



OCCUPATIONAL ANALYSIS OF THE
CHIROPRACTOR PROFESSION



OFFICE OF PROFESSIONAL EXAMINATION SERVICES

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OFFICE OF PROFESSIONAL EXAMINATION SERVICES

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This occupational analysis report is mandated by California Business and Professions Code § 139 and by DCA *OPES 22-01 Licensure Examination Validation Policy*.

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 (OA) as part of the Board's comprehensive review of the chiropractor profession in California. The purpose of the OA is to identify critical activities performed by chiropractors in California. The results of this OA provide a description of practice for the chiropractor profession that can then be used to review the national chiropractic examination developed by the National Board of Chiropractic Examiners (NBCE) and to provide a basis for constructing a valid and legally defensible California Chiropractic Law Examination (CCLE).

OPES test specialists began by researching the profession and conducting telephone interviews with licensed chiropractors working throughout California. The purpose of these interviews was to identify the tasks performed by chiropractors and to determine the knowledge required to perform those tasks safely and competently. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed by chiropractors in their profession, along with statements representing the knowledge needed to perform those tasks.

In May 2023, OPES test specialists convened a workshop to review and refine the preliminary lists of tasks and knowledge statements describing chiropractor practice in California. Chiropractors participated in the workshops as subject matter experts (SMEs). The SMEs were from diverse backgrounds in the profession (e.g., work setting, geographic location of practice, years licensed).

After the workshop, OPES test specialists developed a two-part OA questionnaire and convened a second workshop in June 2023 to review and refine the questionnaire. SMEs also linked each task with the knowledge required to perform that task and reviewed demographic questions to be used on the OA questionnaire.

Development of the OA questionnaire included a pilot study that was conducted with a group of SMEs who had participated in either the interviews or the May 2023 or June 2023 workshops. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered in January 2024.

In the first part of the OA questionnaire, chiropractors were asked to provide demographic information related to their practice and work settings. In the second part, chiropractors were asked to rate how often they perform each task in their current practice (Frequency) and how important the task is to effective performance of their current practice (Importance).

In January 2024, on behalf of the Board, OPES sent an email to 776 licensed chiropractors and mailed postcards to 9,549 licensed chiropractors, inviting them to complete the online OA questionnaire.

A total of 1,382 chiropractors, or approximately 13.38% of the chiropractors who received the invitation, responded to the OA questionnaire. The final number of respondents included in the data analysis was 1,299 (12.58%) for the demographic response data and 1,090 (10.55%) for the task response data. This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and working as a chiropractor in California. Second, OPES excluded questionnaires containing a large portion of incomplete responses.

OPES test specialists then performed data analyses on the task ratings obtained from the questionnaire respondents. The task importance and frequency ratings were combined to derive an overall criticality index for each task statement.

After the data were analyzed, OPES test specialists conducted an additional workshop with SMEs in April 2024. The SMEs evaluated the criticality indices and determined whether any tasks or knowledge statements should be eliminated. The SMEs in this group also established the final linkage between tasks and knowledge statements, reviewed the task and knowledge statement content areas, and defined those content areas. The SMEs then evaluated the preliminary content area weights and determined the final weights for the new California chiropractor description of practice and for the CCLE outline.

The description of practice is structured into four content areas weighted relative to the other content areas. The new description of practice identifies the tasks and knowledge critical to competent chiropractor practice in California at the time of licensure.

After the description of practice content areas were finalized, the examination outline used to develop the CCLE was discussed. The SMEs evaluated the task

and knowledge statements from Content Area 4, Laws and Ethics, in the description of practice to determine the CCLE outline. The SMEs then evaluated the preliminary content area weights and determined the final weights for the CCLE outline.

The CCLE outline includes five content areas weighted by criticality relative to the other content areas. The CCLE outline identifies the California-specific tasks and knowledge statements critical to the laws, regulations, and ethics of chiropractic practice in California at the time of licensure.

OVERVIEW OF THE CALIFORNIA CHIROPRACTOR DESCRIPTION OF PRACTICE

Content Area	Content Area Description	Percent Weight
1. Patient Intake History	This area assesses the candidate's knowledge of obtaining and evaluating patient history, including presenting symptoms, risk factors, comorbidities, functionality, and mobility.	30
2. Examination and Assessment	This area assesses the candidate's knowledge of performing physical examinations and assessments to identify and respond to patient emergency situations, develop diagnosis, apply integrative clinical practice, and provide referrals.	30
3. Treatment and Case Management	This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.	20
4. Laws and Ethics	This area assesses the candidate's knowledge of laws and ethics pertaining to patient records, billing, and safety. This area also assesses the candidate's knowledge regarding licensing requirements, scope of practice, professional conduct, and responsibilities.	20
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 (OA) as part of the Board's comprehensive review of the chiropractor profession in California. The purpose of the OA is to identify critical activities performed by chiropractors in California. The results of this OA provide a description of practice for the chiropractor profession that can then be used to review the national chiropractic examination developed by the National Board of Chiropractic Examiners (NBCE) and to provide a basis for constructing a valid and legally defensible California Chiropractic Law Examination (CCLE).

At this time, California licensure as a chiropractor is granted by meeting the educational and experience requirements, by passing the NBCE Parts I, II, III, IV, and Physiotherapy, and by passing the CCLE.

PARTICIPATION OF SUBJECT MATTER EXPERTS

California chiropractors participated as subject matter experts (SMEs) during the OA to ensure that the description of practice directly reflects current chiropractor practice in California. These SMEs represented the profession in terms of work setting, geographic location of practice, and years licensed. The SMEs provided technical expertise and information regarding different aspects of practice through interviews and workshops. During interviews, the SMEs provided information about the tasks involved in practice and the knowledge required to perform those tasks safely and competently. During workshops, the SMEs developed and reviewed the tasks and knowledge statements describing chiropractic practice, organized the tasks and knowledge statements into content areas, evaluated the results of the OA, and developed the description of practice and examination outline.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensure, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purposes of OAs, the following laws and guidelines are authoritative:

- California Business and Professions Code (BPC) § 139.
- 29 Code of Federal Regulations Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978).
- California Fair Employment and Housing Act, Government Code § 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), 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 § 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 chiropractors to contact for telephone interviews. During the semi-structured interviews, eight chiropractors were asked to identify the major content areas of practice and the tasks performed in each area. They were also asked to identify the knowledge necessary to perform each task safely and competently.

TASKS AND KNOWLEDGE STATEMENTS

To develop a preliminary list of tasks and knowledge statements, OPES test specialists integrated the information gathered from literature reviews of profession-related sources (e.g., previous OA reports, articles, industry publications, and laws and regulations) and from interviews with SMEs.

In May 2023 and June 2023, OPES test specialists facilitated two workshops to review and refine the tasks and knowledge statements. Nine SMEs in total from diverse backgrounds (e.g., work setting, geographic location of practice, and years licensed) participated in the workshops. During the workshops, the SMEs evaluated the tasks and knowledge statements for technical accuracy, level of specificity, and comprehensiveness. In addition, the SMEs evaluated the organization of tasks within content areas to ensure that the content areas were independent and non-overlapping.

During the workshops, the SMEs also performed a linkage between the tasks and knowledge statements. The linkage was performed to identify the knowledge required for performance of each task and to verify that each statement of knowledge is important for safe and competent practice as a chiropractor. Additionally, the linkage ensured that all task statements were linked to at least one knowledge statement and that each knowledge statement was linked to at least one task statement.

During the workshops, the SMEs also reviewed proposed demographic questions and evaluated the scales that would be used for rating tasks in an online OA questionnaire to be sent to chiropractors statewide.

OPES used the final list of tasks, demographic questions, and rating scales to develop the online OA questionnaire. To decrease the number of statements on the questionnaire, and therefore the time burden on respondents, OPES test specialists decided to include only the tasks on the questionnaire.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed the online OA questionnaire designed to solicit task ratings by chiropractors. The surveyed chiropractors were instructed to rate how often they perform each task in their current practice (Frequency) and how important each task is to the effective performance of their current practice (Importance). The OA questionnaire also included a demographic section to obtain relevant professional background information about responding chiropractors. In addition, OPES test specialists kept some practice- and education-related questions that were historically included in the chiropractor OA at the Board's request. The OA questionnaire is Appendix E.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was reviewed by the Board and then sent to 12 SMEs who had participated in either the interviews or the workshops. OPES received feedback on the pilot study from all respondents. The SMEs reviewed the tasks and knowledge statements in the questionnaire for technical accuracy and for whether they reflected chiropractic practice. The SMEs also provided the estimated time for completion of the questionnaire, as well as information about online navigation and ease of use. OPES test specialists used this feedback to refine the final questionnaire. The feedback from the pilot study indicated that the length of the questionnaire might deter a number of respondents. In addition, the Board was not able to offer continuing education units for completing the questionnaire, as it had during previous OAs. Therefore, OPES test specialists decided to include only the tasks in the final questionnaire. The questionnaire was available January 2, 2024–January 26, 2024.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In January 2024, on behalf of the Board, OPES sent an email to 776 licensed chiropractors and mailed postcards to 9,549 licensed chiropractors, inviting them to complete the online OA questionnaire. A total of 10,325 invitations were sent licensed chiropractors in California, inviting them to complete the online OA questionnaire. The email invitation and the postcard invitation are Appendix C and Appendix D, respectively.

A total of 1,382 chiropractors, or approximately 13.38% of the chiropractors who received the invitation, responded to the OA questionnaire. The final number of respondents included in the analyses was 1,299 (12.58%) for demographic data and 1,090 (10.55%) for the task response data. This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and working as a chiropractor in California. Second, OPES excluded data from questionnaires with a large portion of incomplete responses. The final respondent sample appears to represent the California chiropractor profession based on the sample's demographic composition.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, 69.4% of respondents reported they had practiced as a chiropractor for more than 20 years, 14.2% reported having practiced as a chiropractor for 11–20 years, 6.2% reported practicing as a chiropractor for 6–10 years, and 6.2% reported they had practiced as a chiropractor for 5 years or less.

Table 2 and Figure 2 show that most respondents reported that their primary work area is urban (56.9%), 31.9% reported working in a suburban area, and 5.2% reported working in a rural area.

Regarding the number of practice locations, 80.8% of respondents reported working in 1 location, 13.8% of respondents reported working in 2–4 locations, and 1.5% of respondents worked in 5 or more locations. (See Table 3 and Figure 3).

Respondents were also asked to describe their primary practice setting. The majority of the respondents (58%) reported working as sole practitioner using

rented office space. Smaller proportions of the respondents reported working in a chiropractic group setting (7.9%), working as a sole practitioner using home office space (7.6%), or working in a multidisciplinary group (7.4%). Additional primary practice settings reported by respondents are shown in Table 4 and Figure 4.

When asked to describe other practitioners working in their place of practice, 30% reported that they work with one or more chiropractors in an office, 28.3% reported working alone with only a front office employee, 23.1% reported working alone with no other employee, 10.9% reported working in an office with other health practitioners, and .1% reported working with a chiropractic intern. (See Table 5 and Figure 5.)

Regarding the hours of work performed per week, 46.3% of respondents reported working 21–39 hours, 23% reported working 40 hours or more, while 17.1% reported that they work 11–20 hours, and 9.4% reported that they work 10 hours or less. (See Table 6 and Figure 6.)

When asked about additional diplomas or certifications they possess, 23.2% of respondents reported chiropractic physical and therapeutic rehabilitation, 9.5% reported diagnostic imaging or radiology, 9% reported sports medicine, and 8.1% reported nutrition. Additional diploma/certification information is shown in Table 7 and Figure 7.

When asked about the treatment category that represented the primary focus of their practice, 68.6% respondents said they performed general chiropractic, 4.9% reported wellness/whole health (health coach), 2.9% reported rehabilitation, and 2.8% reported nutritional/functional health. Additional treatment categories are shown in Table 8 and Figure 8.

When asked about additional California licenses or certifications held, the largest proportion of respondents (25.4%) reported that they held an X-ray Supervisor and Operator license; 2.3% reported that they held an acupuncture license. Additional information about other licenses and certifications held can be found in Table 9 and Figure 9.

More detailed demographic information collected from respondents can be found in Tables 1–10 and Figures 1–9. The results of the additional questions that were included in the questionnaire are Appendix F.

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

YEARS	NUMBER (N)	PERCENT
0–5	80	6.2
6–10	81	6.2
11–20	185	14.2
More than 20	902	69.4
Missing	51	3.9
Total	1,299	99.9*

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

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

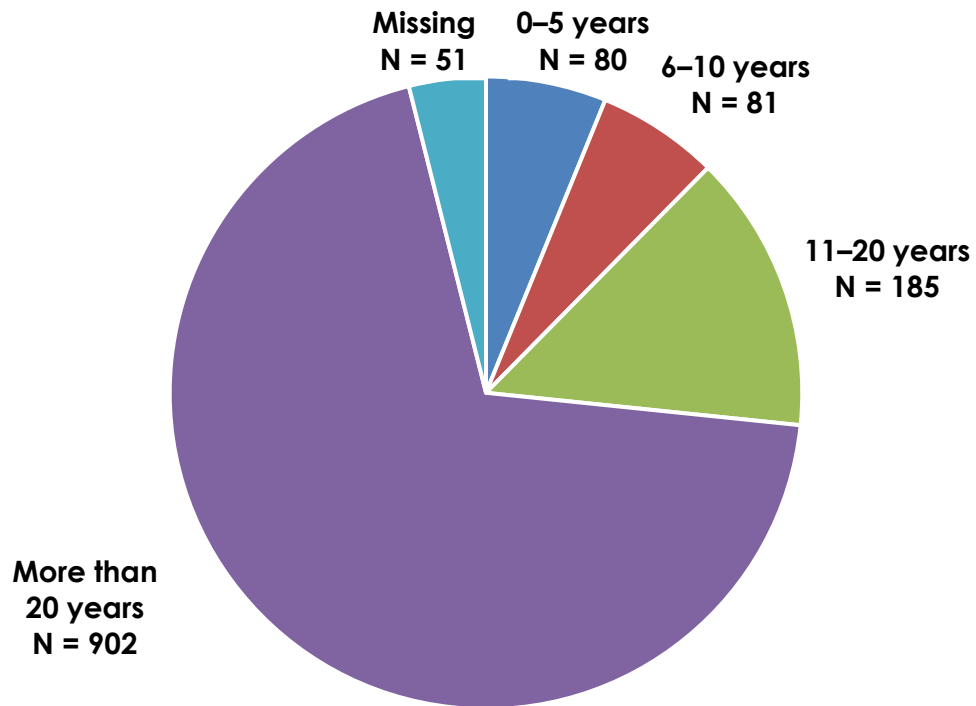


TABLE 2 - PRIMARY PRACTICE LOCATION TYPE

AREA	NUMBER (N)	PERCENT
Urban (more than 100,000 people)	739	56.9
Suburban (less densely populated, typically bordering the city)	414	31.9
Rural (fewer than 10,000 people)	68	5.2
Other	27	2.1
Missing	51	3.9
Total	1,299	100.0

