State by State: Comparing Chiropractic Scope of Practice

Latest survey reveals significant variability.

By Editorial Staff

"The issue of 'scope of practice' has been a bugaboo ever since our early quests for legal recognition for chiropractic," according to Dr. Claire Johnson, editor in chief of JMPT and National’s other two chiropractic journals. "Each state in the U.S. has different processes, resulting in a national mishmash of how doctors of chiropractic may practice."

This "mishmash," as Dr. Johnson describes it, is supported by findings from a recent cross-sectional survey published in JMPT that reveals chiropractors in some states can perform (outright or with additional training / certification) significantly more services than others – ranging from a high of 92 services in Missouri to a low of only 33 in Texas.

Licensure officials from the Federation of Chiropractic Licensing Boards completed a survey in 2011 that gathered information regarding chiropractic practice laws and the ability to perform 97 diagnostic, evaluation and management services by state. The survey is the latest assessment of chiropractic scope, expanding on / updating previous surveys conducted in 1987, 1992 and 1998. Ninety-six percent of U.S. jurisdictions submitted partial or complete survey responses.

The 97 services included diagnostic and examination certifications (for example, full spine, soft tissue, barium studies, surface EMG, vascular analysis, throat swab, blood / urine analysis, pre-employment / school / DOT physicals); physical examination, gender-specific services, physiotherapeutics and specialty adjusting techniques (abdominal exam, stethoscopic exam, pap smear, rectal exam, ultrasound, TENS, cryotherapy, hydrocollation, hernia exam, etc.); and adjunctive and specialty services (diet formulation, botanical therapy, ear and colonic irrigation, obstetrics, vitamin injection, oxygen therapy, electro-acupuncture, electrolysis, etc.).

States with the broadest and narrowest scope of practice, respectively, in terms of ability to perform (with or without additional training / certification) the 97 procedures included in the survey, were:
**Broad Scope**

- Missouri: 92
- New Mexico: 91
- Kansas: 89
- Utah: 89
- Oklahoma: 88
- Illinois: 87
- Alabama: 86

**Narrow Scope**

- Texas: 33
- Michigan: 35
- New Jersey: 40
- New Hampshire: 41
- Hawaii: 41
- Mississippi: 42

The survey also yielded interesting findings with regard to particular services DCs in certain states can and cannot perform, including the following:

- In all but one jurisdiction that responded, DCs are authorized to perform temporomandibular joint evaluation and/or treatment. The exception is Washington, where these services can be ordered.
- Rehabilitation can be performed in all jurisdictions except Rhode Island.
- Hawaii is the lone locale that does not allow doctors of chiropractic to perform extremity adjusting.
- Hawaii is also the only locale that does not allow DCs to perform massage. However, Hawaii DCs may perform trigger-point therapy and paraspinal soft-tissue work.
- DCs in all but three jurisdictions can perform traction without additional education. The District of Columbia, Kentucky and Wisconsin require additional education.
- DCs in Ohio can perform nonablative laser therapy only as it relates to musculoskeletal conditions.
- In Oregon, electrolysis is a minor surgery procedure that requires specialty certification in minor surgery.
In New York, a cursory breast examination may be performed if there is referred spinal pain to the chest or a skin eruption (e.g., shingles). However, it cannot be performed as a routine / preventive screening.

"Researcher Dr. Mabel Chang has provided us with a snapshot to help us better understand where we are and what we need to do as we move into the future," said Dr. Johnson, commenting on the survey results.

Reference


Page printed from: