



**DEPARTMENT OF VETERANS AFFAIRS  
Veterans Health Administration  
Washington DC 20420**

**IL 10-2004-011**  
In Reply Refer To: 111

**August 23, 2004**

**UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER**

**CREDENTIALING AND PRIVILEGING OF DOCTORS OF CHIROPRACTIC**

**1. Purpose:** This Under Secretary for Health's Information Letter provides guidance regarding the credentialing, scope of practice, and privileging of doctors of chiropractic (DCs). Additional information on chiropractic education is provided in Attachment A. Additional information on the licensure requirements for DCs is provided in Attachment B.

**2. Background.** Public Law 107-135 (Pub. L.), the Department of Veterans Affairs (VA) Health Care Programs Enhancement Act of 2001, requires VA to "carry out a program to provide chiropractic care and services to veterans through VA medical centers and clinics." The law also states that VA "shall designate at least one site for such program in each geographic service area of the Veterans Health Administration," that chiropractic care will be provided through "personal services contracts and by appointment of licensed chiropractors in Department medical centers and clinics," and that the program "shall include a variety of chiropractic care and services for neuromusculoskeletal conditions, including subluxation complex."

**3. Qualifications and Appointment Procedure.** The Qualification Standard for DCs is published in VA Handbook 5005, Staffing, Part II, Appendix G16. Procedures for appointing DCs are published in VA Handbook 5005, Part II, Appendix H10.

**4. Credentialing.** Credentialing of DCs follows the procedures outlined in the current issue of VHA Handbook 1100.19, Credentialing and Privileging.

**5. Privileging**

a. Clinical privileging of DCs follows the procedures outlined in VHA Handbook 1100.19, Credentialing and Privileging. The term clinical privileging is defined as the process by which a practitioner, licensed for independent practice (i.e., without supervision, direction, required sponsor, preceptor, mandatory collaboration, etc.) is permitted by law and the facility to practice independently, and to provide medical or other patient care services within the scope of the individual's license, based on the individual's clinical competence as determined by peer references, professional experience, health status, education, training, and licensure. Clinical privileges are facility-specific and provider-specific.

b. The scope of practice recommended by the VA Chiropractic Advisory Committee and accepted by the Secretary of Veterans Affairs incorporates the language of Pub. L. 107-135:

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“DCs shall provide patient evaluation and care for neuromusculoskeletal conditions including the subluxation complex within the boundaries set by state licensure, VHA privileging and the doctor’s ability to demonstrate education, training, and clinical competency in the areas necessary to provide appropriate patient care.”

c. When permitted by the VA facility and the state licensure of the DC, privileges may include:

(1) History taking.

(2) Neuromusculoskeletal examination and associated physical examination.

(3) Ordering of diagnostic studies, as:

(a) Standard diagnostic plain film radiologic examinations to include spine, pelvic, skull, and rib series and chest (posterior-anterior (PA) and lateral);

(b) Other imaging studies (e.g., computerized tomography (CT), magnetic resonance imaging (MRI), ultrasound, bone scan);

(c) Clinical laboratory (e.g., Urinalysis, Arthritis Panel, complete blood count (CBC), blood chemistries); and

(d) Other appropriate tests (e.g., electromyogram (EMG), nerve conduction).

(4) Determining appropriateness of chiropractic care for the problem(s) for which the patient is being seen.

(5) Providing chiropractic care by:

(a) Adjustment,

(b) Manipulation and/or mobilization, and

(c) Manual therapy.

(6) Ordering or providing other treatment modalities as:

(a) Physical modalities (e.g., heat, cold, electrical, ultrasound);

(b) Ergonomic evaluation, posture management;

(c) Orthotics, supportive bracing, taping; and

(d) Counseling and/or education on body mechanics, nutrition, lifestyle, exercise, hygiene.

(7) Managing neuromusculoskeletal care.

(8) Referral to appropriate provider when chiropractic care is deemed inappropriate or when patient conditions outside the scope of chiropractic care are suspected or detected through examination or as a result of diagnostic testing.

6. Attachment C provides additional information on the scopes of practice contained in DC state licensure laws.

7. Questions regarding this information letter may be directed to Sara McVicker, RN, MN (111) at 202-273-8558 or email [Sara.mcvicker@mail.va.gov](mailto:Sara.mcvicker@mail.va.gov).

S/ Louise Van Diepen for  
Jonathan B. Perlin, MD, PhD, MSHA, FACP  
Acting Under Secretary for Health

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ATTACHMENT A

CHIROPRACTIC EDUCATION

**1. General Education.** The education required for doctors of chiropractic (DC) involves completion of a 4-year graduate educational program at a chiropractic college. To gain admittance to a chiropractic college, prospective students must meet minimum requirements in terms of undergraduate coursework. Currently, an individual applying to a school of chiropractic must complete at least 90 semester hours of college credits, including courses in English, psychology, social sciences, biological sciences, chemistry, and physics (see the Council on Chiropractic Education (CCE), 2003). The requirement for 90 semester hours was increased from 60 semester hours in 2001. Currently, only one of the sixteen accredited chiropractic schools in the United States (U.S.) requires that applicants possess a Bachelor's degree; however, more than half of those accepted at chiropractic colleges have at least a Bachelor's degree prior to admission (see Occupational Study to Develop a Qualification Standard and Compensation Schedule for Doctors of Chiropractic Within the Veterans Health Administration, Caliber Associates, January 2004, under contract for the Department of Veterans Affairs). Some chiropractic programs allow students to fulfill requirements for a Bachelor's degree by combining the basic science courses contained in the first 2 years of the chiropractic program with the required pre-chiropractic courses. At least one chiropractic college has formal articulation agreements with other institutions that allow students to receive a Bachelor's degree from their undergraduate institution by completing their fourth year of study at the chiropractic college. Several states require a Bachelor's degree for licensure (Florida as of 7/1/1990, Kansas prior to entry into chiropractic college, Maryland after 7/1/1990, Montana after 10/1/1995, Tennessee as of 1/2000, and West Virginia as of 7/1/2005.)

a. Upon admission to an accredited chiropractic college, a student must complete a 4-year educational program, which consists of approximately 4,200 hours of classroom instruction and clinical experiences. The first 2 years focus on the basic sciences (e.g., anatomy, biology, and physiology) and core chiropractic adjusting techniques. The third year focuses on the clinical sciences (e.g., diagnostic radiology, physical diagnosis, and neuromusculoskeletal clinical diagnosis) and the chiropractic student begins to gain patient care experience through a clinical internship. The fourth year primarily involves patient care experience, as the student completes a clinical externship. Upon successful completion of the chiropractic program, the student receives a DC degree.

b. After graduation from an accredited chiropractic college, a DC must apply for state licensure to practice. Licensed DCs are required to participate in continuing education activities such as attending professional conferences or seminars. In general, a DC is required to have at least 17.5 hours of structured continuing education hours per year to qualify for state licensure renewal.

c. Most chiropractic programs are currently found in private, non-profit schools or colleges, with one program in a comprehensive university (i.e., a university that offers degrees in studies such as the liberal arts and engineering).

## **2. Accreditation**

a. The CCE is the agency currently recognized by the U.S. Secretary of Education for accreditation of programs and single purpose institutions offering the DC degree. The CCE was incorporated in 1971 and has been recognized by the U.S. Secretary of Education as a specialized accrediting agency for DC degree programs since 1974. From August 30, 1988 to June 4, 1993, the Department of Education and thirteen state licensing boards also recognized the Straight Chiropractic Academic Standards Association (SCASA) as an accreditation agency. Because of prior accrediting agencies, VA established the educational requirement for employment as a DC degree from any school accepted by the licensing body of any State, Territory, or Commonwealth of the U.S. (i.e., Puerto Rico), or the District of Columbia as qualifying for full or unrestricted licensure.

b. Specific requirements regarding the accreditation of chiropractic education through CCE and a list of CCE accredited-schools may be found on the CCE website ([www.cce-usa.org](http://www.cce-usa.org)). The standards have been revised numerous times in response to changes in post-secondary education and accreditation requirements. Such revisions have included: a focus on the development of a program that assesses chiropractic institutional effectiveness and outcomes; compliance with added provisions by various educational acts and amendments (e.g., Higher Education Act of 1965, Higher Education Amendments of 1992); requirements for admission to the programs; and clinical aspects of the curriculum of the institutions.

c. Chiropractic colleges are also accredited by the regional institutional accrediting agencies recognized by the United States Secretary of Education.

**3. Post-graduate Education and Training.** In addition to the required continuing education hours that DCs must obtain yearly in order to renew their state licenses, DCs may obtain optional post-graduate education and training in a variety of specialty areas. These specialty programs are offered at accredited United States chiropractic colleges. Specialty courses offered by professional organizations and other continuing education providers that may provide documentation of completion (e.g., certificate) should not be equated with these structured post-graduate programs at accredited chiropractic colleges. Accredited United States chiropractic colleges offer two types of specialty programs: part-time post-graduate training and full-time residency training.

a. Part-time post-graduate training consists of at least 300 hours of classroom instruction and short-term clinical residency sessions, usually extending over a period of three years. During this time, the DC attends various sessions and performs clinical observations and/or demonstrations, mostly on weekends, about a particular chiropractic specialty. Part-time specialty programs exist for family practice, clinical neurology, sports chiropractic, nutrition, chiropractic occupational health and applied ergonomics, applied chiropractic sciences, orthopedics, pediatrics, rehabilitation, and acupuncture.

b. Full-time residency training consists of 3 years (approximately 50 hours per week) of clinical work in one of four chiropractic specialties (i.e., radiology, family practice, orthopedics, and clinical sciences).

c. Both part-time and full-time programs lead to eligibility to sit for competency examinations offered by specialty boards recognized by the American Chiropractic Association, International Chiropractors' Association, and the American Board of Chiropractic Specialties. These boards may confer "Diplomate" status to those DCs that successfully pass the examination. DCs must participate in continuing education activities to maintain Diplomate status. These continuing education activities can include attending educational meetings or writing a paper for publication and are determined by the specialty board. According to The Job Analysis of Chiropractic (see National Board of Chiropractic Examiners, 2000), roughly 25 percent of the job analysis survey respondents are working toward Diplomate status and 14 percent have achieved Diplomate status.

d. Some states regulate specialty certification, i.e., in order to hold oneself out to the public as being a specialist in a specific area, the DCs must meet requirements established by the state board of licensing. Currently, Alabama, Alaska, Delaware, Kentucky, Louisiana, Montana, Nevada, Ohio, South Carolina, West Virginia, and Wyoming have such requirements.

**e. Full-Time Chiropractic Residency Programs**

Radiology	3 -year, full-time residency where residents have the opportunity to spend time in the radiology departments of cooperative teaching hospitals and imaging centers. This prepares the doctor to recommend, supervise, and interpret radiologic studies, as well as advanced imaging procedures.	Eligible to sit for the exam by the American Chiropractic Board of Radiology to obtain Diplomate status (DACBR)
Family Practice	3-year, full-time residency where residents study advanced diagnostic skills, nutritional therapy, Intravenous Therapy (IV) therapy, injectable nutrients, preventive medicine techniques, lifestyle changes for health promotion, and treatment techniques. The education that they receive is backed up with clinical experience to practice what they have learned.	Eligible to sit for exam to become a Diplomate of the American Board of Chiropractic Internists (DABCI)

**Full-Time Chiropractic Residency Programs Continued...**

Orthopedics	3-year, full-time program that focuses on all conditions affecting the neuromusculo-skeletal body systems. Emphasis is placed on the diagnosis and chiropractic management of orthopedic conditions, as seen in a chiropractic practice.	Eligible to sit for the exam for Diplomate status with the American Board of Chiropractic Orthopedists (DABCO)
Clinical Sciences	3-year, full-time program where residents are involved in the areas of clinical practice, teaching and research with opportunities for interdisciplinary studies in cooperative teaching hospitals and medical centers.	Eligible to sit for the American Board of Chiropractic Orthopedists (ABCO) and the College of Chiropractic Sciences (Canada) Fellowship (FCCS) examination

**f. Part- time Postgraduate Chiropractic Specialty Programs**

Family Practice	300-hour program that focuses on patient assessment, identification of early signs of disease, prevention of disease, application of diagnostic modalities in the clinical setting, and use of appropriate lifestyle and nutritional therapies that will benefit the patient.	Eligible to sit for exam to become a Diplomate of the American Board of Chiropractic Internists (DABCI)
Clinical Neurology	300-hour program that prepares the chiropractor to serve the public and other health care providers as a neurological specialist or consultant who is trained to diagnose and attend disorders of the human nervous system without the use of drugs or surgery.	Eligible to sit for the Certification Examination in Neurology given by the American Chiropractic Neurology Board to obtain Diplomate status (DACNB)

**Part- time Postgraduate Chiropractic Specialty Programs Continued...**

Sports Chiropractic	320-hour program that emphasizes the total care of the injured athlete, which encompasses industrial, community, intramural and recreational athletes who participate in sports activities and are at risk of sustaining sports-related injuries.	Eligible to sit for the exam to become a Certified Chiropractic Sports Physician
Nutrition	300-hour program that focuses on development of advanced knowledge, skills, and abilities in the use of nutrition in the practice of chiropractic.	Eligible to sit for the exam to become a Diplomate of the American Clinical Board of Nutrition (DACBN)
Chiropractic Occupational Health and Applied Ergonomics (Industrial Consulting)	300-hour program provides doctors with the information and skills they may apply in their objective of functioning as effective professional consultants to corporate clients within their communities.	Eligible to sit for the exam to become a Diplomate, American Chiropractic Board of Occupational Health (DACBOH)
Applied Chiropractic Sciences	360-hour program that is designed to enhance and advance the expertise and application of both classic chiropractic care approaches and emerging technologies, and to provide a comprehensive correlation of clinical protocols that are presented in the context of subluxation-based chiropractic models of care.	Eligible to sit for the exam to become a Diplomate of Applied Chiropractic Sciences (DACS)
Orthopedics	384-hour program that is designed to advance the ability of the doctor of chiropractic to diagnose, treat, and manage conditions or disorders of the musculoskeletal system.	Eligible to sit for the exam given by the American Board of Chiropractic Orthopedists to obtain Diplomate status (DABCO)
Pediatrics	360-hour program that is designed to offer the materials and tools to handle the issues, concerns and practice protocols relevant in caring for children and pregnant women.	Eligible to sit for the exam to earn Diplomate of the ICA Council on Chiropractic Pediatrics (DICCP) status

**Part- time Postgraduate Chiropractic Specialty Programs Continued...**

Rehabilitation	300-hour program prepares doctors to become specialists who are not only experts in manipulation, but know how to transition from passive to active care, and to evaluate the biobehavioral component of musculoskeletal illness.	Eligible for the exam given by the American Chiropractic Rehabilitation Board (ACRB)
Philosophical Chiropractic Standards	320-hour program that addresses the appeal for graduate level training with the unique tenets of chiropractic philosophy.	Eligible to sit for the exam given by the ICA Council on Chiropractic Philosophy to obtain Diplomate, Philosophical Chiropractic Standards (DPhCS) status
Acupuncture	300-hour program that teaches the advantages and applications of acupuncture.	Eligible to sit for the ACA National Diplomate Exam to obtain the American Academy of Chiropractic Acupuncture (AACA) Diplomate status

## ATTACHMENT B

### LICENSURE REQUIREMENTS FOR DOCTORS OF CHIROPRACTIC

1. The term licensure refers to the official or legal permission to practice in an occupation, as evidenced by documentation issued by a State, Territory, or Commonwealth of the United States (U.S.) (i.e., Puerto Rico), or the District of Columbia (see VHA Handbook 1100.19, Credentialing and Privileging). Licensure is the official recognition by a state governmental agency that an individual has met certain qualifications specified by the state, and is therefore approved to practice in an occupation as a professional. In addition to educational requirements, a key requirement for licensure for most health care occupations is to pass a standardized national examination that has been developed according to the established guidelines for a particular occupation. Many of the national examinations are broken up into several parts that measure multiple competencies. States may also require state examinations that typically evaluate an individual's knowledge of the state laws associated with that health occupation.