FIGURE 2 - PRIMARY PRACTICE LOCATION TYPE

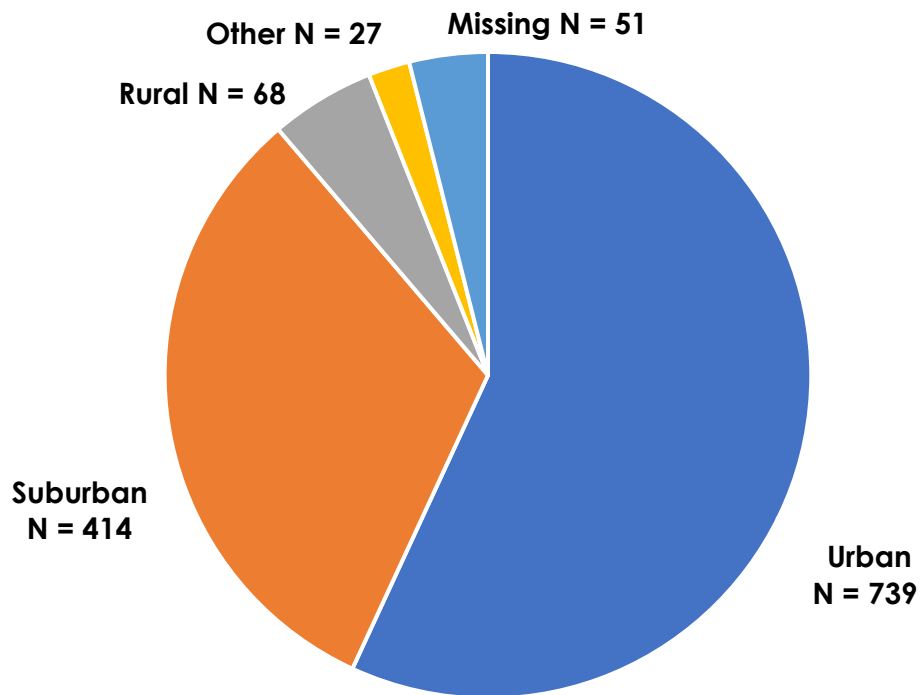


TABLE 3 – NUMBER OF PRACTICE LOCATIONS

LOCATIONS	NUMBER (N)	PERCENT
1	1,050	80.8
2-4	179	13.8
5 or more	20	1.5
Missing	50	3.8
Total	1,299	99.9*

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

FIGURE 3 – NUMBER OF PRACTICE LOCATIONS

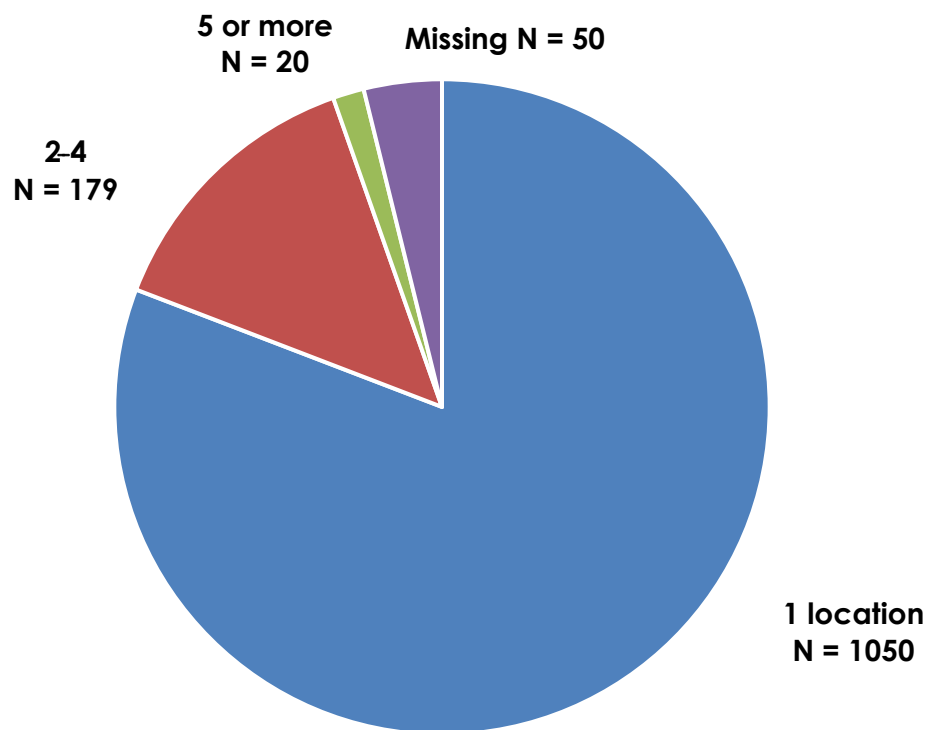


TABLE 4 – PRIMARY PRACTICE SETTING

SETTING	NUMBER (N)	PERCENT
Sole practitioner using rented office space	753	58.0
Chiropractic group	103	7.9
Sole practitioner using home office space	99	7.6
Multidisciplinary group	96	7.4
Chiropractic franchise employee	40	3.1
Chiropractic franchise owner/operator	36	2.8
House calls/home visits	14	1.1
VA Medical Center	8	.6
Sporting events/organizations	3	.2
Chiropractic college	3	.2
Hospital	3	.2
Other	91	7.0
Missing	50	3.8
Total	1,299	99.9*

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

FIGURE 4 – PRIMARY PRACTICE SETTING

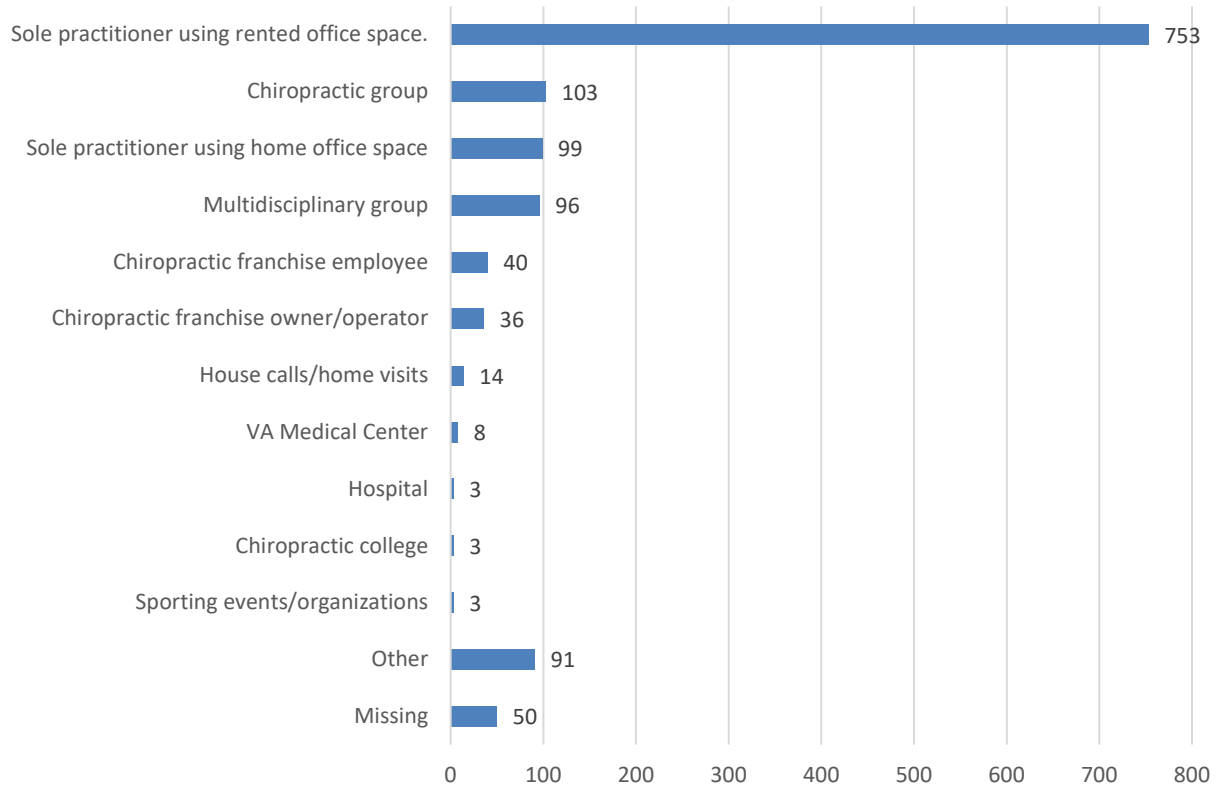


TABLE 5 – OTHER PRACTITIONERS AND EMPLOYEES AT PRACTICE

WORK POSITION	NUMBER (N)	PERCENT
One or more DCs in office	390	30.0
Only DC in office, with front office employee(s)	368	28.3
Only DC in office, no other employees	300	23.1
Shared office with other health practitioners	142	10.9
Junior associate DC/intern	1	.1
Other	45	3.5
Missing	53	4.1
Total	1,299	100.0

FIGURE 5 – OTHER PRACTITIONERS AND EMPLOYEES AT PRACTICE

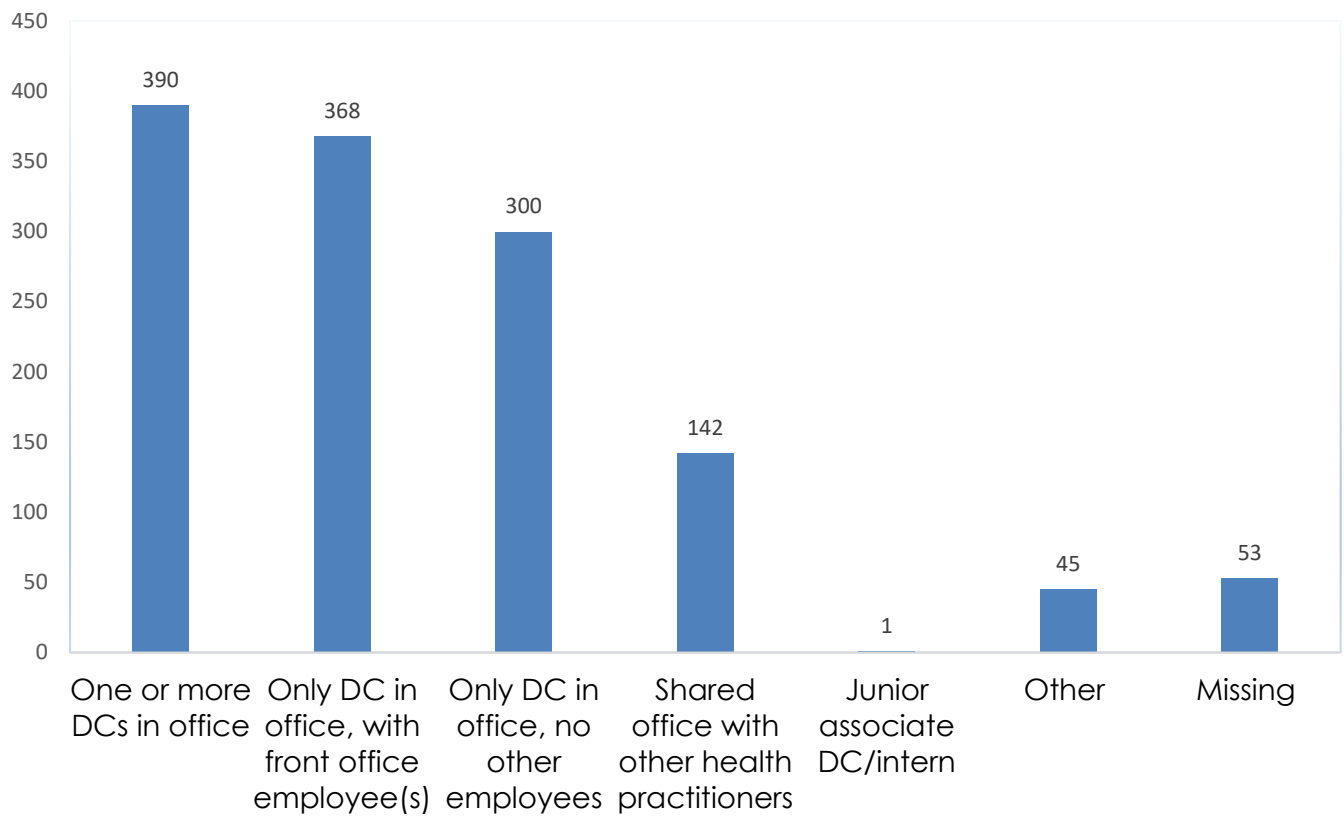


TABLE 6 – HOURS PER WEEK WORKING AS A LICENSED CHIROPRACTOR

HOURS	NUMBER (N)	PERCENT
0–10	122	9.4
11–20	222	17.1
21–39	601	46.3
40 or more	299	23.0
Missing	55	4.2
Total	1,299	100.0

FIGURE 6 – HOURS PER WEEK WORKING AS A LICENSED CHIROPRACTOR

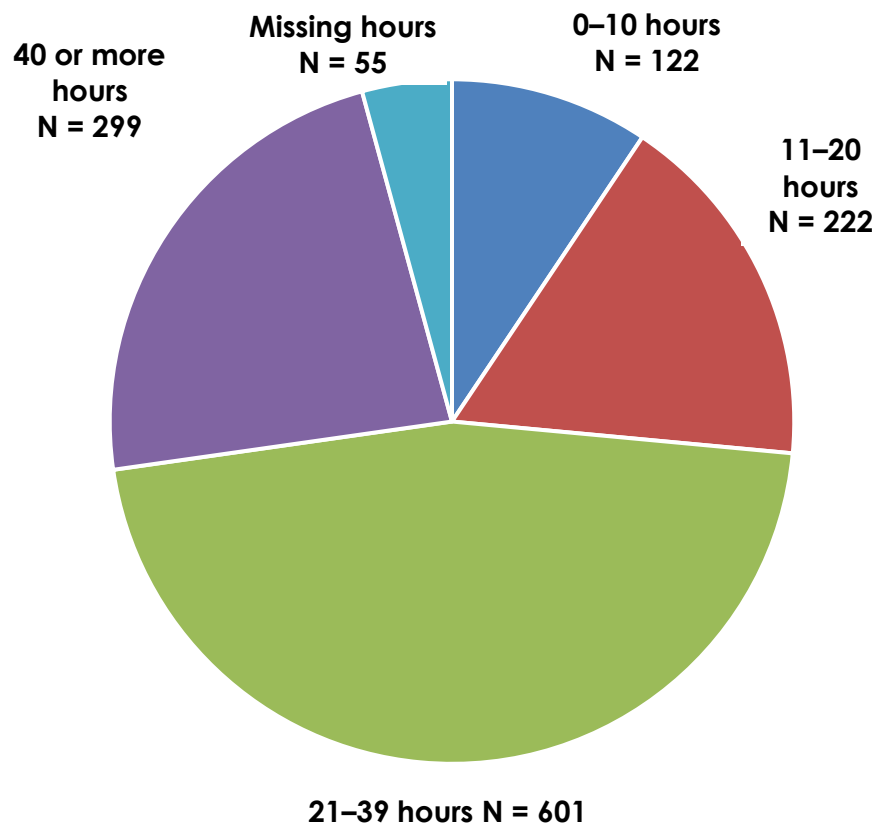


TABLE 7 – ADDITIONAL DIPLOMAS OR CERTIFICATIONS HELD

DIPLOMAS/CERTIFICATIONS	NUMBER (N)	PERCENT*
Chiropractic Physical and Therapeutic Rehabilitation	302	23.2
Diagnostic Imaging or Radiology	124	9.5
Sports Medicine	117	9.0
Nutrition	105	8.1
Strength and Conditioning	59	4.5
Exercise Science	54	4.2
Orthopedics	51	3.9
Chiropractic Pediatrics	47	3.6
Remedial Massage Therapy	37	2.8
Medical Evaluator/Examiner (CME, QME, DOT)	36	2.7
Neurology	32	2.5
Occupational Health	29	2.2
Myofascial Therapies (active release, trigger point, activator, craniosacral/occipital)	27	2.0
Athletic Trainer	22	1.7
Dry Needling	11	0.8
Applied Kinesiology	8	.6
Diagnosis and Internal Disorders	7	.5
Manipulation Under Anesthesia	5	.3
Other	46	3.5

*NOTE: Respondents were asked to select all that apply. Percentages represent the proportion of respondents in the total sample who chose each answer option.

