Chiropractors' Association of Saskatchewan

POLICIES

Chiropractors' Association of Saskatchewan

POLICIES

TABLE OF CONTENTS

A. Advertising in Direct West Yellow Pages

B. Persons infected with HIV

C. Continuing Education

D. Treating and Billing at Sporting and Other Special Events

E. Teaching Manipulative Techniques to Non-Chiropractors

F. Acupuncture

G. Hospital Privileges (X-Ray & Treating) and Diagnostic Imaging and Ultrasound

H. Independent Chiropractic Examiners

I. Billings/Treatment Incentives

1. Missed Appointments
2. Two Treatments or More Per Day
3. Treatment Incentives
4. Prepaid Fees, Free or Discounted Services

J. Public Relation Activities

K. Informed Consent

L. Registered Massage Therapists

M. CCA Position Statement on Education and the Controlled Act of Spinal Manipulation

P. SEMG

P-2. Mechanical Adjusting Devices

Q. Hygiene

R. Disclosure of Investigation/Discipline

S. Chiropractic/Physical Therapy Inter-Professional Conduct

T. Vaccination

U. Letters of Standing

V. Advertising in Membership Communications

W. Retention of Personal Health Information

W-2. Confidentiality Agreement between Chiropractic Practice & File Destruction Facility

W-3. Confidentiality Agreement for Employees

X. Processing Complaints

Z. Portable Signage

AA. Memorial Donations

BB. Canadian Chiropractic Examining Board Requirements

EE. Chiropractic Care of Animals

GG. Low-Level Laser

HH. Extracorporeal Shockwave Therapy (ESWT)

Chiropractors' Association of Saskatchewan

POLICIES

TABLE OF CONTENTS (cont.)

II. Written Material Displayed or Distributed by Members

JJ. Locum Tenens Memberships

KK. Trade Shows

MM. Media Interviews

NN. Temporary Membership

OO. Delegation of Clinical Duties

PP. Member Fee Adjustments

RR. Electronic Health Records

TT. Social Media Usage

UU. Policy on Virtual Care

VV. Infection Prevention and Control

WW. Internal Coccyx Assessment and Treatment

XX. Point of Care Ultrasound Imaging

POLICY ON ADVERTISING IN DIRECT WEST YELLOW PAGES

All members are required to comply with the advertising standards set out in Regulatory Bylaw 22 of *The Chiropractic Regulatory Bylaws*. Breach of any of these standards is deemed to be professional misconduct pursuant to Regulatory Bylaw 26 and Section 27 of *The Chiropractic Act, 1994*.

The purpose of Section 22 of the Regulatory Bylaws is to maintain a professional image for the chiropractic profession in Saskatchewan, and all CAS members, as well as to facilitate communication of information to the public concerning chiropractic and the availability of chiropractic care, to assist the public in making informed choices for chiropractic care and in assessing chiropractic care.

Pursuant to a resolution passed by the members at the Annual General Meeting held September 23, 2017, the CAS will no longer place a group co-operative advertisement of CAS practicing members in the Yellow Pages of selected telephone books.

Any advertising in the Yellow Pages will be the responsibility of individual members, at their own expense.

To ensure compliance with the Advertising Standards contained in Regulatory Bylaw 22, all Yellow Pages advertisements must be approved, in advance, by the CAS Registrar. This approval requirement is mandated due to the nature and length of time that these ads will be in effect.

October 2017

POLICY ON PERSONS INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)

AFTER SYMPTOMS APPEAR IT IS KNOWN AS:

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

A CHIROPRACTOR'S ETHICAL POSITION:

A. THE SASKATCHEWAN CODE OF PROFESSIONAL ETHICS

Article I, Section 8

"A chiropractor shall recognize that s/he 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 s/he shall render all assistance in his/her power to any person where an urgent need for health care exists."

B. THE CHIROPRACTIC OATH

Paragraph 4

"I will at all times stand ready to serve my fellow man, without distinction of race, creed or colour, in my lifelong vocation of preventing and alleviating human suffering, wherever it may be found, by exemplifying in my own life a pattern of living in harmony with the Laws of Nature."

THE SITUATION:

When a person has tested positive for HIV antibodies it means that the virus has entered their bloodstream and that person may infect others through the four means set out below.

HIV has been shown to be transmitted:

- through sexual contact with an infected person;
- through sharing contaminated needles or syringes;
- through direct infusion of infected blood or blood products;
- from an infected mother to an infant in the womb or during breast feeding.

There is no known cure.

PROTECTION:

Universal Precautions are intended to prevent parenteral, mucous membranes and non-intact skin exposures of health-care workers to blood-borne pathogens.

Body Fluids to which Universal Precautions Apply:

- blood and other body fluids containing visible blood;
- semen and vaginal secretions (sexual transmission);
- tissues;
- the following fluids: cerebrospinal fluid, synovial fluid, pleural fluids, peritoneal fluids, pericardial fluid, and amniotic fluid. The risk of transmission of HIV and HBV from these fluids is unknown.
- The same precautions taken against other blood-borne infections are equally applicable against the HIV, namely:
  - washing of hands;
  - covering of cuts or sores on hands;
  - cleaning equipment according to recommended procedures;
  - using disposable **latex** gloves, gowns, face and eye protection and other protective clothing and equipment pursuant to established procedures;
  - cleaning anything contaminated with blood or other body fluids, using rubbing alcohol or a 1:9 solution of bleach and water **mixed daily**, or an approved bactericidal or viralcidal solution;
  - mess kits and communicable disease kits must be placed at designated sites in each clinic for use in such spills.

Personnel may come into contact with blood and other body fluids of another person at any time. It is important that procedures be established and protective equipment provided to guard against infection of any kind.

Clinicians should be aware that **patients are concerned about infection and, in order to reassure them** as well as to protect themselves, should **demonstrate** a high level for professional competence and **attention to hygienic techniques**.

- All practicing phlebotomy must wear latex gloves.
- All clinicians must use examination latex gloves for procedures involving contact with mucous membranes, unless otherwise indicated, and for other patient care or diagnostic procedures that do not require the use of sterile gloves.

- It is not recommended that clinicians wear protective gloves when performing routine chiropractic treatment unless they have cuts, scratches, or other breaks in their skin, and/or the patient's skin.
- Protective latex gloves must be made available to all health-care givers in each clinic.

The Recommendation of the CAS in Dealing with Employees and Patients Who Have HIV Infection (AIDS):

- As long as the employee is able to perform the duties of his or her job, the approach will be the same as with any other employee.
- Infected employees may continue to work as long as their health-care professional certifies that they are well enough to do so and that they pose no risk to others.
- Persons who are known to be HIV positive, accepted as patients, will be given the same standard of chiropractic care as all patients.

CONTINUING EDUCATION POLICY
Legislative Authority 14(1) and 14(2)
(Developed through a Delphi Review of CE credit protocol)

PREAMBLE:

The Continuing Education Committee has been established to ensure that all members of the Chiropractors' Association of Saskatchewan have the opportunity of sharing in continuing education for the benefit of the profession, their patients and themselves.

REQUIREMENTS:

- All practicing members of the CAS must obtain 30 hours of approved continuing education credit hours (or as indicated in the bylaws under *The Chiropractic Act, 1994*) during each two-year period.
- Ten (10) of these required hours must be obtained through attendance at CAS approved or provided seminars ("inside" hours).
- Continuing education credit hours will be given for seminars, online education, conventions, and tutorials, pertinent to the advancement of the chiropractic profession.
- Each CE offering will be judged on its merits including the course curriculum, course lectures and course protocol.
- The CAS Continuing Education Committee accepts most seminars provided by CMCC and other CCE approved colleges (adhering to CAS guidelines).
- Validation of attendance for both morning and afternoon session is required.
- Seminars that promote monetary gain and unethical patient procurement are not acceptable.

Mandatory Continuing Education Requirements

1. **CPR** – (Regulatory Bylaw 4(6)(a)) Required every three (3) years. **Four (4) inside hours** will be given upon proof of recertification.
2. **Record Keeping** – (Regulatory Bylaw 4(6)(b)) Required every four (4) years. **Six (6) inside hours** will be given upon proof of completion. The CAS will provide this course twice in the spring, twice in the fall of the year 2008 and every 4th year thereafter. New members of the CAS will be required to review the material which will also be included in the Provincial Exam. No CE credits will be provided for this review.
3. **Professional Boundaries** – (Regulatory Bylaw 4(6)(c)) Required every four (4) years starting in 2022. The CAS will provide this course in a format to be determined. A **minimum of two (2) inside hours** will be granted upon proof of completion.

PRIMARY COMPONENTS (MAINSTREAM SEMINARS)

Continuing education credit hours will be given for material approved through CCE recognized institutions, upon review. The CAS, through *The Chiropractic Act, 1994* and regulations, may stipulate areas in which it feels appropriate emphasis should be placed. Automatic approval of hours is not necessarily given if these hours do not fall within the bounds of the following criteria. Each seminar therefore is to be reviewed based upon:

1. **syllabus/curriculum/material to be presented;**
2. **the speaker(s) involved, (curriculum vitae, academic/lecture experience, reputation);**
3. **format for presentation (lecture set up, hours, attendance monitoring).**

Each seminar must meet one of the following curricular areas in order for credit hours:

1. **The Basic Sciences** - anatomy, physiology, pathology, microbiology, biochemistry, etc.
2. **Clinical Sciences** - orthopedics, neurology, chronic care, acute care, radiology, nutrition, sports injuries, psychology, diagnosis, toxicology, rheumatology, drug/alcohol addiction counseling, etc.
3. **Chiropractic Sciences** -
    a. **technique seminars** - those taught at CMCC or other CCE approved colleges. They should only include modality seminars that are sanctioned as acceptable by *The Chiropractic Act, 1994* and its bylaws.
    b. **philosophy seminars** - these seminars would include four (4) categories:
        a. pure history seminars;
        b. metaphysical seminars - those seminars pertaining to basic concepts and underlying assumptions concerning chiropractic;
        c. epistemology seminars - those pertaining to the study of knowledge of chiropractic, such as the acquiring and verification of this knowledge;
        d. ethics seminars - those pertaining to the development of a professional moral code (inclusive of standards of practice seminars -Donahue J; JCCA Vol.34, no.4, December, 1990).

SECONDARY COMPONENTS

These are components of the Continuing Education program which are composed of educational processes which demand variable amounts of time and minimal structured supervision.

1. **Manuscripts** - all academic works submitted for publication, meeting professional standards (ie - submitted to a reputable journal, **not necessarily a referred journal**), including academic historical or philosophical material meeting appropriate journal standards. This process is limited to three categories:
    a. case studies/literature reviews – four (4) hours;
    b. clinical investigations (in-house surveys of practices not necessarily meeting rigid research guidelines) – six (6) hours;
    c. major research publications (meeting strict research guidelines) – ten (10) hours.

    The manuscript category is **limited to a maximum of ten (10) outside hours** accepted in a two-year period.

2. **Exam Preparation:**
    a. A limit of fifteen (15) outside hours will be accepted in a two-year period for CCEB examination participation or exam preparation, which may include, but not necessarily be limited to, the role of the chiropractor as a Standardized Chiropractic Treatment Patient, a Component C Examiner, or a member of any CCEB Committee that strives for the improvement and monitoring of the examination content, process and administration. Hours will be given for the preparation of exam questions based upon the certification of time allocation submitted by the respective Boards.
    b. A limit of fifteen (15) outside hours in a two-year period for work on the 1. Accreditation Committee (Parent Committee) and; 2. Accreditation Standards and Policy Committee (ASPC) of the Federation of Canadian Chiropractic.
3. **Distance Education/Online:** **Unlimited outside hours**. Must be approved by the CE Committee Chair.
4. **Surgical Procedures** (observing/participating): a **maximum of three (3) hours** for any particular surgery, adhering to the following criteria (if less hours, the time spent would be the credit):
    a. neuromusculoskeletal surgeries are given credit for the times;
    b. non-neuromusculoskeletal surgeries, (left to the discretion of the CE committee based upon a submitted report).

    A maximum of three (3) outside hours (10%) will be allowed for each two-year period.

5. **Sitting of Exams/Courses:** this category is limited to a **maximum of 25% of total credit hours**. Hours given will be based upon a structured course program. This category has two areas:
    a. certain recognized courses that have relevant practical/clinical guidelines that meet the standards of the mainstream seminar format, (see primary components section);
    b. University courses pertinent to professional development and continuing education (i.e. - physiology 204, biology 101).

6. **Rounds:** Any member attending Rounds in a hospital setting will receive credit based on time spent. The member must submit proper documentation to the CE committee for approval. A **maximum of 7.5 outside hours will be allowed for each two-year period.**

7. **Professional Mentoring**: Limited to a maximum of 7.5 outside hours per CE cycle.
    a. **Inter-professional** - Any member who provides a mentoring service to students from another regulated health profession, to inform them about the chiropractic profession, by permitting such students to "shadow" them in a clinic setting will receive credit for the time spent preparing for and providing such mentoring. The member must submit written documentation to the satisfaction of the Chair of the CE Committee for approval.
    b. **Intra-professional** – Members who participate in an approved mentorship program will receive credit for the time spent on approved mentoring activities. Members must submit written documentation to the satisfaction of the Chair of the CE Committee for approval.

8. **First Aid:** A member who successfully completes a First Aid Course provided by a recognized First Aid provider will receive credit based on length of course to a maximum of fifteen (15) outside hours in a two-year period.

9. **Board Member or Committee Chair:** Members of the Board of Directors and Chairs of the Investigation, Discipline, Quality Assurance and Continuing Education Committees will receive five (5) outside hours for each two-year cycle in which they hold that position. The hours for the Investigation Committee will be shared by those members taking on the rotating Chair position during the two-year cycle.

10. The writing of national board exams is not eligible for hours.

Summary:

Mandatory Requirements	**Max. Hours Allowed in two-year period**
30 hours every two years - 10 hours from CAS provided seminars (“inside”)	
CPR – renew every three years	4 inside hours
Record Keeping Workshop - once every four years	6 inside hours
Professional Boundaries course – once every four years	Minimum 2 inside hours
Secondary Components	
1. Manuscripts	10 outside hours
2. a. CCEB Exam Preparation	15 outside hours
2. b. Federation Standards	15 outside hours
3. Distance Education/Online	Unlimited outside hours
4. Surgical procedures	3 outside hours
5. Sitting of exams/courses	7.5 outside hours
6. Rounds	7.5 outside hours
7. Professional Mentoring	7.5 outside hours
8. First Aid	15 outside hours
9. Board Member & Committee Chair	5 outside hours

August 23, 2011
Amended January 1, 2017
Amended November 1, 2022
Amended November 21, 2023
Amended August 13, 2024
Amended June 17, 2025
Amended February 3, 2026

POLICY FOR TREATING AND BILLING AT SPORTING AND OTHER SPECIAL EVENTS

Regulatory Bylaws, Appendix IV - Code of Professional Ethics, Appendix V – Practice Procedures

A. PROFESSIONAL TEAMS, ATHLETES AND PERFORMING GROUPS:

When dealing with a professional team/athletes/performing groups, a contractual paid relationship should exist between the chiropractor and the sports team or group for the duration of the season. A record of any assessment and/or treatment provided must be kept. If a chiropractor is requested to treat or consult with either the home (Saskatchewan-based) or visiting professional team/group on a one-time basis during the season, a fee should be charged and records must be kept.

B. NON-PROFESSIONAL TEAMS, ATHLETES AND PERFORMING GROUPS:

When dealing with a non-professional team/athletes/performing groups, a contractual paid relationship may be entered between the chiropractor and the sports team/group for the duration of the season. A record of any assessment and/or treatment provided must be kept.

C. ONE-TIME SPECIAL EVENTS SUCH AS LOCAL, PROVINCIAL, NATIONAL OR INTERNATIONAL COMPETITIONS, CONCERTS AND OTHER PUBLIC EVENTS:

If athletes or performers are treated on site or in the clinic during the period of the event, a record of any assessment and/or treatment provided must be kept.

D. TRAINING OR ADVISING ATHLETES, TEAMS AND PERFORMERS:

Any advice or training which is not strictly covered under the scope of practice of chiropractic in terms of what constitutes a billable procedure is to be donated.

E. TREATMENT LOCATION:

All services provided at the event site or in the field are to be carried out in a location providing as much privacy as possible, as is acceptable to the patient and chiropractor, and similar in nature to services provided by other health professionals.

All services, whether provided pursuant to paragraph A, B, C, or D (at the event site, on the field or in the clinic) are subject to the Regulatory Bylaws, Appendix IV – Code of Professional Ethics, and Appendix V – Practice Procedures.

Amended December 2017
Amended March 25, 2022

POLICY ON THE TEACHING OF MANIPULATIVE TECHNIQUES TO NON-CHIROPRACTORS

The Chiropractors' Association of Saskatchewan adopts the following policy of the CCA:

"Whereas, the knowledge to know when, and when not, to manipulate, and which type of manipulative technique to use is a diagnostic decision requiring years of study and a high degree of knowledge and skill, and

Whereas, the acquisition of that knowledge which embodies the principles and practice of chiropractic requires extensive formal training in an accredited chiropractic program or institution, and

Whereas, these skills and knowledge are competency tested at national and provincial levels,

Therefore, be it resolved that the CCA strongly disapproves of its members teaching chiropractic manipulative techniques to other health care professionals or lay persons outside of an accredited chiropractic educational institution".

POLICY ON ACUPUNCTURE

The CAS recognizes that some members have been providing acupuncture treatments separately from their chiropractic practice for many years. The purpose of a chiropractic policy is to protect the public by ensuring that members of the profession who wish to provide acupuncture as an adjunctive therapy have the requisite skill sets. This policy outlines the elements necessary to maintain a high level of skill in the application of acupuncture as an adjunctive therapy in the chiropractic practice.

A. The use of acupuncture, as an adjunctive therapy, may have significant benefits for patients, but also carries some risk. As such, members must be:

    1) skilled at prevention of infection and familiar with clean needle techniques;
    2) aware of any and all contradictions to the use of acupuncture;
    3) trained in the appropriate responses at accidents and untoward reactions;
    4) aware of precautions necessary to prevent injury;
    5) in possession of current liability coverage as provided by CCPA or its equivalent through another vendor.

B. Members are required to obtain patient consent prior to treatment by acupuncture that is:

    1) fully informed;
    2) voluntarily given;
    3) related to the patient's condition and circumstances;
    4) not obtained through fraud or misrepresentation and;
    5) evidenced in a written form signed by the patient or otherwise documented in the patient's health record.

C. Members must have completed 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.

D. The CAS requires the following minimum formal training for those members who intend to use acupuncture as an adjunctive procedure in the primary practice:

    1) Acupuncture Canada, Level AA1 - 3; or
    2) McMaster University Acupuncture Programs;
    3) CMCC Clinical Acupuncture Certificate Program; or
    4) the equivalent which is satisfactory to the Board.

E. Chiropractors who have actively practised acupuncture as a separate and distinct therapy from their chiropractic practice for a minimum of five (5) consecutive years immediately before the enactment of this policy will be deemed to have met the qualifications to practice acupuncture as an adjunctive therapy as outlined above.

F. Members must provide evidence, satisfactory to the Registrar, of carrying professional liability protection in the applicable minimum amount per occurrence and minimum aggregate amount per year, including coverage for claims after the member ceases to hold a certificate or membership in the protective association that provides equivalent protection, unless the applicant is an employee of a member, a health facility or other body that has equivalent professional liability protection or membership in a protective association that provides equivalent protection.

G. Members are advised to obtain a membership to a national and/or provincial acupuncture association such as Acupuncture Canada, or the Saskatchewan Acupuncture Association, or the Provincial Medical Acupuncture Association.

H. Recommended to use only single use disposable needles.

I. The Member has appropriate biohazard and sharps disposal containers, and complies with the Saskatchewan Biomedical Waste Management Guidelines (2008).

J. Members are permitted to use dry needling, as an adjunctive therapy, provided that they have obtained the minimum formal training for acupuncture, as set out above, and have completed certified dry needling training. Evidence of this training must be provided to the Registrar.

April 2011
Amended June 2014
Amended January 2016
Amended August 2018
Amended August 2024
Amended November 2024

CANADIAN CHIROPRACTIC PROTECTIVE ASSOCIATION
Informed Consent for Acupuncture Care FORM - AC

Please Read Carefully

I hereby request and consent to the performance of acupuncture and other procedures related to acupuncture, as necessary, including moxibustion, cupping, and/or electroacupuncture by the above-named doctor or another duly authorized doctor in the clinic.

I understand and am informed that in the practice of acupuncture there are some risks to treatment, including, but not limited to, minor bleeding or bruising, minor pain or soreness, nausea, fainting, infection, shock, convulsions, possible perforation of internal organs, and stuck or bent needles.

I have been advised that only pre-sterilized needles will be used. All acupuncture needles are properly disposed of after each and every treatment.

I do not expect the doctor to be able to anticipate and explain all possible risks and complications. I wish to rely on the doctor to exercise judgment during the course of the treatment which the doctor feels at the time, based upon the facts then known, is in my best interests. I understand that the results are not guaranteed.

I have read this consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-mentioned acupuncture procedures. I intend this consent form to cover the entire course of treatment for my present and future conditions for which I seek treatment.

N.B. Female Patients:

I fully understand that in the case of pregnancy, a risk of causing fetal distress with acupuncture treatment(s) is possible. I hereby state that I am not pregnant, nor is there any possibility that I may be pregnant.

READ BEFORE SIGNING

Date Signed	**Print Patient's Name**	**Signature of Patient (or parent/guardian)**

POLICY ON SASKATCHEWAN HEALTH AUTHORITY PRIVILEGES

The Provincial Health Authority Act requires the provincial health authority and prescribed affiliates to enact bylaws governing its practitioner staff. Chiropractors are included in the list of health professions eligible to be appointed to the practitioner staff of the Saskatchewan Health Authority (SHA) and to hold privileges. It is a privilege, not a right, to be included in the Practitioner Staff Bylaws of the SHA.

The Attending Health Professionals Regulations outline what a chiropractor appointed to the practitioner staff of the SHA may do, within the scope of his/her privileges:

- cause a person to be registered as an out-patient of the facility for the purpose of obtaining:
  - plain film radiographs of the person's skeletal system; or
  - ultrasound images of the person's musculoskeletal system.
- on the request and/or consent of the person's attending physician, attend, diagnose or treat a person admitted to the facility as an in-patient or registered as an out-patient of the facility for the purpose of chiropractic treatment or services.

Any chiropractor accessing services in a facility operated by the SHA, including diagnostic imaging, must have privileges with the SHA.

To apply for privileges with the SHA, members should contact the Practitioner Staff Affairs office of the SHA.

May 2015
Amended August 2018

POLICY ON DIAGNOSTIC IMAGING AND ULTRASOUND

Chiropractors may order diagnostic x-ray or ultrasound from any private diagnostic imaging facility.

Chiropractors may also order diagnostic x-ray or ultrasound from a SHA diagnostic imaging facility provided they have been appointed to the practitioner staff and granted privileges with the SHA.

Chiropractors may not bill for any portion of the diagnostic imaging or ultrasound ordered that is performed by a radiologist in a SHA radiology facility or at a hospital.

- Requisitions for imaging must be completed accurately and legibly to avoid any misinterpretation. Reasons for the request should be clearly stated and sufficient clinical details should be provided to enable the radiologist to understand the diagnostic or clinical problems to be evaluated by the ultrasound investigation.
- Consult *The Chiropractic Regulatory Bylaws – Appendix III* for guidelines on appropriate ordering of diagnostic imaging.
- Refer to the website of the Canadian Association of Radiologists: www.car.ca (Diagnostic Imaging Referral Guidelines).
- The radiologist has the authority to determine what imaging should take place and has the ability to advise our members whether any particular examination is appropriate or not. Any concerns regarding the advisability of ordering investigations and the type of investigation required should be resolved through consultation between the chiropractor and the radiologist.

