



Chiropractors'  
Association of  
Saskatchewan

## **THE CHIROPRACTIC REGULATORY BYLAWS**

### **Passed Pursuant to Subsection 15(2) of *The Chiropractic Act, 1994***

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Appendix Part II, s.3

Amended Gazette November 2011 Sections 10, 17(5), 19(3)(10), and Appendix I(c)(6)

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***THE CHIROPRACTIC ACT, 1994***

**REGULATORY BYLAWS**

**REPEAL OF PREVIOUS BYLAW**

The previous regulatory bylaws passed pursuant to *The Chiropractic Act, 1994* are repealed on the date these bylaws come into force in accordance with the provisions of the Act.

These amendments shall come into force upon being approved by the minister pursuant to Section 16 of the Act and being published in the Gazette.

**TITLE AND INTERPRETATION**

- 1(1) These bylaws may be cited as The Chiropractic Regulatory Bylaws.
- 1(2) Any term defined by *The Chiropractic Act, 1994* shall have the same meaning when used in these bylaws and, unless the context otherwise requires:
- (a) **“Act”** means *The Chiropractic Act, 1994*;
  - (b) **“accredited chiropractic college”** means a college or university that is recognized by the C.C.E.C.
  - (c) **“C.C.E.B.”** means the Canadian Chiropractic Examining Board;
  - (d) **“C.C.E.C.”** means the Council on Chiropractic Education Canada;
  - (e) **“C.C.P.A.”** means the Canadian Chiropractic Protective Association;
  - (f) **“Clinical Skills Examination”** means the clinical skills examination set and administered by the C.C.E.B.;
  - (g) **“Discipline Committee”** means the committee constituted pursuant to subsection 32(1) of the Act;
  - (h) **“Investigation Committee”** means the committee constituted pursuant to subsection 28(1) of the Act;
  - (i) **“Professional Corporation”** means a professional corporation as defined by *The Professional Corporations Act, S.S. 2001, c.P-27.1*;
  - (j) **“Quality Assurance Committee”** means the quality assurance committee established from time to time by the board or the association pursuant to the power conferred by clause 15(1)(p) of the Act.

- (k) **“Recertification Examination”** means the recertification examination set and administered by the C.C.E.B.
- (l) **“Supervision”** means supervision by a Chiropractic Preceptor who is present and available in the clinic during all student-patient interactions. **“Direct supervision”** means supervision by a Chiropractic Preceptor while continually present in the treatment room when a student member administers any manipulation or mobilization.

### **CATEGORIES OF MEMBERSHIP**

2(1) Membership in the association shall consist of membership in any of the following categories:

**A. Practicing**

- (1.1) Regular Membership;
- (1.2) Locum Tenens Membership;
- (1.3) Life Membership;
- (1.4) Student Membership;
- (1.5) Limited Membership.

**B. Non-Practicing**

- (1.1) Retired Membership;
- (1.2) Life Membership;
- (1.3) Honorary Membership.

2(2) Any person registered as a member in any of the categories of membership shall continue to be a member in good standing in such category, unless granted membership in another category, so long as:

- (a) the member is not in default in making payment of the annual fees applicable to such category;
- (b) the member is not in default of any provisions of the bylaws requiring the completion of forms or provision of other information at the time of payment of annual fees or any other time;
- (c) the registration of the member has not been cancelled or suspended and, in the case of a practicing member, the licence to practice issued to the member has not been revoked by the board in accordance with the Act and the regulatory bylaw; and
- (d) the registration of the member has been granted for a specified period of time, and that time period has not expired.

- 2(3) Subject to subsections 2(4) and 2(5), any member may resign as a member of the association by written notice to the Registrar.
- 2(4) The resignation of a member shall not be in effect unless and until all fees payable by the member to and including the date of receipt by the registrar of such written notice of registration have been paid.
- 2(5) In the event that the member is the subject of a complaint of professional misconduct or professional incompetence, whether such complaint is received before or after the date of the written notice of resignation by the member, the person who submitted their resignation shall be deemed to continue to be a member, for discipline purposes, until such complaint has been finally concluded, by either a report of the Investigation Committee recommending that no further action be taken, or an order of the board which has been fully satisfied by the member.

#### **PROCEDURE FOR REGISTRATION AND LICENCING**

- 3(1) Application for registration in any category of membership shall be accomplished by completing, signing and submitting the applicable form prescribed in the applicable administrative bylaw accompanied by:
- (a) the evidence necessary to prove to the satisfaction of the board that the applicant has the prerequisite qualifications for membership in the category of membership applied for; and
  - (b) the applicable registration fee provided for in the applicable administrative bylaw.
- 3(2) Registration in any category of Practicing Membership does not entitle the person so registered to practice, unless the person also holds a valid and subsisting paid up annual licence or limited licence issued pursuant to subsection 3(3).
- 3(3) The board may issue an annual licence or a limited licence to a person registered in a category of Practicing Membership, where the person has completed, signed and submitted the applicable form prescribed in the applicable administrative bylaw, accompanied by the applicable fee, as prescribed by the applicable administrative bylaw.

- 3(4) Annual licence fees shall be payable by every practicing member during each calendar year in the amount provided in the applicable administrative bylaw and shall be payable on or before November 30 in any year for the succeeding calendar year. In cases of late payment, an additional fee in an amount determined pursuant to the applicable administrative bylaw shall be paid.
- 3(5) A practicing member who has not paid the annual licence fee and the late fee, where applicable, as provided for in the applicable administrative bylaw, by December 31 shall automatically have his or her licence suspended and his or her name struck from the register.
- 3(6) Fees for a limited licence shall be paid in the amount and at the time determined pursuant to the applicable administrative bylaw, or alternatively, pursuant to the direction of the board, and a person holding Limited Membership who fails to pay in accordance with the applicable administrative bylaw and applicable direction of the board shall have his or her licence suspended and name struck from the register.
- 3(7) Subject to subsection 3(8), both an annual licence and a limited licence, issued pursuant to this section, shall expire, unless sooner revoked, on the date specified therein.
- 3(8) The licence issued to a person registered in a category of Practicing Membership shall stand automatically revoked upon the termination or suspension, for any reason, of that person's registration as a Practicing Member.

## **PRACTICING MEMBERSHIP**

### **Regular Membership**

- 4(1) Subject to subsection 4(4), registration as a regular member shall be granted to a person who has not previously held a valid licence to practice chiropractic in any Province or Territory of Canada, upon the completion of the prescribed application form, including any prescribed statutory declaration, payment of the prescribed fees set out in the applicable administrative bylaw and production of evidence satisfactory to the board that the person:
- (a) is a graduate of a chiropractic program accredited by the C.C.E.C.;
  - (b) either:

- (i) holds a certificate issued by the C.C.E.B. not more than two years prior to the date of his or her application for registration; or
  - (ii) holds a certificate of registration issued by the C.C.E.B. more than two years but no more than three years prior to the date of his or her application for registration and furnishes evidence, satisfactory to the board, that by reason of chiropractic related practice or activities undertaken by the person between the date of issuance of such certificate and the date of his or her application for registration, that the person is clinically competent;
- (c) holds Canadian Citizenship or has been lawfully admitted to Canada, and is legally permitted to work in Canada;
- (d) has successfully completed the examination regarding current Saskatchewan law with respect to the practice of chiropractic and the proper usage of the then current system of paying agencies, which examination is referred to in section 27 and Appendix I of these bylaws;
- (e) carries, or upon registration shall carry, professional liability protection on terms, including as to limits of coverage, satisfactory to the board;
- (f) meets the requirements of subsection 4(6); and
- (g) is of good character.

4(2) Subject to subsection 4(4), any applicant to whom section 16 of these regulatory bylaws does not apply, and who previously held or still holds a valid licence to practice chiropractic in any Province or Territory of Canada, which licence was substantially equivalent to an annual licence to practice issued under and pursuant to the Act and these regulatory bylaws to a practicing regular member, may be registered as a practicing member, provided:

- (a) the applicant meets the requirements of subsection 4(6);
- (b) the applicant carries, or upon registration shall carry, professional liability protection on terms, including as to limits of coverage, satisfactory to the board;

- (c) the applicant is not subject to pending disciplinary proceedings relating directly or indirectly to his or her profession as a chiropractor;
- (d) the applicant does not have any outstanding obligation pursuant to a disciplinary order relating, directly or indirectly, to his or her profession as a chiropractor;
- (e) the applicant holds Canadian Citizenship or has been lawfully admitted to Canada, and is legally permitted to work in Canada;
- (f) has successfully completed the examination regarding current Saskatchewan law with respect to the practice of chiropractic and the proper usage of the then current system of paying agencies, which examination is referred to in section 27 and Appendix I of these bylaws; and
- (g) the applicant:
  - (i) has passed the Clinical Skills Examination within the two year period immediately preceding the date of his/her application for registration; or,
  - (ii) has been engaged in practice for a period of at least twelve consecutive months entirely within the four year period immediately preceding the date of his/her application for registration; or,
  - (iii) if it has been more than three years since the expiration of the last period of twelve consecutive months during which the applicant was engaged in practice, the applicant has, within the one year period immediately preceding the date of his/her application for registration, passed the Recertification Examination.

4(3) Where:

- (a) the eligibility of an applicant for registration as a practicing member is based, in part, on subclause 4(2)(g)(ii); and
- (b) the time that has passed from the last day of the applicant's most recent period of at least twelve consecutive months of being engaged in practice, to the date of his or her application for registration, is more than two years but not more than three years, the applicant shall not be registered as a practicing member unless the applicant has completed, within a time frame approved by the board, at a C.C.E.C. approved college of chiropractic,



- fifteen hours of chiropractic related education, satisfactory to the board, for each year, or part thereof, that the applicant has not been engaged in active practice.
- 4(4) The board may refuse registration of an applicant as a practicing member where:
- (a) In the opinion of the board, the applicant is not of good character; or
  - (b) the applicant has been convicted of a criminal or other offence and, in the opinion of the board, the offence for which the applicant has been convicted, or the circumstances related thereto, are such that it would be contrary to the interests of the public or the association to register the applicant as a practicing member.
- 4(5) The applicant shall bear the onus of satisfying the board that the requirements of such of subsections 4(1), 4(2) , 4(3) and 4(6) as may be applicable are satisfied and shall provide evidence thereof, in such form as the board may require.
- 4(6) Any person in any category of practicing membership must:
- (a) be proficient in Basic Life Support, Level C (BLS-C), as established by the Heart and Stroke Foundation of Saskatchewan, or its equivalent. Certification by the Heart and Stroke Foundation of Saskatchewan, or such other agency as may be approved from time to time by the board, shall be obtained by every person in any category of practicing membership not less than once in every three years;
  - (b) have attended a record keeping seminar approved or provided by the CAS, once every four years.
- 4(7) Registration as a regular member entitles a person to the following privileges:
- (a) to practice chiropractic and use the titles as specified in the Act;
  - (b) to vote and hold office in the association as permitted in the Act;
  - (c) to participate in all meetings of the association;
  - (d) to be appointed to committees of the association;

(e) to receive a copy of the association documents designated for distribution to practicing members; and

(f) to be a member in affiliated national and international associations, as may be required.

### **Locum Tenens Membership**

5(1) The board may register as a locum tenens member any chiropractor who meets the requirements for registration as a regular member and who has completed the prescribed application form or statutory declaration and paid the prescribed fees set out in the applicable administrative bylaw.

5(2) Locum Tenens Membership entitles a person to the following privileges:

(a) to practice chiropractic as a locum and to use their own identification; and

(b) to those privileges, if any, to which the member was entitled immediately prior to the granting of resident Locum Tenens Membership.

5(3) Locum Tenens Membership shall not be granted for any period in excess of 12 months and the number of practice days during any such 12-month period shall not exceed sixty-six. Subject to subsection 5(4), such membership shall automatically expire upon the sooner of the expiration of the period for which it has been granted or the utilization of the sixty-six practice days.

5(4) In the event of a complaint of professional misconduct or professional incompetence based on conduct of a Locum Tenens member occurring while the locum tenens member was registered, such person shall be deemed to continue to be a member, for discipline purposes, until such complaint has been finally concluded, by either a report of the Investigation Committee recommending that no further action be taken, or an order of the board which has been fully satisfied by the member.

### **Practicing Life Membership**

6(1) The board may grant Practicing Life Membership to a practicing member where the contribution made by the member to the chiropractic profession, in the opinion of the board, warrants the granting of Life Membership.

- 6(2) Practicing Life Membership entitles a person to all of the privileges to which a regular member is entitled.
- 6(3) The registration of person as a practicing life member may be revoked by the board where, in the opinion of the board, conduct of such member, coming to the attention of the board after the granting of the practicing life membership, is such that, in the opinion of the board, it would be contrary to the best interests of the association or the public to continue the privilege of practicing life membership for such person.

### **Student Membership**

- 7(1) A person may be granted registration as a student member upon the completion of the prescribed application form, payment of the prescribed fees set out in the applicable administrative bylaw and provision of evidence satisfactory to the board that the person:
- (a) has successfully completed the academic portion of the applicant's student chiropractic program at a C.C.E.C. accredited chiropractic college;
  - (b) is of good character; and
  - (c) carries, or upon registration shall carry, valid professional liability protection on terms, including as to limits of coverage, satisfactory to the Board.
- 7(2) Student membership entitles a person to the following privileges:
- (a) to participate in and complete a clinical internship or preceptorship as required by the college in which the member is enrolled, as identified by the evidence provided under clause 7(1)(a);
  - (b) to practice chiropractic under the supervision of a Chiropractic Preceptor who meets the criteria set out in subsection 7(4); and
  - (c) to participate in all meetings but not to vote or hold office.
- 7(3) A student member shall not engage in any patient interaction unless under the supervision of the Chiropractic Preceptor, as described in subsection 7(4), nor administer any manipulation or mobilization unless under the direct supervision of the Chiropractic Preceptor. Informed consent must be obtained from the patient for all student-patient interactions.

- 7(4) A Chiropractic Preceptor mentioned in clause 7(2)(b) and in subsection 7(3) shall be a member who:
- (a) has been a registered regular member in good standing for the previous five years;
  - (b) is approved by the board to provide supervision and direct supervision to a student member;
  - (c) is recognized as a Chiropractic Preceptor by the college in which the student is enrolled and which has been identified by the evidence provided under clause 7(1)(a); and
  - (d) carries, or upon registration shall carry, valid professional liability protection on terms, including as to limits of coverage, satisfactory to the Board.
- 7(5) A student member shall not be entitled to nor make any claim for compensation for services rendered under the authority to practice conferred by clause 7(2)(b).

## **Limited Membership**

- 8(1) Provided that a person is a graduate of a chiropractic program accredited by the C.C.E.C., then, notwithstanding that the person may not meet all of the other requirements of these bylaws for registration in any category of practicing membership, the board may grant a Limited Membership to such person, provided that the person:
- (a) carries, or upon registration shall carry, valid professional liability protection on terms, including as to limits of coverage, satisfactory to the board;
  - (b) pays the prescribed fees; and
  - (c) satisfies and complies with any and all terms, conditions and restrictions as may be directed by the board.
- 8(2) Subject to subsection 3(2), Limited Membership entitles the member to:
- (a) practice for a specified period of time as directed by the board; and
  - (b) practice, subject to and in accordance with any and all terms, conditions and restrictions as may be directed by the board.
- 8(3) A person to whom Limited Membership is granted shall not be eligible to vote or hold office in the association or to be appointed to committees of the association.

## **SPECIALIZATION**

- 9(1) Except as provided by subsections 9(2), and (3), a member shall not in any manner represent or hold out to anyone that the member is a specialist or that the member specializes in any part or aspect of chiropractic.
- 9(2) Subject to subsection 9(3), a regular member may only hold himself out as specializing in:
- (a) chiropractic sciences provided that the member is a fellow of the College of Chiropractic Sciences (Canada);
  - (b) chiropractic radiology, provided that the member is a fellow of the Chiropractic College of Radiologists (Canada);
  - (c) chiropractic sports sciences, provided that the member is a fellow of the College of Chiropractic Sports Sciences (Canada);
  - (d) chiropractic orthopaedics, provided that the member is a fellow of the College of Chiropractic Orthopaedists (Canada); or

(e) chiropractic rehabilitation sciences, provided that the member is a fellow of the College of Chiropractic Rehabilitation Sciences (Canada).

9(3) No member shall be entitled to in any manner represent or hold out to anyone that the member specializes in any one or more of the specialties enumerated in subsection 9(2) unless and until authorized in writing by the board to do so. The board shall grant such authorization where it is satisfied by the member that the requirements of subsection 9(2) have been met.

### **PROFESSIONAL CORPORATIONS**

10 Registration of a Professional Corporation shall be governed by the following:

- (a) An applicant for registration of a Professional Corporation, or an applicant for renewal of an annual permit issued to a Professional Corporation, shall file with the association an application in the form of Appendix II to these Bylaws which:
  - (i) contains all of the information required;
  - (ii) attaches all documents that are required;
  - (iii) is signed by all persons required; and
  - (iv) contains fee payment as prescribed by the Administrative Bylaws.
- (b) The Registrar may refuse registration, or refuse to renew an annual permit where Appendix II is not completed in accordance with clause 10 (a).
- (c) The Registrar may request additional information relating to an application for registration or an application for renewal of an annual permit by a professional corporation, and may refuse registration or renewal of a permit until that information is provided.
- (d) All advertising by Professional Corporations shall comply with the provisions of these bylaws pertaining to advertising by members.
- (e) Each member who practices chiropractic by, through or in the name of a Professional Corporation is responsible to ensure that all advertising by the Professional Corporation complies with the bylaws.

## **NON-PRACTICING MEMBERSHIP**

### **Retired Membership**

- 11(1) A member may be registered by the board as a retired member upon completion of the prescribed application form, payment of the prescribed annual fee set out in the applicable administrative bylaw and production of evidence satisfactory to the board that the person:
- (a) immediately prior to or at the time of the application had been a practicing member in good standing; and
  - (b) is no longer in practice as a chiropractor.
- 11(2) A retired member retains all privileges he or she had as a practicing member, except the right to practice and the right to vote at annual and special meetings of the association.
- 11(3) A person seeking continuation of registration in the category of Retired Membership shall pay to the association an annual fee, at the time and in the amount prescribed in the applicable administrative bylaw.

### **Non-Practicing Life Membership**

- 12(1) A Non-Practicing Life Membership may be granted by the board to any non-practicing member whose contribution to the chiropractic profession in the opinion of the board warrants Life Membership.
- 12(2) Non-Practicing Life Membership entitles a person to the following privileges:
- (a) to be exempt from payment of any association fees during the life of the member; and
  - (b) those privileges to which the member was entitled immediately prior to the granting of non-practicing life membership, except the right to practice or to vote at annual or special meetings of the association.
- 12(3) The registration of a person as a non-practicing life member may be revoked by the board, where, in the opinion of the board, conduct of such member, coming to the attention of the board after the granting of the non-practicing life membership, is such that, in the opinion of the board, it would be contrary to the best interests of the association to continue the privilege of non-practicing life membership for such person.

## **Honourary Membership**

- 13(1) An Honourary Membership may be granted by the board to any person who in the opinion of the board has contributed to the advancement of the chiropractic profession.
- 13(2) An honorary member shall be exempt from payment of any fees and shall not be entitled to practice, vote or hold office in the association.
- 13(3) The registration of a person as an honorary member may be revoked by the board, where, in the opinion of the board, conduct of such member coming to the attention of the board after the granting of the honorary membership is such that, in the opinion of the board, it would be contrary to the best interests of the association to continue the privilege of honorary membership for such person.

## **CONTINUING EDUCATION REQUIREMENT**

- 14(1) Regular members, locum tenens members and practicing life members are required to attend educational programs approved by the board. The required hours attended shall total thirty (30) or more in every two year period commencing January 1, 1995. Ten (10) of these required hours shall consist of attendance at association provided seminars commencing January 1, 2017. The hours are not transferable to subsequent two-year periods.
- 14(2) All applicants for registration, reinstatement, or annual continued registration, in any of the categories of practicing membership, other than an applicant referred to in subsection 4(1) or 7(1), and all applicants for an annual licence or a limited licence shall provide proof of continuing education hours satisfactory to the board. Where, in the opinion of the board, such an applicant has failed to do so, then, subject to subsection 8(1) of these bylaws, the application shall be refused.

## **PROFESSIONAL LIABILITY PROTECTION**

- 15 Every member registered in any category of Practicing Membership shall, at all times during the currency of such registration, carry valid professional liability protection, on terms, including as to limits of coverage, satisfactory to the board.



## **REINSTATEMENT**

- 16(1) A person whose registration as a member has been revoked by the board or has automatically ceased by reason of non-payment of fees may apply to be reinstated by submitting the applicable form or statutory declaration prescribed in the applicable administrative bylaw, duly completed and accompanied by:
- (a) the evidence that the applicant desires the board to review in support of the reinstatement application;
  - (b) payment of a non-refundable application fee, in the amount prescribed by the applicable administrative bylaw; and
  - (c) evidence that the annual licence fee for the current year has been paid.
- 16(2) On an application for reinstatement being submitted the board shall review the evidence submitted and exercise its discretion in the best interests of the public and may impose or waive conditions for reinstatement including payment of fees and penalties and interest for late payment of fees.

## **QUALITY ASSURANCE**

- 17(1) The Quality Assurance Committee may from time to time appoint any one or more of its members or other persons as assessors and delegate to the persons so appointed the authority to conduct an assessment and to report thereon to the Quality Assurance Committee.
- 17(2) The Quality Assurance Committee shall from time to time select a member or members of the association registered in any category of practicing membership to be assessed and in doing so shall endeavour to have due regard for the distribution of chiropractors in the province and differences in practices, to the end that the benefits of the activities of the Quality Assurance Committee may be fairly extended to the public and the members of the association throughout the province.
- 17(3) The assessments carried out by the Quality Assurance Committee shall be focused on the member's clinical practice, patient care, practice management, record keeping, facilities, facility maintenance and compliance with applicable legislation and regulations and may include recommendations relating to any one or more of such subjects.

- 17(4) Every member of the association who is the subject of an assessment carried out by or under the authority of the Quality Assurance Committee shall cooperate fully with the Quality Assurance Committee and with any of its assessors. The cooperation of a member includes:
- (a) permitting assessors appointed by the Quality Assurance Committee to enter and inspect the premises where the member engages in the practice of chiropractic;
  - (b) permitting assessors appointed by the Quality Assurance Committee to inspect the member's records of patient care;
  - (c) providing to the Quality Assurance Committee or its assessors any information requested by the Quality Assurance Committee or its assessors in respect of any aspect of clinical practice, the care of patients by the member, practice management, record keeping, facilities, facility maintenance and compliance with applicable legislation and regulations;
  - (d) providing the information mentioned in clause 17(4)(c) in the form requested by the Quality Assurance Committee or its assessors.
  - (e) conferring with the Quality Assurance Committee or its assessors when requested to do so by the Quality Assurance Committee or its assessors; and
  - (f) complying with the recommendations of the Quality Assurance Committee.
- 17(5) (a) Where, in the course of or as a result of conducting an assessment, the Quality Assurance Committee determines that there are reasonable grounds for concluding that a member has been guilty of professional incompetence or professional misconduct, the Quality Assurance Committee shall refer the matter to the Investigation Committee and upon doing so the assessment giving rise to such referral shall be at an end.
- (b) Where, in the opinion of the Quality Assurance Committee, a clinic/member(s) is/are not making a reasonable attempt to rectify deficiencies in practice specified by the Quality Assurance Committee the matter may be referred to the Investigation Committee as a complaint of professional misconduct. Notwithstanding the foregoing, if a clinic/member(s) fails three consecutive assessments, the Quality Assurance Committee will automatically forward the matter to the Investigation Committee as a complaint of professional misconduct.
- 17(6) Subject to subsections 17(8) and 17(9) and except where an assessment has resulted in a referral to the Investigation Committee pursuant to subsection 17(5), all information and records obtained by or on behalf of the Quality Assurance Committee in the course of or as a result of conducting an assessment shall be kept in strict confidence and shall not be disclosed by the Quality Assurance Committee or any of its members or assessors, to anyone, other than

another member of the Quality Assurance Committee or another assessor, for the purposes of carrying out an assessment.