FIGURE 7 – ADDITIONAL DIPLOMAS OR CERTIFICATIONS HELD

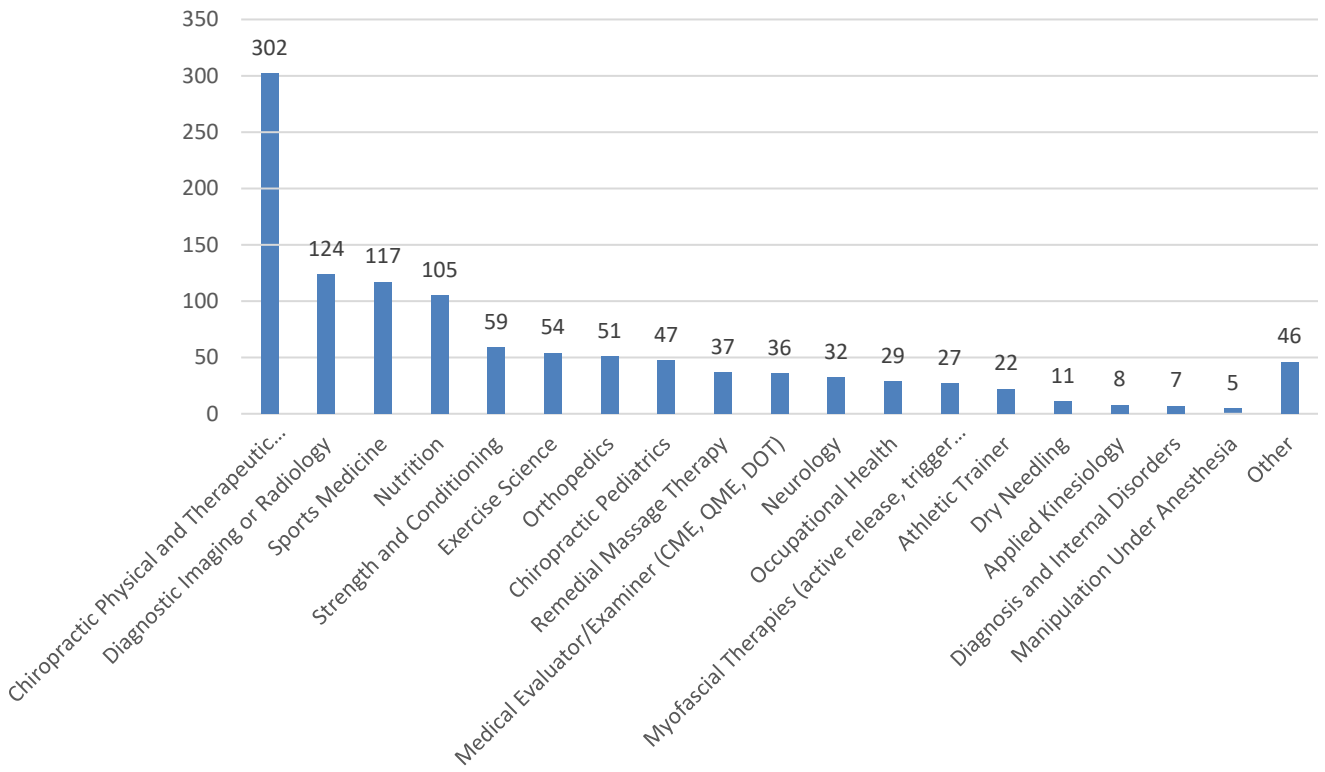


TABLE 8 – TREATMENT CATEGORY THAT BEST DESCRIBES PRIMARY PRACTICE FOCUS

CATEGORY	NUMBER (N)	PERCENT
General	891	68.6
Wellness/Whole health	64	4.9
Rehabilitation	38	2.9
Nutritional/functional health	36	2.8
Spine center	34	2.6
Orthopedics	30	2.3
Occupational health	24	1.8
Sporting teams or athletes	21	.6
QME Assessments	15	1.2
Women's health	12	.9
Geriatrics	12	.9
Pediatrics	8	.6
Neuro center	5	.4
Animal chiropractic (under vet supervision)	4	.3
Preemployment physicals	1	.1
Other	50	3.8
Missing	54	4.2
Total	1,299	100.0

FIGURE 8 – TREATMENT CATEGORY THAT BEST DESCRIBES PRIMARY PRACTICE FOCUS

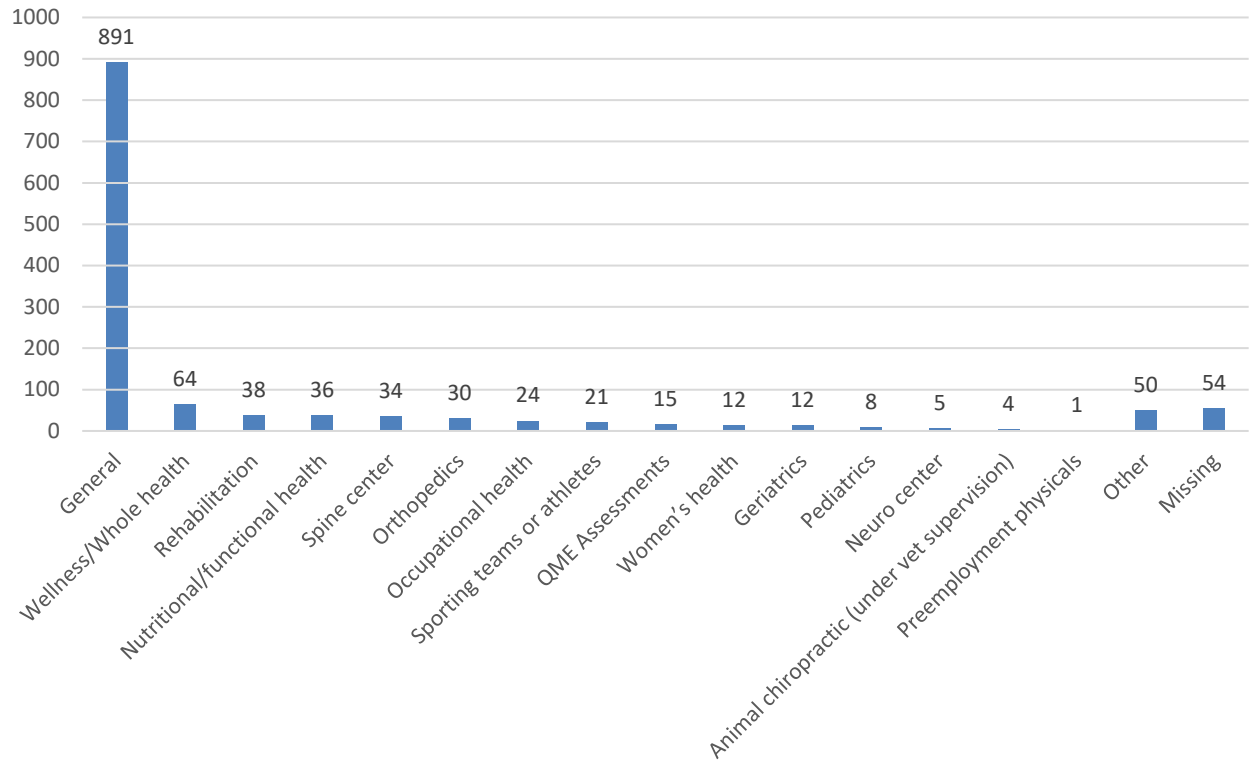


TABLE 9 – OTHER PROFESSIONAL CALIFORNIA LICENSES OR CERTIFICATIONS HELD

OTHER LICENSE/CERTIFICATION	NUMBER (N)	PERCENT
X-ray Supervisor and Operator	330	25.4
Acupuncture	30	2.3
Registered Nurse	5	.4
Physical Therapist	3	.2
Naturopathic Doctor	2	.2
Medical Doctor	1	.1
Other	21	1.6

*NOTE: Respondents were asked to select all that apply. Percentages represent the proportion of respondents in the total sample who chose each answer option.

FIGURE 9 – OTHER PROFESSIONAL CALIFORNIA LICENSES OR CERTIFICATIONS HELD

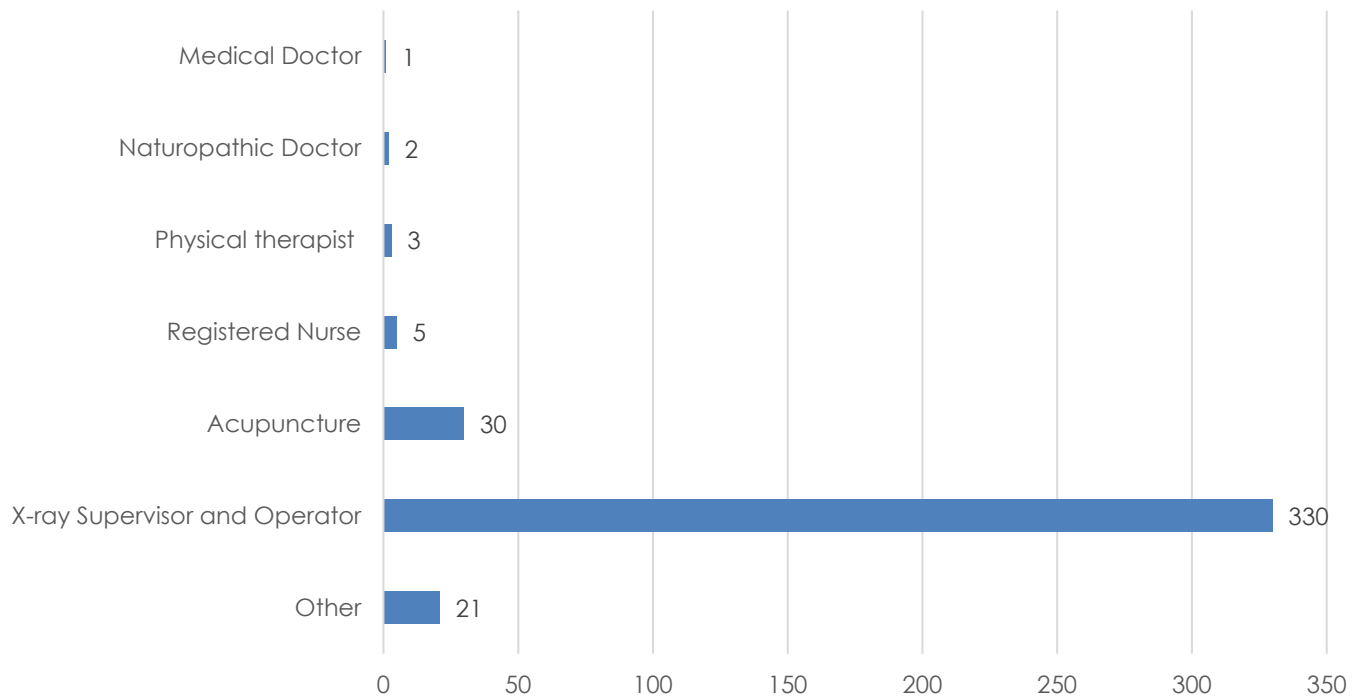


TABLE 10 – RESPONDENTS BY REGION

REGION*	NUMBER	PERCENT
Los Angeles County and Vicinity	440	
San Francisco Bay Area	288	23.18
San Diego County and Vicinity	106	8.53
Riverside and Vicinity	75	6.03
South and Central Coast	82	6.60
North Coast	46	3.70
Sacramento Valley	53	4.26
Sierra Mountain Valley	51	4.10
San Joaquin Valley	81	6.52
Shasta and Cascade	20	1.61
Missing	57	4.58
Total	1,299	100.00

*NOTE: See Appendix A for a more detailed breakdown of the frequencies by region.

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CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task ratings obtained from the questionnaire respondents with a standard index of reliability, coefficient alpha (α), which ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the tasks. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 11 displays the reliability coefficients for the task rating scale in each content area. The ratings of task frequency and task importance across content areas were highly reliable.

TABLE 11 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	α FREQUENCY	α IMPORTANCE
1. Patient History Intake	15	.900	.894
2. Examination and Assessment	22	.924	.928
3. Treatment and Case Management	41	.922	.935
4. Laws and Regulations	27	.884	.900

*NOTE: Reliability was calculated using all tasks in the questionnaire.

TASK CRITICALITY INDICES

To calculate the criticality indices of the tasks, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (F_i) and the importance rating (I_i) for each task. Next, OPES averaged the multiplication products across respondents as shown below:

$$\text{Task criticality index} = \text{mean} [(F_i) \times (I_i)]$$

The tasks included in the survey are Appendix B, which includes their mean frequency and importance ratings and their associated criticality indices displayed in descending order.

OPES test specialists convened a workshop of 13 SMEs in April 2024. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and competent chiropractic practice at the time of licensure. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index to determine whether to establish a cutoff value below which tasks should be eliminated. Based on their review of the relative importance of tasks to chiropractic practice, the SMEs determined that a cutoff value of 1.15 should be set. One task statement, T65, did not meet the cutoff value and was thus excluded from the description of practice along with its corresponding knowledge statement. T65 is highlighted in Appendix B. The exclusion of a task from the description of practice does not mean that the task is not performed in chiropractic practice, only that it was not considered critical for testing relative to other tasks.

CHAPTER 5 | DESCRIPTION OF PRACTICE

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the April 2024 workshop reviewed the preliminary assignments of the tasks and knowledge statements to content areas from the June 2023 workshop.

