CHIROPRACTORS REGISTRATION BOARD OF VICTORIA
STANDARDS OF PRACTICE GUIDELINES

FREQUENCY AND DURATION OF CARE

October 2007

Preamble

Frequency and duration of care guidelines are provided to *assist chiropractors* in clinical decision-making.

It is understood that chiropractors treat conditions other those of a somatic origin and it is not within the scope of these guidelines to provide chiropractors with prescriptive treatment protocols for each separate condition. It is also recognised that chiropractic therapy is not restricted to spinal manipulation and many chiropractors employ a variety of treatment modalities. However, regardless of the condition being treated and the type of treatment provided, the basic principles relating to the frequency and duration of treatment outlined in these guidelines apply.

Guidelines

- The primary goal of chiropractic care is to provide sufficient care to restore health, maintain it and prevent the recurrence of injury or illness.

- Maximum therapeutic benefit should be the prime objective of all care provision and in particular the concept of maximum therapeutic benefit must be considered in cases of elective care or supportive care.

- Care should be based on both subjective and objective information derived from the patient's case history, examinations and diagnosis and where possible in conjunction with the best available scientific evidence

- The natural history of the condition being treated is a reference point to treatment expectations and the basis from which a measurable therapeutic plan can be established

- The initial and subsequent treatment plan(s) should take into consideration “red flags” and determine whether chiropractic treatment and or referral for a second opinion or emergency treatment are warranted

- The initial and subsequent treatment plan(s) should consider psychosocial “yellow flags”.

- The treatment plan should be based on best practices as reflected in current literature and accepted standards of chiropractic care.

- Care should relate to patients’ needs and expectations and must be reassessed periodically.

- The treatment plan should consider the need for coordinated interdisciplinary care and co-management where clinically required.

- It is the practitioner's responsibility to ensure that the patient understands and accepts the treatment goals and treatment plan.

- An estimated time frame for achieving reduced pain and or improved function should be made and discussed with the patient. Any time frame for improvement should not be based on anecdotal evidence or the practitioner's personal opinion alone but must be based on other factors such as patient's presentation, clinical findings, natural history of condition being treated, accepted standards of present day chiropractic care and the best scientific literature available

- During the course of treatment the practitioner should ensure that treatment outcomes are measured using objective as well as subjective measures via the use of general or condition specific assessment tools.

- Failure of a patient to achieve therapeutic benefit within the proposed time frame requires the practitioner to either change the mode of treatment, consider a different diagnosis or refer the patient to another health professional

- Practitioners should be aware of the potential for adverse effects of the provision of prolonged passive care, such as therapy dependence, somatization, illness behaviour or secondary gain. Active care including such interventions as rehabilitation, home based self care and lifestyle modifications are required in such cases

- In cases where treatment continues in excess of 3 months in duration, such as in cases where supportive or elective care is undertaken, the use of periodic validated objective and subjective outcome measures is necessary in order to justify ongoing therapy. Based on the administration of periodic outcome measures, and where maximum therapeutic benefit has been achieved, a controlled period of therapy withdrawal may also be required in order to justify ongoing care

- It is essential that patient progress and findings from outcome measures are recorded (see Management of Patient Records Guidelines CRBV) throughout the treatment program in order to determine whether treatment goals are being met.

Glossary of Terms

Active Care: Modes of treatment/care requiring "active" involvement, participation, and responsibility on the part of the patient in recovery and rehabilitation.

Best Treatment Practices: Treatment which is associated with the lowest risk and highest efficacy

Duration – Based on the patient's diagnosis, the length of the treatment schedule (in days, weeks, or months) required to either correct the patient's condition or to achieve a level of maximum therapeutic benefit.

Elective Care: Treatment/care that is discretionary and at the option of the patient who wishes to promote or maintain optimum function with preventative/maintenance care. Elective care follows appropriate application of active and passive care, including rehabilitation and lifestyle modifications. It is appropriate when alternative care options, including home-based self-care, have been considered and attempted and failed to provide sustained benefit. Elective care may be inappropriate when it interferes with other appropriate primary care, or when the risk of elective care outweighs its benefits, i.e., intervention dependence, somatization, illness behavior or secondary gain.

Frequency of Care: The number of times a patient is treated over a given period and the interval between those treatments.

Maximum Therapeutic Benefit: The return to pre-injury/illness status or the minimum level of symptomatology or disability attainable on a given treatment/care approach.

Natural history: The expected clinical course of recovery for uncomplicated cases without treatment.

Objective outcome measures: Assessments that are measured by the examiner

Outcome measures: Tools that assess change in patient characteristics as a result of therapeutic intervention over time. Outcome measures provide a method to assess whether treatment has been effective or not. Include objective and subjective assessments, general or condition specific

Passive Care: The application of treatment/care procedures by the caregiver to a patient who has little or no involvement in bringing about recovery and rehabilitation.

Physician/Patient Dependence: A dysfunctional relationship where the patient's needs exceed the limits of a professional relationship. There is a loss of balance within the relationship, and the patient becomes overly reliant / dependent on the doctor for a number of needs and/or voids in his/her life

Red flags: History and physical examination findings which alert the clinician to the likelihood that serious pathology may be contributing to the clinical presentation and referral for a second opinion or other treatment is warranted.

Referral: The direction of a patient to another health care professional or institution for evaluation, consultation or care.

Subjective outcome measures: Assessments that are patient perceptions.

Supportive Care – Care for patients who have reached maximum *therapeutic* benefit, but who fail to sustain this benefit and progressively deteriorate when there are periodic trials of withdrawal of care. Supportive care follows appropriate application of active and passive care, including rehabilitation and lifestyle modifications. It is appropriate when alternative care options, including home-based self-care, have been considered and attempted and failed to provide sustained benefit.

Supportive care may be inappropriate when it interferes with other appropriate primary care, or when the risk of supportive care outweighs its benefits, i.e., intervention dependence, somatization, illness behavior or secondary gain.

Treatment Plan: The treatment modalities and frequency and duration of care that the practitioner believes are needed to achieve the treatment outcomes. This should include treatment goals which the practitioner and patient agree to aim for prior to care commencing.

Yellow Flags: Beliefs and behaviours of a patient which identify them at increased risk of developing, or perpetuating long term disability and work loss associated their condition.