Association des chiropraticiens de l'Île-du-Prince-Édouard

Prince Edward Island Chiropractic Association

PEICA Standards of Practice for Diagnostic Imaging

Intent

This standard of practice advises licensed chiropractors in PEI of the practices and procedures expected when ordering, taking and interpreting diagnostic imaging of the neuromusculoskeletal (NMSK) system.

Background

Chiropractors are primary health care practitioners who, under the legislative authority of the Chiropractic Act, chapter C7.1 are authorized to practice chiropractic whereby the "practice of Chiropractic" means:

the provision of any professional service usually performed by a chiropractor, and includes the prevention, diagnosis, and treatment of biomechanical disorders of the neuromusculoskeletal system by methods that include the use of

(i) imaging, laboratory and clinical diagnostic procedures,

(ii) joint manipulation or other manual therapies, and

(iii) exercise and patient education;

Objectives

• To enhance the effectiveness and quality of chiropractic diagnosis and care provided to the

patient

• To identify when it is appropriate for a member to order or take diagnostic imaging for a patient.

•To ensure the safety of both patient and the chiropractor during the taking of diagnostic imaging.

• To advise chiropractors of the practices and procedures in interpreting, documenting and organizing radiographic films, notes, logs, reports and other records including procedures set forth in CHAPTER P-30 of the PUBLIC HEALTH ACT, RADIATION SAFETY REGULATIONS Pursuant to section 23 of the Public Health Act R.S.P.E.I. 1988, Cap. P-30

General Principles

Chiropractors may request diagnostic imaging (DI) of the skeletal system and associated soft tissue and joints of their patients using the following guidelines and indications for DI.

Chiropractors should follow the Diagnostic Imaging Referral Guidelines established by the

Canadian Association of Radiologists, as set out on their website: www.car.ca.

Referring health care providers have a duty to consider carefully whether each request for DI is justified and whether the result will affect patient management.
DI should not be used as a general screening tool but should be performed to evaluate specific clinical concerns raised at history and physical examination which, if discovered, would require further investigation/treatment or could significantly alter the clinical course of care by the attending chiropractor.

Prior to ordering a new DI study, previous radiology reports should be obtained and, if possible, the images reviewed to determine the necessity of ordering a further diagnostic imaging

Where DI examinations are considered for chiropractic patients and there is concern regarding: a) the advisability of ordering an investigation, and/or
b) the type of investigation required,

the matter shall be resolved by consultation between the chiropractor responsible for the clinical care of the patient and the consulting radiologist. The advice of the radiologist shall be given significant consideration by the referring chiropractor prior to proceeding with any resulting DI requests.

Completion of DI Requisitions

Requisitions should be completed accurately and legibly on the approved Request for Diagnostic Consultation Form. Requests must include

- Name, address and phone number of ordering Chiropractor (Emergency/cell phone number must be provided in the event of critical findings that require immediate follow up) - PEICA license number
- Working/provisional diagnosis
- Details of study to be performed including region of body/spine, specific views in the case of plain film radiographs, as well as the rationale for those views if not typical relevant clinical findings, patient history and mechanism of injury if known - Instructions to copy other health care providers who are in the patients circle of care (eg. Family Physician)
- Any other information required on the prescribed form.

All requests for Diagnostic Imaging should clearly define the need for the requested study and provide sufficient clinical details to enable the consulting radiologist to appreciate the diagnostic or clinical condition to be addressed by the requested diagnostic imaging.

Chiropractors who order DI at PEI Health facilities

Procedures for Patient Selection

A chiropractor shall only order diagnostic imaging as a component of an examination of a patient when the history, examination or diagnostic tests clinically indicate a finding which would be better identified, confirmed or eliminated by the ordering of diagnostic imaging.

In ordering DI for a patient, a chiropractor shall:

• perform a history and examination of the patient, including specific examination of the region of the body for which DI is being requested;

• consider whether the Diagnostic Imaging is required to reach an appropriate diagnosis, clinical impression and/or plan of care;

• make reasonable attempts to avoid unnecessary duplication of studies by reviewing any relevant imaging reports of the region being investigated that are already documented on the patient's health record/PACS;

• consider the benefits, limitations, contraindications, including pregnancy, and risks; and

• communicate effectively to the patient the reason and process for ordering or taking the diagnostic imaging and record this rationale in the patient health record.

A chiropractor shall use proper patient selection protocols with reference to age, child-bearing status and clinical indications of need and shall adhere to the principles of evidence-based practice when ordering diagnostic imaging. The chiropractor shall always consider the risk/benefit ratio of all imaging ordered.

Users with access to Diagnostic Imaging Information Systems (DIIS)

Information within the Diagnostic Imaging Information Systems of PEI Health may only be accessed with proper authorization. Chiropractors who have been given access to DIIS are entitled to have access to all patient/client information needed to inform their diagnosis or clinical care of patients who are under their direct care. Access to patient/client information is not permitted unless the patient/client is currently under the care of the chiropractor and the chiropractor can demonstrate reasonable need to review information contained on the DIIS. Information accessed from within the DIIS is not to be shared with other co-workers/health care professionals unless they specifically require the information for their own assigned tasks.

Importance of Privacy

The patient/client must be assured that all electronic records will be accessed only by those individuals who have been given authority to do so.

Diagnostic Imaging Information Systems (DIIS) contain patient/client and personal information whose confidentiality, integrity and availability must be preserved and protected at all times.

Access to these resources may be granted to a chiropractor with the understanding that the chiropractor will observe the following:

1. The individual user/chiropractor is responsible and accountable for the use of their DIIS user ID and password. This password must be kept confidential, it is not to be shared with anyone. 2. The individual user/chiropractor is responsible and accountable to sign-off the DIIS system when leaving the workstation.
3. The logged in user/chiropractor is responsible for all functions performed under their username.
4. The individual user/chiropractor is responsible and accountable to use DIIS only to access information that is pertinent for them to do their job. They are not permitted to view patient/client information within DIIS for personal use or to access information that is not directly related to a health condition for which they have been consulted.
5. The individual user/chiropractor is not permitted to use DIIS to access their own patient/client

information or information of others who are not directly under the care of the individual user/chiropractor.

6. The logged in user will be held responsible for any violation to unauthorized access for personal use of patient/client information. Any violation of the spirit or intent of these principles may lead to loss of privileges, disciplinary action up to and including suspension of license and/or other legal action.
7. The individual user must sign a DIIS Request for Access form. This signed form will be kept on the User's personnel file.
8. The individual user must have a signed Pledge of Confidentiality on their personnel file.

Any breeches in security or confidentiality must be reported directly to the DIIS operational manager. The breech will be investigated promptly by management. Breeches may result in disciplinary action as per hospital policy or the Chiropractic Act.

Follow-up/reporting of results

A chiropractor who is granted privileges to order diagnostic imaging and is granted access to DIIS at any facility is required to conduct appropriate follow-up with a patient upon the completion of any diagnostic imaging test. In the spirit of performing such follow up, chiropractors must make every reasonable effort to review the patient/client information on DIIS within 48 hours of completion of the imaging test. As patients may be required to book an appointment for the requested test, it is important that the ordering chiropractor inform the patient that they should notify the chiropractors office once the imaging test has been completed so that the chiropractor is aware that the images/reports are available. Once the patient has received the imaging as requested, the chiropractor must:

• analyze the results of the diagnostic imaging based on the images and/or interpretive reports;

• record in the patient's health record any additional observations or conclusions made after reviewing the DI and accompanying report;

• ensure that an appropriate and timely follow-up occurs based on the results of the study and clinical investigation;

• select care options within the chiropractic scope of practice, based on the results of the history, examination and diagnostic results, including the DI study;

• report the radiographic findings to the patient in a manner understandable to the patient;

• refer the patient to, or advise the patient to consult with the appropriate health care professional, if the results of a study reveal a diagnosis, clinical impression or findings that may fall outside the chiropractic scope of practice

In the event that a patient/client has not received the ordered DI within 48 hours after ordering, the chiropractor shall continue to make all reasonable efforts to ensure that the results are interpreted and reviewed by the chiropractor in a timely fashion upon the completion of the study.

Members Who Take Their Own Radiographs

A chiropractor who takes their own radiographs shall comply with the procedures for patient

selection and follow up section as described above in this standard of practice.

Additionally, a member who takes their own radiographs is required to:

• ensure that the member's equipment is properly registered and compliant as outlined in CHAPTER P-30 of the PUBLIC HEALTH ACT, RADIATION SAFETY REGULATIONS Pursuant to section 23 of the Public Health Act R.S.P.E.I. 1988, Cap. P-30 and comply with the stipulations set forth in these regulations;

• obtain informed consent for the taking of the radiograph;

• maintain appropriate radiological records;

• produce a radiological report; and

• maintain a radiological log, as required:

Equipment Registration

A member shall ensure that all x-ray installations are registered as required under CHAPTER P-30 of the PUBLIC HEALTH ACT, RADIATION SAFETY REGULATIONS

This applies to all x-ray installations – whether new or used equipment, recently installed or

relocated. Consent

The responsibility for obtaining consent from the patient is on the chiropractor or other regulated health professional who is taking the radiograph at the time the radiograph is taken.

A member who is taking a radiograph of a patient is required to obtain patient consent that

is: • fully informed;

• voluntarily given;

• related to the patient's condition and circumstances;

• not obtained through fraud or misrepresentation; and

• evidenced in a written form signed by the patient or otherwise documented in the patient health record.

Radiological Records

A member shall ensure that a radiological record accompanies every radiograph, which

shall include:

• recent radiographs, when appropriate and available;

• the specific reason for which the diagnostic examination is being conducted (e.g., differential diagnosis, treatment planning indicators);
• the results and conclusions (diagnosis or clinical impression) of the reading of the radiograph;

and • the recommendation and plan or care based on the radiograph.

Radiological Log

The radiological log shall be part of the patient health record and shall contain the

following: • patient's identification

• date of study

• projection or view

• part thickness in centimeter

• kilo Voltage/peak (k.V.p.)

• milli Amperage x seconds (m.A.s)

• comments

Continuing Education

It is expected that a member who orders, takes and/or interprets radiographs as part of their practice participate in ongoing continuing education relevant to the ordering, taking and/or interpreting of radiographs.

A member who orders, takes and/or interprets radiographs as part of their practice shall:

• maintain current knowledge of all applicable legislation, regulations, standards of practice, policies and guidelines;

• apply the member's relevant knowledge, skills and professional judgment to the process of ordering, taking and interpreting radiographs; and

• maintain up-to-date knowledge of new and emerging trends, practices and advances

in technology

This Standard of Practice has an effective date of April 14, 2025.