- 17(7) On the hearing by the Discipline Committee of a charge of professional misconduct or professional incompetence which arose from a referral by the Quality Assurance Committee to the Investigation Committee pursuant to subsection 17(5), any and all records, information and statements provided or made by the member subject to the peer assessment shall be admissible in evidence, notwithstanding the absence of consent on the part of either the member who is the subject of the discipline hearing or any patient of such member.
- 17(8) The Quality Assurance Committee shall, annually prepare and deliver to the board a report which shall contain:
- (a) the number of members assessed during the period covered by the report; and
  - (b) the number of assessments covered by the report which concluded with a referral to the Investigation Committee.
- 17(9) The Quality Assurance Committee may, and upon the request of the board shall, provide information to the board concerning the activities of the Quality Assurance Committee, which does not identify members who have been the subject of an assessment by the Quality Assurance Committee or the patients of such members, to permit the board to assess the work of the Quality Assurance Committee and to prepare reports of a general nature to the members of the association.

#### **RADIOGRAPHIC IMAGING REQUIREMENTS**

- 18(1) Any member who owns or operates, or who is associated with an organization which owns or operates any radiographic imaging equipment shall ensure that:
- (a) all radiographic installations conform to the Canadian Electrical Code (Part 1), Electrical Licensing requirements of the province and Safety Code 20A, *X-ray Equipment in Medical Diagnosis Part A: Recommended Safety Procedures for Installation and Use*, of Health Canada as amended from time to time;
  - (b) at the time of installation, all diagnostic x-ray equipment conforms to the standards of design, construction and functioning of the Radiation Emitting Devices Regulations (Part XII), proclaimed under the *Radiation Emitting Devices Act* (Canada) as amended from time to time;
  - (c) he or she complies with *The Saskatchewan Employment Act* and Regulations continued and

promulgated under the Act and amendments thereto;

- (d) he or she complies with any recommendations made by the Radiation Health Officer, as appointed under *The Saskatchewan Employment Act* for the protection of the public and improvement of the quality of diagnostic x-rays produced by the x-ray facility;
- (e) all existing radiographic installations must use a film-screen combination that give an equivalent speed of 400 or greater (rare earth screens), or installations must use a Computed Radiography (CR) or Digital Radiography (DR) system for capturing the diagnostic image. This system must be dicom3 level 10 compliant (edited by SK Labour);
- (f) all new radiographic installations must use a Computed Radiography (CR) or Digital Radiography (DR) system for capturing the diagnostic image. This system must be dicom3 level 10 compliant;
- (g) the capacity of all x-ray units must be at least 500 mA-150 kVp, or a new style, high frequency, 300 mA-125 kVp generator; and
- (h) they develop and follow a quality assurance program that is acceptable to a Radiation Health Officer, as defined in *The Saskatchewan Employment Act*, and the Registrar of the association.

18(2) For the purposes of subsection 18(1), a member is associated with an organization which owns or operates any radiographic imaging equipment, where the member:

- (a) is employed by the organization, whether full-time or part-time;
- (b) receives or is entitled to receive any form of payment from the organization;
- (c) the member is an officer, director or partner of the organization;
- (d) the member is an shareholder or creditor of the organization; or
- (e) the member allows his or her name, or a business name which he or she owns or controls, to be used in connection with any advertising or promotion of the organization.

18(3) All members intending to request radiographic imaging or ultrasound in connection with their practice shall do so in compliance with the guidelines for the use of radiographs and diagnostic ultrasound in chiropractic contained in Appendix III.

## PROFESSIONAL STANDARDS

- 19 All members of the association shall conduct themselves in a professional manner so as to enhance the honour of those engaged in the practice of chiropractic. Without limiting the generality of the foregoing, the following rules are adopted:
- (a) having regard to a patient's particular condition and the good judgment of the chiropractor, all procedures, including adjustments, shall be administered with adequate exposure of the patient's body as is necessary and all patients shall be appropriately prepared for these procedures to be performed;
  - (b) a member shall not publish material purporting to be the official position of the association in any public media other than as approved by the board;
  - (c) no member shall use a machine or mechanical device, other than hand-held moving stylus adjusting instruments, as a substitute method of adjustment by hand, of any one or more of the several articulations of the human body;
  - (d) no member shall use a hand-held moving stylus adjusting instrument unless he or she has successfully completed such training regarding the use of such devices as may from time to time be deemed acceptable by the board;
  - (e) no member shall use modalities other than:
    - 1. Therapeutic Ultrasound (*subject to regulations under The Saskatchewan Employment Act*)
    - 2. Muscle Stim
    - 3. Interferential Current Therapy
    - 4. Short Wave Diathermy
    - 5. Transcutaneous Electrical Nerve Stimulation (T.E.N.S.)
    - 6. Microelectrical Neuromuscular Stimulation (M.E.N.S.)
    - 7. Surface electromyography (S.E.M.G.)
      - (i) A member who intends to use surface electromyography shall apply to the board providing evidence of having successfully passed a Canadian Memorial Chiropractic College post graduate course, or its equivalent, in surface electromyography, recognized by the board;
    - 8. Needle Insertion Acupuncture
      - (i) A member who intends to use acupuncture in their practice shall provide evidence to the board of successful completion of specific acupuncture training as taught in the core curriculum, post-graduate curriculum or continuing education division of one or more colleges accredited by the Council on Chiropractic Education (Canada), or in an accredited Canadian or

American college/university or in an accredited school of acupuncture, and meet any additional requirements for continued competency that the board deems appropriate.

9. Low-Level Laser
    - (i) A member who intends to use low-level laser must comply with sections 25 to 28 inclusive of *The Radiation Health and Safety Regulations, 2005*;
  10. Low-energy Extracorporeal Shock Wave Therapy
    - (i) A member who intends to perform ESWT must comply with the Association's policy respecting ESWT.
- (f) for the purposes of ensuring privacy and confidentiality, only the chiropractor's assistant and such other person as a patient may specifically permit, shall be present in the office, adjusting room or other facility ordinarily used by a chiropractor for diagnosing or treating a patient and such patient shall not be visible or audible to anyone outside such office, adjusting room or other facility;
  - (g) a member shall ensure that surgical quality latex gloves and other protection shall be immediately accessible to staff;
  - (h) Members shall reply to all communications from the board, the registrar or a committee constituted by or pursuant to the Act within 14 days of receipt of the communication. The board, registrar or committee, in their discretion, may extend the time period upon written request;
  - (i) every member shall ensure that proper provision for access and other necessary facilities be provided for people with physical disabilities; and
  - (j) members shall not use the name of the city or town in which they are located in such a way as to imply that they are the only, or principal, chiropractic office located therein.

#### **PROHIBITED CONDUCT**

- 20 For the maintenance of the ethical standards and for the governance and honour of those engaged in the practice of chiropractic, it is hereby provided that:
- (a) no member shall guarantee a cure;
  - (b) no member shall offer any money or other consideration to any person for the procuring of patients;
  - (c) no member shall engage in any activities that would not be in the best interests of the public or the profession of chiropractic;
  - (d) no member shall impersonate a member of another profession;

- (e) no member shall perform for a patient a professional service that is not justifiable on any reasonable grounds;
- (f) no member shall provide any professional service that, in the opinion of the Discipline Committee, is in volume or, in relation to other professional services provided, not justifiable on any reasonable grounds;
- (g) no member shall charge a fee or cause a fee to be charged for a service that he or she has not rendered;
- (h) no member shall make or permit false or misleading statements when under the circumstances it was reasonable to conclude that he or she knew that the statements were false or misleading;
- (i) no member shall violate any terms or conditions lawfully imposed by the board; and
- (j) no member shall commit an act of sexual impropriety with a patient. "Sexual impropriety" includes, but is not limited to:
  - (i) acts or remarks which are seductive or sexually demeaning to a patient or which reflect a lack of respect for the patient's privacy or gender;
  - (ii) requesting details of sexual history or other information related to sex or sexual acts when not clinically indicated;
  - (iii) making a request to date a patient, or dating a patient;
  - (iv) initiation by the member of conversation regarding the sexual conduct, problems, preferences or fantasies of the member;
  - (v) sexual activity of any kind between the member and the patient, whether initiated by the patient or not;
  - (vi) conduct with a patient which is sexual or may reasonably be interpreted as sexual;
  - (vii) touching any part of the patient where the patient has refused or withdrawn consent; and
  - (viii) sexual acts by the member in the presence of the patient.
- (k) no member shall engage in the practice of chiropractic while the member's ability to perform a professional service is impaired by alcohol and/or drugs (illicit, over-the-counter or prescription).

