90.	Adhere to laws and regulations regarding license examination security.	**K144.**	Knowledge of laws and regulations regarding mental illness and illness affecting chiropractor competency.
		K147.	Knowledge of laws and regulations regarding excessive treatments.
		K154.	Knowledge of laws and regulations related to inducing students to practice chiropractic.
		K155.	Knowledge of laws and regulations regarding supervision of unlicensed individuals.
		K157.	Knowledge of laws and regulations regarding referral rebates.
		K158.	Knowledge of laws and regulations regarding unlawful referrals.
		K159.	Knowledge of laws and regulations regarding solicitation of referrals providing beneficial interest to family or self.
		K160.	Knowledge of laws and regulations regarding violations of license examination security.

IV. Laws and Regulations (31%) continued: This area assesses the candidate's knowledge of laws and regulations related to chiropractor practice as documented in the California Business and Professions Code, California Code of Regulations, California Health and Safety Code, and Chiropractic Initiative Act of California.

D.	**Scope of Practice (7%)**		
T82.	Adhere to laws that define chiropractic scope of practice.	**K145.**	Knowledge of laws and regulations regarding reporting violations of the Chiropractic Initiative Act.
T84.	Maintain California chiropractor license according to laws and regulations.	**K146.**	Knowledge of laws and regulations regarding professional treatment standards.
T85.	Adhere to laws and regulations regarding use of lasers for chiropractic treatment.	**K148.**	Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California chiropractor license.
T86.	Adhere to laws and regulations regarding radiographic imaging.	**K149.**	Knowledge of laws and regulations for maintaining accurate licensee name and address with the Board of Chiropractic Examiners.
T88.	Adhere to laws and regulations regarding chiropractic manipulation under anesthesia.	**K150.**	Knowledge of laws and regulations regarding continuing education requirements to maintain chiropractor license.
		K151.	Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.
		K152.	Knowledge of laws and regulations on use of lasers for chiropractic treatment.
		K153.	Knowledge of laws and regulations regarding radiographic imaging.
		K156.	Knowledge of laws and regulations regarding chiropractic manipulations under anesthesia.

APPENDIX E. LETTER TO PRACTITIONERS

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

Board of Chiropractic Examiners
901 P Street, Suite 142A, Sacramento, CA 95814
P (916) 263-5355 | F (866) 543-1311 | http://www.chiro.ca.gov

October XX, 2016

Name
Address
City, State Zip

Dear Licensed chiropractor,

The Board of Chiropractic Examiners is inviting you to participate in the 2016 Occupational Analysis regarding the chiropractic profession.

The Board is working with the Department of Consumer Affairs' Office of Professional Examination Services (OPES) to conduct an occupational analysis, which is a comprehensive description of current practice in terms of the tasks performed in a profession and the knowledge required to perform those tasks. The occupational analysis is only conducted every five to seven years and the results are very important to the development of the licensing examinations.

Several workshops with chiropractors have been held in Sacramento to develop a survey questionnaire regarding current practice of chiropractors. We are inviting you to participate in this survey. Your response will be combined with responses of other chiropractors to determine the tasks and knowledge needed for independent practice. Your individual responses will be kept confidential.

The survey will be available from **October 24, 2016 to November 18, 2016,** 24 hours a day, 7 days a week. It will take approximately 90 minutes to complete the online survey questionnaire. For your convenience, you may begin the survey and exit to return at a later time, as long as it is from the same computer. The Board has authorized 2 hours of Continuing Education credit to be earned by taking this survey. In order to gain the credit, participants must provide their license number at the end of the survey so a list of all participants' license numbers can be sent to the board.

If you are interested in participating in this important project, please:

Record your Chiropractic License # for reference: _____

The Survey Web-link Password is: **chiro16** (all lower case)

Use the following link to access the survey:
https://www.surveymonkey.com/r/ChiroS16

Again, we appreciate your dedication to your profession and to our mission of protecting the consumers of California by licensing qualified and competent providers.

Sincerely,

Robert Puleo, Executive Officer
Board of Chiropractic Examiners

APPENDIX F. QUESTIONNAIRE

Chiropractor Occupational Analysis Survey

1. COVER LETTER

Dear Licensee:

The Board of Chiropractor examiners is conducting an occupational analysis of the Chiropractic profession. The purpose of the occupational analysis is to identify the important tasks performed by Chiropractor in current practice and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update and improve the Chiropractor Licensing Examination.

The Board requests your assistance in this process. Please take the time to complete the survey questionnaire as it relates to your current practice. Your participation ensures that all aspects of the profession are covered and is essential to the success of this project.

Your individual responses will be kept confidential. Your responses will be combined with responses of other Chiropractors and only group trends will be reported. Your personal information will not be tied to your responses.

In order to progress through this survey, please use the following navigation buttons:

- **• Click the Next button to continue to the next page.**
  • Click the Prev button to return to the previous page.
  • Click the Done/Submit button to submit your survey as completed.

Any questions marked with an asterisk (*) require an answer in order to progress through the survey questionnaire.

<u>Please Note:</u> This survey can take between 1-2 hours to complete. However, once you have started the survey, you can exit at any time and return to it later without losing your responses as long as you are accessing the survey from the same computer. The survey automatically saves fully-completed pages, but will not save responses to questions on pages that were partially completed when the survey was exited. This means that in order for a page to save, you must have completed that page and selected the "next" button. For your convenience, the weblink is available 24 hours a day 7 days a week.

Please submit the completed survey questionnaire by November 30th, 2016.

If you have any questions about completing this survey, please contact Brian Knox at Brian.Knox@dca.ca.gov or (916) 575-7273. The Board welcomes your participation in this project and sincerely thanks you for your time.

INSTRUCTIONS FOR EARNING CONTINUNG EDUCATION CREDITS

The Board of Chiropractic Examiners has approved two hours of continuing education credits for every chiropractor who completes this survey. In order to receive this credit you must first complete the survey then input your chiropractic license number when prompted for it at the end of the survey.

INSTRUCTIONS FOR COMPLETING THE DEMOGRAPHIC ITEMS

This part of the questionnaire contains an assortment of demographic items, the responses to which will be used to describe Chiropractic practice as represented by the respondents to the questionnaire. Please note the instructions for each item before marking your response as several permit multiple responses.

INSTRUCTIONS FOR RATING TASK AND KNOWLEDGE STATEMENTS

This part of the questionnaire contains a list of tasks and knowledge descriptive of the Chiropractic practice in a variety of settings. Please note that some of the tasks or knowledge may not apply to your setting.

For each task, you will be asked to answer two questions: how important the task is in the performance of your current practice (importance) and how often you perform the task(frequency). For each knowledge, you will be asked to answer one question: how important the knowledge is in the performance of your current practice (importance).

2. OCCUPATIONAL ANALYSIS OF THE CHIROPRACTOR

The Board of Chiropractic Examiners recognizes that every Chiropractic practitioner may not perform all of the tasks and use all of the knowledge contained in this questionnaire. However, your participation is essential to the success of this project, and your contributions will help establish standards for safe and effective Chiropractic practice in the state of California.

Complete this questionnaire only if you are currently licensed and practicing as an Chiropractor in California.

3.

Are you currently practicing in California as a licensed Chiropractor?

- ◯ Yes
- ◯ No

4. PART I PERSONAL DATA

The information you provide in this next section is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code, Section 1798 et seq.) and it will be used only for the purpose of analyzing the ratings from this questionnaire.

5. Demographics

How many years have you been practicing in California as a licensed Chiropractor?

- ◯ 0 to 5 years
- ◯ 6 to 10 years
- ◯ 11 to 20 years
- ◯ More than 20 years

How many practice settings/clinical locations do you utilize as a Chiropractor?

- ◯ 1
- ◯ 2-4
- ◯ 5 or more

How would describe your primary practice setting?

- ◯ Sole practitioner
- ◯ Independent Contractor/Associate
- ◯ Chiropractic Group
- ◯ Multidisciplinary Group
- ◯ Hospital
- ◯ House calls/Home visits

Other (please specify)

What location describes your primary work setting?

- ◯ Urban (greater than 100,000 people), highly dense population within city limits
- ◯ Suburban, less densely populated areas (typically bordering the city)
- ◯ Rural (less than 10,000 people) sparsely populated areas further outside of city (e.g., countryside, farmlands)

Other (please specify)

How many hours per week do you work as a licensed Chiropractor?

- ◯ 0 - 10 hours
- ◯ 11 - 20 hours
- ◯ 21 to 39 hours
- ◯ 40 or more hours

Which of the following diplomate/certifications (if any) do you possess?

- ☐ Chiropractic Pediatrics
- ☐ Chiropractic Physical and Therapeutic Rehabilitation
- ☐ Chiropractic Acupuncture
- ☐ Diagnosis and Internal Disorders
- ☐ Diagnostic Imaging or Radiology
- ☐ Neurology
- ☐ Nutrition
- ☐ Occupational Health
- ☐ Sports Physician
- ☐ Orthopedics

Other (please specify)

6. Demographics

What is the highest level of non-chiropractic education you attained? (Please specify the major of degree in the box provided)

- ◯ Associate Degree
- ◯ Bachelor's Degree
- ◯ Master's Degree
- ◯ Doctoral Degree

Major:

During training, what other subjects would have been beneficial to adequately prepare you for your first year in practice? (please specify)

Do you feel that your chiropractic training program prepared you for your first year in practice?

- ◯ Yes
- ◯ No

Do you hold any other California professional licenses?

- [ ] X-ray Supervisor
- [ ] Acupuncture
- [ ] Physical Therapy
- [ ] Medical Doctor
- [ ] Osteopathic Doctor
- [ ] Naturopathic Doctor
- [ ] Registered Nurse
- [ ] Nurse Practitioner
- [ ] Certified Athletic Trainer

Other CA Professional License:

In what California county is your primary practice located?

- Alameda
- Alpine
- Amador
- Butte
- Calaveras
- Colusa
- Contra Costa
- Del Norte
- El Dorado
- Fresno
- Glenn
- Humboldt
- Imperial
- Inyo
- Kern
- Kings
- Lake
- Lassen
- Los Angeles
- Madera
- Marin
- Mariposa
- Mendocino
- Merced
- Modoc
- Mono
- Monterey
- Napa
- Nevada
- Orange
- Placer
- Plumas
- Riverside
- Sacramento
- San Benito
- San Bernardino
- San Diego
- San Francisco
- San Joaquin
- San Luis Obispo
- San Mateo
- Santa Barbara
- Santa Clara
- Santa Cruz
- Shasta
- Sierra
- Siskiyou
- Solano
- Sonoma
- Stanislaus
- Sutter
- Tehama
- Trinity
- Tulare
- Tuolumne
- Ventura
- Yolo
- Yuba

7. PART II RATING JOB TASKS

In this part of the questionnaire, please rate each task as it relates to your current practice as a chiropractor. Please rate each statement using the importance and frequency scale provided. Frequency and importance ratings should be separate and independent ratings. Therefore, the rating you assign to a statement on the importance scale should not influence the rating you assign to that same statement on the frequency scale. For example, a task you perform may be critical to your practice, but you may not perform that task very often.

If the task is NOT part of your current practice, rate the task “0“ (zero) Importance and “0” (zero) Frequency.

The boxes for rating the Importance and Frequency of each task have drop-down lists. Click on the "down" arrow for each list to see the ratings and then select the option based on your current practice.

IMPORTANCE RATING

HOW IMPORTANT is performance of this task in your current practice?

0 - NOT IMPORTANT; DOES NOT APPLY TO MY PRACTICE. This task is not important and/or I do not perform this task in my practice.

1 - OF MINOR IMPORTANCE. This task has the lowest priority of all the tasks that I perform in my practice.

2 - FAIRLY IMPORTANT. This task is fairly important relative to other tasks; however, it does not have the priority of most other tasks that I perform in my practice.

3 - MODERATELY IMPORTANT. This task has about average priority among all tasks that I perform in my practice.

4 - VERY IMPORTANT. This task is very important for my practice; it has a higher degree of importance or priority than most other tasks that I perform in my practice.

5 - CRITICALLY IMPORTANT. This task is among the most critical tasks that I perform in my practice.

FREQUENCY RATING

HOW OFTEN do you perform this task to treat patients?

0 - DOES NOT APPLY TO MY PRACTICE. I never perform this task in my practice.

1 - RARELY. I rarely perform this task in my practice.

2 - SELDOM. I seldom perform this task in my practice. The frequency at which I perform this task in my practice is very low.

3 - OCCASIONALLY. This task is performed somewhat frequently in my practice.

4 - OFTEN. This task is performed more frequently than most other tasks in my practice.

5 - VERY OFTEN. I perform this task almost constantly and it is one of the most frequently performed tasks in my practice.

TASK STATEMENTS - Patient History

	Importance	Frequency
1. Interview patient to determine history of present illness, chief complaint(s), and related symptoms.		
2. Select outcome assessment tool to obtain current baseline of pain and/or functionality.		
3. Interview patient regarding characteristics (e.g., onset, duration, frequency, quality) of chief complaint(s).		
4. Interview patient regarding previous diagnostic studies and treatments performed related to present illness and/or chief complaint.		
5. Interview patient regarding current health and management of existing medical conditions.		
6. Interview patient regarding review of systems (e.g., musculoskeletal, neurological, cardiovascular) information.		
7. Interview patient regarding past health and medical history.		
8. Interview patient regarding family health and medical history.		
9. Interview patient regarding lifestyle history (e.g., social activities, diet, exercise, stress, mental health).		
10. Evaluate information gathered from patient history and relevant records to determine examinations and assessments.		

8. PART II RATING JOB TASKS

TASK STATEMENTS - Examination and Assessment

	Importance	Frequency
11. Observe antalgia, gait, and ambulation to assess for abnormalities.		
12. Obtain height and weight of patient.		
13. Obtain blood pressure and pulse of patient.		
14. Determine if patient requires urgent or emergency care.		
15. Assess cognitive status of patient to aid in diagnosis.		
16. Assess current medications and comorbidities of patient to determine modifications to examination procedures and assessments.		
17. Assess posture of patient to identify areas of dysfunction.		
18. Examine skin of patient to assess for abnormalities (e.g., swelling, redness, and lesions).		
19. Examine patient with observation and circumferential measurements to identify muscle atrophy.		
20. Perform dermatomal sensory examination to aid in diagnosis of condition.		
21. Perform testing for pathological reflexes (e.g., Babinski) to assess for abnormalities.		
22. Perform muscle strength testing to assess for abnormalities.		
23. Perform deep tendon reflexes (DTR) to assess for abnormalities.		
24. Perform active/passive range of motion assessment.		
25. Assess biomechanics of spine and extremities. (e.g., palpation, muscle tone, joint mobility).		
26. Perform orthopedic examination(s) to assess for abnormalities.		
27. Perform abdominal examination to assess for abnormalities.		

	Importance	Frequency
28. Perform cardiovascular examination to assess for abnormalities.		
29. Perform respiratory examination to assess for abnormalities.		
30. Perform otolaryngological and vision system examinations to assess for abnormalities.		
31. Perform balance and coordination tests to assess for abnormalities.		
32. Determine if imaging tests are needed before diagnosis (e.g., X-ray, CT, MRI).		
33. Determine if additional tests (e.g., blood, urinalysis, EMG/NCV) are needed for diagnosis and management.		
34. Read and interpret laboratory tests (e.g., blood, urinalysis).		
35. Develop diagnosis by reviewing results history, examination, and diagnostics.		
36. Determine if diagnosed condition can be treated within chiropractic scope of practice.		
37. Identify conditions that require referral to other health care providers.		

9. PART II RATING JOB TASKS

TASK STATEMENTS - Treatment

	Importance	Frequency
38. Discuss examination findings, diagnoses, treatment options and associated risks with patient.		
39. Perform chiropractic manipulation and/or adjustments to improve biomechanical integrity.		
40. Perform spinal traction to improve biomechanical integrity.		
41. Perform spinal decompression to improve biomechanical integrity.		
42. Perform neuromuscular reeducation to improve proprioception and balance.		
43. Apply cryotherapy to reduce pain, swelling, and inflammation.		
44. Apply heat therapy (e.g., hot packs, moist heat, diathermy) to reduce pain, swelling, and inflammation.		
45. Perform laser treatment to reduce pain, swelling, and inflammation.		
46. Perform therapeutic ultrasound therapy to reduce pain, swelling, and inflammation.		
47. Perform myofascial release therapy (e.g., mobilization, trigger point) to reduce pain and improve range of motion.		
48. Perform massage therapy to reduce pain and improve range of motion.		
49. Perform therapeutic exercises to improve strength and range of motion.		
50. Apply electrical modalities (e.g., EMS, IFC, HVG, micro-current) to reduce muscle spasm and pain.		
51. Apply iontophoresis modality to reduce pain, swelling, and inflammation		
52. Provide whirlpool/Hubbard tank therapy to reduce pain, swelling, and inflammation.		
53. Apply paraffin therapy to reduce pain, swelling, and inflammation.		
54. Provide orthopedic supports (e.g., braces, splints, taping) for immobilization and compression.		

	Importance	Frequency
55. Provide orthotics to improve foot function.		
56. Perform extracorporeal shockwave therapy to reduce pain and improve range of motion.		
57. Perform whole body vibration therapy to improve function.		
58. Apply cupping therapy to improve soft tissue function.		
59. Apply sensory integration therapy to improve proprioception.		
60. Consult with other medical practitioners to co-manage patients.		
61. Provide recommendations on healthy lifestyle behaviors.		
62. Provide recommendations for home exercise program (HEP).		
63. Provide recommendations on posture.		
64. Provide recommendations on ergonomics.		
65. Provide recommendations on relaxation techniques for stress reduction.		
66. Provide recommendations on diet and nutrition.		
67. Provide recommendations on nutritional supplements.		
68. Evaluate treatment efficacy to determine next course of treatment.		
69. Document assessments and treatments using Subjective/Objective/Assessment/Plan (SOAP) for patient record documentation.		

10. PART II RATING JOB TASKS

TASK STATEMENTS - Laws and Regulations

	Importance	Frequency
70. Obtain informed consent in accordance with laws and regulations.		
71. Adhere to laws and regulations regarding billing, billing codes and documentation.		
72. Adhere to laws and regulations related to treating patients with occupational injuries or illness.		
73. Adhere to laws and regulations related to ownership and management of chiropractic corporations.		
74. Adhere to laws and regulations related to ownership and management of chiropractic practice.		
75. Document assessments and treatments for patient records in accordance with laws and regulations.		
76. Report known or suspected abuse of patients by contacting protective services in accordance with laws and regulations.		
77. Maintain patient records in accordance with laws and regulations.		
78. Maintain confidentiality of patient records in accordance with laws and regulations.		
79. Release patient records in accordance with laws and regulations.		
80. Adhere to laws and regulations regarding advertising of chiropractic services.		
81. Adhere to laws and regulations regarding professional conduct.		
82. Adhere to laws that define chiropractic scope of practice		
83. Adhere to laws and regulations regarding excessive treatment.		
84. Maintain California chiropractor's license according to laws and regulations.		
85. Adhere to laws and regulations regarding use of lasers for chiropractic treatment.		