Should you have any questions about diagnostic imaging, contact the CAS Registrar.

May 2015
Amended August 2018

POLICY FOR INDEPENDENT CHIROPRACTIC EXAMINATIONS (ICE)

The CAS Adopts as Policy the following FEDERATION recommendations:

The purpose of a chiropractic standard is to protect the public by ensuring that members of the profession involved in providing expert independent assessments have the requisite skill sets.

This standard will serve to provide a guide for chiropractic practitioners on the required level of expertise in the performance of such assessments.

RECOMMENDATIONS REGARDING INDEPENDENT CHIROPRACTIC EXAMINATIONS (ICE'S)

1. A 'like vs. like' approach for current and future disputes regarding chiropractic care in evaluations ordered from third parties such as Workman's Compensation Boards, automotive insurers, legal and governmental organizations.

2. Each assessor should be experienced in generating impartial, concise, appropriate and relevant assessment decisions and subsequent reports. An independent assessor should have a demonstrated ability to articulate assessment outcomes rationale and plain language.

RECOMMENDED ASSESSOR QUALIFICATION STANDARD

An independent chiropractic assessor:

1) Should have the necessary education, training and experience to offer an opinion regarding the issue in dispute, and specifically taking into consideration the unique characteristics and circumstances of the person being assessed with an advanced knowledge of and experience in:

   a) clinical record/case review (medical necessity, appropriateness and standard of care issues),

   b) expert opinion/testimony and report writing,

   c) clinical practice guidelines,

   d) scientific literature search and review,

   e) quality assurance,

   f) clinical evaluation, assessment and care management,

   g) current relevant legislation, case law and arbitration decisions,

   h) formulating an opinion based exclusively on provided documentation when necessary or appropriate,

   i) generating impartial, concise, appropriate and relevant assessment opinions and reports, and

   j) articulating assessment opinions and rationale in plain language.

2) Should have a minimum of five years of current, balanced, or relevant clinical experience.* As a Chiropractic Specialist (Clinical Sciences, Orthopedics, Sports Sciences, Rehabilitation Sciences, and Radiology Sciences) a three-year minimum experience is recommended. When reasonable, an assessor of equal or greater level of expertise should be utilized.

3) Must be a member in good standing and holding a current certificate of registration with his or her respective chiropractic regulatory board, and should have an 'equal or greater level of experience, education and training' as the practitioner for whom the evaluation is being conducted.

4) Must maintain professional liability protection, and

5) Must maintain mandatory continuing education in the areas of impairment, disability and treatment protocols.**

*current means the last five years, balanced means the assessor maintains clinical practice in addition to performing independent assessments and has expertise which distinguishes themselves with respect to a higher level of experience, training and education.

**There are now many continuing education courses specific to independent assessment that are being offered to supplement the basic education of chiropractic evaluators; e.g., in clinical sciences, accident reconstruction, independent chiropractic evaluations, rehabilitation, radiology, functional capacity evaluations. It is important that independent evaluators remain current through their training with issues impacting upon their performance of independent assessments.

COMMUNICATIONS BETWEEN THE ATTENDING PRACTITIONER AND THE THIRD PARTY EXAMINER

In general, the CAS Board requires that all members adhere to strict professional cooperation between the attending chiropractor and the chiropractor providing the third-party assessment.

Once an appointment for a third-party assessment is confirmed, the third-party examiner may request that the attending chiropractor provide information pertinent to the case. It is appropriate to request that X-rays and roentgenologists reports be forwarded to the examiner. Communications between the attending practitioner and the third-party examiner is encouraged in instances where clarification of outstanding questions or concerns is required. All communication should maintain a professional tone, with ultimate consideration given to the well-being of the patient.

An attending practitioner, who has received a request for information, shall provide such to the best of his/her capacity, promptly. Attending practitioners shall in no way attempt to discourage patients from cooperating with the request for a third-party assessment.

EXAMINATION CONTENT

The chiropractic examination by a third-party chiropractic examiner should include standard history, orthopaedic, neurologic, and physical examination procedures. The examination should also include those procedures that are inherent to the chiropractic profession, such as intersegmental motion palpation, static bony palpation, etc. Where, in the opinion of the third-party examiner, further X-rays are required, it is at the discretion of the third-party examiner to obtain such films, as appropriate.

The examination, and subsequent narrative report, should contain a balance of both subjective and objective findings. Patient survey instruments, such as self-described disability, and visual analog pain scales, may be utilized.

THIRD-PARTY EXAMINER'S RECOMMENDATIONS

As a general rule, the recommendations of a third-party examiner should not be made directly to the patient.

It is the right of the third-party examiner to predict the frequency and duration of future treatment. Recommendations for treatment must be defensible through the identification of treatment objectives. The third-party examiner should state that any proposed treatment plan is an estimate, based upon the third-party examiner's clinical evaluation.

On certain occasions, it may be appropriate for a third-party examiner to recommend the referral of a patient for alternative evaluation or care. Such referral, however, shall not be done directly by the third-party examiner, nor should such referrals be discussed directly with the patient.

It is appropriate for third-party examiners to identify and alert the third-party insurer to all red flags and barriers to recovery.

REPORT DISTRIBUTION

It is acknowledged that a third-party examiner's report is the property of the third-party insuring agency; therefore, the distribution of the report to the attending practitioner is at the discretion of the said agency.

It is recommended, in the best interest of the patient, the third-party agency share the third party examiner's report with the attending practitioner. Most insuring agencies have no problem with providing a copy of the report to the attending practitioner. SGI has indicated that it will instruct client service representatives to forward a copy to the attending chiropractor as professional courtesy.

THIS POLICY GUIDELINE IS A REASONED EXPRESSION OF THE VIEWS OF THE CAS BOARD ON THIS ISSUE, DESIGNED TO PROVIDE GUIDANCE AND DIRECTION TO THE CAS MEMBERS REGARDING THEIR PROFESSIONAL OBLIGATIONS AND CONDUCT WITH RESPECT TO THE PROVISION OF, AND COOPERATION WITH, THIRD-PARTY EXAMINATIONS. IT IS NOT A SUBSTITUTE FOR THE ACT, BYLAWS, OR THE CODE OF ETHICS. SPECIFIC CASES OR SPECIFIC COMPLAINTS WILL BE DEALT WITH THROUGH THE NORMAL PROCESSES.

POLICY ON BILLINGS / TREATMENTS / INCENTIVES

A. MISSED APPOINTMENTS: *(Dec. 8, 1998)*

Charging for missed appointments is not a general occurrence but there are circumstances, which would clearly justify such charges. Each individual patient should be forewarned when charges for missed appointments might be contemplated. These charges are uninsured payment only.

B. TWO TREATMENTS OR MORE PER DAY: *(Nov. 2003; amended Mar. 2016, Nov. 2021)*

No practitioner will bill any patient or third-party payer more than once for the same type of service provided during that business day. The exceptions would include when a patient presents with a new condition, in which case a full visit service could be billed for, or if provided for in a third-party agreement.

C. TREATMENT INCENTIVES: *(Nov., 2003)*

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

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

Therefore, it is unethical for any member to enter into any verbal or written agreement related to care that would provide financial or service incentive.

D. PREPAID FEES, FREE OR DISCOUNTED SERVICES: *(Nov., 2006)*

CAS members are prohibited from signing patients to prepaid contracts or advertising free or discounted services as they are considered a breach of the Code of Professional Ethics.

November 28, 2006
Amended November 2, 2021

POLICY ON PUBLIC RELATION ACTIVITIES

All public relation activities involving chiropractic in Saskatchewan are limited to musculoskeletal disorders.

May 1999

POLICY ON INFORMED CONSENT

The CAS adopts the CCPA patient informed consent form as a mandatory part of the patient records.

May 1999
Updated September 2025

CANADIAN CHIROPRACTIC PROTECTIVE ASSOCIATION

Updated: September 2025

CCPA
CONSENT TO CHIROPRACTIC TREATMENT

It is important to consider the benefits, risks and alternatives to treatment. This will help you make an informed decision about proceeding with care.

Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body. It also includes soft-tissue techniques, therapeutic modalities and exercise.

Benefits - Chiropractic treatment has been shown to be effective for complaints of the neck, back and other areas of the body related to nerves, muscles and joints. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility and improve function.

Risks – The risks associated with chiropractic treatment may vary according to each patient's condition and the location and type of treatment. The risks include:

- **Temporary discomfort or worsening of symptoms** – Treatment may cause some discomfort or an increase in pre-existing symptoms of pain or stiffness. This can last a few hours to a few days.
- **Skin irritation or burn** – Skin irritation or a burn may occur with the use of some types of electrical and light therapies. Skin irritation should resolve. A burn may leave a permanent scar.
- **Sprain or strain** – A muscle or ligament sprain or strain may occur. These should resolve within a few days or weeks with rest, minor care and/or protection of the affected area.
- **Rib fracture** – A rib fracture may occur. This can be painful and limit your activity for some time. These usually heal over several weeks with or without further treatment.
- **Disc injury or aggravation** – Some reported cases associate chiropractic treatment with injury or aggravation of symptoms. Signs and symptoms may include neck and back pain, impaired mobility, or radiating pain and numbness into the legs or arms. In severe cases, impaired bowel or bladder function or impaired leg or arm function may occur, which may need surgery.
- **Stroke** – Some reported cases associate chiropractic treatment of the neck with stroke. This is rare. This type of stroke is a serious event involving arteries in the neck and the interruption of blood flow to the brain. The consequences of a stroke can include impairment of vision, speech, balance and brain function, as well as paralysis or death. If signs of stroke occur, seek medical attention immediately.

Alternatives – Alternatives to chiropractic treatment may include consulting other health professionals, over-the-counter pain relievers, rest, and exercise. Each may have their own benefits and risks.

Questions or concerns – Please ask questions at any time about your assessment and treatment. Bring any concerns you have to the chiropractors' attention. If you are not comfortable, you may stop treatment at any time. You are encouraged to be involved in and responsible for your care. Inform your chiropractor immediately of any change in your health or condition.

I acknowledge that I have discussed my condition and the treatment plan with the chiropractor. I understand the nature of the treatment offered to me. I have considered the benefits and risks of treatment and the treatment alternatives. I have read this form or had it read to me. I consent to chiropractic treatment as proposed to me.

Do not sign this form until you meet with the chiropractor.

_____
Patient Name (print)

_____	_____	_____
Patient/Guardian Signature	Date	Chiropractor Siganature

POLICY ON REGISTERED MASSAGE THERAPISTS

PREAMBLE:

The CAS recognizes that Massage therapy is unregulated in Saskatchewan with a wide variance in the quality of its education programs. Many chiropractors in Saskatchewan have developed office sharing and/or interactive relationships with RMT's.

- The Massage Therapy Association of Saskatchewan (MTAS) requires its members to undergo voluntary certification via examination. There is no mandatory licensure process. Massage therapy in Saskatchewan is not an enacted profession.

- Automatic regulation and/or discipline of its members does not appear to be a possibility for MTAS.

- Standards of education appear to be quite variable. Continuing education seminars seem to vary widely; some of these techniques appear to be infringing upon the scope of chiropractic practice.

CHIROPRACTIC AND REGISTERED MASSAGE THERAPISTS - POLICY OF REFERRAL:

At the very least, the referring chiropractor should:

- Be cognizant with and comfortable with the training, experience and reputation of the therapist.

- Be sure that the therapist carries adequate professional liability protection.

- Instruct the therapist as to the number and frequency of treatments recommended.

- Provide for appropriate re-evaluation of the patient after the program of therapy has been completed to determine progress and need for ongoing treatment, if any.

- Be sure that the referral and all related information is well documented on the file.

May 1999

CHIROPRACTIC AND MASSAGE THERAPY - OFFICE SHARING:

Numerous chiropractic clinics have developed interactive relationships ranging from office sharing arrangements to full associate-style agreements.

A number of very positive benefits have been achieved by having an RMT work harmoniously within a chiropractic clinic.

The following measures should be helpful:

- Develop a contractual relationship involving the professions, especially, this should indemnify the chiropractor against any potential liability that may arise from the professional activities of the RMT.

- Define the duties of the RMT - that is that he/she does not conduct any other business on the premises of the chiropractic clinic.

- Specify how payment of the rent shall occur.

- Specify that new patients may enter the massage therapy clinic without chiropractic referral in all instances. However, chiropractic referrals should be accepted where appropriate, i.e., the RMT can solicit patients on their own.

- The RMT should keep proper books and accounting records.

- The RMT should also keep good historical records of therapy.

- Right to terminate.

May 1999

CCA POSITION STATEMENT ON EDUCATION AND THE CONTROLLED ACT OF SPINAL MANIPULATION

The CAS Adopts as Policy the following:

Chiropractic is a regulated health profession with particular expertise in the care of the spine and extremity articulations. The legislated scope of practice of the profession includes the controlled act of spinal manipulation, a therapy that is central to the delivery of care by chiropractors.

Spinal manipulation requires a high degree of skill. The clinical decision to utilize manipulation is determined based on a thorough patient assessment and diagnosis requiring the clinical acumen to determine an appropriate course of treatment.

To ensure that the chiropractic profession is competent to assess, diagnose and provide spinal manipulation, the Council of Chiropractic Education of Canada (CCEC) requires that accredited chiropractic degree programs provide a minimum of 4,200 hours of education encompassing an approved curriculum. The World Health Organization (WHO) has also established 4,200 hours of training for chiropractic education in countries where there is legislation governing the profession.

As well, the WHO has established a minimum of 2,200 hours of additional training for any other regulated health care professional, whose scope of practice includes the controlled act of manipulation, and who wishes to become proficient in the assessment and diagnosis of neuromusculoskeletal conditions and the application of spinal manipulation to address those conditions.

Therefore, it is the position of the Canadian Chiropractic Association (CCA), that chiropractors be educated in compliance with CCEC standards, and that other health professionals whose scope of practice includes the controlled act of spinal manipulation obtain a minimum of 2,200 hours of additional training that meets CCEC and WHO standards in order to be sufficiently qualified to assess and diagnose neuromusculoskeletal conditions and provide spinal manipulation.

The CCA cautions that public safety is at risk when spinal manipulation is performed by any health professional whose training and education do not meet CCEC and WHO standards.

The Canadian Chiropractic Association represents the professional interests of Canada's chiropractors. Chiropractic is a regulated health care profession recognized by statute in all Canadian provinces, and is one of the largest primary health care professions in Canada. The practice of chiropractic consists of the examination, assessment, diagnosis, treatment, management and prevention of spinal, joint and related neuromusculoskeletal disorders.

February 2008
Amended March 2016

POLICY ON SURFACE ELECTROMYOGRAPHY (SEMG)

SEMG in Saskatchewan should conform to the *Clinical Guidelines of Chiropractic Practice in Canada* which recommended that:

a) Dynamic SEMG: rated as promising may be used in clinical setting for diagnostic means along with other diagnostic tests, history and examinations.

b) The member must have completed and passed a CCE accredited course in SEMG and attend updating courses as presented.

c) Procedures, patient preparations and protocols of the course must be followed.

d) Minimum technical specifications must be met. Machines must have four-channel capability approved by the Canadian or American Standards Association, Underwriters Laboratory.

e) That static SEMG, rated as investigational, be used for clinical research purposes only.

f) There will be no billing code for this procedure as for all modalities and diagnostic procedures other than X-ray.

g) CAS members are invited to advise the Modes of Care Committee of any information regarding continuing education courses and new research, particularly with regards to static SEMG. The Committee will review information provided and make further recommendations as warranted.

July 2000

POLICY ON MECHANICAL ADJUSTING DEVICES

The educational requirement for the use of moving stylus adjusting instruments must be from a CCE (Canada, United States or International) accredited college.