2. The National Board of Chiropractic (NBCE) was established in 1963 to address the testing needs of the chiropractic profession. The examinations that are developed, administered, scored, and reported by the NBCE evaluate various areas of competency. Licensing bodies within the U.S. and some foreign countries use NBCE examination scores in their evaluations of candidates for licensure, re-licensure, or reciprocity and/or endorsement. Only students at, or graduates of, schools recognized by NBCE are eligible to take the examinations. NBCE-recognized schools include all the accredited colleges of chiropractic in the US.

3. The NBCE examinations consist of several parts:

a. Part I covers six basic science areas: general anatomy, spinal anatomy, physiology, chemistry, pathology and microbiology, and public health. Chiropractic students become eligible to take Part I during their second year of study upon authorization of the school's dean or registrar.

b. Part II covers six clinical science areas: general diagnosis, neuromusculoskeletal diagnosis, diagnostic imaging, principles of chiropractic, chiropractic practice, and associated clinical sciences. Chiropractic students become eligible to take Part II in their third year of study upon authorization of the school's dean or registrar.

c. Part III assesses nine clinical areas: case history, physical examination, neuromusculoskeletal examination, roentgenologic examination, clinical laboratory and special studies examination, diagnosis or clinical impression, chiropractic techniques, supportive techniques, and case management. Chiropractic students become eligible to take Part III after completing Part I and when they are within 9 months of graduation. **NOTE:** *Release of official Part III transcripts is withheld until Part II has been passed.*

d. Part IV is a practical examination during which candidates actually perform assessments on standardized patients and procedures similar to those they might encounter in practice. It

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assesses three major areas of practice: diagnostic imaging, chiropractic technique, and case management. Chiropractic students are eligible for Part IV after passing Parts I and II and when they are within 6 months of graduation. A candidate must achieve a specified score on Part III before an official transcript of Part IV will be released to a state licensing board.

4. Each state has the authority to determine its requirements for licensure. All states, the District of Columbia and the U.S. Virgin Islands require NBCE Parts I, II, and III. Most, but not all, US jurisdictions require or accept Part IV in lieu of state-developed practical examinations.

5. NBCE also offers the Special Purposes Examination for Chiropractic (SPEC), an examination which provides an objective assessment of clinical knowledge for individuals who hold or have held a license to practice chiropractic. SPEC is often used for state-to-state reciprocity. It is also used in cases involving disciplinary action and for other state board needs. The examination requires that examinees demonstrate the appropriate clinical understanding and judgments required in general chiropractic practice. The SPEC examination is administered at the request or requirement of a state board.

6. Elective examinations are offered by NBCE in Physiotherapy and Acupuncture.

a. For the Physiotherapy examination, candidates must have completed 120 hours of instruction in physiotherapy offered by an NBCE-recognized college of chiropractic, as documented by the dean or registrar of the college. The examination covers physiotherapy modalities such as: superficial and deep heat therapies, cryotherapy, electrotherapy, mechanotherapy, and therapeutic exercise and rehabilitation.

b. For the Acupuncture examination, the candidate must have completed 100 hours of instruction in acupuncture at an NBCE-recognized college of chiropractic.

**ATTACHMENT C**

**STATE SCOPE OF PRACTICE**

1. Licensure laws and state regulations define a particular occupation through a scope of practice statement. The scope of practice identifies the practices and procedures that are permitted, as well as those that are prohibited, by the license issued by that jurisdiction. Although licensure laws provide a jurisdiction with a uniform scope of practice for a particular health care occupation, variations in state licensure laws mean that, for some professions, there is no national scope of practice for that profession. Although the state scopes of practice for doctors of chiropractic (DCs) have become more consistent in recent years as a result of changes in chiropractic education and accreditation of chiropractic colleges, some variations remain in chiropractic licensure laws. However, all aspects of chiropractic practice as contained in the following charts are taught in accredited educational programs.
2. DCs are licensed as independent practitioners in all United States. All jurisdictions exclude prescribing drugs and performing major surgery from the chiropractic scope of practice. All jurisdictions include providing care for musculoskeletal conditions using manipulation as a primary intervention. The legal right to use other procedures varies from state to state.
3. Contact information (including e-mail links) for the various state licensing boards is available from the Federation of Chiropractic Licensing Boards at [www.fclb.org](http://www.fclb.org) under the heading of “chiropractic boards.”