## PROFESSIONAL CONFLICT OF INTEREST STANDARDS

- 21 All members shall conduct themselves so that their actions and conduct may never be interpreted as self-serving. The well-being of the patient must always be paramount. Without limiting the generality of the foregoing the following standards are adopted:
- (a) no member shall sell, dispense or permit to be sold or dispensed in connection with that member's practice vitamins or food supplements that are readily available within the member's practice area. Those products that are not readily available shall only be sold to the patient at a minimum profit so as not to place the member in a conflict of interest;
  - (b) no member shall divide with anyone who is not a partner or an associate in good standing with the association, any fees or monies accruing to him from his/her practice as a chiropractor without the patient's knowledge and consent; and
  - (c) no member shall receive any payment or reward for referring anyone to a health provider for care.

## ADVERTISING STANDARDS

- 22(1) The word "advertising" in relation to the chiropractic profession is to be taken in its broadest sense and includes all those methods by which a member is made known to the public either by the member or by others without the member's objection, whether or not the member has provided any consideration, in a manner that can be fairly regarded as having for its purpose the procuring of patients or promotion of the member's practice. The word "advertise" and all parts of speech derived therefrom shall have a meaning which corresponds to the definition of "advertising" herein provided.
- 22(2) Member advertising shall be:
- (a) demonstrably true and accurate;
  - (b) professional in description, content and presentation;
  - (c) exclusive of any claim or implication of professional superiority;
  - (d) respectful in every manner of other members and of other health professions;
  - (e) exclusive of any claim of guaranteed results, or clinically predictive or specific outcomes;
  - (f) of a dignified nature and otherwise such as not to bring the profession into disrepute;
  - (g) compliant with patient confidentiality requirements;
  - (h) inclusive of only matters within the training and scope of practice of chiropractic;
  - (i) reflective of broadly accepted evidence-based research and information; and
  - (j) compliant with all association standards, policies and position statements, as well as any



applicable municipal and/or provincial standards.

22(3) Subject to the provisions of this section and the Code of Professional Ethics, a member may make information about the member and a clinic available to any patient, potential patient or the public generally.

(a) Members may only advertise the holding of the following:

- (i) a degree granted by a C.C.E.C. accredited chiropractic college;
- (ii) a degree awarded by a university or college which meets acceptable standards, which shall be a question in the sole discretion of the Discipline Committee; and
- (iii) a membership with the association and the Canadian Chiropractic Association, as well as fellowships held in any of the colleges as set out in subsection 9(2) of these bylaws, together with an indication of the specialty incidental to such fellowship.

In a prosecution for breach of clause (ii), the member charged shall bear the onus of proving that the university in question does meet acceptable standards.

(b) Members may advertise modalities offered by the member provided that they are included in the list of modalities set out in subsection 19(e) of these bylaws.

(c) Members may advertise chiropractic techniques offered by the member provided that the technique has been approved by the Board of the association.

(d) The following advertising practices are prohibited:

- (i) the use of testimonials that refer to a member or member clinic, with the exception of use within a member's clinic or on a member's clinic website;
- (ii) the use of gift cards or coupons for chiropractic services;
- (iii) offering or auction of free chiropractic services;
- (iv) mall kiosks or screenings for patient solicitation; and
- (v) the use of billboards, defined as being 3 metres by 6 metres, or larger.

22(4) A member's business or trade name shall not include provincial, city, town or village names. The name shall not create unrealistic expectations or superior promised results.

22(5) Advertisement of the sale of health care products shall include a disclaimer that the products are not endorsed by the association.

22(6) Members shall retain copies of all advertising utilized by the member or the member's clinic for a period of two years and shall provide copies to the Registrar upon request.

- 22(7) A member who permits any advertising in contravention of this bylaw to be done on behalf of the member and a member who permits any clinic or clinics with which the member is associated to advertise in contravention of these bylaws shall be deemed to be in breach of these bylaws.

#### **SPECIAL MEETINGS OF THE ASSOCIATION**

- 23 The board, subject to section 15(2)(x) of the Act, may call special meetings of the association as required and shall call a special meeting of the association on the written request of at least twenty-five percent of the members of the association who are entitled to vote.

#### **CODE OF PROFESSIONAL ETHICS**

- 24 Every member shall comply with the code of professional ethics contained in Appendix IV to these regulatory bylaws.

#### **PRACTICE PROCEDURES**

- 25 Every member shall comply with the practice procedures contained in Appendix V to these regulatory bylaws.

#### **DEEMED MISCONDUCT**

- 26 A breach by any chiropractor of any of the provisions of these regulatory bylaws shall be deemed to be misconduct.

## **OBJECTIVES AND PROCEDURES OF THE PROVINCIAL LEGISLATION AND ETHICS EXAMINATION**

- 27(1) The content of the provincial legislation and ethics examination referred to in Appendix I to these Regulatory Bylaws shall be as set from time to time under the direction of the board.
- 27(2) The general objective of the said examination is the general objective described in paragraph A of Appendix I.
- 27(3) Eligibility to sit the examination is as prescribed in paragraph B of Appendix I.
- 27(4) Procedures and rules governing the said examination are set out in paragraph C of Appendix I.

## **APPENDICES**

### **APPENDIX I TO THE CHIROPRACTIC REGULATORY BYLAWS**

#### **OBJECTIVES AND PROCEDURE AND RULES FOR SITTING THE PROVINCIAL LEGISLATION AND ETHICS EXAMINATION**

- A. THE GENERAL OBJECTIVES ARE:
1. To ensure the candidate holds the requisite knowledge of:
    - (i) current Saskatchewan law with respect to the practice of chiropractic;
    - (ii) the proper usage of the then current system of paying agencies.
  2. Candidates are expected to demonstrate an understanding of:
    - (i) responsibility to the patient
    - (ii) responsibility to the chiropractic profession
    - (iii) professional capabilities and limitations
    - (iv) professional liability and risk management
    - (v) professional ethics
- B. To be eligible to sit the Provincial Legislation and Ethics examination, the applicant must pay the prescribed examination fee, be a graduate of a chiropractic program accredited by the C.C.E.C. and hold a certificate issued by the C.C.E.B. not more than two years prior to the date of his or her application for registration as a practicing member or be found by the board to otherwise be in compliance with either clause 4(1)(b) or clause 4(2)(g) of The Chiropractic Regulatory Bylaws.
- C. EXAMINATION PROCEDURES:
1. Upon request the Registrar will supply the required application and information for sitting the provincial legislation and ethics examination.
  2. The applicant must:
    - (a) Apply at least one month prior to the sitting of the examination;
    - (b) Have completed and submitted to the Registrar the required application form; and
    - (c) Have paid all the required fees by certified cheque.
  3. The entire application includes:
    - (a) A completed application form; and

- (b) Two copies of a recent passport size photograph.
4. Upon receipt of the entire application the Registrar will:
- (a) Assign an examination candidate number to each picture;
  - (b) The Registrar will then notify the candidate of the next available sitting date.
5. The Provincial Legislation and Ethics examination is written open book style. Total examination time is two hours. The passing grade is 80%.
6. The examination rules are:
- (a) The examination may be written only twice within a twelve-month period.
  - (b) Examiners must not be contacted at any time.
  - (c) After two (2) failures, additional training, as directed by the board, must be taken. Following this, only one further examination is allowed.
  - (d) Sittings of the examinations will occur twice each year: one in the spring, the other in conjunction with the Annual General Meeting of the association in September.
  - (e) There will be **no** provision for special sittings.
  - (f) The examination must be successfully completed within one year from the date of licensure.

**APPENDIX II TO THE CHIROPRACTIC REGULATORY BYLAWS**

**FORM A.1 - APPLICATION FOR REGISTRATION OF A PERMIT FOR A  
PROFESSIONAL CORPORATION**

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**THIS IS AN APPLICATION FOR REGISTRATION OF A PERMIT GRANTED BY THE CHIROPRACTORS'  
ASSOCIATION OF SASKATCHEWAN TO A PROFESSIONAL CORPORATION**

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1. Name of Professional Corporation: \_\_\_\_\_
2. Address of the Professional Corporation: \_\_\_\_\_
3. Number of **issued voting shares** in the Corporation: \_\_\_\_\_
4. List all **holders of voting** shares in the Corporation: \_\_\_\_\_

Name	Address	CAS License No	# shares

5. Does any person other than those named in question 4 have any right to exercise voting rights with respect to the voting shares of the Professional Corporation?  Yes  No  
If 'Yes', attach a sheet providing full information relating to the arrangement.
6. Number of **non-voting** shares in the Corporation: \_\_\_\_\_
7. List the individual holders of all non-voting shares of the Corporation: \_\_\_\_\_

Name	Address	Name of member related to	Nature of relationship	Number shares held

8. Are any shares of the Corporation owned by a Trust or Corporation?  Yes  No

List all Trusts or Corporations that hold shares in the Professional Corporation.