	Importance	Frequency
86. Adhere to laws and regulations regarding radiographic imaging.		
87. Ensure professional conduct of others on the premises of chiropractic office in accordance with laws and regulations.		
88. Adhere to laws and regulations regarding chiropractic manipulation under anesthesia.		
89. Adhere to laws and regulations regarding referral of patients.		
90. Adhere to laws and regulations regarding license examination security.		
91. Adhere to laws and regulations regarding display of certificate to practice.		

11. PART III. RATING PRACTICE KNOWLEDGE

In this part of the questionnaire, rate each of the knowledge statements based on how important the knowledge is to successful performance in your practice. If a knowledge statement is NOT utilized in the performance of tasks for your practice, rate it "0" (zero) for Importance.

The boxes for rating the Importance of each knowledge statement have a drop-down list. Click on the "down" arrow for each list to see the ratings. Then select the rating based on your current practice.

IMPORTANCE RATING

HOW IMPORTANT is this knowledge in the performance of your current practice?

Use the following scale to select your ratings.

0 - NOT IMPORTANT and/or NOT REQUIRED. This knowledge does not apply to my practice; it is not required for performance of tasks.

1 - OF MINOR IMPORTANCE. Possession of this knowledge is of minor importance for performance of tasks.

2 - FAIRLY IMPORTANT. Possession of this knowledge is fairly important for performance of tasks.

3 - MODERATELY IMPORTANT. Possession of this knowledge is moderately important for performance of tasks.

4 - VERY IMPORTANT. Possession of this knowledge is very important for performance in a significant part of my practice.

5 - CRITICALLY IMPORTANT. Possession of this knowledge is of critical to the performance of tasks.

KNOWLEDGE STATEMENTS - Patient Assessment

	Importance
1. Knowledge of interview techniques for obtaining health history.	
2. Knowledge of outcome assessment tools to measure treatment efficacy	
3. Knowledge of Onset, Palliative, Provocative, Prior, Progression, Quality, Radiating, Severity, Timing (OPQRST) method for evaluating characteristics of chief complaints.	

	Importance
4. Knowledge of allopathic and alternative treatments for chief complaint.	
5. Knowledge of methods to obtain information on medications.	
6. Knowledge of comorbidities for various medical conditions.	
7. Knowledge of anatomy and physiology of endocrine system.	
8. Knowledge of anatomy and physiology of allergy/immunological system.	
9. Knowledge of anatomy and physiology of cardiovascular system.	
10. Knowledge of anatomy and physiology of neurological system.	
11. Knowledge of anatomy and physiology of integumentary system.	
12. Knowledge of anatomy and physiology of reproductive system.	
13. Knowledge of anatomy and physiology of respiratory system.	
14. Knowledge of anatomy and physiology of musculoskeletal system.	
15. Knowledge of anatomy and physiology of gastrointestinal system.	
16. Knowledge of anatomy and physiology of genitourinary system.	
17. Knowledge of anatomy and physiology of otolaryngological and vision systems.	
18. Knowledge of anatomy and physiology of hematologic/lymphatic systems.	
19. Knowledge of the interrelationship between body systems.	
20. Knowledge of patient's health history and its relationship to the chief complaint.	
21. Knowledge of family history and its relationship to the chief complaint.	
22. Knowledge of patient's current and past lifestyle behaviors and its relationship to chief complaint.	
23. Knowledge of examinations and assessments relevant for developing chiropractic diagnoses.	

12. PART III. RATING PRACTICE KNOWLEDGE

KNOWLEDGE STATEMENTS - Examination and Assessment

	Importance
24. Knowledge of antalgia, gait, and ambulation evaluation.	
25. Knowledge of methods for obtaining patient height and weight.	
26. Knowledge of vital signs measurements and techniques.	
27. Knowledge of signs and symptoms of contagious diseases.	
28. Knowledge of signs and symptoms of conditions requiring urgent or emergency care.	
29. Knowledge of the physical effects of mental health conditions on the human body.	
30. Knowledge of indicators of mental health disorders.	
31. Knowledge of indicators of cognitive disorders.	
32. Knowledge of comorbidities and their effects on examination procedures and assessments.	
33. Knowledge of signs and symptoms of comorbidity.	
34. Knowledge of common medications and their effects on examination procedures and assessments.	
35. Knowledge of clinical interpretation of patient posture.	
36. Knowledge of dermatological conditions requiring referral.	
37. Knowledge of circumferential measurement techniques and interpretation.	
38. Knowledge of dermatomal sensory testing and interpretation.	
39. Knowledge of pathological reflexes testing and interpretation.	
40. Knowledge of muscle strength testing and interpretation.	
41. Knowledge of deep tendon reflex (DTR) testing and interpretation.	
42. Knowledge of techniques for active and passive range of motion assessment.	

	Importance
43. Knowledge of joint biomechanical assessments and interpretations.	
44. Knowledge of orthopedic assessment and interpretation.	
45. Knowledge of abdominal examination techniques (e.g., auscultation, percussion, palpation).	
46. Knowledge of cardiovascular examination techniques.	
47. Knowledge of respiratory examination techniques (e.g., auscultation, percussion, rib excursion).	
48. Knowledge of otolaryngological and vision system examinations and interpretations.	
49. Knowledge of use of tools for otolaryngological and vision system examinations.	
50. Knowledge of balance and coordination testing and interpretation.	
51. Knowledge of clinical interpretation of radiographic images.	
52. Knowledge of interpretation of magnetic resonance imaging (MRI) and CT reports.	
53. Knowledge of indication for ordering blood, urinalysis, EMG/NCV, and other laboratory tests.	
54. Knowledge of clinical interpretation of blood tests and urinalysis.	
55. Knowledge of signs and symptoms of current presenting condition.	
56. Knowledge of pathophysiology of inflammation.	
57. Knowledge of sites of nerve compression and entrapment.	
58. Knowledge of differential diagnoses of present condition(s).	
59. Knowledge of implementing treatment plans for chiropractic care.	
60. Knowledge of contraindications for joint manipulation.	
61. Knowledge of obstetrics and gynecology as it relates to chiropractic practice.	
62. Knowledge of preexisting conditions and how they affect chiropractic treatments.	
63. Knowledge of symptoms and indicators of medical conditions that require referrals to other providers.	

13. PART III. RATING PRACTICE KNOWLEDGE

KNOWLEDGE STATEMENTS - Treatment

	Importance
64. Knowledge of material risks of chiropractic treatments.	
65. Knowledge of material risks of physiotherapy treatments.	
66. Knowledge of treatment options available from other healthcare providers.	
67. Knowledge of joint adjustment and manipulation therapies indicated for presenting condition.	
68. Knowledge of adjunctive therapies indicated for presenting condition.	
69. Knowledge of joint adjustment and manipulation techniques.	
70. Knowledge of procedures for operating chiropractic tables.	
71. Knowledge of procedures for operating spinal traction equipment.	
72. Knowledge of application of manual and mechanical spinal traction therapies.	
73. Knowledge of procedures for operating spinal decompression equipment.	
74. Knowledge of application of spinal decompression therapies.	
75. Knowledge of implementation of neuromuscular reeducation.	
76. Knowledge of procedures for administering cryotherapy.	
77. Knowledge of procedures for administering heat therapies.	
78. Knowledge of procedures for operating heat therapy equipment.	
79. Knowledge of procedures for administering laser therapy.	
80. Knowledge of procedures for operating laser equipment.	
81. Knowledge of procedures for administering therapeutic ultrasound.	
82. Knowledge of procedures for operating therapeutic ultrasound equipment.	

	Importance
83. Knowledge of application of myofascial release therapies.	
84. Knowledge of procedures for administering massage therapies.	
85. Knowledge of implementation of therapeutic exercises.	
86. Knowledge of procedures for administering electric stimulation.	
87. Knowledge of procedures for operating electric stimulation equipment.	
88. Knowledge of procedures for administering iontophoresis.	
89. Knowledge of ionic substances used for application of iontophoresis.	
90. Knowledge of procedures for administering whirlpool/Hubbard tank therapy.	
91. Knowledge of use of whirlpool/Hubbard tank therapy equipment.	
92. Knowledge of procedures for administering paraffin therapy.	
93. Knowledge of use of paraffin therapy equipment.	
94. Knowledge of orthopedic support devices.	
95. Knowledge of procedures for applying orthopedic support devices.	

14. PART III. RATING PRACTICE KNOWLEDGE

KNOWLEDGE STATEMENTS - Treatment continued

	Importance
96. Knowledge of procedures for applying therapeutic taping.	
97. Knowledge of application of orthotics.	
98. Knowledge of procedures for fitting orthotics.	
99. Knowledge of procedures for administering extracorporeal shockwave therapy.	
100. Knowledge of use of extracorporeal shockwave therapy equipment.	
101. Knowledge of procedures for administering whole body vibration therapy.	
102. Knowledge of use of whole body vibration therapy equipment.	
103. Knowledge of procedures for administering cupping therapy.	
104. Knowledge of use of cupping equipment.	
105. Knowledge of application of sensory integration therapies.	
106. Knowledge of strategies for coordinating patient care with other healthcare providers.	
107. Knowledge of smoking cessation techniques.	
108. Knowledge of caffeine consumption effects on health.	
109. Knowledge of effects of aberrant sleep patterns on health.	
110. Knowledge of alcohol consumption effects on health.	
111. Knowledge of effects of recreational drugs on health.	
112. Knowledge of therapeutic home exercises program.	
113. Knowledge of the application of posture corrections.	
114. Knowledge of the application of ergonomic corrections.	
115. Knowledge of relaxation techniques.	

	Importance
116. Knowledge of nutrition and diet effects on health.	
117. Knowledge of the effects of nutritional supplementation on health.	
118. Knowledge of time frames for chiropractic treatments.	
119. Knowledge of indications for modifying chiropractic treatment plans	
120. Knowledge of use of Subjective/Objective/Assessment/Plan (SOAP) note taking method for documenting patient encounters.	

15. PART III. RATING PRACTICE KNOWLEDGE

KNOWLEDGE STATEMENTS - Laws and Regulations

	Importance
121. Knowledge of laws and regulations related to informed consent.	
122. Knowledge of documentation requirements (e.g., billing codes) for insurance reimbursement.	
123. Knowledge of procedures for receiving insurance reimbursement.	
124. Knowledge of laws and regulations regarding accountable billings.	
125. Knowledge of laws and regulations regarding discounted fees and services.	
126. Knowledge of laws and regulations related to occupational injury or illness of patients.	
127. Knowledge of laws and regulations related to managing chiropractic corporations.	
128. Knowledge of laws and regulations related to transfer of ownership upon death or incapacity of licensed chiropractor.	
129. Knowledge of laws and regulations for documenting patient history, examination, treatment, principle spoken language, and management.	
130. Knowledge of laws for reporting suspected abuse of children, elders or dependent adults.	
131. Knowledge of mandated reporting procedures of suspected abuse of children, elders or dependent adults.	
132. Knowledge of mandated reporting procedures of suspected abuse, firearm injuries, or assaultive action.	
133. Knowledge of physical indicators of abuse, firearms injuries, or assaultive action.	
134. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.	
135. Knowledge of laws and regulations regarding patient addendums to records.	
136. Knowledge of legal requirements of health information portability and accountability act (HIPPA).	
137. Knowledge of laws and regulations regarding confidentiality of patient records and test results.	
138. Knowledge of laws and regulations regarding release of minor and adult patient records.	
139. Knowledge of laws and regulations related to chiropractic advertising, misrepresentation, and false claims.	
140. Knowledge of laws and regulations regarding advertising free or discounted services.	

16. PART III. RATING PRACTICE KNOWLEDGE

KNOWLEDGE STATEMENTS - Laws and Regulations continued

	Importance
141. Knowledge of laws and regulations regarding chiropractic specialty designations.	
142. Knowledge of laws and regulations related to use of chiropractic title.	
143. Knowledge of laws and regulations of ethical standards for professional conduct in a chiropractic setting.	
144. Knowledge of laws and regulations regarding mental illness and illness affecting chiropractor competency.	
145. Knowledge of laws and regulations regarding reporting violations of chiropractic act.	
146. Knowledge of laws and regulations regarding professional treatment standards.	
147. Knowledge of laws and regulations regarding excessive treatments.	
148. Knowledge laws and regulations regarding maintenance, renewal, and restoration of chiropractic license.	
149. Knowledge of laws and regulations for maintaining accurate licensee name and address with Board of Chiropractic Examiners.	
150. Knowledge of laws and regulations regarding continuing education requirements to maintain chiropractic license.	
151. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.	
152. Knowledge of laws and regulations on use of lasers for chiropractic treatment.	
153. Knowledge of laws and regulations regarding radiographic imaging.	
154. Knowledge of laws and regulations related to inducing students to practice chiropractic.	
155. Knowledge of laws and regulations regarding supervisions of unlicensed individuals.	
156. Knowledge of laws and regulations regarding chiropractic manipulations under anesthesia.	
157. Knowledge of laws and regulations regarding referral rebates.	
158. Knowledge of laws and regulations regarding unlawful referrals.	

	Importance
159. Knowledge of laws and regulations regarding solicitation of referrals providing beneficial interest to family or self.	
160. Knowledge of laws and regulations regarding violations of license examination security.	
161. Knowledge of laws and regulations related to displaying of certificate to practice.	
162. Knowledge of laws and regulations regarding filing and displaying certificates for satellite offices.	

17.

The Board of Chiropractic Examiners has approved 2 hours of continuing education credits for all chiropractors who participated in this survey, if you wish to receive this credit please input your chiropractic license number below and it will be forwarded to the board.

Please enter your California Chiropractor license number:

California Chiropractor License #:

Please enter a current email address if you are interested in participating in future chiropractor studies and/or workshops (this is entirely optional and will not be linked to your answers on this survey):

18. FINISHED

THANK YOU FOR COMPLETING THIS SURVEY QUESTIONNAIRE.

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BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

State of California
Edmund G. Brown Jr., Governor

Agenda Item 10
July 25, 2017

The Pastoral Medical Association (PMA) Presentation by Peter Jenkins, President of LawPartnering Inc.

Purpose of the item

The Board will receive a presentation from the Pastoral Medical Association.

Action(s) requested

No action requested at this time.

Background

BCE Strategic Plan Goal 2.3 is to collaborate with other regulatory entities to increase their awareness of unlicensed practice and promote increased enforcement efforts to better safeguard the public. One area of concern is the practice of pastoral medicine.

At the February 16, 2017 Board Meeting, Dr. Azzolino directed staff to reach out to the Pastoral Medical Association and request that someone from the organization attend a Board Meeting.

On April 17, 2016, the Board sent a formal invitation to the Pastoral Medical Association requesting their presence at a future Board Meeting.

According to the Pastoral Medical Association (PMA), the organization is an established ecclesiastical organization serving a community of hundreds of thousands of people who value and prioritize their health, who believe in freedom of choice when it comes to healthcare, and who are seeking natural means for restoring health and promoting lifelong vitality and well-being for themselves and others.

The PMA performs these four primary functions:

- Licensing spiritually-minded health professionals to provide “Pastoral Science & Medicine” services;
- Promoting PMA Licensee practice safety, effectiveness and growth;
- Connecting PMA practitioners with clients seeking natural healthcare services;

- Marshaling diverse clinical and practice development resources for PMA licensees and their clients, as well as gathering and providing health education and resources for lay subscribers to PMA's Health Network.

What are Pastoral Science & Medicine Services?

Pastoral Science & Medicine is the term used to describe the system of pastoral counsel services and natural approaches founded upon spiritual principles used by PMA licensed practitioners for promoting and improving physical, mental and spiritual health of their clients.

Clients of PMA practitioners achieve health improvements by making positive lifestyle changes and following other natural procedures that are scripturally-sound, scientifically-based and administered professionally pursuant to acceptable standards of care.

How are PMA Licensees different than other healthcare providers?

First and foremost, PMA practitioners have taken a vow to uphold scriptural principles when interacting with clients and providing Pastoral Science & Medicine services.

What is the nature of the relationship between PMA Licensees and their clients?
PMA licensee and their clients enter into an *Agreement for Wellness Services* that is a private contractual, pastoral relationship.

Recommendation(s)
N/A

Next Step
N/A

Attachment(s)

a. PMA Letter to the Board
b. Outline Key Points for Discussion
c. PMA Constitution
d. PMA Practitioner Pledge
e. PMA License Scope of Practice
f. PMA Practitioner-Client Agreement for Wellness Services
g. Profile on Peter Jenkins, J.D.

The Pastoral Medical Association
6565 N. MacArthur Blvd #225
Irving, TX 75039

Main: 866-206-8469 Fax: 855-329-7624 https://PMAI.US

July 11, 2017

State of California
Board of Chiropractic Examiners
901 P Street, Suite 142-A
Sacramento, California 95814

Dear Members of the Board:

It is with pleasure that the Pastoral Medical Association (PMA) accepts the invitation of the Board, as extended by your Executive Officer, Robert Puleo, in his letter of April 13, 2017, to attend a public Board meeting and give a presentation regarding our organization and its functions.

Peter C. Jenkins, who assists our organization in the capacity of Director of External Clinical and Practice Development Resources, will appear on behalf of the PMA at your Board meeting in Whittier, CA, on July 25, 2017, for this purpose. For your reference, please find attached a profile outlining Peter's professional credentials.

Also, please find attached the following materials in support of our presentation:

- An outline of Key Points for Discussion
- PMA Constitution
- PMA Practitioner Pledge
- PMA License Scope of Practice
- PMA Practitioner-Client Agreement for Wellness Services

Again, we are delighted to have the opportunity to meet with your Board at a public hearing; to explain the structure, mission and functions of the Pastoral Medical Association; and to answer any questions you may have.

Sincerely,

Eric Carter

Eric Carter, GM/Overseer

The Pastoral Medical Association
6565 N. MacArthur Blvd #225
Irving, TX 75039

Main: 866-206-8469 Fax: 855-329-7624 https://PMAI.US

July 25, 2017

Before the State of California
Board of Chiropractic Examiners
Presentation by the Pastoral Medical Association
Represented by: Peter C. Jenkins

KEY POINTS FOR DISCUSSION

What is the Pastoral Medical Association?

The Pastoral Medical Association (PMA) is an established private ecclesiastical organization. Of course, "ecclesiastical" means "of or relating to the Christian Church". The "Christian Church" as used here refers collectively to all people belonging to the Christian religious tradition . . . and, as such, not referring to a particular Christian denomination, but rather to the body of all Christian believers.

The PMA serves as a missionary arm of the Christian Church. Quite simply, the PMA is an organized effort (or mission) by a group of Christians to provide humanitarian work. The organization is comprised of healthcare professionals, including mostly Christians but also others with diverse religious beliefs, committed to providing healthcare assistance to individuals who hold particular beliefs about the healthcare they receive and who provides it to them.

Combining these concepts, the PMA is best described as an ecclesiastical organization of spiritually-minded healthcare practitioners (residing in all states of our country and many other nations) serving a community of hundreds of thousands of people who value and prioritize their health; who believe in freedom of choice when it comes to healthcare; who are seeking natural means for restoring health and promoting lifelong vitality and well-being for themselves, their families and loved ones; and who find comfort in obtaining healthcare advice and counseling from "practitioners of faith".

What is the PMA's mission?

Simply put, in the broadest perspective, the PMA's mission is to promote opportunity for everyone to enjoy lifelong health and well-being. In its more narrow focus, PMA is dedicated to doing everything it possibly can to help end the epidemic of chronic illness Americans and citizens of the world are facing.

To these ends, as a private ecclesiastical organization, PMA provides a regulated means for sincere and spiritually-committed healthcare professionals to offer the hundreds of millions of people suffering from chronic illness natural and effective protocols for preserving, restoring and maintaining the vital health and wellness the Creator intended humanity to have.

What functions does the PMA perform?

The PMA performs these four primary functions:

- Licensing spiritually-minded health professionals to provide "Pastoral Science & Medicine" services;
- Promoting PMA Licensee practice safety, effectiveness and growth;
- Connecting PMA practitioners with clients seeking natural healthcare services; and
- Marshaling diverse clinical and practice development resources for PMA licensees and their clients, as well as gathering and providing health education and resources for lay subscribers to PMA's Health Network.

What are Pastoral Science & Medicine Services?

Pastoral Science & Medicine is the term used to describe the system of pastoral counsel services and natural approaches founded upon spiritual principles used by PMA licensed practitioners for promoting and improving physical, mental and spiritual health of their clients.

Clients of PMA practitioners achieve health improvements by making positive lifestyle changes and following other natural procedures that are scripturally-sound, scientifically-based and administered professionally pursuant to acceptable standards of care.

In this context, it is also important to understand what Pastoral Science & Medicine is not. Pastoral Science & Medicine is not the same as and does not involve the practice of conventional medicine. More specifically, PMA licensed practitioners do not examine, diagnose or treat, or offer to treat or cure or attempt to cure, any mental or physical disease, disorder or illness, or any physical deformity or injury; and PMA licensees do not recommend or prescribe any medications or pharmaceutical drugs or recommend any change in prescription or use of medications or drugs that may have been prescribed or provided by a medical physician.

How are PMA Licensees different than other healthcare providers?

First and foremost, PMA practitioners have taken a vow to uphold scriptural principles when interacting with clients and providing Pastoral Science & Medicine services. They share the beliefs set forth in PMA's Constitution, they have accepted specific responsibilities in serving their clients, and they have given their solemn and binding pledge to practice Pastoral Science & Medicine in full alignment with these stated beliefs and responsibilities.

Copies of PMA's Constitution and the PMA Practitioner's Pledge among the materials we have submitted in support of this presentation.

What healthcare education and experience do PMA Licensees have?

PMA practitioners have widely diverse backgrounds, education, training and experience in conventional medicine and alternative healthcare. Collectively, the healthcare backgrounds, training, education and experience of PMA licensees spans virtually every known standard and alternative approach, therapy, and modality for promoting health and wellness, including spiritual counseling.

Many PMA licensees in fact hold other healthcare licenses issued by the medical and healthcare licensing authorities in jurisdictions in which they offer service; and they offer these services completely separate from their PMA pastoral practices. For example, many PMA licensees are also licensed chiropractors in the states in which they practice.

What is the nature of the relationship between PMA Licensees and their clients?

Two paragraphs from the Agreement for Wellness Services entered into between PMA licensee and their clients clarify the nature of this private contractual, pastoral relationship.

> **4. Services Provided.** For purposes of this Agreement, Pastoral Science & Medicine services are defined as natural health and wellness therapies, products and services that are not in conflict with scripture and that are solely intended to improve physical, mental and spiritual health. Pastoral Science & Medicine services are not state licensed medical services; are not provided in a conventional doctor-patient relationship; do not include activities or substances that are regulated by governmental agencies; and while Pastoral Science & Medicine services may be provided to improve health as an adjunct to medical care, such services do not include diagnosing, treating or curing, or attempting to diagnose, treat or cure, any illness or disease or constitute the conventional practice of medicine. Therefore, in the event illness or disease is suspected, known or becomes suspected or known while Client is receiving Pastoral Science & Medicine assistance; it is Client's sole responsibility to seek appropriate medical care in place of or as an adjunct to the services provided by Practitioner.
>
> **11. Separation of Practices.** In the event that Practitioner holds a state issued license as a healthcare provider in the state where the Client is receiving services from Practitioner, Client acknowledges and understands that the ecclesiastical Pastoral Science & Medicine services being offered and accepted from the Practitioner under the terms of this Agreement are totally separate and distinct from any services the Practitioner may offer and provide under Practitioners state licensed practice. Client agrees that this is an important distinction, that Client has been given the opportunity to discuss the difference between such services with Practitioner and have any questions answered, and that Client is clear about, understands and is not confused by the distinction and separation of such services.

How does the PMA manage its Licensees?

The PMA manages its licensees nationwide much in the same way this California Board of Chiropractic Examiners licenses and manages chiropractors wanting to practice chiropractic in this state.

- The PMA has a formal licensing process in which PMA's staff receives, reviews, investigates, evaluates and either grants or denies a practitioner's application for PMA license.
- Once licensed, the PMA has an on-boarding process designed to orient the new licensee to PMA's administrative and licensing rules and regulations, as well as PMA's Licensing Scope of Practice and required Practitioner-Client Agreement for Wellness Services. Copies of these documents are also included among the presentation materials we have submitted.
- Thereafter, similar to your administration of state-licensed chiropractors, the PMA relies heavily of the professional's individual self-regulation. Like your Board, the PMA expects that its licensees will be compliant with PMA licensing rules, regulations, Scope of Practice and standard of care requirements.
- In addition, the PMA relies on and responds to reports by other licensees, by individual clients and/or the public about activities or behaviors by PMA licensees that are not in compliance with PMA's rules, regulations and/or practice standards.
- Also, the PMA responds to and addresses inquiries, investigations and/or complaints by state professional licensing and regulatory authorities concerning activities of PMA licensees.
- No matter what the source of report or complaint, if the PMA determines that a PMA licensee has violated a PMA licensing rule, regulation, Scope of Practice or standard of care; the PMA will fine and/or discipline the licensee appropriately, including, if required in the circumstances, revocation of license.

Has a legal challenge ever been presented in the United States as to the authority of the PMA to issue licenses or the authority of practitioners to practice Pastoral Science & Medicine under the PMA license?

Yes. In fact, this has happened just once in the history of PMA when in 2014 Kentucky Board of Chiropractic Examiners issued a Cease and Desist to all Kentucky chiropractors, ordering them to stop practicing or advertising under their PMA licenses. Within a few months, through discussion with the Board's attorneys and PMA's lawyers, the Board reversed its order and posted notice on its website stating, "*As a point of clarification,*

the Board voted at its June 5, 2015, meeting that Kentucky chiropractors are free to join, advertise, and counsel under the Pastoral Medical Association as long as there is a separation between the PMA services and the chiropractic services being rendered. PMA services are pastoral in nature." See, http://kbce.ky.gov/Pages/From-the-Board.aspx.

Have PMA licensees ever been investigated or disciplined by state professional regulatory authorities for violations of state licensing laws?

Yes. On occasion, PMA licensees – like some other licensed professionals – will stray from being compliant with PMA licensing rules, regulations, Scope of Practice and/or standards of care.

In fact, two chiropractors were arrested in California and charge with "practicing medicine without a license". Both these individuals held PMA licenses in the past, but neither was actively licensed by the PMA at the time of their arrest. PMA had previously revoked their PMA licenses based on client complaints and non-compliance with PMA license rules.

Investigation revealed that the men's practices, websites and advertisements appeared to promote and offer conventional medical services, and not pastoral healthcare or traditional chiropractic treatment. It is surprising these men did not get in trouble sooner with your state's Medical Board and professional licensing authorities.

What is particularly important to note about these arrests is that it was the individual actions by these chiropractors that triggered the aggressive adverse response by the California authorities and their criminal arrests – and not the fact that they had previously been licensed by the PMA or that they happened to be chiropractors as well. Of course, it is not PMA's or your Board's responsibility – and no fault can be placed on the licensing authority – when licensees "go off the reservation."

How can the Pastoral Medical Association better collaborate with the California Board of Chiropractic Examiners, or vice versa?

The PMA welcomes inquiries by your Board about our ecclesiastical organization and mission; and we truly appreciate this opportunity to inform the Board about our structure and primary functions in efforts to help end the epidemic of chronic illness our country is facing. We would encourage the Board to contact PMA staff with any additional questions you may have . . . and, certainly, please let us know should any issues arise with respect to activities of California licensed chiropractors who are also PMA licensees.

Similarly, the PMA is open to learning how the PMA can better assist your Board in the execution of your functions and responsibilities. The PMA views our endeavors in the field of scriptural-based natural healthcare as complementary to your Board's activities. In general, the PMA considers competition among the healthcare professions as antithetical to winning the battle over chronic illness and achieving the common vital health and well-being the Creator intended for us all.

Respectfully submitted,

PASTORAL MEDICAL ASSOCIATION

The Pastoral Medical Association

Constitution

We of this mighty western Republic have to grapple with the dangers that spring from popular self-government tried on a scale incomparably vaster than ever before in the history of mankind, and from an abounding material prosperity greater also than anything which the world has hitherto seen. As regards the first set of dangers, it behooves us to remember that men can never escape being governed. Either they must govern themselves or they must submit to being governed by others. If from lawlessness or fickleness, from folly or self-indulgence, they refuse to govern themselves, then most assuredly in the end they will have to be governed from the outside. They can prevent the need of government from without only by showing that they possess the power of government from within, a sovereign can not make excuses for his failures; a sovereign must accept the responsibility for the exercise of the power that inheres in him, and where, as is true in our Republic, the people are sovereign, then the people must show a sober understanding and a sane and steadfast purpose if they are to preserve that orderly liberty upon which as a foundation every republic must rest.