June 22, 2004

POLICY ON HYGIENE

The board of the Chiropractors' Association of Saskatchewan adopts as policy the following:

> For proper hygiene, all members shall ensure that, during initial construction of their office/clinic, or any significant alteration to their office/clinic, a sink or sinks shall be located such that they are visible to patients and accessible from each treatment room.
>
> Members should wash their hands before treating a patient.

November 2001

POLICY ON DISCLOSURE OF INVESTIGATION/DISCIPLINE

The Board of the Chiropractors' Association of Saskatchewan adopts as policy the following:

> All those wishing to run for the Board or serve on Committees must disclose any current investigative or disciplinary proceedings.

October 2002

POLICY ON CHIROPRACTIC/PHYSICAL THERAPY INTERPROFESSIONAL CONDUCT

PREAMBLE

Pursuant to a meeting held in Saskatoon on April 17, 1996, the Chiropractors' Association of Saskatchewan and the College of Physical Therapists of Saskatchewan have arrived at an understanding with respect to the acceptable conduct of members to both professions when interacting during the provision of care to mutual clients.

Recent changes to the Physical Therapists Act, along with the passing of a new Act governing chiropractors, have allowed for increased interprofessional interaction between chiropractors and physical therapists in the province of Saskatchewan. As well, new programs in both the WCB and SGI indicate an interdisciplinary approach is mandatory. Thus, in the interest of the well-being of clients, and in keeping with the spirit of health care reform, we encourage interdisciplinary cooperation and respect between practitioners.

The goal of this document is to help practitioners of both professions to properly conduct themselves so as to attain a better interprofessional atmosphere, and hence, build bridges between the two professions. Both professions see clients with neuromusculoskeletal problems, but the approach to management of these clients may often be difficult. However, we have the same overall goal, that being an improvement in the health status of clients.

Both professionals recognize that there may be some overlap in the application of techniques. Comments about the appropriateness, ability or sole practice privileges with respect to these techniques should be avoided unless based on fact.

REFERRALS

If a client is not progressing well, the approach of the other profession may be of help to the client, and should be considered as a possibility upon review of the client's progress. Physical Therapists and Chiropractors may initiate and receive referrals from each other where that referral is in the interest of the client.

When initiating a referral, it is appropriate to provide the practitioner who is about to see the client with a brief synopsis of the client's complaint, physical findings, special tests, and treatment to date; this information may be provided by written communication, or by telephone.

If you have received a referral, and after you have seen the client, it is appropriate to acknowledge the referral and provide the referring practitioner with a written summary of your findings and plan of management. This should be updated throughout treatment of the client at appropriate times, so that the referring practitioner may be kept apprised of the client's progress.

CONCURRENT CARE

From time to time, a client may attend a chiropractor and a physical therapist concurrently. This need not be considered inappropriate, and indeed, in many cases, might be helpful to the client.

All practitioners are advised to ascertain what concurrent treatment(s) the client is receiving that may influence the efficacy of their treatment. In some circumstances, concurrent treatments might counteract each other, or conflicting advice/information may be provided. As well, it might be difficult to determine which treatment is helping or hindering.

Practitioners should be wary of unnecessary duplication of the same therapy, and a clear understanding of both practitioners' roles should be evident to both practitioners as well as the client.

In order to ensure that both the chiropractor and physical therapists have the same goal for the client, there should be communication between the practitioners either by mail or telephone. If the practitioners decide that a hiatus from a form of treatment rendered by one of them is necessary, they should understand and convey to the client that the intervention should be stopped for a period of time, but might again be useful at a later point in care.

When a referral has been made by a third party, for example a physician or insurer, a copy of the treatment plan should go to the practitioner(s) that have been treating the client up to that point in time. This may be followed by a phone discussion that should be considered the equal responsibility of both parties to initiate. The intent of the insurer or the physician in some situations may be to avoid concurrent treatment for a time, to explore the benefits of solely one approach.

If there is a disagreement about the treatment program, this should be explained to the client and the client offered a choice to return to the previous care giver or to begin treatment with the other practitioner.

It is inappropriate to recommend to a client that he/she discontinue care from another practitioner until consultation with that practitioner has taken place. It is inappropriate to render any derogatory or otherwise defamatory remarks about the other practitioner's mode of care.

SHARING INFORMATION WITH/WITHOUT CLIENT CONSENT

The obligation is on all health providers not to share information outside of the client's health care team without client consent. It is the viewpoint of the respective regulatory agencies that blockage of discussion for lack of consent would seriously impede interdisciplinary cooperation. The client that is undergoing interdisciplinary care should be informed that information shall be shared, and consent should be obtained.

TEAM PARTICIPATION AND SHARED OFFICE SPACE

It is appropriate for physical therapists and chiropractors to participate and interact on various interdisciplinary health care teams.

It is appropriate for a physical therapist and chiropractor to share office or other health care facilities, subject to such professional bylaws, regulations, or guidelines that might govern each respective practitioner.

THIS STATEMENT IS A REASONED EXPRESSION OF THE VIEWS OF THE CHIROPRACTORS' ASSOCIATION OF SASKATCHEWAN AND THE SASKATCHEWAN COLLEGE OF PHYSICAL THERAPISTS ON THE ISSUE OF INTERPROFESSIONAL COOPERATION, DESIGNED TO PROVIDE GUIDANCE AND DIRECTION TO CHIROPRACTORS AND PHYSICAL THERAPISTS REGARDING THEIR PROFESSIONAL OBLIGATIONS. IT IS NOT A SUBSTITUTE FOR ANY STATUE, BYLAW, OR THE CODE OF ETHICS GOVERNING EITHER PROFESSION. SPECIFIC CASES OR SPECIFIC COMPLAINTS WILL BE DEALT WITH THROUGH THE NORMAL PROCESSES OF EACH REGULATORY BOARD.

POLICY ON VACCINATION

The Chiropractors' Association of Saskatchewan (CAS) recognizes that vaccination is an established public health practice for the prevention of infectious diseases.

Vaccination is not within the scope of chiropractic practice. The CAS directs members to refer all patient questions, consultation, and education regarding vaccination to the appropriate public health authorities and/or health professionals whose scope of practice includes vaccination.

January 20, 2004
Amended January 8, 2021
Amended January 13, 2023

POLICY ON LETTERS OF STANDING

All letters of standing from new applicants shall be accepted as valid for a period of three (3) months from the date of the letter.

December 15, 2009
August 13, 2024

POLICY ON ADVERTISING IN MEMBERSHIP COMMUNICATIONS

The Board of the Chiropractors' Association of Saskatchewan (CAS) adopts as policy the following:

CAS members and the public may advertise with the Chiropractors' Association of Saskatchewan regarding products or employment opportunities that are of interest to our members, and in compliance with the CAS Mission, Vision and Goals. Advertising may be included in the classified section of the CAS website and linked to the CAS newsletters.

Advertisements will be accepted and displayed at the sole discretion of the CAS. The CAS does not endorse any such products or services advertised.

Acceptable advertisements include:

- practices for sale
- job postings
- chiropractic equipment for sale

Fees for advertising on website and newsletter are as follows:

(i)	For CAS members:	Free (3-month limit)
(ii)	For public:	$75.00 for one month $125.00 for two months

August 13, 2013
Amended Nov. 2015
Amended Dec. 2017

POLICY ON RETENTION OF PERSONAL HEALTH INFORMATION

The Board adopts the following policy:

All members must retain personal health information for a minimum of ten (10) years from the last date of treatment for adult patients, or until age 20 if the patient is a minor, whichever period is longer.

August 22, 2017
Amended September 1, 2023

POLICY ON CONFIDENTIALITY AGREEMENT BETWEEN CHIROPRACTIC PRACTICE & FILE DESTRUCTION FACILITY

The Contractor named below hereby agrees that it will destroy patient files and other confidential information provided by the chiropractic practice described below. ***[attach list of files being destroyed]***

The Agreement

The contractor agrees that it will, with respect to all documents provided by the chiropractic practice to it for destruction:

a) Cross shred all documents within 10 days of taking possession of those documents;

b) Not permit any agent or employee of the Contractor, or any other person, to read or copy any document;

c) Maintain all documents in a secure location until they are shredded;

d) Shred the documents in such a manner that they cannot be reconstructed;

e) Comply with all the requirements of *The Health Information Protection Act* and *The Health Information Protection Regulations, 2023* respecting personal health information.