In further evaluating the tasks and knowledge statements, the SMEs determined that use and maintenance of chiropractic equipment should be specifically addressed. The SMEs developed additional tasks (T106 and T107) and knowledge statements (K168, K169, and K170) to address this topic. The SMEs also developed and added K167 in content area 3 to be linked to T38. In addition, the SMEs developed and added K171 to the Laws and Regulations content area and linked it to T81.

CONTENT AREAS AND WEIGHTS

The SMEs in the April 2024 workshop were also asked to finalize the weights of the content areas that would form the California Chiropractor Description of Practice. OPES test specialists presented the SMEs with preliminary weights of the content areas, which were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

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

The SMEs evaluated the preliminary content area weights in terms of how well they reflected the relative importance of each content area to entry level chiropractic practice in California. Through discussion, the SMEs determined that adjustments to the preliminary weights were necessary to more accurately reflect the relative importance of each area to chiropractic practice.

The weights of content areas Patient History Intake and Examination and Assessment were increased. The weights of content areas Treatment and Case Management and Laws and Regulations were decreased.

A summary of the preliminary and final content area weights is presented in Table 12.

TABLE 12 – DESCRIPTION OF PRACTICE CONTENT AREA WEIGHTS

CONTENT AREA	PERCENT PRELIMINARY WEIGHTS	PERCENT FINAL WEIGHTS
Patient History Intake	16.76	30
Examination and Assessment	22.95	30
Treatment and Case Management	29.20	20
Laws and Regulations	31.09	20
Total	100	100

The SMEs reviewed the content areas and wrote descriptions for each content area. They organized the tasks and knowledge statements into subareas within each content area and distributed the content area weight across the subareas. The content areas, subareas, and associated weights were then finalized and provide the basis of the chiropractor description of practice. The SMEs did not create any subareas for Content Area 4, Laws and Regulations, but they renamed it Laws and Ethics.

A summary of the preliminary and final content area weights including the subareas is presented in Table 13. The final California Chiropractor Description of Practice is presented in Table 14.

TABLE 13 – DESCRIPTION OF PRACTICE CONTENT AREA AND SUBAREA WEIGHTS

CONTENT AREA	PERCENT PRELIMINARY WEIGHTS	PERCENT FINAL WEIGHTS
1. Patient History Intake	16.76	30
1.1 Chief Complaints		15
1.2 Medical History		10
1.3 Review of Systems		5
2. Examination and Assessment	22.95	30
2.1 Objective Assessments		20
2.2 Working Diagnosis		10
3. Treatment and Case Management	29.20	20
3.1 Treatment Plan		10
3.2 Adjunctive Therapies		3
3.3 Durable Medical Equipment and Supplies		3
3.4 Strategic Lifestyle Management		3
3.5 Use and Maintenance of Chiropractic Equipment		1
4. Laws and Ethics	31.09	20
Total	100	100

TABLE 14 – CALIFORNIA CHIROPRACTOR DESCRIPTION OF PRACTICE

Content Area 1. Patient History Intake (30%)

This area assesses the candidate's knowledge of obtaining and evaluating patient history, including presenting symptoms, risk factors, comorbidities, functionality, and mobility.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
1.1 Chief Complaints (15%)	T1. Interview patient to determine chief complaint, relevant history, and symptoms related to chief complaint.	K1. Knowledge of interview techniques for obtaining health history.
	T2. Obtain gender as identified by patient.	K2. Knowledge of obtaining and documenting gender of patients.
	T3. Document identity of guardian, interpreter, or caretaker who is participating in the clinical encounter.	K3. Knowledge of documenting details of other individuals participating in the clinical encounter.
	T4. Interview patient regarding characteristics of chief complaint.	K4. Knowledge of the Onset, Palliative, Provocative, Prior, Progression, Quality, Radiating, Severity, Timing (OPQRST) method for evaluating characteristics of chief complaints.
	T5. Interview patient regarding characteristics of any related complaints, including spine and joints.	K5. Knowledge of methods to obtain information about any related complaints including spine and joints.
	T6. Interview patient regarding current health and management of existing medical conditions.	K6. Knowledge of the relationship of patient's current health to chief complaint and other medical conditions.

Content Area 1. Patient History Intake (30%), continued

This area assesses the candidate's knowledge of obtaining and evaluating patient history, including presenting symptoms, risk factors, comorbidities, functionality and mobility.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
1.2 Medical History (10%)	T7. Interview patient regarding any diagnostic studies, treatments, and medications related to present complaint.	K7. Knowledge of methods to obtain information about diagnostic studies, treatments, and medications related to present complaint.
	T8. Interview patient regarding any diagnostic studies, treatments, and medications related to previous conditions.	K8. Knowledge of methods to obtain information about diagnostic studies, surgeries, hospitalizations, treatments, and medications related to previous conditions.
	T9. Interview patient regarding past and present medical history (e.g., hospitalization, surgery, illness, trauma, allergy) and previous chiropractic care.	K9. Knowledge of methods to obtain information about previous chiropractic care.
	T10. Interview patient regarding past and present family medical history.	K10. Knowledge of family history and its relationship to chief complaint and other complaints. K11. Knowledge of patient's current and past lifestyle behaviors and their relationship to chief complaint and other complaints.

Content Area 1. Patient History Intake (30%), continued

This area assesses the candidate's knowledge of obtaining and evaluating patient history, including presenting symptoms, risk factors, comorbidities, functionality, and mobility.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
1.2 Medical History (10%), continued	T12. Interview patient regarding biopsychosocial history (e.g., social activities, diet, smoking, drinking, steroid use, recreational drug use, exercise, mental health).	K25. Knowledge of interview techniques for obtaining biopsychosocial history.
	T15. Obtain and review past medical records and the results of previously performed diagnostic imaging and tests (e.g., MRI, CT, EMG/NCV).	K29. Knowledge of obtaining and reviewing medical records and results of prior diagnostic studies.

Content Area 1. Patient History Intake (30%), continued

This area assesses the candidate's knowledge of obtaining and evaluating patient history, including presenting symptoms, risk factors, comorbidities, functionality, and mobility.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
1.3 Review of Systems (5%)	T11. Interview patient regarding review of systems (e.g., musculoskeletal, neurological, cardiovascular).	K12. Knowledge of anatomy, physiology, and pathology of endocrine system. K13. Knowledge of anatomy, physiology, and pathology of allergy/immunological system. K14. Knowledge of anatomy, physiology, and pathology of cardiovascular system. K15. Knowledge of anatomy, physiology, and pathology of neurological system. K16. Knowledge of anatomy, physiology, and pathology of integumentary system. K17. Knowledge of anatomy, physiology, and pathology of reproductive system. K18. Knowledge of anatomy, physiology, and pathology of respiratory system. K19. Knowledge of anatomy, physiology, and pathology of musculoskeletal system. K20. Knowledge of anatomy, physiology, and pathology of gastrointestinal system. K21. Knowledge of anatomy, physiology, and pathology of genitourinary system. K22. Knowledge of anatomy, physiology, and pathology of Eye, Ear, Nose, Throat (EENT) systems K23. Knowledge of anatomy, physiology, and pathology of hematologic and lymphatic systems. K24. Knowledge of the interrelationship between body systems.

Content Area 2. Examination and Assessment (30%)

This area assesses the candidate's knowledge of performing physical examinations and assessments to identify and respond to patient emergency situations, develop diagnosis, apply integrative clinical practice, and provide referrals.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
2.1 Objective Assessments (20%)	T13. Select outcome assessment tools to obtain baseline of pain and disability.	K26. Knowledge of administering and interpreting outcome assessment tools. K27. Knowledge of patient's current and past history of ability to complete activities of daily living (ADLs) and its relationship to disability.
	T14. Select outcome assessment tools to obtain baseline of functionality and mobility.	K26. Knowledge of administering and interpreting outcome assessment tools. K27. Knowledge of patient's current and past history of ability to complete activities of daily living (ADLs) and its relationship to disability.
	T16. Obtain patient height, weight, and vital signs (i.e., temperature, blood pressure).	K28. Knowledge of outcome assessment tools to measure treatment efficacy. K30. Knowledge of methods for obtaining patient height and weight. K31. Knowledge of techniques for obtaining vital signs.
	T17. Determine whether patient requires urgent or emergency care.	K32. Knowledge of examinations for assessing patient for abnormalities. K33. Knowledge of signs and symptoms of conditions requiring urgent or emergency care.

Content Area 2. Examination and Assessment (30%), continued

This area assesses the candidate's knowledge of performing physical examinations and assessments to identify and respond to patient emergency situations, develop diagnosis, apply integrative clinical practice, and provide referrals.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
2.1 Objective Assessments (20%), continued	T18. Assess cognitive status of patient to aid in diagnosis.	K34. Knowledge of indicators of mental health disorders (e.g., PTSD, bipolar disorder). K35. Knowledge of indicators of cognitive disorders (e.g., dementia, concussion, TBI). K36. Knowledge of physical effects of mental health conditions on the human body
	T19. Assess presenting posture, gait, and mobility of patient to aid in diagnosis.	K37. Knowledge of clinical interpretation of patient posture. K38. Knowledge of evaluation of posture, gait, and mobility.
	T20. Assess posture of patient to identify areas of asymmetry.	K37. Knowledge of clinical interpretation of patient posture. K38. Knowledge of evaluation of posture, gait, and mobility.
	T21. Assess comorbidities of patient to determine modifications to examination procedures and assessments.	K39. Knowledge of signs and symptoms of comorbidity. K40. Knowledge of comorbidities and their effects on examination procedures and assessments
	T22. Examine patient with observation and circumferential measurements to identify muscle atrophy.	K41. Knowledge of circumferential measurement techniques and interpretation.

Content Area 2. Examination and Assessment (30%), continued

This area assesses the candidate's knowledge of performing physical examinations and assessments to identify and respond to patient emergency situations, develop diagnosis, apply integrative clinical practice, and provide referrals.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
2.1 Objective Assessments (20%), continued	T28. Perform examination of neurological and pathological reflexes (e.g., deep tendon reflexes, sensation testing, etc.)	K48. Knowledge of dermatomal sensory testing and interpretation. K49. Knowledge of pathological reflexes testing and interpretation.
	T29. Perform balance and coordination tests to assess proprioception and identify abnormalities	K50. Knowledge of performing balance and coordination tests to assess for proprioception.
	T30. Determine whether imaging tests are indicated (e.g., radiography, CT, MRI).	K51. Knowledge of conditions that indicate ordering imaging tests.
2.2 Working Diagnosis (10%)	T31. Determine whether additional tests (e.g., blood, urinalysis, EMG/NCV) are indicated.	K52. Knowledge of conditions that indicate ordering EMG/NCV, and other muscle or nerve related tests. K53. Knowledge of conditions that indicate ordering blood, urinalysis, and other laboratory tests.
	T32. Read and interpret laboratory and imaging test results.	K54. Knowledge of clinical interpretation of blood tests and urinalysis. K55. Knowledge of clinical interpretation of radiographic images.

Content Area 2. Examination and Assessment (30%), continued

This area assesses the candidate's knowledge of performing physical examinations and assessments to identify and respond to patient emergency situations, develop diagnosis, apply integrative clinical practice, and provide referrals.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
2.2 Working Diagnosis (10%), continued	T33. Develop working diagnosis and differential diagnosis by reviewing history, examination, imaging, and other test results.	K56. Knowledge of clinical interpretation of diagnostic imaging reports (e.g., MRI, diagnostic ultrasound, CT). K57. Knowledge of interpretation of EMG and NCV reports, and other muscle or nerve related tests. K58. Knowledge of developing a working diagnosis and a differential diagnosis.
	T34. Assess and determine any conditions or disability factors and limitations on Activity of Daily Living (ADL).	K59. Knowledge of disability factors and limitations on ADLs K60. Knowledge of disability factors influencing Activity of Daily Living (ADL), ergonomics, and recreational activities.
	T35. Determine if diagnosed conditions can be treated within chiropractic scope of practice.	K61. Knowledge of risk factors and contraindications to chiropractic care. K62. Knowledge of preexisting conditions, including surgery, and their potential effect on chiropractic treatments.
	T36. Assess the existence of risk factors and contraindications to chiropractic care and other modalities.	K61. Knowledge of risk factors and contraindications to chiropractic care. K62. Knowledge of preexisting conditions, including surgery, and their potential effect on chiropractic treatments.

Content Area 2. Examination and Assessment (30%), continued

This area assesses the candidate's knowledge of performing physical examinations and assessments to identify and respond to patient emergency situations, develop diagnosis, apply integrative clinical practice, and provide referrals.

2.2 Working Diagnosis (10%), continued	T37. Identify conditions that require referral to other health care providers or specialists for consultation or co-management.	K63. Knowledge of symptoms and indicators of medical conditions that require referrals to other health care providers or specialists.
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Content Area 3. Treatment and Case Management (20%)

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.1 Treatment Plan (10%)	T38. Determine treatment plan based on assessment and clinical impression.	K64. Knowledge of implementing treatment plans for chiropractic care. K167. Knowledge of implementing short- and long-term goals.
	T39. Review findings, and discuss with patient: diagnosis, prognosis, associated risks, treatment, and case management options.	K65. Knowledge of material risks of chiropractic treatments. K66. Knowledge of interpretation of examination findings, diagnosis, prognosis, and associated risks, related to chiropractic treatment.
	T40. Perform chiropractic manipulation and adjustments to optimize neurological, biomechanical functions and to reduce pain.	K67. Knowledge of joint adjustment and manipulation techniques for various conditions. K68. Knowledge of procedures for operating chiropractic tables.
	T41. Perform instrument-assisted chiropractic adjustments to optimize neurological, and biomechanical functions and to reduce pain.	K69. Knowledge of procedures for using instruments that assist in chiropractic adjustment.

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.1 Treatment Plan (10%), continued	T74. Collaborate with other health care practitioners to co-manage patient's condition.	K116. Knowledge of strategies for coordinating patient care with other health care providers. K117. Knowledge of treatment options available from other health care providers.
	T75. Evaluate treatment efficacy to determine next course of treatment.	K118. Knowledge of indications for modifying chiropractic treatment plans.
	T76. Create complete and legible documentation of the initial and returning patient case history, examination findings, diagnostic assessments, and treatments.	K119. Knowledge of creating detailed comprehensive case history of patient conditions for future reference.
	T77. Provide first aid (e.g., CPR, AED) in the case of an emergency.	K120. Knowledge of procedures for administering first aid and other emergency procedures

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.2 Adjunctive Therapies (3%), continued	T42. Perform spinal traction to improve mechanical and neurological functions, and to reduce pain.	K70. Knowledge of adjunctive therapies indicated for various conditions. K71. Knowledge of indications for manual and mechanical spinal traction therapies. K72. Knowledge of procedures for operating spinal traction equipment.
	T43. Perform spinal decompression to improve disc integrity and to reduce pain.	K73. Knowledge of indications for spinal decompression therapies. K74. Knowledge of procedures for operating spinal decompression equipment.
	T44. Perform neuromuscular reeducation to improve proprioception and balance and to reduce pain.	K75. Knowledge of implementation of neuromuscular reeducation.
	T45. Apply sensory therapy (e.g., wobble board, vibrational platform) to improve proprioception and balance.	K76. Knowledge of indications for sensory therapy use.