If any shares in the Corporation are owned by a trust or Corporation, please complete a Trust Information Sheet or a Corporation Information Sheet for each Trust or Corporation, if not already on file at the CAS Office.

On file at the CAS Office

9. Does any person or corporation have any beneficial, equitable or other interest in any shares of the Professional Corporation other than disclosed in questions 4, 5 and 7? (Answer “No” if there are no such interests or if the only interest is security granted to a financial institution as security for a loan).  Yes  No

If the answer is ‘Yes’ attach a sheet providing full information relating to the beneficial or equitable interest.

10. List the **directors** of the Professional Corporation.

Name	Address

11. Do any persons practice chiropractic by, through, or in the name of the Professional Corporation other than persons listed in question 4 above?  
 Yes  No If “Yes’, complete below:

Name of such person	Practice location – or locations	CAS License number(s)

12. Does each person who practices chiropractic by, through, or in the name of the Corporation, hold professional liability protection that meets the requirements of the CAS bylaws?  Yes  No

List all chiropractors who practice chiropractic by through or in the name of the Corporation and details respecting their insurance coverage.

Name	CCPA Member identification [if a CCPA Member]	Name and address of professional liability protection and policy number if not a CCPA member	Professional liability protection per occurrence if not a CCPA member

13. Do the articles of the Professional Corporation prevent it from carrying on any business or activities associated with the practice of chiropractic by any chiropractor listed in question 4 or 11 above?  Yes  No If “Yes”, attach a sheet describing full details of the restrictions.

14. Attach the Articles of Incorporation for the Professional Corporation.

**Declaration**

The following certification must be signed by each chiropractor who is listed in question 4 above:

I/We certify that:

1. Each Statement in this application is true.
2. Each person signing this declaration has read and is familiar with the provisions of *The Professional Corporations Act* relating to professional incorporation and the bylaws of the CAS relating to professional incorporation.
3. Each person undertakes that he/she will notify the CAS if she/he becomes aware that the Professional Corporation does not comply with the provisions of *The Professional Corporations Act* relating to professional incorporation and the bylaws of the CAS relating to professional incorporation; or if the Professional Corporation fails to comply with any terms or conditions contained in a permit.

Signature of Chiropractor(s) listed in Question 4	Date



## CORPORATION INFORMATION SHEET

A separate corporation information sheet must be completed for each corporation that holds any legal or beneficial interest in the share of a Professional Corporation.

1. Name of Corporation: \_\_\_\_\_
2. Number of issued voting shares in the Corporation: \_\_\_\_\_
3. Number of issued non-voting shares in the Corporation: \_\_\_\_\_

4. List the holders of all shares in the Corporation:

Name	Address	Related Member	Relationship	# of Voting Shares	# of Non-Voting Shares

Does any person or Corporation have any beneficial, equitable, or other interest in any shares of the Corporation other than as disclosed in question 4? (Answer “No” if there are no such interests or if the only interest is security granted to a financial institution as security for a loan.)  Yes  No  
 If the answer is “Yes” attach a sheet providing full information relating to the equitable or legal interest.

The following certification must be completed by all members listed in question 4 above.

I/We certify that each statement in this document is true to the best of my/our knowledge, information and belief.

Signature	Date

## TRUST INFORMATION SHEET

A Separate Trust Information Sheet must be completed for each trust that holds any legal or beneficial interest in any shares of a Professional Corporation

1. Name of Trust: \_\_\_\_\_

2. Name and address of Trustee: \_\_\_\_\_

3. Name, address, and relationship of every beneficiary, or possible beneficiary, under the Trust:

Name	Address	Member related to the Beneficiary	Relationship

4. Does the trust permit any beneficial or contingent interest in the Trust for any person other than those persons named in question 3:  Yes  No

If "Yes" either:

- a)  a copy of the Trust Agreement is attached; or
- b)  a copy of the Trust Agreement was previously filed with the CAS and the terms of the Trust have not been amended since the return was last filed.

5. Is any beneficial or contingent interest in the Trust subject to any agreement that could provide any benefit to a person not listed in question 3 (Answer "No" if there is no such agreement or if the only agreement is security granted to a financial institution as security for a loan.)  Yes  No

If "Yes" either:

- a)  full details of the agreement have previously been provided to the CAS, including a copy of the agreement, if the agreement is in writing.
- b)  full details of the agreement are attached, including a copy of the agreement, if the agreement is in writing.

The following certification must be completed by all members listed in question 3 above.

I/We certify that each statement in this document is true to the best of my/our knowledge, information and belief.

Signature	Date

**FORM A.2 – APPLICATION FOR RENEWAL OF PERMIT FOR A PROFESSIONAL CORPORATION**

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**ANNUAL RENEWAL OF PERMIT FOR A PROFESSIONAL CORPORATION**

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Name of Professional Corporation: \_\_\_\_\_

Address of Professional Corporation: \_\_\_\_\_

Effective date of permit: \_\_\_\_\_ Permit #: \_\_\_\_\_

---

1. Have you made any amendments to your Professional Corporation in the last year?

Yes  No If yes, attach a copy of the filed Articles of Amendment.

2. Are any shares of the Professional Corporation owned by a:

Yes  No Holding company \_\_\_\_\_  
(Name of Holding company)

Yes  No Family trust \_\_\_\_\_  
(Name of Family trust)

If any shares in the Professional Corporation are held by a Corporation or Trust, please request and complete a Corporation Information Sheet or Trust Information Sheet for each Corporation or Trust (If not already on file at the CAS office).

3. Is the Professional Corporation in good standing with *The Business Corporations Act*?

Yes  No Date of Annual Return filed \_\_\_\_\_

Attached A copy of your Corporate Profile from ISC – Corporate Registry is attached. This provides proof that my professional corporation is in good standing pursuant to *The Business Corporations Act*.

Declaration

I am familiar with the provisions of *The Professional Corporations Act* relating to professional incorporation and the bylaws of the CAS relating to professional incorporation.

I will notify the CAS if my Professional Corporation does not comply with the provisions of *The Professional Corporations Act* and the bylaws of the CAS relating to professional incorporation; or if my Professional Corporation fails to comply with any terms or conditions contained in the annual permit.

My signature declares that the above statements are true.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX III TO THE CHIROPRACTIC REGULATORY BYLAWS**  
**GUIDELINES FOR THE USE OF RADIOGRAPHS IN CHIROPRACTIC**

**GENERAL PRINCIPLES**

Chiropractors may request plain film radiographs of the skeletal system or ultrasound of soft tissue and joints of their patients using the following guidelines and indications for radiography.

Chiropractors should follow the *Diagnostic Imaging Referral Guidelines* established by the Canadian Association of Radiologists, as set out on their website: [www.car.ca](http://www.car.ca). Referring health care providers have a duty to consider carefully whether each request for radiographs or diagnostic ultrasound is justified and whether the result will affect patient management.

Radiography and ultrasound should not be used as screening examinations but should be performed to evaluate specific clinical concerns raised at history and physical examination which, if discovered, require further investigation/treatment or could be contraindications to chiropractic manipulation.

Prior to ordering new radiography or ultrasound, previous radiology reports should be obtained and, if possible, the images reviewed to determine the necessity of ordering a further radiologic or ultrasonic examination.

Where radiography or ultrasound examinations are considered for chiropractic patients and there is concern regarding:

- a) the advisability of ordering an investigation, and
- b) the type of investigation required,

the matter is to be resolved by consultation between the chiropractor responsible for the clinical care of the patient and the radiologist. The advice of the radiologist should be followed by the referring chiropractor.

Request forms should be completed accurately and legibly to avoid any misinterpretation. Reasons for the request should be clearly stated and sufficient clinical details should be supplied to enable the radiologist to understand the diagnostic or clinical problems to be resolved by radiological or ultrasound investigation.