The Contractor acknowledges and agrees that any breach of this agreement may result in termination of the agreement for destruction of documents.

Contractor: (please print) _____

Authorized Signatory: (please print) _____

X_____ _____
Authorized signature **Date (dd/mm/yy)**

Chiropractic Practice: _____

Dr. _____ _____
Witness (privacy officer): please print **Date (dd/mm/yy)**

X_____ _____
Witness signature **Date (dd/mm/yy)**

March, 2005
Amended September 1, 2023

POLICY ON CONFIDENTIALITY AGREEMENT FOR EMPLOYEES

I am aware that the chiropractic practice named below has policies and procedures regarding the privacy, confidentiality, and security of personal health information and that it must comply with *The Health Information Protection Act* (HIPA). I understand that it is my responsibility to be familiar with the requirements outlined in these policies and procedures and I have read the current version of these policies and procedures.

As an employee of the chiropractic practice named below, I agree to observe and comply with all policies and procedures of the chiropractic practice with respect to privacy, confidentiality, and security of patient information. Except when I am legally authorized or compelled to do so, I will not use or disclose personal health information that comes to my knowledge or possession by reason of my employment with this chiropractic practice.

I understand that any breach of the policies and procedures, including misuse or inappropriate disclosure of personal health information, may be just cause for the termination of my employment, and may result in prosecution under the provisions of HIPA.

Employee Name: (Please Print) _____

X _____ _____

Employee Signature **Date (DD/MM/YY)**

Chiropractic Practice: _____

Dr. _____ _____

Witness (Privacy Officer): Please Print **Date (DD/MM/YY)**

X _____ _____

Witness Signature **Date (DD/MM/YY)**

March, 2005
Amended January 2024

Policy for Processing COMPLAINTS

Intent

To outline the procedure when a complaint is received involving a member(s) for:

- ❖ providing written acknowledgement of a complaint;
- ❖ obtaining a written response from the member(s) identified in the complaint; and
- ❖ the process of resolving a complaint.

The entire process may vary where required by The Chiropractic Act, 1994.

Procedure

A. The Registrar receives a written complaint, which must include the name and contact information of the complainant.

B. The Registrar will send a letter to acknowledge that the complaint has been received and briefly explain the complaint process.

C. The Registrar will appoint a Complaint Chair from the Committee, on a rotating basis. The complaint letter and copies of the correspondence are forwarded to the Complaint Chair.

D. The Complaint Chair will acknowledge receiving the complaint from the complainant and may ask for further information or authorization to examine the complainant's patient file if applicable. The complainant is informed that a copy of the complaint letter will be forwarded to the member(s) involved.

E. The Complaint Chair will forward a copy of the complaint letter to the member(s) involved and require a response to the allegations within 30 days. The Committee may extend the time period for the response.

F. Upon receipt of the member's response, an email confirmation of receipt is to be sent to the member(s). A copy of the response may be provided to the complainant, at the discretion of the Committee, allowing the complainant the opportunity to comment on the member's response.

G. The Investigation Committee will review the information provided to determine if sufficient evidence exists to proceed and may request further information from the parties involved by writing or by taking any steps it considers necessary, including summoning before it the member(s) whose conduct is the subject of the complaint.

   When a complaint involves a 3rd party payor, the Complaint Chair should consider contacting the 3rd party, where the Investigation Committee is of the view that such 3rd

party may be in possession of information relevant to determining whether the matter should proceed to a discipline hearing. (see Appendix A)

The Committee may:

- require any person to answer relevant questions, under oath or affirmation;
- require any person to give any relevant documents to the Committee;
- enter any premises that the member has practiced and inspect or audit the practice.

If the Registrar or Investigation Committee has reasonable grounds to believe that a member may be suffering a physical or mental ailment, an emotional disturbance or addiction to alcohol or drugs that impairs the member's ability to practice, causing a danger to the public, the Registrar or Investigation Committee may:

- direct the member to submit to a physical or mental examination;
- request the person or facility conducting the examination to provide a written report;
- impose temporary limitations or conditions or limitations on the member's license;
- temporarily suspend the member's license.

During the investigation process, the Complaint Chair will provide regular updates on the status of the investigation to the complainant and the member every 30 days (or sooner if appropriate), via email or in writing. The updates will continue until the matter is complete and the Report of the Investigation Committee has been sent. The receipt of any subsequent information from the complainant or member during the investigation process is to be acknowledged by the Complaint Chair.

Pending the outcome of the investigation, if the Registrar or Discipline Committee believes, on the basis of a complaint or the nature of the case, that the member's license should be suspended or their ability to practice should be limited or restricted, the Registrar or Discipline Committee may suspend the member's license or impose limitations or conditions on their license.

H. On completion of its investigation, the Investigation Committee may:

- refer a matter to mediation, upon agreement of both parties;
- require a member to appear before the Committee to be cautioned (see Appendix B);
- require a member to complete a specified continuing education or remediation program (see Appendix C);
- accept a voluntary surrender of a member's license;
- accept an undertaking from the member to undergo an assessment for fitness to practice, obtain counselling, monitoring of practice, remedial training, any other conditions on practice.

The Committee shall make a <u>written report</u> to the Discipline Committee recommending that:

a) the Discipline Committee hear and determine the formal complaint set out in the written report; or
b) no further action be taken with respect to the matter under investigation.

I. A copy of the Investigation Committee Report is sent to the Registrar, who provides a copy to the complainant, the member(s) involved, the Discipline Committee, and the Board.

J. If it is the recommendation of the Investigation Committee that a discipline hearing be convened, a member may plead guilty to the charges and accept responsibility for the complaint prior to the convening of a discipline hearing. The Investigation Committee will then propose a penalty regarding the complaint for consideration at a penalty hearing.

March 2005
Amended November 2, 2021
Amended June 7, 2022
Amended Sept. 15, 2022
Amended Nov. 21, 2023
Amended June 4, 2024
Amended Nov. 29, 2024

Appendix A

3rd Party Payors

In the case of a complaint involving a 3rd party payor, if the Investigation Committee is of the view that the 3rd party may have information relevant to whether the matter should proceed to a discipline hearing, the following steps should be taken:

1. Advise the Complainant and the member that the 3rd party will be contacted to obtain specific information relevant to the complaint. The Complainant signs an Authorization for Consent and Release of Information as part of the written complaint (on last page of form), so a further release is not required.
2. Contact the 3rd party and advise them that information is required in a complaint investigation and request the specific information. Provide a copy of the Release to the 3rd party if requested (not the entire Complaint Reporting form).
3. Where the 3rd party payor is WCB or SGI, the following contacts should be utilized:
   WCB: Healthcare Services Manager rharrington@wcbsask.com
   SGI: Senior Director Injury Claims jseip@sgi.sk.ca

Appendix B

Process for Caution Meetings

Section 29(3)(d) of The Chiropractic Act, 1994 provides that upon completion of an investigation, the Investigation Committee may require the investigated member to appear before the Investigation Committee, or a panel of the Committee, to be cautioned.

When the Committee chooses to impose a caution, the following process should be followed, with the assistance of legal counsel:

1. Complete the written report stating the conclusions of the Committee and that the member is to appear before a panel of the Committee to be cautioned. The report is provided to the Complainant, the member, the Discipline Committee and the CAS Board, through the Registrar.
2. Contact the member to arrange a date to hold the meeting, either in person or virtual. The Complainant does not attend this meeting.
3. Arrange for a court reporter to attend the meeting and provide a transcript of the proceedings.
4. During the meeting, the member is advised of the conclusions of the Committee and given the opportunity to discuss any comments or questions they may have. The formal caution is then read to the member.
5. A copy of the transcript is provided to the member, the Committee and attending counsel. A copy is also provided to the Registrar to place on file.

Appendix C

Process for Remedial Education

Section 29(3)(e) of The Chiropractic Act, 1994 provides that upon completion of an investigation, the Investigation Committee may require the investigated member to complete a specified continuing education or remediation program.