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4. In the following charts, “Y” means that the item is included in the state scope of practice and “N” means it is not.

	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	MT
<b>Physical Examination</b>																											
<b>ALL</b>	Y	Y	Y	Y	Y	Y	Y	Y		Y			Y	Y	Y	Y	Y	Y		Y	Y			Y		Y	Y
eye/ear/nose/throat exams											N												N		N		
abdominal exams												N											N				
female pelvic exams									N		N	N							N			N	N		N		
female breast exams									N			N							N				N		N		
rectal exams									N		N	N							N				N		N		
male genital exams									N			N							N				N		N		
digital prostate exams									N		N	N							N				N		N		
<b>Diagnostic Procedures</b>																											
X-ray procedures – any	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y					
Limited to full spine									Y						Y								Y	Y			
Limited to skull									Y						Y									Y			
EMG and/or nerve conduction tests *	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
Doppler studies	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
Order CT scan	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Order MRI	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Order laboratory studies	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
<b>Treatment Procedures</b>																											
<b>Physiotherapy / physiological therapeutics *</b>																											
electrotherapy	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
ultrasound	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
hydroculation-hot packs	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
TENS therapy	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
cryotherapy-ice therapy	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
massage	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	MT
Extremity adjusting	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Orthotic (arch) supports	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Spinal supports - Bracing	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Counseling – gen'l health	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rehab programming	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
TMJ treatment	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
May recommend non-prescription (over the counter) medication	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	Y
Acupuncture *	Y		Y	Y		Y	Y	Y		Y						Y	Y			Y				Y		Y	

\* May require specific training and/or certification

6/23/04 Update by the Federation of Chiropractic Licensing Boards of a published report by Dr. Lester Lamm, (Lamm, LC et al. Chiropractic Scope of Practice: What the Law Allows - Update 1993. Journal of Manipulative and Physiological Therapeutics, 1995, 18: 16-20.)

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	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	
<b>Physical Examination</b>																									
<b>ALL</b>	Y	Y	Y		Y			Y	Y	Y	Y				Y	Y	Y	Y	Y	Y		Y		Y	
eye/ear/nose/throat exams				N																	N				
abdominal exams				N																	N				
female pelvic exams				N		N	N					N	N	N							N		N		
female breast exams				N			N					N	N								N				
rectal exams				N			N					N	N	N							N				
male genital exams				N			N					N	N	N							N				
digital prostate exams				N			N					N	N	N							N				
<b>Diagnostic Procedures</b>																									
X-ray procedures – any	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Limited to full spine				Y																					
Limited to skull				Y																					
EMG and/or nerve conduction tests *	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Doppler studies	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Order CT scan	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Order MRI	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Order laboratory studies	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
<b>Treatment Procedures</b>																									
Physiotherapy / physiological therapeutics *																									
electrotherapy	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
ultrasound	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
hydroculation-hot packs	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
TENS therapy	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
cryotherapy-ice therapy	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
massage	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY
Extremity adjusting	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Orthotic (arch) supports	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Spinal supports - Bracing	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Counseling - gen'l health	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rehab programming	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
TMJ treatment	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
May recommend non-prescription (over the counter) medication	Y	N	N	Y	Y	N	N	Y	N	Y	Y	N	Y	Y	Y	N	Y	Y	N	Y	N	Y	N	Y
Acupuncture *			Y					Y									Y	Y	Y	Y		Y		

\* May require specific training and/or certification

6/23/04 Update by the Federation of Chiropractic Licensing Boards of a published report by Dr. Lester Lamm, (Lamm, LC et al. Chiropractic Scope of Practice: What the Law Allows - Update 1993. Journal of Manipulative and Physiological Therapeutics, 1995, 18: 16-20.)