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.2 Adjunctive Therapies (3%), continued	T46. Apply cold therapy to reduce pain, swelling, and inflammation.	K77. Knowledge of indications for cold therapy use.
	T47. Apply topicals for pain management.	K78. Knowledge of topicals for pain management.
	T48. Apply heat therapy to improve circulation and to reduce pain, swelling, and inflammation.	K79. Knowledge of indications for heat therapy use.
	T49. Perform cold laser treatment for pain management.	K80. Knowledge of indications for cold laser therapy use. K81. Knowledge of procedures for operating cold laser equipment.

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.2 Adjunctive Therapies (3%), continued	T50. Perform therapeutic ultrasound therapy to reduce pain, swelling, and inflammation.	K82. Knowledge of indications for therapeutic ultrasound use. K83. Knowledge of procedures for operating therapeutic ultrasound equipment.
	T51. Perform passive myofascial release therapy (e.g., mobilization, trigger point) to reduce pain and improve range of motion.	K84. Knowledge of application of active and passive myofascial release therapies.
	T52. Apply instrument-assisted soft tissue mobilization to reduce muscle spasm and pain.	K85. Knowledge of procedures for using instruments for soft tissue mobilization.
	T53. Perform manual massage therapy to reduce pain and improve range of motion.	K86. Knowledge of application of manual massage therapy to reduce pain and improve range of motion.
	T54. Perform mechanical (e.g., chair, percussive, orbital) massage therapy to reduce pain and to improve range of motion.	K87. Knowledge of procedures for using mechanical massage therapy devices to reduce pain and improve range of motion.

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.2 Adjunctive Therapies (3%), continued	T55. Perform active exercises to improve strength and range of motion.	K88. Knowledge of implementation of therapeutic exercises.
	T56. Perform passive stretching to improve range of motion.	K89. Knowledge of passive range of motion stretching.
	T57. Apply other procedures (i.e., PNF, PIR) to reduce muscle spasm and pain.	K90. Knowledge of procedures for performing non manipulative techniques for reducing pain and spasms.
	T58. Apply cupping therapy to improve soft tissue function and manage pain.	K91. Knowledge of cupping therapy for pain management.
	T59. Apply electrical modalities (e.g., EMS, IFC, HVG, microcurrent) to reduce muscle spasm and pain.	K92. Knowledge of indications for use of electrical modalities. K93. Knowledge of procedures for operating electric stimulation equipment.

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.2 Adjunctive Therapies (3%), continued	T61. Use kinesiology taping for pain control.	K96. Knowledge of indications for use of therapeutic taping. K97. Knowledge of procedures for application of therapeutic taping.
3.3 Durable Medical Equipment and Supplies (3%)	T60. Provide recommendations for orthopedic supports (e.g., braces, splints, taping) for immobilization and compression. T62. Provide recommendations for orthotics to improve foot function.	K94. Knowledge of indications for use of orthopedic support devices. K95. Knowledge of procedures for application of orthopedic support. K98. Knowledge of indications for use of orthotics. K99. Knowledge of procedures for application of orthotics.

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.4 Strategic Lifestyle Management (3%)	T64. Provide durable medical equipment (e.g., crutches, canes) to assist with mobility	K101. Knowledge of indications for administering Durable Medical Equipment. K102. Knowledge of applications of Durable Medical Equipment.
	T63. Provide recommendations for managing disability factors and restrictions on activities of daily living (ADL).	K100. Knowledge of patient's current and past history of ability to complete activities of daily living (ADL) and their relationship to disability.
	T66. Provide recommendations on self-care strategies.	K104. Knowledge of implementing self-care strategies.
	T67. Provide recommendations on healthy lifestyle behaviors. (e.g., sleeping, smoking cessation, alcohol use).	K105. Knowledge of smoking cessation education. K106. Knowledge of effects of caffeine consumption on health. K107. Knowledge of effects of aberrant sleep patterns on health. K108. Knowledge of effects of alcohol consumption on health. K109. Knowledge of effects of recreational and common drugs on health.

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.4 Strategic Lifestyle Management (3%), continued	T68. Provide recommendations for a home exercise program (HEP).	K110. Knowledge of therapeutic home exercise program (HEP).
	T69. Provide recommendations on posture.	K111. Knowledge of the application of posture corrections.
	T70. Provide recommendations on ergonomics.	K112. Knowledge of the application of ergonomic corrections.
	T71. Provide recommendations on diet and nutrition.	K113. Knowledge of effects of nutrition and diet on health.
	T72. Provide recommendations on nutritional supplements.	K114. Knowledge of effects of nutritional supplements on health.
	T73. Provide recommendations on relaxation techniques for stress reduction.	K115. Knowledge of relaxation techniques.

Content Area 3. Treatment and Case Management (20%), continued

This area assesses the candidate's knowledge of evaluating assessment findings to develop a diagnosis and treatment plan with short- and long-term goals for chiropractic treatments including the use of physiotherapy modalities and healthy lifestyle counseling. This area also evaluates the candidate's knowledge of monitoring and evaluating patient response to treatment at follow-up visits and modifying treatment plans based on evaluation results.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
3.5 Use and Maintenance of Chiropractic Equipment (1%)	T106. Adhere to selecting evidence-based approved equipment for chiropractic treatments.	K168. Knowledge of critical evaluation of current research literature on chiropractic equipment. K169. Knowledge of indications and contraindications for use of chiropractic equipment.
	T107. Evaluate and change Electric Muscle Stimulation (EMS) electrode pads to prevent patient harm.	K170. Knowledge of procedures for inspecting and changing Electric Muscle Stimulation (EMS) electrode pads.
	T78. Perform hygiene and sanitization of equipment and office.	K121. Knowledge of procedures for maintaining hygiene and for sanitizing equipment and office.

Content Area 4. Laws and Ethics (20%)

This area assesses the candidate's knowledge of laws and ethics pertaining to patient records, billing, and safety. This area also assesses the candidate's knowledge regarding licensing requirements, scope of practice, professional conduct, and responsibilities.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T79. Obtain oral and written informed consent from patient in accordance with laws and regulations.	K122. Knowledge of laws and regulations regarding informed consent.
T80. Document assessments and treatments in patient records in accordance with laws and regulations.	K123. Knowledge of laws and regulations for documenting patient history, complaint, diagnosis/analysis and treatment.
T81. Sign and date patient records in accordance with laws and regulations.	K171. Knowledge of laws and regulations regarding signing and dating patient records. K124. Knowledge regarding patient addendums to records.
T82. Adhere to laws and regulations regarding treating patients with occupational injuries or illnesses.	K125. Knowledge of laws and regulations regarding patients with occupational injuries or illnesses.
T83. Adhere to laws and regulations regarding billing, billing codes, and documentation.	K126. Knowledge of laws and regulations regarding accountable and accurate billings. K127. Knowledge of documentation requirements (i.e., billing codes) for insurance reimbursement. K128. Knowledge of procedures for receiving insurance reimbursement.

Content Area 4. Laws and Ethics (20%), continued

This area assesses the candidate's knowledge of laws and ethics pertaining to patient records, billing, and safety. This area also assesses the candidate's knowledge regarding licensing requirements, scope of practice, professional conduct, and responsibilities.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T84. Maintain patient records in accordance with laws and regulations.	K129. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
T85. Maintain confidentiality of patient records in accordance with laws and regulations.	K130. Knowledge of legal requirements of the Health Insurance Portability and Accountability Act (HIPAA). K131. Knowledge of laws and regulations regarding confidentiality of patient records and test results.
T86. Release patient records in accordance with laws and regulations.	K131. Knowledge of laws and regulations regarding confidentiality of patient records and test results. K132. Knowledge of laws and regulations regarding release of minor and adult patient records.
T87. Adhere to laws and regulations regarding ownership and management of a chiropractic practice.	K133. Knowledge of laws and regulations regarding use of chiropractic title. K134. Knowledge of laws and regulations regarding chiropractic specialty designations. K135. Knowledge of laws and regulations for maintaining accurate licensee name and address with the Board of Chiropractic Examiners.

Content Area 4. Laws and Ethics (20%), continued

This area assesses the candidate's knowledge of laws and ethics pertaining to patient records, billing, and safety. This area also assesses the candidate's knowledge regarding licensing requirements, scope of practice, professional conduct, and responsibilities.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T88. Adhere to laws and regulations regarding ownership and management of chiropractic businesses and corporations.	K136. Knowledge of laws and regulations regarding managing chiropractic businesses and corporations. K137. Knowledge of laws and regulations regarding transfer of ownership upon death or incapacity of a licensed chiropractor.
T89. Adhere to laws and regulations regarding professional conduct.	K138. Knowledge of laws and regulations of ethical standards for professional conduct in a chiropractic setting.
T90. Adhere to laws and regulations regarding sexual contact, conduct, and relationships between chiropractor and patient.	K139. Knowledge of laws and regulations regarding sexual contact, conduct, and relationships between chiropractor and patient.
T91. Ensure that employees, and other persons subject to the supervision of the chiropractor adhere to laws regarding sexual intimacy within the practice premises.	K140. Knowledge of laws and regulations regarding conduct by employees and other persons supervised by the chiropractor. K141. Knowledge of laws and regulations regarding sexual misconduct by employees and other persons in chiropractic offices.

Content Area 4. Laws and Ethics (20%), continued

This area assesses the candidate's knowledge of laws and ethics pertaining to patient records, billing, and safety. This area also assesses the candidate's knowledge regarding licensing requirements, scope of practice, professional conduct, and responsibilities.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T92. Ensure employees and other persons subject to the supervision of the chiropractor adhere to laws within the practice premises.	K140. Knowledge of laws and regulations regarding conduct by employees and other persons supervised by the chiropractor. K142. Knowledge of laws and regulations regarding supervision of unlicensed individuals. K143. Knowledge of laws and regulations regarding inducing students to practice chiropractic.
T93. Adhere to laws and regulations regarding advertising of chiropractic services.	K144. Knowledge of laws and regulations regarding advertising. K145. Knowledge of laws and regulations regarding chiropractic advertising, misrepresentation, and false claims.
T94. Adhere to laws and regulations regarding discounted fees and services.	K146. Knowledge of laws and regulations regarding discounted fees and services. K147. Knowledge of laws and regulations regarding advertising of free or discounted services.
T95. Adhere to laws and regulations regarding referral of patients.	K148. Knowledge of laws and regulations regarding referrals and rebates. K149. Knowledge of laws and regulations regarding soliciting of referrals that benefit the interests of family or self.

Content Area 4. Laws and Ethics (20%), continued

This area assesses the candidate's knowledge of laws and ethics pertaining to patient records, billing, and safety. This area also assesses the candidate's knowledge regarding licensing requirements, scope of practice, professional conduct, and responsibilities.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T96. Report known or suspected abuse of patients by contacting relevant agency in accordance with laws and regulations.	K150. Knowledge of laws for mandatory reporting as required for suspected abuse of children, elders, or dependent adults. K151. Knowledge of mandated reporting procedures regarding suspected abuse of children, elders, or dependent adults. K152. Knowledge of mandated reporting procedures regarding firearm injuries and assaultive action.
T97. Adhere to laws and regulations regarding radiographic imaging.	K153. Knowledge of laws and regulations regarding radiographic imaging.
T98. Adhere to laws and regulations regarding use of lasers for chiropractic treatment.	K154. Knowledge of laws and regulations regarding use of lasers for chiropractic treatment.
T99. Adhere to laws and regulations regarding chiropractic manipulation under anesthesia	K155. Knowledge of laws and regulations regarding use of anesthesia for chiropractic manipulation
T100. Adhere to laws and regulations regarding chiropractic practice in writing a disabled parking request.	K156. Knowledge of laws and regulations regarding certifying for a disabled parking request.
T101. Adhere to laws and regulations regarding chiropractic practice in signing a death certificate.	K157. Knowledge of laws and regulations regarding signing a death certificates.

Content Area 4. Laws and Ethics (20%), continued

This area assesses the candidate's knowledge of laws and ethics pertaining to patient records, billing, and safety. This area also assesses the candidate's knowledge regarding licensing requirements, scope of practice, professional conduct, and responsibilities.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T102. Adhere to laws and regulations regarding display of certificate to practice.	K158. Knowledge of laws and regulations regarding displaying of certificate to practice. K159. Knowledge of laws and regulations regarding filing and displaying certificates for satellite offices.
T103. Adhere to laws that define chiropractic scope of practice.	K160. Knowledge of laws and regulations regarding professional treatment standards. K161. Knowledge of laws and regulations regarding excessive treatments.
T104. Comply with continuing education requirements to develop and maintain professional competence.	K162. Knowledge of laws and regulations regarding continuing education requirements to maintain chiropractor license.
T105. Recognize actions that could result in disciplinary actions by the Board of Chiropractic Examiners, and comply with laws and regulations.	K163. Knowledge of laws and regulations regarding reporting violations of the Chiropractic Initiative Act and California Code of Regulations. K164. Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California chiropractor license. K165. Knowledge of laws and regulations regarding mental illness and illness affecting chiropractor competency. K166. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.

CHAPTER 6 | CALIFORNIA CHIROPRACTIC LAW EXAMINATION (CCLE) OUTLINE

The SMEs who participated in the April 2024 workshop were asked to develop an examination outline for the CCLE by reviewing the Laws and Ethics content area from the description of practice. The SMEs then created content areas, wrote descriptions for each, and determined in which subarea the tasks and knowledge statements belonged.

CONTENT AREAS AND WEIGHTS

The SMEs in the April 2024 workshop were also asked to determine the weights for the content areas on the CCLE. After the SMEs identified the CCLE outline tasks, knowledge statements, and determined the content areas, OPES test specialists performed calculations to determine the preliminary weights of the content areas. The content area preliminary weights were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks.

The SMEs adjusted the preliminary weights based on what they perceived as the relative importance of the tasks' content to the laws, regulations, and ethics of chiropractor practice in California.

They organized the tasks and knowledge statements into subareas within each content area and distributed the content area weight across the subareas. The content areas, subareas, and associated weights were then finalized and provide the basis of the California Chiropractic Law Examination.

A summary of the preliminary and final content area weights for the CCLE outline is presented in Table 15. The proposed CCLE outline is presented in Table 16. The tasks and knowledge statements have been renumbered.

TABLE 15 – CALIFORNIA CHIROPRACTIC LAW EXAMINATION CONTENT AREA AND SUBAREA WEIGHTS

CONTENT AREA	PERCENT PRELIMINARY WEIGHTS	PERCENT FINAL WEIGHTS
1. Recordkeeping, Billing, and Reporting	37	31
1.1 Patient Records	27	18
1.2 Billing Codes and Laws	8	9
1.3 Mandated Reporting	2	4
2. Office Management and Workplace Conduct	26	25
2.1 Administrative Aspects	16	14
2.2 Professional Boundaries	10	11
3. Advertising, Discounts, and Referrals	12	14
4. Professional Practice	7	10
5. Professional Responsibilities	18	20
Total	100	100

TABLE 16 – CALIFORNIA CHIROPRACTIC LAW EXAMINATION OUTLINE

Content Area 1. Recordkeeping, Billing, And Reporting (31%)

This content area assesses the candidate's understanding and application of the legal and ethical requirements regarding informed consent, documentation, recordkeeping, release of records, confidentiality, billing, and mandated reporting.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
1.1 Patient Records (18%)	T1. Obtain oral and written informed consent from patient in accordance with laws and regulations	K1. Knowledge of laws and regulations regarding informed consent.
	T2. Document assessments and treatments in patient records in accordance with laws and regulations.	K2. Knowledge of laws and regulations for documenting patient history, complaint, diagnosis/analysis and treatment.
	T3. Sign and date patient records in accordance with laws and regulations.	K3. Knowledge of laws and regulations regarding signing and dating patient records. K4. Knowledge regarding patient addendums to records.
	T4. Maintain patient records in accordance with laws and regulations.	K5. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
	T5. Maintain confidentiality of patient records in accordance with laws and regulations.	K6. Knowledge of legal requirements of the Health Insurance Portability and Accountability Act (HIPAA). K7. Knowledge of laws and regulations regarding confidentiality of patient records and test results.

Content Area 1. Recordkeeping, Billing And Reporting (31%), continued

This content area assesses the candidate's understanding and application of the legal and ethical requirements regarding informed consent, documentation, recordkeeping, release of records, confidentiality, billing, and mandated reporting.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
1.1 Patient Records (18%), continued	T6. Release patient records in accordance with laws and regulations.	K7. Knowledge of laws and regulations regarding confidentiality of patient records and test results. K8. Knowledge of laws and regulations regarding release of minor and adult patient records.
1.2 Billing Codes and Laws (9%)	T7. Adhere to laws and regulations regarding treating patients with occupational injuries or illnesses. T8. Adhere to laws and regulations regarding billing, billing codes, and documentation.	K9. Knowledge of laws and regulations regarding patients with occupational injuries or illnesses. K10. Knowledge of laws and regulations regarding accountable and accurate billings. K11. Knowledge of documentation requirements (i.e., billing codes) for insurance reimbursement. K12. Knowledge of procedures for receiving insurance reimbursement.
1.3 Mandated Reporting (4%)	T9. Report known or suspected abuse of patients by contacting relevant agency in accordance with laws and regulations.	K13. Knowledge of laws for mandatory reporting as required for suspected abuse of children, elders, or dependent adults. K14. Knowledge of mandated reporting procedures regarding suspected abuse of children, elders, or dependent adults. K15. Knowledge of mandated reporting procedures regarding firearm injuries and assaultive action.

Content Area 2. Office Management and Workplace Conduct (25%)

This content area assesses the candidate's knowledge of California legal and ethical requirements related to managing chiropractic offices, supervision of staff and assistants, and maintaining professional and personal conduct.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
2.1 Administrative Aspects (14%)	T10. Adhere to laws and regulations regarding ownership and management of a chiropractic practice.	K16. Knowledge of laws and regulations regarding use of chiropractic title. K17. Knowledge of laws and regulations regarding chiropractic specialty designations. K18. Knowledge of laws and regulations for maintaining accurate licensee name and address with the Board of Chiropractic Examiners.
	T11. Adhere to laws and regulations regarding ownership and management of chiropractic businesses and corporations.	K19. Knowledge of laws and regulations regarding managing chiropractic businesses and corporations. K20. Knowledge of laws and regulations regarding transfer of ownership upon death or incapacity of a licensed chiropractor.

Content Area 2. Office Management and Workplace Conduct (25%), continued

This content area assesses the candidate's knowledge of California legal and ethical requirements related to managing chiropractic offices, supervision of staff and assistants, and maintaining professional and personal conduct.

<i>Subarea</i>	<i>Tasks</i>	<i>Associated Knowledge Statements</i>
2.1 Administrative Aspects (14%), continued	T12. Ensure employees and other persons subject to the supervision of the chiropractor adhere to laws within the practice premises.	K21. Knowledge of laws and regulations regarding conduct by employees and other persons supervised by the chiropractor.
		K22 Knowledge of laws and regulations regarding supervision of unlicensed individuals.
		K23 Knowledge of laws and regulations regarding inducing students to practice chiropractic.
2.2 Professional Boundaries (11%)	T13. Ensure that employees, and other persons subject to the supervision of the chiropractor adhere to law regarding sexual intimacy within the practice premises.	K21. Knowledge of laws and regulations regarding conduct by employees and other persons supervised by the chiropractor.
		K.24. Knowledge of laws and regulations regarding sexual misconduct by employees and other persons in chiropractic offices.
	T14. Adhere to laws and regulations regarding sexual contact, conduct, and relationships between chiropractor and patient.	K25. Knowledge of laws and regulations regarding sexual contact, conduct, and relationships between chiropractor and patient.
	T15. Adhere to laws and regulations regarding professional conduct.	K26. Knowledge of laws and regulations of ethical standards for professional conduct in a chiropractic setting.

Content Area 3. Advertising, Discounts, and Referrals (14%)

This content area assesses the candidate's understanding and application of the legal and ethical requirements regarding advertising and providing discounts for chiropractic services and referring patients without personal benefit.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T16. Adhere to laws and regulations regarding advertising of chiropractic services.	K27. Knowledge of laws and regulations regarding advertising. K28. Knowledge of laws and regulations regarding chiropractic advertising, misrepresentation, and false claims.
T17. Adhere to laws and regulations regarding discounted fees and services.	K29. Knowledge of laws and regulations regarding discounted fees and services. K30. Knowledge of laws and regulations regarding advertising of free or discounted services.
T18. Adhere to laws and regulations regarding referral of patients.	K31. Knowledge of laws and regulations regarding referrals and rebates. K32. Knowledge of laws and regulations regarding soliciting of referrals that benefit the interests of family or self.

Content Area 4. Professional Practice (10%)

This area assesses the candidate's understanding and application of the legal and ethical requirements regarding professional standards related to the chiropractic profession in California.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T19. Adhere to laws and regulations regarding radiographic imaging.	K33. Knowledge of laws and regulations regarding radiographic imaging.
T20. Adhere to laws and regulations regarding use of lasers for chiropractic treatment.	K34. Knowledge of laws and regulations regarding use of lasers for chiropractic treatment.
T21. Adhere to laws and regulations regarding chiropractic manipulation under anesthesia.	K35. Knowledge of laws and regulations regarding use of anesthesia for chiropractic manipulation.
T22. Adhere to laws and regulations regarding chiropractic practice in writing a disabled parking request.	K36. Knowledge of laws and regulations regarding certifying for a disabled parking request.
T23. Adhere to laws and regulations regarding chiropractic practice in signing a death certificate.	K37. Knowledge of laws and regulations regarding signing a death certificates.

Content Area 5. Professional Responsibilities (20%)

This area assesses the candidate's knowledge of legal and ethical requirements related to the scope of the chiropractic profession in California.

<i>Tasks</i>	<i>Associated Knowledge</i>
T24. Adhere to laws and regulations regarding display of certificate to practice.	K38. Knowledge of laws and regulations regarding displaying of certificate to practice. K39. Knowledge of laws and regulations regarding filing and displaying certificates for satellite offices.
T25. Adhere to laws that define chiropractic scope of practice.	K40. Knowledge of laws and regulations regarding professional treatment standards. K41. Knowledge of laws and regulations regarding excessive treatments.
T26. Comply with continuing education requirements to develop and maintain professional competence.	K42. Knowledge of laws and regulations regarding continuing education requirements to maintain chiropractor license.
T27. Recognize actions that could result in disciplinary actions by the Board of Chiropractic Examiners, and comply with laws and regulations.	K43. Knowledge of laws and regulations regarding reporting violations of the Chiropractic Initiative Act and California Code of Regulations. K44. Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California chiropractor license. K45. Knowledge of laws and regulations regarding mental illness and illness affecting chiropractor competency. K46. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.

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CHAPTER 7 | CONCLUSION

The OA of the chiropractor profession described in this report provides a comprehensive description of current chiropractor practice in California. The procedures employed to perform the OA were based on a content validation strategy to ensure that the results accurately represent chiropractor practice.

Results of this OA provide information regarding current practice that can be used to review the National Board of Chiropractic Examiners Examination and to develop a valid and legally defensible California Chiropractic Law Examination (CCLE).

Use of the CCLE Outline contained in this report ensures that the Board is compliant with BPC § 139.

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

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APPENDIX A | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	280
Orange	160
Total	440

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	49
Contra Costa	39
Marin	24
Napa	8
San Francisco	30
San Mateo	37
Santa Clara	72
Santa Cruz	18
Solano	11
Total	288

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	26
Kern	20
Kings	1
Merced	3
San Joaquin	19
Stanislaus	10
Tulare	2
Total	81

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	12
Lake	1
Sacramento	31
Sutter	3
Yolo	5
Yuba	1
Total	53

SAN DIEGO AND VICINITY

County of Practice	Frequency
Imperial	1
San Diego	105
Total	106

SHASTA AND CASCADE

County of Practice	Frequency
Lassen	1
Modoc	1
Plumas	2
Shasta	11
Siskiyou	2
Tehama	3
Total	20

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	43
San Bernardino	32
Total	75

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Amador	2
Calaveras	1
El Dorado	9
Inyo	1
Mariposa	1
Mono	1
Nevada	11
Placer	20
Tuolumne	5
Total	51

NORTH COAST

County of Practice	Frequency
Del Norte	2
Humboldt	7
Mendocino	3
Sonoma	34
Total	46

SOUTH/CENTRAL COAST

County of Practice	Frequency
Monterey	13
San Benito	1
San Luis Obispo	12
Santa Barbara	22
Ventura	34
Total	82

APPENDIX B | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA
IN DESCENDING ORDER

Content Area 1: Patient History Intake

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
1	Interview patient to determine chief complaint, relevant history, and symptoms related to chief complaint.	4.71	4.78	22.77
4	Interview patient regarding characteristics of chief complaint.	4.70	4.70	22.42
5	Interview patient regarding characteristics of any related complaints, including spine and joints.	4.64	4.56	21.56
7	Interview patient regarding any diagnostic studies, treatments, and medications related to present complaint.	4.47	4.41	20.22
9	Interview patient regarding past and present medical history (e.g., hospitalization, surgery, illness, trauma, allergy) and previous chiropractic care.	4.44	4.31	19.73
6	Interview patient regarding current health and management of existing medical conditions.	4.39	4.28	19.37
11	Interview patient regarding review of systems (e.g., musculoskeletal, neurological, cardiovascular).	4.18	4.05	17.69
8	Interview patient regarding any diagnostic studies, treatments, and medications related to previous conditions.	4.13	3.97	17.27

Content Area 1: Patient History Intake, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
12	Interview patient regarding biopsychosocial history (e.g., social activities, diet, smoking, drinking, steroid use, recreational drug use, exercise, mental health).	3.91	3.73	15.63
15	Obtain and review past medical records and the results of previously performed diagnostic imaging and tests (e.g., MRI, CT, EMG/NCV).	3.75	3.81	15.24
10	Interview patient regarding past and present family medical history.	3.79	3.40	13.89
14	Select outcome assessment tools to obtain baseline of functionality and mobility.	3.52	3.43	13.57
13	Select outcome assessment tools to obtain baseline of pain and disability.	3.50	3.37	13.33
3	Document identity of guardian, interpreter, or caretaker who is participating in the clinical encounter.	3.11	3.22	12.00
2	Obtain gender as identified by patient.	3.36	2.61	10.67

Content Area 2: Examination and Assessment

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
35	Determine if diagnosed conditions can be treated within chiropractic scope of practice.	4.56	4.59	21.43
36	Assess the existence of risk factors and contraindications to chiropractic care and other modalities.	4.49	4.61	21.24
25	Assess biomechanics of spine and extremities (e.g., palpation, muscle tone, joint mobility).	4.56	4.41	20.65
37	Identify conditions that require referral to other health care providers, or specialists for consultation or co-management.	4.16	4.43	18.98
19	Assess presenting posture, gait, and mobility of patient to aid in diagnosis.	4.35	4.16	18.76
17	Determine whether patient requires urgent or emergency care.	3.93	4.57	18.71
33	Develop working diagnosis and differential diagnosis by reviewing history, examination, imaging, and other test results.	4.23	4.19	18.71
24	Assess active and passive range of motion.	4.28	4.09	18.23

Content Area 2: Examination and Assessment, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
30	Determine whether imaging tests are indicated (e.g., radiography, CT, MRI).	4.11	4.17	17.92
26	Perform focal orthopedic and neurologic examinations to assess for abnormalities	4.12	4.11	17.82
20	Assess posture of patient to identify areas of asymmetry.	4.19	3.96	17.43
21	Assess comorbidities of patient to determine modifications to examination procedures and assessments.	3.85	3.83	15.74
34	Assess and determine any conditions or disability factors and limitations on activity of daily living (ADLs).	3.68	3.67	14.71
28	Perform examination of neurological and pathological reflexes (e.g., deep tendon reflexes, sensation testing, etc.) to assess for abnormalities.	3.57	3.71	14.48
32	Read and interpret laboratory and imaging test results.	3.49	3.78	14.46
16	Obtain patient height, weight, and vital signs (i.e., temperature, blood pressure).	3.70	3.38	13.84

Content Area 2: Examination and Assessment, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
23	Perform muscle strength testing to assess for abnormalities.	3.49	3.52	13.73
18	Assess cognitive status of patient to aid in diagnosis.	3.40	3.58	13.63
29	Perform balance and coordination tests to assess proprioception and to identify abnormalities.	3.28	3.49	12.77
31	Determine whether additional tests (e.g., blood, urinalysis, EMG/NCV) are indicated.	2.88	3.16	10.68
27	Perform examination of systems (e.g., EENT, abdominal, cardiorespiratory, etc.) to assess for abnormalities.	2.44	2.76	8.10
22	Observe patient and take circumferential measurements to identify muscle atrophy.	2.28	2.76	7.60

Content Area 3: Treatment and Case Management

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
40	Perform chiropractic manipulation and adjustments to optimize neurological and biomechanical functions and to reduce pain.	4.59	4.56	21.56
38	Determine treatment plan based on assessment and clinical impression.	4.44	4.34	19.84
39	Review findings, and discuss with patient: diagnosis, prognosis, associated risks, treatment, and case management options.	4.38	4.34	19.66
78	Perform hygiene and sanitization of equipment and office.	4.35	4.27	19.30
76	Create complete and legible documentation of the initial and returning patient case history, examination findings, diagnostic assessments, and treatments.	4.36	4.22	19.08
55	Provide recommendations to perform active exercises to improve strength and range of motion.	4.13	4.06	17.55
75	Evaluate treatment efficacy to determine next course of treatment.	4.06	4.14	17.45