President Theodore Roosevelt
Jamestown Exposition April 26, 1907

A mere 100 years ago when Theodore Roosevelt made his notable speech in Jamestown, the great Founders of this country and many states had long before invoked the name of almighty God, prayed His blessings over their constitutions and ordained that they were founded on His Supreme Law. These wise founders understood the destructive potential of secular government; understood that it is inherent in man with his arrogance, greed and lust for power to control what is possible to control, and to destroy what is not. Fortunately, these wise believers of yesteryear made provision in their constitutions to restrain the generations from adjudicating God's law, from impeding His workers, or otherwise controlling the ecclesiastical. While it has now been said that these two; the ecclesiastical and the secular; must be separate just as the day must be separate from the night for they have different purposes, the truth is that separation was never the intent; prohibition of secular control of the ecclesiastical was at the root. It is this effort toward separate purpose; the displacement of the Supreme Law and divine wisdom from secular governance that inspires the dissonance of Mankind in this new century. Many inquiries that proceed to the superior courts; homosexual marriage being one, prayer in school another, have already their answers and are only debated because we have departed from founding principles, have cast aside divine wisdom and have proposed this breach we call separation that allows man to rule as if he is God. Such is the sin of human ego, such is the ability of man to destroy himself, to ignore, impede and suppress the very wisdom intended to save him.

Departure from divine wisdom effect's every aspect of our lives and most importantly, life itself. The Almighty's instructions for life and health have been removed from modern health care and have been cast from the pulpits of today's churches. We send our congregations in ignorance to the altar of science for all ailments and the result is clear, this new millennium realizes health care crisis on a scale never afore known. The very science we turn to for health has become one of the largest threats to health and His children truly are dying for lack of knowledge. Believers must step forth and take responsibility for our health care crisis, we must work to restore the Almighty's wisdom to health care and more importantly to the pulpits, the very root of where such knowledge should issue forth.

The Almighty proclaimed that following His instruction would assure the health and salvation of mankind, therefore this is our purpose, our responsibility as believers and this is the work we shall do in His name. We present this Constitution hereby establishing a private ecclesiastical association to go forth sharing scriptural wisdom for health. We shall call this form of worship appropriately "Pastoral Science and Medicine" because it is our sincerely held religious belief and conviction that;

1. The Almighty created the heavens and earth. He is the first, the Sovereign, the Supreme from which we derive life and all that we have, all that is.

2. The Almighty endowed mankind with wisdom through His Word, and this is the Supreme instruction for health and healing, for all life.

3. The Almighty bestowed upon mankind all things natural, whether food or medicine, whether the laying of hands, whether counsel or prayer or whether another remedy not contrary to the Word. He gave these things to heal the suffering; He gave them as divine tools for His workers.

4. The Almighty hath placed His mark upon us, that we shall be His Workers. We bear the Right & Responsibility to go forth in His service to aid and assist all creatures, man and animal, applying the tools with which we are entrusted, which are indigenous to believers and which we hold sacred.

The secular and the ecclesiastical must work in unisom to attend mankind's health challenges. This Pastoral Medical Association shall be charged to go forth and restore Pastoral Science & Medicine as a viable private ecclesiastical health care option operating in harmony with secular medicine, and assuring that the Creators instruction for health is delivered efficiently, effectively and in accordance with the divine word.

This Constitution was ratified under the signatures of Members of this Ecclesiastical Association, on this 12th Day of December in the year of our Lord; Two Thousand and Ten

PMA Practitioner Shared Beliefs, Accepted Responsibilities & Pledge

The Pastoral Medical Association (PMA) is an ecclesiastical association whose Health Network is comprised of like-minded healthcare professionals who share the following core beliefs and accepted responsibilities in providing Pastoral Science & Medicine Services to their clients. It is these fundamental beliefs and convictions that empower and mobilize our actions and form the ethical, moral and spiritual basis for our harmonious interaction and relationship as professional members of the PMA Health Network.

In full alignment with PMA's Constitution, we believe that:

- God created the heavens and earth; and that God is the Source from whom we derive life and all that we have and all that is.
- God endowed mankind with wisdom through His teachings, including instruction for restoring health and well-being, for all life.
- God bestowed upon mankind all things natural, whether in the nature of food or medicine, the laying on of hands, counsel or prayer, or other methods not offensive to His teachings. And we believe God gave us these resources as spiritual means to address individual suffering and restore health, and as Divine tools for His workers.
- God has called us as His workers; and that we bear both the right and responsibility to share His teachings with others in His name and to go forth in His service to aid and assist all creatures, man and animal, applying the instruction, resources and tools with which He has entrusted us. And that –
- God has called many workers to come together from all faiths and beliefs with these common goals, and that it is not for us to judge one against another, but that we serve as one united assembly on the divine mission we have been given.

We further believe that –

- All individuals have the fundamental religious right to worship God in their own personal way.
- All individuals have the fundamental right to direct their own personal healthcare, in consultation with healthcare providers, family or other valued advisors of their own choosing.
- These personal rights and liberties originate from God and are bestowed upon us by God, and are not concessions granted to us by governments or men. And that –
- Following God's instruction will assure the health of mankind and, as believers, we have a right to follow His guidelines and disseminate and share truthful natural health information for our own health and longevity, free from governmental dictates, restraints and oversight.

In addition, as practitioners of Pastoral Science & Medicine, we recognize and accept the following responsibilities in serving our clients –

- Explaining to clients that their best outcomes will be achieved through a candid, communicative and cooperative working relationship in which the client's unique values, preferences and convictions are taken into consideration and the client understands all aspects, agrees with and is fully involved in formulating and implementing his/her health recovery plan and any decision about the best course of action for obtaining desired health outcomes.
- Taking the time necessary for understanding our clients' health concerns, evaluating whether our services are right for them, and, if so, informing our clients about the proposed services, their projected cost, and what the clients can reasonably expect to gain.
- Listening to our clients carefully and evaluating each client's situation in view of the complex web of interactions presented by the individual's personal background, unique physiology and lifestyle that contribute to his/her overall health condition; taking into account both internal (mind, body, and spirit) and external (physical and social environmental) factors affecting how the person's total system is functioning.
- Engaging in the discovery process with our clients to identify the root causes of chronic dysfunction and adverse symptoms, and suggesting strategies we personally would use in their position to restore functional balance, promote natural healing and regain optimal health.
- Giving our clients opportunity to express their opinion and participate in all decisions affecting their healthcare; and referring clients to other qualified healthcare providers, when appropriate.
- Adhering to the terms and conditions of the PMA Practitioner-Client Agreement for Wellness Services. And –
- Maintaining our PMA License in good standing and operating at all times within PMA's defined Scope of License and Standards of Care.

Truly, We Hold These Convictions
and Responsibilities Forever Inviolate

Based upon my God-given individual rights and spiritual faith, I hereby confirm that I hold and share the above-stated beliefs and accept the defined responsibilities as a PMA Licensee. In addition, I hereby further confirm my sincere intention and give my solemn and binding pledge to practice Pastoral Science & Medicine in full alignment with these shared beliefs and accepted responsibilities.

_____ _____

PMA Licensee Date

Pastoral Medical Association
PMA Licensee – Scope of Practice

SCOPE OF PRACTICE: In accordance with Section 3.1 of the PMA Administrative Rules, the following Scope of Practice applies to all practitioners licensed by the Pastoral Medical Association. See Section 3.2 of the Administrative Rules for the Scope of Practice for Pastoral Assistants.

PMA Licensees shall offer only those activities that meet the following criteria. In the event of a complaint against the Licensee or a challenge to services, the Licensee must be able to show compliance with this Scope of Practice.

All activities under the PMA license:

1. Must be scripture-based, in that such activities must generally support and not violate scriptural principles and rules;

2. Must be within the documented education and training of the Licensee;

3. Must only include safe, natural substances and protocols;

4. Must address one or more of the physical, mental or spiritual aspects of health, either directly or indirectly;

5. Must not harm any individual or place any individual's health or life at risk;

6. Must have a basis in improving or restoring health and not be promoted or offered to diagnose, cure or treat any illness or disease condition;

7. Must not include the use or recommended use of any machine, equipment, device, product, protocol or otherwise that (a) violates any law or is considered unsafe as supported by scientific evidence; (b) has been negatively publicized by the press; and/or (c) would bring governmental action against the Licensee or negative publicity to the Association; and

8. Must not recommend the discontinuance of any legend drugs or controlled substances prescribed by an appropriately licensed healthcare practitioner.

Please Read Carefully

Thank you for your interest in receiving assistance from the below named Practitioner of Pastoral Science & Medicine.

The Practitioner is a pastoral health and wellness provider, licensed in such capacity by the Pastoral Medical Association*(PMA) and is required to provide certain disclosures to you and before providing services, to have on-file an agreement for services that provides clear and specific terms and conditions of the relationship. This Agreement below meets these requirements.

In the Agreement below, your Practitioner is referred to as "Practitioner"; you are referred to as "Client"; the term "Party" refers to an indicated party to the Agreement; and the term "Parties" refers to Practitioner and you jointly.

Please read this Agreement carefully and indicate your acceptance by signing at the bottom.