Radiographs and ultrasounds should only be obtained of the specific body region suspected of harbouring significant pathology. Other than for the evaluation of significant scoliosis, a full spine radiography should generally not be necessary and only requested in consultation with the radiologist.

Follow-up radiographs and ultrasounds during or after treatment are not usually necessary and should not be performed on a routine basis. Follow-up imaging might be required if there is reason to suspect significant complication of chiropractic manipulation or if worsening of the patient's clinical condition suggests significant pathology such as tumour, infection, or fracture, which may not have been evident on prior images taken during the early stages of the condition.

When radiographing patients of child-bearing age, gonadal shielding should be employed whenever the shielding would not significantly impair interpretation of the films.

There may be occasional cases where, in the clinical judgment of the chiropractor, radiography or ultrasound seems advisable in the absence of one of the specific indications outlined below. In general, such cases should be discussed with the radiologist to arrive at a mutually agreed decision regarding the need for and type of imaging.

#### **SPECIFIC INDICATIONS FOR RADIOGRAPHY**

1. History of cancer, steroid use or endocrine disease
2. History of regional surgery
3. Known or suspected alcohol or drug abuse
4. Fever of unknown cause
5. Unexplained weight loss
6. Neurologic deficit
7. Trauma sufficient to cause a fracture, dislocation and/or instability
8. Unrelenting severe pain at rest
9. Failure of pain to improve after four to six weeks
10. Bone pain (percussion, tuning fork)
11. Suspected spondylolisthesis (step deformity in spinous alignment)
12. Significant scoliosis as observed from physical examination
13. Suspected spinal instability
14. Suspected or confirmed inflammatory arthritis (e.g. ankylosing spondylitis or rheumatoid arthritis)
15. Patient seeking compensation for pain or medical/legal cases
16. Although radiography should not be "routine" even for the elderly, radiography may, at times, be justifiable in post-menopausal women and men over age 65 even in the absence of the above indications. This is particularly the case if vigorous manipulation is contemplated, because of the higher incidence of osteoporosis, malignancy and other pathology in this age group.

It is understood that these guidelines do not provide for use of radiography for the detection of minor vertebral subluxations or minor alterations of the curvature of the spine. There is not sufficient evidence in the scientific literature of benefit, reliability, and validity for this use of radiography to justify the attendant cost or radiation exposure to patients.

#### **GENERAL INDICATIONS FOR DIAGNOSTIC ULTRASOUND**

Musculoskeletal ultrasound is an effective established technique for the imaging of soft tissue and joints. Magnetic Resonance Imaging (MRI) is the competing modality in musculoskeletal imaging and may be more appropriate for the investigation of deeper soft tissue structures and in the assessment of internal derangement of large joints. Ultrasound is helpful in detecting injuries to tendon, ligament, nerve, muscle tissues and bone/joint disorders.

## **APPENDIX IV TO THE CHIROPRACTIC REGULATORY BYLAWS CODE OF PROFESSIONAL ETHICS**

Principles of ethical and professional behaviour for all Doctors of Chiropractic, including those who may not be engaged in active Practice:

1. Consider first and foremost the well-being of the patient.
2. Respect those who have taught you your profession.
3. Honour your profession, its history and its traditions.
4. Protect the privacy and respect the rights of the patient.
5. Recognize your limitations and the special skills of others in the prevention and treatment of disease.
6. Remember that integrity and professional competence should be your best advertisement.
7. Teach and be taught; strive to improve.
8. Be responsible in establishing a value on your services.

### **GUIDE TO THE ETHICAL AND PROFESSIONAL BEHAVIOUR OF CHIROPRACTORS**

The scope of a Code of Chiropractic Ethics comprises duties and obligations of chiropractors to their patients, to each other, and to the public.

A chiropractor should be aware of the traditional standards established by his/her forebears and act within the general principles which have governed their conduct.

The transcendent principles upon which chiropractic ethics are based are these:

1. The ultimate end and object of the chiropractor's effort should be:

*"The greatest good for the Patient".*

2. The rules of conduct of chiropractor and patient, and of chiropractors toward each other, should be but facets of the Golden Rule:

*"Do unto others as you would have them do unto you".*

An interpretation of these principles is developed in the ensuing pages, as a guide for individual chiropractors.

It naturally follows that the various articles of this Code are but special applications of these great principles.

## **PART I**

The ethical foundation of the practice of chiropractic consists of those established moral obligations which ensure the dignity and integrity of the profession.

The aim of the Code is to define more clearly these moral and professional obligations and duties which must be observed by every chiropractic practitioner.

First and foremost it is the responsibility of every chiropractor to adhere not only to the relevant bylaws, regulations and statutes, but equally to the Code of Ethics because of its basic moral precepts.

### **DUTIES AND OBLIGATIONS OF CHIROPRACTORS**

#### **Article 1**

##### *Duties of a Chiropractor to the Patient*

#### **Section 1**

The chiropractic profession has for its paramount objective the greatest service it can render humanity.

#### **Section 2**

A chiropractor should stand ready to respond to calls of the sick. He/she should be cognizant of the great responsibility his/her vocation involves and should so conduct himself/herself as to acquire the confidence and respect of his/her patients.

#### **Section 3**

A chiropractor is bound to keep secret whatever he/she may hear or observe respecting the private affairs of his/her patient and family, while in the discharge of his/her professional duties, except when the safeguarding of society imposes a higher law and except when the chiropractor is performing a service to his/her patient by submitting necessary information to a third party with consent of the patient or of a responsible relative or guardian.

#### **Section 4**

All chiropractors shall be guided by the highest standards of moral conduct. Absolute honesty and integrity should characterize all transactions with patients and the public.

A chiropractor should attend his patient as often as is necessary to insure continued favourable progress, but should avoid unnecessary care.

A chiropractor should neither exaggerate nor minimize the gravity of the patient's condition, nor offer any false hope nor prognosis. It is also the chiropractor's duty to acquaint some judicious friend or relative of the patient with the true facts of the case, when the patient appears incompetent.



In all instances the chiropractor shall govern himself with due consideration for the rights of the patient concerning health care.

## **Section 5**

The health and welfare of the patient shall always be paramount and expectation of remuneration or lack thereof should not in any way affect the quality of service rendered to the patient.

The right of the patient to select his or her own method of getting well shall be recognized and respected. The patient shall have the right to select other professional care, separate or complimentary to chiropractic care, where co-operation is necessary and where conflicting procedures do not exist.

In difficult or protracted cases consultations are advisable and the chiropractor shall be ready to act upon any desire the patient may express for a consultation, even though he may not himself feel the need for it.

No chiropractor shall offer to guarantee a cure either verbally or in writing.

A chiropractor shall give a patient only an estimate as to the length of time or number of visits required to correct a given condition.

## **Section 6**

Since a patient has the right to dismiss a chiropractor for reasons satisfactory to himself, so likewise the chiropractor may decline to attend patients when self respect or dignity seem to him to require this step. Once having accepted a patient, he shall never abandon the patient without due regard for the patient's welfare. If for any reason a chiropractor wishes to withdraw from a case, he shall give the patient or the patient's friends or relatives sufficient notice of withdrawal to permit them to secure other attendance.

## **Section 7**

A chiropractor shall avoid assistance in practices of a questionable propriety with his/her patient, a colleague, or a business associate.

A chiropractor shall conduct his/her practice in surroundings which will not compromise the quality of care.

A chiropractor shall not instigate or knowingly participate in an illegal or fraudulent act.

A chiropractor shall ensure that his/her conduct in the practice of his/her profession is above reproach, and that he/she will take neither physical, emotional nor financial advantage of his/her patient.

A chiropractor shall recommend only those diagnostic procedures which he/she believes

necessary to assist him or her in the care of the patient, and treatment which he/she believes necessary for the well-being of the patient.

A chiropractor shall recognize his/her responsibility in advising the patient of his/her findings and recommendations.

In response to a patient's request, the chiropractor shall assist him or her by supplying the information required to enable the patient to receive any benefits to which the patient may be entitled.

When acting on behalf of a third party, the chiropractor shall assure himself/herself that the patient understands the chiropractor's legal responsibility to the third party before proceeding with the examination.

### **Section 8**

A chiropractor shall recognize that he/she has a responsibility to render health service to any person regardless of race, religion or political belief.