Content Area 3: Treatment and Case Management, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
66	Provide recommendations on self-care strategies.	4.01	3.94	16.72
68	Provide recommendations for a home exercise program (HEP).	3.91	3.87	16.15
69	Provide recommendations on posture.	3.90	3.86	16.14
67	Provide recommendations on healthy lifestyle behaviors (e.g., sleeping, smoking cessation, alcohol use).	3.84	3.85	15.82
70	Provide recommendations on ergonomics.	3.58	3.65	14.22
51	Perform passive myofascial release therapy (e.g., mobilization, trigger point) to reduce pain and to improve range of motion.	3.49	3.41	13.61
71	Provide recommendations on diet and nutrition.	3.36	3.55	13.25
41	Perform instrument-assisted chiropractic adjustments to optimize neurological and biomechanical function and to reduce pain.	3.13	3.34	12.87

Content Area 3: Treatment and Case Management, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
56	Perform passive stretching to improve range of motion.	3.23	3.28	12.30
44	Perform neuromuscular reeducation to improve proprioception and balance and to reduce pain.	3.09	3.29	12.12
63	Provide recommendations for managing disability factors and restrictions on activities of daily living (ADLs).	3.18	3.31	11.89
74	Collaborate with other health care practitioners to co-manage patient's condition.	2.88	3.35	10.99
73	Provide recommendations on relaxation techniques for stress reduction.	2.95	3.14	10.90
42	Perform spinal traction to improve mechanical and neurological function, and to reduce pain.	2.66	2.91	10.04
53	Perform manual massage therapy to reduce pain and improve range of motion.	2.68	2.74	9.93
72	Provide recommendations on nutritional supplements.	2.75	2.97	9.88
52	Apply instrument-assisted soft tissue mobilization to reduce muscle spasm and pain.	2.44	2.51	8.72
46	Apply cold therapy to reduce pain, swelling, and inflammation.	2.43	2.72	8.62

Content Area 3: Treatment and Case Management, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
60	Provide recommendations for orthopedic supports (e.g., braces, splints, taping) for immobilization and compression.	2.53	2.77	8.36
48	Apply heat therapy to improve circulation and to reduce pain, swelling, and inflammation.	2.35	2.34	7.87
57	Apply other procedures (i.e., PNF, PIR) to reduce muscle spasm and pain.	2.12	2.33	7.61
59	Apply electrical modalities (e.g., EMS, IFC, HVG, microcurrent) to reduce muscle spasm and pain.	2.03	2.09	7.11
43	Perform spinal decompression to improve disc integrity and to reduce pain.	1.80	2.23	6.73
54	Perform mechanical (e.g., chair, percussive, orbital) massage therapy to reduce pain and to improve range of motion.	1.88	1.94	6.36
62	Provide recommendations for orthotics to improve foot function.	1.93	2.33	6.13
47	Apply topicals for pain management	2.02	1.99	6.00
45	Apply sensory therapy (e.g., wobble board, vibration platform) to improve proprioception and balance.	1.70	2.13	5.78

Content Area 3: Treatment and Case Management

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
50	Perform therapeutic ultrasound therapy to reduce pain, swelling, and inflammation.	1.53	1.73	5.14
61	Use kinesiology taping for pain control	1.63	1.94	5.01
77	Provide first aid (e.g., CPR, AED) in the event of an emergency.	1.08	3.48	4.62
49	Perform cold laser treatment for pain management.	1.09	1.34	3.75
64	Provide durable medical equipment (e.g., crutches, canes) to assist with mobility.	.9563	1.56	2.76
58	Apply cupping therapy to improve soft tissue function and manage pain.	.6279	.8651	1.89
65	Perform extracorporeal shockwave therapy to reduce pain and to improve range of motion.	.3482	.6113	1.15

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

Content Area 4: Laws and Regulations

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
90	Adhere to laws and regulations regarding sexual contact, conduct, and relationships between chiropractor and patient.	4.73	4.83	23.15
89	Adhere to laws and regulations regarding professional conduct.	4.76	4.79	23.01
85	Maintain confidentiality of patient records in accordance with laws and regulations.	4.77	4.69	22.58
84	Maintain patient records in accordance with laws and regulations.	4.73	4.61	22.07
104	Comply with continuing education requirements to develop and maintain professional competence.	4.74	4.60	22.06
103	Adhere to laws that define chiropractic scope of practice.	4.69	4.63	22.05
79	Obtain oral and written informed consent from patient in accordance with laws and regulations.	4.68	4.60	21.86
80	Document assessments and treatments in patient record in accordance with laws and regulations.	4.68	4.52	21.46

Content Area 4: Laws and Regulations, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
105	Recognize actions that could result in disciplinary actions by the Board of Chiropractic Examiners and comply with laws and regulations.	4.45	4.64	21.10
87	Adhere to laws and regulations regarding ownership and management of a chiropractic practice.	4.47	4.47	20.95
81	Sign and date patient records in accordance with laws and regulations.	4.58	4.39	20.64
83	Adhere to laws and regulations regarding billing, billing codes, and documentation.	4.39	4.38	20.48
102	Adhere to laws and regulations regarding display of certificate to practice.	4.63	4.32	20.48
95	Adhere to laws and regulations regarding referral of patients.	4.31	4.40	19.72
88	Adhere to laws and regulations regarding ownership and management of chiropractic businesses and corporations.	4.15	4.17	19.28
86	Release patient records in accordance with laws and regulations.	4.04	4.50	18.73

Content Area 4: Laws and Regulations, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
91	Ensure that employees, and other persons subject to the supervision of the chiropractor, adhere to laws regarding sexual intimacy within the practice premises.	3.71	4.13	17.98
92	Ensure that employees and other persons subject to the supervision of the chiropractor, adhere to laws within the practice premises.	3.72	4.05	17.83
94	Adhere to laws and regulations regarding discounted fees and services.	3.90	4.04	17.72
82	Adhere to laws and regulations regarding treating patients with occupational injuries or illnesses.	3.75	3.90	17.26
82	Adhere to laws and regulations regarding treating patients with occupational injuries or illnesses.	3.75	3.90	17.26
97	Adhere to laws and regulations regarding radiographic imaging.	2.88	3.46	13.39
96	Report known or suspected abuse of patients by contacting relevant agency in accordance with laws and regulations.	2.28	4.33	10.68

Content Area 4: Laws and Regulations, continued

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
100	Adhere to laws and regulations regarding chiropractic practice in writing a disabled parking request.	2.27	3.40	9.90
98	Adhere to laws and regulations regarding use of lasers for chiropractic treatment.	1.77	2.36	7.94
101	Adhere to laws and regulations regarding chiropractic practice in signing a death certificate.	.4398	1.14	1.98
99	Adhere to laws and regulations regarding chiropractic manipulation under anesthesia.	.4251	1.21	1.94

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APPENDIX C | QUESTIONNAIRE EMAIL INVITATION



2024 Chiropractic Occupational Analysis Questionnaire

Message from the State Board of Chiropractic Examiners



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS
1625 N. Market Blvd., Suite N-327, Sacramento, CA 95834
P (916) 263-6356 | Toll-Free (866) 543-1311 | F (916) 327-0039 | www.chiro.ca.gov



Dear Licensed Doctor of Chiropractic,

The Board of Chiropractic Examiners (Board) is conducting an occupational analysis (OA) of the chiropractic profession in California. As part of this process, you have been selected to complete this survey as a member of a group of licensed doctors of chiropractic who collectively represent the profession based on geographic location, years of experience, and practice specialty. Your participation in the OA survey is essential to this process.

This survey was developed by test specialists from the Office of Professional Examination Services with the participation of licensed doctors of chiropractic serving as subject matter experts (SMEs). The survey is a part of a study of the profession, called an occupational analysis, which also identifies competencies that will provide the basis for developing future licensure examinations. The results will be used to describe the current practice of chiropractic in California.

The survey will take approximately 45–60 minutes to complete. You do not need to complete the survey in a single session. You can exit the survey and return to it later if you access it from the same computer and use the same browser. Before you exit, be certain to complete the page that you are on. The survey saves responses only from fully completed pages.

Your responses will be kept confidential. Individual responses will be combined with responses from other chiropractors, and only group data will be analyzed.

The survey weblink will be available 24/7 and you can complete the survey any time before the deadline of January 26, 2024.

Thank you, on behalf of the Board of Chiropractic Examiners, for completing this survey. We value your contributions and appreciate your dedication to the chiropractic profession in California!

Sincerely,

Kristin Walker
Executive Officer
Board of Chiropractic Examiners

APPENDIX D | QUESTIONNAIRE POSTCARD INVITATION

Dear

The Board of Chiropractic Examiners (Board) is conducting an occupational analysis (OA) of the chiropractic profession in California. You have been selected to complete an important survey.

The survey is a part of the OA, which identifies competencies that will provide the basis for developing future licensure examinations in California.



We understand that your time is valuable. However, your participation in the survey is essential to this process. Your responses will be kept confidential.

The survey weblink will be available 24/7. Please complete it by January 26, 2024. It will take approximately 45 to 60 minutes to complete.

Use the following link or scan the QR Code below to access the survey:
<https://www.surveymonkey.com/r/BCEOA24>

We value your contributions and appreciate your dedication to the chiropractic profession in California!

Sincerely,
Kristin Walker
Executive Officer
Board of Chiropractic Examiners

  DPS23-1994 12/23

APPENDIX E | QUESTIONNAIRE



2024 Chiropractic Occupational Analysis Questionnaire

Part I - Personal Data

Complete this survey only if you are currently licensed and have worked as a D.C. in California within the last 12 months.

The Board recognizes that every licensed chiropractor may not perform all of the tasks contained in this survey. Your participation, however, is essential to the success of this study.

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of analyzing the data from this survey.

* 1. Are you currently practicing in California as a licensed chiropractor?

Yes

No



Part I - Personal Data

2. How many years have you been practicing in California as a licensed chiropractor?

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

3. What location describes your primary work setting?

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

4. In how many practice settings/clinical locations do you work as a chiropractor?

- 1
- 2-4
- 5 or more

5. How would you describe your primary practice setting?

- Hospital
- VA Medical Center
- House calls/home visits
- Chiropractic group
- Chiropractic college
- Multidisciplinary group
- Sporting events/organizations
- Chiropractic franchise owner/operator
- Chiropractic franchise employee
- Sole practitioner using home office space
- Sole practitioner using rented office space
- Other (please specify)

6. Which of the following best describes your position in the office where you work?

- One or more DCs in office
- Only DC in office, no other employees
- Only DC in office, with front office employee(s)
- Shared office with other health practitioners
- Junior associate DC/intern
- Other (Please specify)

7. How many hours per week do you work as a licensed chiropractor?

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

8. Which of the following diplomas/certifications (if any) do you possess? (Click all that may apply)

- Chiropractic Physical and Therapeutic Rehabilitation
- Dry Needling
- Chiropractic Pediatrics
- Diagnosis and Internal Disorders
- Diagnostic Imaging or Radiology
- Occupational Health
- Neurology
- Orthopedics
- Nutrition
- Sports Medicine
- Athletic Trainer
- Exercise Science
- Strength and Conditioning
- Remedial Massage Therapy
- Other (please specify)

9. Which of the following areas does the majority of your work involve?

- General
- Geriatrics
- Pediatrics
- Orthopedics
- Rehabilitation
- Spine center
- Neuro center
- Women's health
- Occupational health
- Nutritional / functional health
- Wellness / Whole health (health coach)
- QME Assessments
- Pre-employment physicals
- Sporting teams or athletes
- Animal chiropractic (under vet supervision)
- Other (please specify)

10. Which of the following practice categories does the majority of your work involve? (Click all that apply)

- Cash-based practice
- Worker's compensation
- Auto accident injury medical lien
- Health insurance (HMO/PPD/Medicare)
- Other (please specify)

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

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

- Yes
- No

If 'No', please specify

13. Do you hold any other California professional licenses/certifications?(Click all that may apply)

- Acupuncture
- Physical Therapist
- Medical Doctor
- Osteopathic Doctor
- Doctor of Podiatric Medicine
- Naturopathic Doctor
- Registered Nurse
- Occupational Therapist
- X-ray Supervisor and Operator
- Other CA professional licenses/certifications:



Part I - Personal Data

14. In what California county do you perform most of your work?

- 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



Part II - Rating Job Tasks

INSTRUCTIONS FOR RATING TASKS

This part of the survey lists 105 tasks. Please rate each task as it relates to your current job as a Chiropractor.

Rate the tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating options, and then select the value that applies to your current job. Your frequency and importance ratings should be separate and independent. The ratings that you assign on one rating scale should not influence the ratings that you assign on the other rating scale.

If the task is not part of your current job, rate the task "0" (zero) frequency and "0" (zero) importance. Use the following scales to rate each task statement.

FREQUENCY SCALE

HOW OFTEN do you perform this task in your current job? Consider all of the tasks you have performed over the past year and make your judgment relative to all other tasks you perform.

0 - DOES NOT APPLY. I do not perform this task in my current job.

1 - RARELY. I perform this task the least often in my current job relative to other tasks I perform.

2 - SELDOM. I perform this task less often than most other tasks I perform in my current job.

3 - REGULARLY. I perform this task as often as other tasks I perform in my current job.

4 - OFTEN. I perform this task more often than most other tasks I perform in my current job.

5 - VERY OFTEN. This task is one of the tasks I perform most often in my current job relative to other tasks I perform.

IMPORTANCE RATING

HOW IMPORTANT are these tasks in the performance of your current job?

0 - NOT IMPORTANT; DOES NOT APPLY TO MY JOB. I do not perform this task in my current job.

1 - OF MINOR IMPORTANCE. This task is of minor importance for effective performance in my current job.

2 - FAIRLY IMPORTANT. This task is fairly important for effective performance in my current job.

3 - MODERATELY IMPORTANT. This task is moderately important for effective performance in my current job.

4 - VERY IMPORTANT. This task is very important for effective performance in my current job.

5 - CRITICALLY IMPORTANT. This task is extremely important for effective performance in my current job.