Agreement for Wellness Services

WHEREAS the Parties to this Agreement share the belief that it is every person's right to seek the healthcare and wellness services of their choice; and relying further upon their rights protected by the U.S. Constitution to enter into private relationships and contracts of their own choosing;

AND WHEREAS, the Parties hereto desire that this Agreement establish a private associational relationship between them for the purpose of sharing spiritually-based natural health and wellness principles and practices free from secular governmental influence, regulation and control;

NOW THEREFORE, in consideration of the mutual covenants contained in this Agreement and for other good and valuable consideration, the adequacy and receipt of which are acknowledged; and based on the belief, rights and for the purpose indicated above, **IT IS HEREBY AGREED AS FOLLOWS:**

1. **Exclusive Agreement.** Parties acknowledge and agree that this Agreement shall govern the Parties' relationship as described below and shall supersede any other agreement between the Parties, written or oral, that is contrary to the terms and conditions hereof.

Additional agreements relating to and specifying any membership, cost, type service, length of service and product related matters may be formed between Practitioner and Client as long as nothing therein conflicts with the terms and conditions of this Agreement and should such conflict occur, the terms and conditions of this Agreement shall predominate and control.

2. **Practitioner Agrees**. In providing Pastoral Science & Medicine services to Client; to maintain Practitioner's PMA license in good standing and to notify Client if the license is not maintained in good standing at any time during the Agreement term; to provide Client with a written Practice Disclosure describing the Practitioner's education, training and experience in the services to be provided; to use Practitioner's best efforts to formulate a wellness protocol to assist Client in achieving Client's desired health goals and to deliver and perform services in an ethical and professional manner in compliance with PMA license standards.

3. **Client Agrees.** In accepting Practitioner's services, to request all information Client deems necessary to determine whether Practitioner is suitable for Client, considering Practitioner's education, experience, services to be provided and cost; to fully disclose to Practitioner all pertinent information requested to assist Practitioner in developing a wellness protocol for Client; to meet at the agreed appointment times and pay timely the agreed charges; and to faithfully follow the wellness protocol with changes only as mutually agreed by the Parties.

4. **Services Provided**. For purposes of this Agreement, Pastoral Science & Medicine services are defined as natural health and wellness therapies, products and services that are not in conflict with scripture and that are solely intended to improve physical, mental and spiritual health. Pastoral Science & Medicine services <u>are not</u> state licensed medical services; <u>are not</u> provided in a conventional doctor-patient relationship; <u>do not include</u>

activities or substances that are regulated by governmental agencies; and while Pastoral Science & Medicine services may be provided to improve health as an adjunct to medical care, such services do not include diagnosing, treating or curing, or attempting to diagnose, treat or cure, any illness or disease or constitute the conventional practice of medicine. Therefore, in the event illness or disease is suspected, known or becomes suspected or known while Client is receiving Pastoral Science & Medicine assistance; it is Client's sole responsibility to seek appropriate medical care in place of or as an adjunct to the services provided by Practitioner.

5. **Indemnification.** Client acknowledges that Practitioner does not provide any guarantee or warranty as to the success of any suggestions, protocols or products provided by Practitioner; and Client further agrees that, in the absence of evidence of negligence or intentional wrongdoing on the part of Practitioner, Client's failure to achieve Client's health and wellness goals is not actionable under this Agreement. Therefore, Client hereby agrees to indemnify and hold Practitioner harmless for any claim or action based on Client's failure to achieve Client's desired health and wellness goals as a result of following Practitioner's advice or provided protocols.

6. **Independent Practitioner**. Practitioner and Client acknowledge and agree that Practitioner is an independent health professional and not an employee, contractor or representative of the Pastoral Medical Association*, and that Practitioner is solely responsible for Practitioner's actions, suggestions, services and/or products. Practitioner and Client further acknowledge and agree that the Pastoral Medical Association does not have, incur or accept any responsibility or liability for Practitioner's actions, suggestions, services and/or products, or in any manner guarantee or promise Client's overall success or any particular results in following Practitioner's advice or accepting Practitioner's services pursuant to this Agreement. Therefore, Practitioner and Client hereby agree to indemnify and hold the Pastoral Medical Association harmless for any claim or action based on the parties entering into this Agreement for Wellness Services, or on the advice or services provided by Practitioner to the Client, or on the failure of the Client to achieve desired health outcomes.

In this regard, the Parties hereto also agree that the Pastoral Medical Association is a third-party beneficiary of this Agreement and that this provision No. 6 relating non-responsibility and indemnification of the Pastoral Medical Association is binding on the Parties and may not be modified without the specific prior written consent of the Pastoral Medical Association.

7. **Records and Confidentiality.** The Parties acknowledge and agree that Client's records provided to or maintained by Practitioner are privileged ministerial communications and not medical records. Therefore, Parties agree that such records may not in any case be released as medical records. Client is entitled to a copy of Client's records but any other release must be in compliance with standards for ministerial records in the jurisdiction where services are provided. The Parties further acknowledge and agree that ministerial communications are confidential and the content of such communication may not be divulged by Practitioner to any other party, except in accordance with Practitioner's own policy wherein proper reporting may be made in the event any person is at risk of harm, or has been harmed, or as may be required in the jurisdiction where services are provided.

8. **Complaints and Grievances.** The Parties acknowledge and agree that complaints and grievances shall be managed as follows: Complaints against Practitioner for suspected unprofessional conduct including providing services outside the scope of Practitioner's PMA license shall be reported to the Pastoral Medical Association (See contact information at bottom) and shall be addressed and resolved through PMA's administrative ecclesiastical process.

For all other complaints, disagreements and grievances, Parties agree to use their best efforts to resolve their dispute privately and if that fails, the sole recourse shall be resolution through arbitration, and the decision pursuant to arbitration shall be final and binding. Arbitration may be sought through the National Center for Life and Liberty at www.ncll.org or through an arbitrator mutually agreed upon by the Parties. Jurisdiction for enforcement of arbitration decisions shall be the state/jurisdiction where services were or are provided.

9. **Complaint Prohibition and Penalty**. The Parties understand and agree that the Pastoral Science & Medicine services provided by Practitioner are not regulated by governmental entities and that complaint provisions of Section 8 above provide Parties a fair and impartial path to resolution of any disputes. The Parties further agree that they have read, understood and entered this Agreement voluntarily; and that they will

defend this Agreement and their rights to contract privately for Pastoral Science & Medicine services without outside interference.

In view of this, the Parties also agree to pursue relief and resolve any disputes between them only in the manner provided by Section 8 of this Agreement above and not to file any verbal, recorded or written complaint, grievance or lawsuit with any individual, agency, court, state board, better business bureau, newspaper or social media forum, blog or any other public or private medium or otherwise, not specifically authorized by Section 8. Upon presentment of reasonable evidence that one of the Parties has violated this prohibition, the offending Party agrees to pay the other Party $500 penalty for each separate breach of this provision, and to reimburse any expenses incurred by the offended Party as a result of such breach.

10. Limit to Recourse. Aside from the agreed contractual penalty provided under Section 9 above, the Parties agree that, absent evidence of negligent or intentional wrong doing on the part of the Practitioner causing mental or physical injury to the Client, recovery to the prevailing Party pursuant to any action brought under this Agreement, whether through private settlement or arbitration, shall be limited to the complaining Party's actual provable loss. Actual provable loss is defined as the total dollars expended by Client or due to Practitioner for services and products rendered, in addition to expenses incurred by an offended Party pursuant to Section 9 above if applicable. The prevailing Party shall also be entitled to reimbursement of arbitration costs.

11. Separation of Practices. In the event that Practitioner holds a state issued license as a healthcare provider in the state where the Client is receiving services from Practitioner, Client acknowledges and understands that the ecclesiastical Pastoral Science & Medicine services being offered and accepted from the Practitioner under the terms of this Agreement are totally separate and distinct from any services the Practitioner may offer and provide under Practitioners state licensed practice. Client agrees that this is an important distinction, that Client has been given the opportunity to discuss the difference between such services with Practitioner and have any questions answered, and that Client is clear about, understands and is not confused by the distinction and separation of such services.

12. Term, Termination and Survival. This Agreement shall become effective when signed below and shall continue in effect until terminated. Either Party may terminate this Agreement at-will with thirty (30) day's written notice to the other Party. Termination shall not relieve the Parties from any debt or liability incurred hereunder while the Agreement was active; and all terms and conditions of this Agreement intended to protect the Parties and their records and regulate disputes, grievances or complaints between them shall survive any termination.

13. Amendments. Any amendment to this Agreement must be in writing and signed by both Parties.

14. Notices. All notices, requests, consents, demands, and other communications under this Agreement shall be in writing and shall be deemed to have been duly given on the date of service if served personally on the Party to whom notice is to be given, on the date of transmittal of services via facsimile or electronic mail to the party to whom notice is to be given, or on the third day after mailing if mailed to the Party to whom notice is to be given, by first class mail.

Also, for the purpose of protecting the rights of the Parties hereto and to notify the Pastoral Medical Association that the undersigned Practitioner and Client have entered into this Agreement of which the Pastoral Medical Association is a third-party beneficiary, the Parties agree that Client will be registered as a member of PMA's Health Network at the time of signing of this Agreement. If for whatever reason the Parties are unable to register Client with the PMA when executing this Agreement, Client hereby requests and authorizes Practitioner to register Client as a member of PMA's Health Network for the purpose indicated.

15. Successors and Assigns. This Agreement will inure to the benefit of, and be binding upon, the heirs, successors and assigns of the respective Parties.

16. Severability. If any provision of this Agreement shall be declared void or unenforceable by any judicial or administrative authority, the validity of any other provision and of the entire Agreement shall not be affected thereby.