A chiropractor shall have the right to refuse to accept a patient. In an emergency he/she shall render all assistance in his/her power to any person where an urgent need for health care exists.

### **Section 9**

In determining his/her fee to the patient, a chiropractor shall consider his/her personal service, the patient's ability to pay, and the fee commonly assessed in the community by members of the profession. He/she will be prepared to discuss his/her fee with his/her patient and will initiate the discussion when his/her fee will exceed that customarily in use.

### **Section 10**

Having regard to a patient's particular condition and the good judgment of the chiropractor, all procedures, including adjustments, shall be administered with adequate exposure of the patient's body as is necessary and all patients shall be appropriately prepared for these procedures to be performed. Exposure must not be excessive and the patient's dignity must be preserved throughout the clinical encounter.

### **Section 11**

In all instances the chiropractor shall govern himself/herself with due consideration for the rights of the patient concerning health care.

## **PART II**

### **RESPONSIBILITIES TO THE CHIROPRACTIC PROFESSION**

#### Article II

##### *Personal and Professional Conduct*

###### **Section 1**

A chiropractor shall recognize that the chiropractic profession demands of him integrity and dedication to its search for truth and its service to mankind.

###### **Section 2**

A chiropractor shall recognize that self-discipline of the profession is a privilege and that he/she has a responsibility to merit the retention of this privilege.

###### **Section 3**

A chiropractor shall conduct himself/herself beyond reproach and will report to the appropriate body of his/her profession, peers or association, conduct by a colleague which he/she considers unbecoming to the chiropractic profession.

###### **Section 4**

A chiropractor shall conduct himself/herself in such a manner as to merit the respect of the public for members of the chiropractic profession.

###### **Section 5**

A chiropractor shall avoid impugning the reputation of his/her colleagues.

###### **Section 6**

A chiropractor shall protect his/her professional independence by avoiding all situations which would lead to a conflict of interest.

## Article III

### *Contractual Arrangements*

#### **Section 1**

A chiropractor shall, when aligning himself/herself in practice with other chiropractors, insist that they maintain the standards enunciated in this Code of Ethics and the provisions of *The Chiropractic Act, 1994*.

#### **Section 2**

A chiropractor shall only enter into a contract, regarding his/her professional services, which allows fees derived from the chiropractic services to be controlled by the chiropractor rendering the service.

#### **Section 3**

A chiropractor shall enter into a contract with an organization only if it will allow him to maintain his/her professional integrity.

#### **Section 4**

A chiropractor shall only offer to a colleague a contract which has terms and conditions equitable to both parties.

## Article IV

### *Reporting Chiropractic Research*

#### **Section 1**

A chiropractor shall first communicate to his/her colleagues or appropriate chiropractic institution of learning through recognized scientific channels, the results of any chiropractic research, in order that those colleagues may establish an opinion of its merits or veracity before he/she or they present it to the public.

## Article V

### *Addressing the Public*

#### **Section 1**

A chiropractor shall recognize his/her responsibility to give the generally held opinions of the profession when interpreting scientific knowledge to the public and in presenting any personal

opinion which is contrary to the generally held opinion of the profession, he/she will indicate he/she is doing so, and will avoid any attempt to enhance his/her own professional reputation.

## **Section 2**

A chiropractor shall not indicate to the public a level of competence greater than that which he/she actually holds, according to accepted standards.

### Article VI

#### *Advertising*

## **Section 1**

A chiropractor shall build a professional reputation based only on his/her ability and integrity; shall avoid all advertising that is not factual and verifiable; and shall make professional announcements only according to local custom.

A chiropractor shall avoid advocacy of any product when he/she is identified as a member of the chiropractic profession.

A chiropractor shall share with his/her colleagues new technique methods, devices or appliances that might be applicable to the practice of chiropractic. It is the duty of the chiropractor to avail himself/herself of every opportunity to observe the action and study the merits of all new types of technique or methods of procedure in the application of chiropractic principles.

### Article VII

#### *Consultation*

## **Section 1**

A chiropractor shall request the opinion of an appropriate chiropractor or health practitioner acceptable to the patient when diagnosis or treatment is difficult or obscure, or when the patient requests it. Having requested the opinion, the chiropractor shall make available to the consultant any relevant information and indicate clearly whether he/she wishes him to assume the continuing care of the patient during this illness.

## **Section 2**

A chiropractor shall, when his/her opinion has been requested by a colleague, report in detail his/her findings and recommendations to the attending chiropractor or health practitioner and may outline his/her opinion to the patient. He/she will continue with the care of the patient only at the specific request of the attending chiropractor or health practitioner, and with the consent of the patient.

## Article VIII

### *Patient Care*

#### **Section 1**

A chiropractor shall co-operate with those individuals who, in the opinion of the chiropractor, may assist in the most appropriate care of that patient.

#### **Section 2**

A chiropractor shall make available to a colleague, on the request of the patient, a report of his/her findings and treatment of that patient.

#### **Section 3**

A chiropractor shall treat without charge, unless specifically requested, his/her colleague and his/her dependent family; his/her colleague being a person who is, or who has been, in a position to provide reciprocal chiropractic services.

## **PART III**

## Article IX

### *Responsibilities to Society*

#### **Section 1**

A chiropractor shall strive to improve the standards of chiropractic services and health care in the community.

#### **Section 2**

A chiropractor shall accept his/her share of the chiropractic profession's responsibility to society in matters relating to spinal and public health, health education, and legislation affecting the health or well-being of the citizens of the community.

#### **Section 3**

A chiropractor shall, in the interest of providing good and competent chiropractic care, support the opportunity of his/her colleagues to obtain recognition and health privileges in his/her community appropriate to their personal and professional qualifications.

#### **Section 4**

A chiropractor shall not charge anyone for treatment he/she provides to his/her family which shall be defined as his/her parents and parents-in-law, his/her legal spouse, his/her brothers and sisters, his/her children.

**APPENDIX V TO THE CHIROPRACTIC REGULATORY BYLAWS**

**PRACTICE PROCEDURES**

(AS AUTHORIZED BY CLAUSE 15(2)(h) OF *THE CHIROPRACTIC ACT, 1994*)

1. A. INITIAL VISIT:

The elements that usually constitute an initial visit include the following:

- patient history
- examination (parts or systems) including laboratory and x-rays as indicated
- diagnosis
- necessary treatment and advice to patient
- prognosis
- complete record of visit including any reason for deviation from this standard

B. SUBSEQUENT VISIT:

The elements of a subsequent visit include the following:

- adjustive or manipulative therapy
- adjunctive physical procedures, including exercise and nutritional counselling
- patient education and counselling
- support procedures (i.e. orthotics)
- first aid and emergency procedures
- consultation and indicated referral
- complete record of visit

C. EMERGENCY VISIT:

The elements that constitute an emergency visit include the following:

- at any locale between 7:00 p.m. and 7:00 a.m. on the chiropractor's normal working day outside the normal working hours;
- at any locale on weekends or statutory holidays outside the normal working hours. Weekend means the period from midnight on Friday to midnight on Sunday. A statutory holiday includes the entire 24 hour period of the specific day;
- the call must be initiated by someone other than the chiropractor;

- the chiropractor must attend on a priority basis.

A treatment consists of the application of one or more of the techniques and procedures listed above. A treatment may be a separate entity or may be included in the consultative process. When a treatment is a separate entity, as in a subsequent or emergent visit, it must also include a review of subjective symptoms, re-evaluation of objective signs, and recording of patient assessment and progress. Only the first patient treated at a particular locale can be billed as an emergency. Only one emergency may be charged during a four hour period.

## 2. MINIMUM REQUIREMENTS FOR CHARTS AND RECORD KEEPING IN SASKATCHEWAN:

A record shall be made of each visit including:

- date
- subjective symptoms
- objective findings, both positive and negative
- areas to be (or not to be) treated or manipulated
- recommendations for future care (management plan)
- missed or cancelled appointments
- telephone calls
- copies of all letters, x-ray and diagnostic reports

## 3. PRACTICE PROCEDURES TO BE FOLLOWED:

- to ensure quality control in patient treatment regimens, new conditions should be reassessed after 4 - 6 weeks of treatment, and for chronic conditions after 6 - 8 weeks of concentrated treatment.
- practitioners should consider getting an independent second opinion if improvement is unusually slow.