Part II - Task Ratings

Content Area 1: Patient History Intake

15. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T1. Interview patient to determine chief complaint, relevant history, and symptoms related to chief complaint.	<input type="text"/>	<input type="text"/>
T2. Obtain gender as identified by patient.	<input type="text"/>	<input type="text"/>
T3. Document identity of guardian, interpreter, or caretaker who is participating in the clinical encounter.	<input type="text"/>	<input type="text"/>
T4. Interview patient regarding characteristics of chief complaint.	<input type="text"/>	<input type="text"/>
T5. Interview patient regarding characteristics of any related complaints, including spine and joints.	<input type="text"/>	<input type="text"/>
T6. Interview patient regarding current health and management of existing medical conditions.	<input type="text"/>	<input type="text"/>
T7. Interview patient regarding any diagnostic studies, treatments, and medications related to chief complaint.	<input type="text"/>	<input type="text"/>
T8. Interview patient regarding any diagnostic studies, treatments, and medications related to previous conditions.	<input type="text"/>	<input type="text"/>
T9. Interview patient regarding past and present medical history (e.g., hospitalization, surgery, illness, trauma, allergy) and previous chiropractic care.	<input type="text"/>	<input type="text"/>
T10. Interview patient regarding past and present family medical history.	<input type="text"/>	<input type="text"/>
T11. Interview patient regarding review of systems (e.g., musculoskeletal, neurological, cardiovascular).	<input type="text"/>	<input type="text"/>
T12. Interview patient regarding biopsychosocial history (e.g., social activities, diet, smoking, drinking, steroid use, recreational drug use, exercise, mental health).	<input type="text"/>	<input type="text"/>
T13. Select outcome assessment tools to obtain baseline of pain and disability.	<input type="text"/>	<input type="text"/>
T14. Select outcome assessment tools to obtain baseline of functionality and mobility.	<input type="text"/>	<input type="text"/>
T15. Obtain and review past medical records and the results of previously performed diagnostic imaging and tests (e.g., MRI, CT, EMG/NCV).	<input type="text"/>	<input type="text"/>



Part II - Task Ratings

Content Area 2: Examination and Assessment

16. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T16. Obtain patient height, weight, and vital signs (i.e., temperature, blood pressure).	<input type="text"/>	<input type="text"/>
T17. Determine whether patient requires urgent or emergency care.	<input type="text"/>	<input type="text"/>
T18. Assess cognitive status of patient to aid in diagnosis.	<input type="text"/>	<input type="text"/>
T19. Assess presenting posture, gait, and mobility of patient to aid in diagnosis.	<input type="text"/>	<input type="text"/>
T20. Assess posture of patient to identify areas of asymmetry.	<input type="text"/>	<input type="text"/>
T21. Assess comorbidities of patient to determine modifications to examination procedures and assessments.	<input type="text"/>	<input type="text"/>
T22. Observe patient and take circumferential measurements to identify muscle atrophy.	<input type="text"/>	<input type="text"/>
T23. Perform muscle strength testing to assess for abnormalities.	<input type="text"/>	<input type="text"/>
T24. Assess active and passive range of motion.	<input type="text"/>	<input type="text"/>

T25. Assess biomechanics of spine and extremities (e.g., palpation, muscle tone, joint mobility).	<input type="text"/>	<input type="text"/>
T26. Perform focal orthopedic and neurologic examinations to assess for abnormalities.	<input type="text"/>	<input type="text"/>
T27. Perform examination of systems (e.g., EENT, abdominal, cardiorespiratory, etc.) to assess for abnormalities.	<input type="text"/>	<input type="text"/>
T28. Perform examination of neurological and pathological reflexes (e.g., deep tendon reflexes, sensation testing, etc.) to assess for abnormalities.	<input type="text"/>	<input type="text"/>
T29. Perform balance and coordination tests to assess proprioception and to identify abnormalities.	<input type="text"/>	<input type="text"/>
T30. Determine whether imaging tests are indicated (e.g., radiography, CT, MRI).	<input type="text"/>	<input type="text"/>
T31. Determine whether additional tests (e.g., blood, urinalysis, EMG/NCV) are indicated.	<input type="text"/>	<input type="text"/>
T32. Read and interpret laboratory and imaging test results.	<input type="text"/>	<input type="text"/>
T33. Develop working diagnosis and differential diagnosis by reviewing history, examination, imaging, and other test results.	<input type="text"/>	<input type="text"/>
T34. Assess and determine any conditions or disability factors and limitations on activities of daily living (ADLs).	<input type="text"/>	<input type="text"/>
T35. Determine if diagnosed conditions can be treated within chiropractic scope of practice.	<input type="text"/>	<input type="text"/>
T36. Assess the existence of risk factors and		

contraindications to chiropractic care and other modalities.

T37. Identify conditions that require referral to other health care providers, or specialists for consultation or co-management.



Part II - Task Ratings

Content Area 3: Treatment and Case Management

17. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T38. Determine treatment plan based on assessment and clinical impression.	<input type="text"/>	<input type="text"/>
T39. Review findings, and discuss with patient: diagnosis, prognosis, associated risks, treatment, and case management options.	<input type="text"/>	<input type="text"/>
T40. Perform chiropractic manipulation and adjustments to optimize neurological and biomechanical functions and to reduce pain.	<input type="text"/>	<input type="text"/>
T41. Perform instrument-assisted chiropractic adjustments to optimize neurological and biomechanical function and to reduce pain.	<input type="text"/>	<input type="text"/>
T42. Perform spinal traction to improve mechanical and neurological function and to reduce pain.	<input type="text"/>	<input type="text"/>
T43. Perform spinal decompression to improve disc integrity and to reduce pain.	<input type="text"/>	<input type="text"/>
T44. Perform neuromuscular reeducation to improve	<input type="text"/>	<input type="text"/>

proprioception and balance and to reduce pain.		
T45. Apply sensory therapy (e.g., wobble board, vibration platform) to improve proprioception and balance.	<input type="text"/>	<input type="text"/>
T46. Apply cold therapy to reduce pain, swelling, and inflammation.	<input type="text"/>	<input type="text"/>
T47. Apply topicals for pain management.	<input type="text"/>	<input type="text"/>
T48. Apply heat therapy to improve circulation and to reduce pain, swelling, and inflammation.	<input type="text"/>	<input type="text"/>
T49. Perform cold laser treatment for pain management.	<input type="text"/>	<input type="text"/>
T50. Perform therapeutic ultrasound therapy to reduce pain, swelling, and inflammation.	<input type="text"/>	<input type="text"/>
T51. Perform passive myofascial release therapy (e.g., mobilization, trigger point) to reduce pain and to improve range of motion.	<input type="text"/>	<input type="text"/>
T52. Apply instrument-assisted soft tissue mobilization to reduce muscle spasm and pain.	<input type="text"/>	<input type="text"/>
T53. Perform manual massage therapy to reduce pain and improve range of motion.	<input type="text"/>	<input type="text"/>
T54. Perform mechanical (e.g., chair, percussive, orbital) massage therapy to reduce pain and to improve range of motion.	<input type="text"/>	<input type="text"/>
T55. Provide recommendations to perform active exercises to improve strength and range of motion.	<input type="text"/>	<input type="text"/>
T56. Perform passive stretching to improve range of motion.	<input type="text"/>	<input type="text"/>
T57. Apply other procedures (i.e., PNF,		

PIR) to reduce muscle spasm and pain.	<input type="text"/>	<input type="text"/>
T58. Apply cupping therapy to improve soft tissue function and manage pain.	<input type="text"/>	<input type="text"/>
T59. Apply electrical modalities (e.g., EMS, IFC, HVG, microcurrent) to reduce muscle spasm and pain.	<input type="text"/>	<input type="text"/>
T60. Provide recommendations for orthopedic supports (e.g., braces, splints, taping) for immobilization and compression.	<input type="text"/>	<input type="text"/>
T61. Use kinesiology taping for pain control.	<input type="text"/>	<input type="text"/>
T62. Provide recommendations for orthotics to improve foot function.	<input type="text"/>	<input type="text"/>
T63. Provide recommendations for managing disability factors and restrictions on activities of daily living (ADLs).	<input type="text"/>	<input type="text"/>
T64. Provide durable medical equipment (e.g., crutches, canes) to assist with mobility.	<input type="text"/>	<input type="text"/>
T65. Perform extracorporeal shockwave therapy to reduce pain and to improve range of motion.	<input type="text"/>	<input type="text"/>
T66. Provide recommendations on self-care strategies.	<input type="text"/>	<input type="text"/>
T67. Provide recommendations on healthy lifestyle behaviors (e.g., sleeping, smoking cessation, alcohol use).	<input type="text"/>	<input type="text"/>
T68. Provide recommendations for a home exercise program (HEP).	<input type="text"/>	<input type="text"/>
T69. Provide recommendations on posture.	<input type="text"/>	<input type="text"/>
T70. Provide recommendations on ergonomics.	<input type="text"/>	<input type="text"/>

T71. Provide recommendations on diet and nutrition.	<input type="text"/>	<input type="text"/>
T72. Provide recommendations on nutritional supplements.	<input type="text"/>	<input type="text"/>
T73. Provide recommendations on relaxation techniques for stress reduction.	<input type="text"/>	<input type="text"/>
T74. Collaborate with other health care practitioners to co-manage patient's condition.	<input type="text"/>	<input type="text"/>
T75. Evaluate treatment efficacy to determine next course of treatment.	<input type="text"/>	<input type="text"/>
T76. Create complete and legible documentation of the initial and returning patient case history, examination findings, diagnostic assessments, and treatments.	<input type="text"/>	<input type="text"/>
T77. Provide first aid (e.g., CPR, AED) in the event of an emergency.	<input type="text"/>	<input type="text"/>
T78. Perform hygiene and sanitization of equipment and office.	<input type="text"/>	<input type="text"/>



Part II - Task Ratings

Content Area 4: Laws and Regulations

18. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T79. Obtain oral and written informed consent from patient in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T80. Document assessments and treatments in patient record in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T81. Sign and date patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T82. Adhere to laws and regulations regarding treating patients with occupational injuries or illnesses.	<input type="text"/>	<input type="text"/>
T83. Adhere to laws and regulations regarding billing, billing codes, and documentation.	<input type="text"/>	<input type="text"/>
T84. Maintain patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T85. Maintain confidentiality of patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T86. Release patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T87. Adhere to laws	<input type="text"/>	<input type="text"/>

and regulations regarding ownership and management of a chiropractic practice.	<input type="text"/>	<input type="text"/>
T88. Adhere to laws and regulations regarding ownership and management of chiropractic businesses and corporations.	<input type="text"/>	<input type="text"/>
T89. Adhere to laws and regulations regarding professional conduct.	<input type="text"/>	<input type="text"/>
T90. Adhere to laws and regulations regarding sexual contact, conduct, and relationships between chiropractor and patient.	<input type="text"/>	<input type="text"/>
T91. Ensure that employees, and other persons subject to the supervision of the chiropractor, adhere to laws regarding sexual intimacy within the practice premises.	<input type="text"/>	<input type="text"/>
T92. Ensure that employees and other persons subject to the supervision of the chiropractor, adhere to laws within the practice premises.	<input type="text"/>	<input type="text"/>
T93. Adhere to laws and regulations regarding advertising of chiropractic services.	<input type="text"/>	<input type="text"/>
T94. Adhere to laws and regulations regarding discounted fees for services.	<input type="text"/>	<input type="text"/>
T95. Adhere to laws and regulations regarding referral of patients.	<input type="text"/>	<input type="text"/>
T96. Report known or suspected abuse of patients by contacting relevant agency in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T97. Adhere to laws and regulations regarding radiographic imaging.	<input type="text"/>	<input type="text"/>
T98. Adhere to laws and regulations regarding use of lasers for chiropractic	<input type="text"/>	<input type="text"/>

treatment.

T99. Adhere to laws and regulations regarding chiropractic manipulation under anesthesia.	<input type="text"/>	<input type="text"/>
T100. Adhere to laws and regulations regarding chiropractic practice in writing a disabled parking request.	<input type="text"/>	<input type="text"/>
T101. Adhere to laws and regulations regarding chiropractic practice in signing a death certificate.	<input type="text"/>	<input type="text"/>
T102. Adhere to laws and regulations regarding display of certificate to practice.	<input type="text"/>	<input type="text"/>
T103. Adhere to laws that define chiropractic scope of practice.	<input type="text"/>	<input type="text"/>
T104. Comply with continuing education requirements to develop and maintain professional competence.	<input type="text"/>	<input type="text"/>
T105. Recognize actions that could result in disciplinary actions by the Board of Chiropractic Examiners and comply with laws and regulations.	<input type="text"/>	<input type="text"/>



2024 Chiropractic Occupational Analysis Questionnaire

Thank you!

Thank you for taking the time to complete this survey! The Board of Chiropractic Examiners values your contribution to this study.

APPENDIX F | ADDITIONAL SURVEY ITEMS

TABLE 17 – PRIMARY WAY PATIENTS PAY FOR SERVICES

PAYMENT TYPE	NUMBER (N)	PERCENT*
Cash-based practice	889	68.4
Health insurance (HMO/PPO/Medicare)	534	41.1
Auto accident injury medical lien	360	27.7
Worker's compensation	133	10.2
Other	67	5.2

*NOTE: Respondents were asked to select all that apply. Percentages represent the proportion of respondents in the total sample who chose each answer option.

TABLE 18 – CHIROPRACTIC TRAINING PROGRAM PREPARATION FOR FIRST YEAR IN PRACTICE

PROGRAM PREPARATION	NUMBER (N)	PERCENT
Training program prepared me for first year in practice	744	57.3
Training program did not prepare me for first year in practice	480	37.0
Missing	75	5.8
Total	1,299	100.0

TABLE 19 – SUBJECTS THAT WOULD HAVE BEEN BENEFICIAL FOR ADEQUATE PREPARATION FOR FIRST YEAR IN PRACTICE

SUBJECT	NUMBER (N)	PERCENT*
Practice Startup and Business logistics	611	47
Different Insurance dealing and reimbursement protocols	102	7
Billing, Coding and Documentation procedures	113	8
Practice Management and Development	156	12
Additional clinical hours and Multidisciplinary practice setting	41	3.1
Residency, Externship, Preceptorship and Mentoring	32	2.4
Kinesiology, Biomechanics, Differential Diagnosis, Functional Medicine, and Exercise Physiology	27	2.0
Chiropractic Philosophy, Laws and Ethics	26	2.0

*NOTE: Percentages represent the proportion of respondents in the total sample who responded.

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APPENDIX G | TASKS RENUMBERED FOR CALIFORNIA CHIROPRACTIC LAW EXAMINATION

Original Task Number in California Chiropractic Occupational Analysis Questionnaire	New Task Number in California Chiropractic Law Examination Outline
T79	T1
T80	T2
T81	T3
T84	T4
T85	T5
T86	T6
T82	T7
T83	T8
T96	T9
T87	T10
T88	T11
T92	T12
T91	T13
T89	T15
T90	T14
T93	T16
T94	T17
T95	T18
T97	T19
T98	T20
T99	T21
T100	T22
T101	T23
T102	T24
T103	T25
T104	T26
T105	T27

APPENDIX H | KNOWLEDGE STATEMENTS RENUMBERED FOR
CALIFORNIA CHIROPRACTIC LAW EXAMINATION

Original Knowledge Statement Number in California Chiropractic Description of Practice	New Knowledge Statement Number in California Chiropractic Law Examination Outline
K122	K1
K123	K2
K171	K3
K124	K4
K129	K5
K130	K6
K131	K7
K132	K8
K125	K9
K126	K10
K127	K11
K128	K12
K150	K13
K151	K14
K152	K15
K133	K16
K134	K17
K135	K18
K136	K19
K137	K20
K140	K21
K142	K22
K143	K23
K141	K24

Original Knowledge Statement in California Chiropractic Description of Practice, continued	New Knowledge Statement in California Chiropractic Law Examination Outline, continued
K139	K25
K138	K26
K144	K27
K145	K28
K146	K29
K147	K30
K148	K31
K149	K32
K153	K33
K154	K34
K155	K35
K156	K36
K157	K37
K158	K38
K159	K39
K160	K40
K161	K41
K162	K42
K163	K43
K164	K44
K165	K45
K166	K46