17. Headings. Headings used herein are for convenience only and shall not be used to construe meaning or intent.

18. Manner of Execution. Client and Practitioner agree that this Agreement may be signed electronically and confirmed in separate parts to become fully binding on both parties as follows: (a) by the Practitioner accessing the Agreement form online at PMA's website and entering the Client's name into the signature block below, with the contact information provided by the Client – including the Client's email address or the email address for a person authorized by the Client to receive/send email on behalf of Client; (b) by the Practitioner then submitting the information provided by the Client and entered into the Agreement form, causing an email to be sent automatically to the Client and Practitioner with copies of the completed Agreement and above-referenced Practice Disclosure; and (c) by the Client or the person authorized by the Client to receive/send email on behalf of Client acknowledging receipt of the completed Agreement and Practice Disclosure and the Client's acceptance of the terms thereof.

IN WITNESS WHEREOF, the Parties to this Agreement for Wellness Services hereto have entered their names and contact information below with the intention to be bound by the terms and conditioners of this Agreement.

_____
Date

FOR THE CLIENT

_____ _____
Client Name / Signature Phone

_____
Address

_____ _____
Client Email Address Alternative Authorized Email Address

_____ _____
Name of Person Authorized to Receive/Send Email Phone

FOR THE PRACTITIONER

_____ _____
Practitioner Name / Signature Phone

_____
Address

_____
Practitioner Email Address

* For inquiries about Practitioner's PMA License status or to file a complaint with PMA, contact:

Pastoral Medical Association
6565 N. MacArthur Blvd., #225
Irving, Texas 75039
Email: staff@pmai.us
Phone: U.S. & Canada: 866-206-8469

Peter C. Jenkins

PO Box 1118, Chino Valley, AZ 86323
Phone: 928-776-4600 / Cell: 928-710-3224
E-mail: peter.jenkin@lawpartering.com

Seasoned Attorney & Health-Freedom Advocate with Proven Project Management, Client Development and Professional Training Skills

Peter is an accomplished trial lawyer, business consultant and trainer with expertise in interpersonal communication and client / law practice development. After decades of defending major corporate clients in mass accident and products liability cases, Peter expanded his focus to devote the last 10 years of his legal career to creating, implementing and managing projects promoting stronger and more productive, profitable and rewarding strategic business relationships between corporate leaders and their preferred outside counsel and legal suppliers.

Two years ago, Peter shifted directions again to pursue full-time his passion as a Health Freedom advocate.

Health Freedom Activities and Accomplishments

- Awareness Campaign. Desiring to help legal colleagues find assistance in identifying and addressing the underlying causes of anxiety, chronic fatigue, clinical depression, substance abuse and the behavioral consequences that afflict many attorneys and others who work with them; Peter launched a campaign to raise awareness of Functional Medicine (FM or "personalized healthcare") among legal professionals nationwide.

  To establish credibility, Peter reached out to FM thought-leaders Drs. Jeffrey Bland and Mark Hyman, obtaining their permission to use their videos in a slide presentation Peter designed titled, *"Nurturing and Healing the Legal Profession – a New Paradigm for Promoting Health and Managing Stress in Legal Practice."* Peter also connected with renowned FM practitioners, Drs. Terry Wahls, Deanna Minich, Izabella Wentz and Kelly Brogan, as well as JJ Virgin, Andrea Nakayama and Miriam Zacharias, who agreed to serve as "inspirational advisors" to women attorneys on the campaign's leadership team. As a result of these efforts, it has been suggested that Peter partner with the Institute for Functional Medicine (IFM) on this important endeavor.

- Alliance of Personalized Healthcare Professionals. Personalized Healthcare is a multi-disciplinary approach involving the integration of diverse natural protocols, solutions and treatments in creating individualized health recovery plans for patients with chronic conditions – which, in turn, requires collaboration among practitioners with different knowledge and specialties. Unfortunately, there is growing competition among some healthcare professions as to whether the field of nutrition should belong exclusively to one or another.

  In this context, to promote uniformity in the marketplace and maintain high standards of practice; Peter has gathered a small group of FM thought-leaders who believe there is much to gain by forging an "Alliance of Personalized Healthcare Professionals" with the mission to (a) preserve and expand practitioners' rights to practice; (b) raise the bar for practitioners by establishing baseline educational requirements and high-level ethical standards of practice management and development; (c) help reduce confusion in the marketplace while attracting chronically ill patients to skilled Personalized Healthcare professionals; and (d) grow their practitioner ranks and resources to be better armed and prepared to address economic forces in the healthcare space that are invested in and benefit from perpetuating chronic illness among our citizens.

- Health Freedom Legal Services Network. Complementary to the mission of the Alliance, Peter has also formed a small leadership group of attorneys with the goal of establishing a dedicated legal team to help integrative functional healthcare practitioners (all licenses and specialties in all states) navigate the minefield of legal/regulatory challenges they face and effectively address the business-related legal issues involved in implementing Personalized Healthcare in their clinical practices.

Peter envisions a team of seasoned lawyers licensed to practice in all U.S. jurisdictions who are well-informed about the diverse legal issues practitioners are confronting; who will pool resources to strengthen the team's capabilities; and whose collective expertise among team members will be able to address any practitioner's legal services need. Team leaders are also evaluating the possibility of offering a pre-paid legal services package for practitioners. Once established, the team will be promoted as "go-to" health freedom lawyers for Personalized Healthcare Professionals.

- Arizona APA Networking Group. Recognizing the need to assist practitioners organize locally, Peter founded an "Arizona Personalized Healthcare Professionals" networking group." Based in Phoenix, the group currently has over 70 members on its roster. IFM's Director of Strategic Development has challenged the group's leaders to structure the Group in a way that benefits members with diverse healthcare licenses and specialties, and which can then be used as a model for establishing similar groups in other states and major metropolitan areas.

- Pastoral Medical Association Advocate. Peter has partnered with Dr. Eric Carter, founder and General Manager of the Pastoral Medical Association (PMA), in marshaling valuable resources for members of PMA's Health Network. PMA is a private ecclesiastical organization committed to restoring biblically-sound "natural healthcare" as a credible and respected means for helping individuals recover from chronic illness and enjoy overall vital mental, physical and spiritual health and well-being. PMA licenses qualified health practitioners, who currently provide Pastoral Science and Medical services to hundreds of thousands of Health Network lay members in the U.S., Canada and many countries worldwide.

- Transformations Clinic Advocate. Peter has also partnered with Al Pirnia, founder and CEO of Transformations Clinic, in promoting the Transformations-360° program through qualified healthcare clinics nationwide. The company's mission is to transform our current disease-care system to one advancing health and wellness; with special focus on diabetes prevention, sustainable weight loss and weaning people off lifestyle induced medications using proprietary programs and products.

  Transformations Clinic trains select healthcare providers on how to help clients address the root cause of their symptoms while educating, energizing and empowering them to adopt correct food habits, control their key wellness markers, and improve their overall wellness index (WICO® Score).

- Local Health & Wellness Initiative. In addition, Peter has recently offered to take a leadership role in a Health & Wellness initiative sponsored by The Center for Spiritual Living (non-denominational) in Prescott, AZ. The goal of the initiative is to raise awareness of "Personalized Healthcare" among residents in the Prescott quad-city metro area.

Marked Law-Related Accomplishments

- Project Management. Peter pioneered establishment of the nationwide "Managing Litigation as a Business" (MLB) initiative and related "Managing Litigation Reference Model" project – groundbreaking collaborative ventures designed to help corporate in-house legal teams manage their companies' risk, disputes and litigation more efficiently and effectively to achieve better outcomes at lower costs and implement continuous improvement programs. Over a 6-year period, Peter developed the agenda, recruited faculty, promoted, designed materials and made all facility arrangements for 20 day-long MLB conferences, which he also moderated.

- Business Development. Recognizing an unmet market need, Peter created and produced 5 annual 2-day "LawPartnering Forums" – the first-of-a kind series of national conferences devoted to promoting understanding and use of strategic partnering business models by corporate law departments and their preferred outside counsel and legal suppliers.

- Professional Training. Twenty years ago, when "marketing" was still considered unprofessional by most law firm leaders, Peter designed and successfully promoted "Selling Skills for Attorneys" training/coaching programs to firms of all sizes nationwide. Peter has trained over 2500 lawyers at all levels of experience how to build strong client relationships and sell their services more effectively in our competitive legal marketplace.

  In the mid-1990s, Peter was engaged as an independent contractor by the Federal Deposit Insurance Corporation and the Resolution Trust Corporation to develop and deliver two- and three-day "Career Transition for Attorneys" coursed for lawyers being release from employment nationwide in the aftermath of the Savings and Loan Crisis.

CURRENT POSITIONS

- Health Freedom Advocate – April 2014 / present.
- President and General Counsel, LawPartnering, Inc. --July 2000 / present
- President, ML Institute, LLC ("Managing Litigation Institute") – June 2008 / present
- Vice President, Law Department Desktop Services, LLC – May 2006 / present

Additional Experience and Education

Formerly:

- Executive Director, Nationwide Career Counseling for Attorneys / Sutherland Hermann Associates
- Director of Training and Special Programs, Jaffe & Associates
- President and Lead Instructor, Jenkins Clary Consultants
- Attorney at Law – public, law firm and independent legal / trial practice
- U.S. Army Reserve Officer, Signal Corps

Special Training and Education:

- Certified Instructor Career Transition, Lee Hecht Harrison
- Certified Instructor of Neuro-Associative Conditioning
- Certified Instructor of the Transcendental Meditation Program
- LLM, Trial Advocacy, Prettyman Fellowship, Georgetown University Law Center
- JD, University of Virginia School of Law; Honors Graduate; Order of the Coif
- B. Management Engr., Rensselaer Polytechnic Institute, Honors Graduate