When the Committee chooses to require remedial education, the following process should be followed:

1. The Committee will identify the skills/competencies that are lacking and in need of remediation.
2. The Committee will investigate available courses through chiropractic programs and other appropriate sources. Assistance in this process may be provided by the Registrar and the Continuing Education Committee upon request.
3. The Committee will provide a final Report to the Registrar stating that remedial education is required, as well as the information regarding the areas for remedial education and the list of recommended courses.
4. The Registrar will make any follow-up arrangements for the member to complete the remedial education.

POLICY ON PORTABLE SIGNAGE

The CAS portable signage may only be utilized at events that promote the best interests of the chiropractic profession as a whole and not for an individual clinic or group of clinics. In addition, the signage may only be used at events whose focus and composition are consistent with the mission statement and scope of practice of the chiropractic profession in Saskatchewan.

Requests to use the signage must be made to the CAS office in advance of the event. All information necessary to explain the event in detail must be provided with the request. Approval for usage is at the discretion of the CAS.

Any member or members making use of the signage must take all necessary precautions to assure that it remains in excellent condition during use and transport. The signage must be returned to the CAS office, or other location as specified by the CAS.

The cost of transporting the signage to events arranged by the CAS will be borne by the CAS. The cost of transporting the signage to events arranged by a member will be borne by the member.

Any damage to the signage used at an event arranged by a member will be charged to the member at replacement cost.

June 14, 2005
Amended January 2018

POLICY ON MEMORIAL DONATIONS

When the board has been made aware of the death of a member or a death in the member's immediate family (spouse, child, parent), the CAS may provide a donation of $100, in memory of the deceased, to a charity specified by the family. If no charity is specified, a payment in this amount will be made to the chiropractic college from which the member graduated.

In special circumstances, on the basis of exemplary service to the profession, the board may increase the amount of the donation to a higher amount not to exceed $500.

Such consideration may also be given to a former member if he or she was a member of the CAS for a minimum of ten years.

September 21, 2013

POLICY ON CANADIAN CHIROPRACTIC EXAMINING BOARD REQUIREMENTS

"The Chiropractors' Association of Saskatchewan supports the Canadian Chiropractic Examining Board provisions for examination.

August 13, 2013

POLICY ON THE CHIROPRACTIC CARE OF ANIMALS

The Board of the Chiropractors' Association of Saskatchewan adopts as policy the following:

The Chiropractic Act, 1994 states in subsection 2(e) "chiropractic" means: (i) the science and art of treatment, by methods of adjustment, by hand, of one or more of the several articulations of the **human** body.

Without appealing to the government to open the act to remove the word "human", the treatment of animals is clearly outside the scope of chiropractic practice in Saskatchewan. It is also understood that an attempt to change the wording of the act in this manner would meet with the opposition of the Saskatchewan Veterinary Medical Association.

The Canadian Chiropractic Protective Association does provide liability protection for Animal Chiropractic only within jurisdictions that include this within their scope of practice, and appropriate training has been completed. **In Saskatchewan, they will not provide this coverage to a member, regardless of training.**

Section 17 of *The Veterinarians Act, 1987*, prohibits diagnosis or treatment of animals by anyone other than a veterinarian. However, the definition of 'veterinary medicine' contained in subsection 2(1) of *The Veterinarians Act, 1987*, excludes from the definition of 'veterinary medicine' treatment of an animal administered by a non-veterinarian at the direction and under the direct supervision of a member. Accordingly, the prohibition contained in section 17 would not apply to a chiropractor providing treatment to an animal at the direction and under the direct supervision of a veterinarian.

For a member who wishes to pursue recognized training in the provision of care to animals, their only current option for providing treatment is as a lay-person under the direct supervision of a licensed veterinarian, as outlined in *The Veterinarians Act, 1987*, and related bylaws.

Any person providing care to an animal would be advised to have written direction from a veterinarian, directing the treatment be provided to the animal and certify that such treatment will be provided only under the direct supervision of the veterinarian. The veterinarian should date and sign the certification, confirming that the procedure was supervised when performed.

It is important to understand that the person providing care and the veterinarian would **both** be held liable for the outcome of care.

Approved August 25, 2009

POLICY ON LOW LEVEL/COLD LEVEL LASER

1) This therapy is for the treatment of musculoskeletal complaints only and is not to be used for conditions outside the scope of practice of chiropractors, including but not limited to: hair removal, skin conditions, smoking cessation, teeth whitening.

2) The machine must conform to Health Canada specifications and regulations.

3) The machine must be properly labeled, as supplied by the manufacturer, and must be legible and clearly visible to the Patient.

4) All staff using these machines must have received appropriate training in their use and such training must be documented in writing and be readily available upon request.

5) Safety goggles appropriate for the wavelength of the machine must be worn by the patient and operator when the machine is in use.

6) Warning signs must be posted on doors when a machine is in use.

7) All machines must be tested and calibrated in accordance with manufacturer's recommendations, and such testing and calibration must be documented in writing and be readily available upon request. Such documentation will be reviewed by the Quality Assurance Committee as part of the Chiropractic Professional Enhancement Peer Review Process.

   Note: SLED/SLD (super luminous light emitting diode) and LED (light emitting diode) are not recommended for use given the lack of good quality, independent, research published in the scientific literature for the treatment of musculoskeletal complaints.

Amended August 2025

POLICY ON EXTRA CORPOREAL SHOCKWAVE THERAPY (ESWT)

While it is recognized that research on ESWT is currently equivocal it would appear that there may be some limited benefit pertaining to musculoskeletal problems related to the foot, elbow and shoulder. ESWT should only be used for such musculoskeletal conditions when other more proven options have been first tried without success.

If there is little or no change in the patient's condition after four ESWT treatments, it should be discontinued.

Members must provide advance, written proof to the Registrar that the machine that they will be using is currently licensed by Health Canada.

Members wishing to use ESWT must provide advance, written proof of having completed adequate training on the device to use it safely and effectively according to the manufacturer's specifications.

Machines must be maintained as required by the manufacturer and written proof of such maintenance must be kept on file for review by the Registrar and Quality Assurance Committee on request.

Members using ESWT must be mindful of contraindications to and potential side effects of its use and advise patients accordingly.

Contraindications include: coagulation disorders, use of anticoagulants, thrombosis, tumor diseases/carcinoma, pregnancy, acute inflammations and infections and children receiving growth or cortisone therapy up to six weeks prior to treatment.

ESWT will continue to be evaluated as new research becomes available.

POLICY ON WRITTEN MATERIAL DISPLAYED OR DISTRIBUTED BY MEMBERS

This policy applies to all written materials displayed in and/or distributed by members in conjunction with their chiropractic practice.

Members are permitted to display in and distribute from their clinics written material such as pamphlets and brochures.

While such material may or may not be directly promotional in nature it is considered, in the manner described in section 22(1) of the Regulatory Bylaw, to fall under the generic heading of "advertising."

Without negating the generality of the foregoing statement, such written material is required to be:

a) Compliant with *The Chiropractic Act, 1994* and all relevant sections of the CAS Advertising Standards, Code of Professional Ethics and Policy on Advertising;
b) Pertaining solely to matters within the training and scope of practice of chiropractic;
c) Respectful of other health care professions;
d) Compliant with patient confidentiality requirements;
e) Free from reference to matters for which there is limited or no objective research;
f) Compliant with the CAS Mission, Vision and Goals.

POLICY ON LOCUM TENENS MEMBERSHIPS

A locum tenens membership is one category of practicing membership, as set out in Section 5 of *The Chiropractic Regulatory Bylaws*.

The definition of a "locum" is: (a) a member who has been granted a locum tenens membership with the intent to do a locum for a fully licensed chiropractor; or (b) a fully licensed member substituting and providing services for another fully licensed chiropractor.

The "locum" definition was developed by the Board using the following criteria:

- Must have a specific start/stop date;
- Must be substituting/working for another chiropractor who is on holidays, ill or otherwise unable to work;
- Must be replacing another chiropractor on a temporary basis, not a permanent, regular basis; and
- Must be actively engaged in using skills as a chiropractor.

This is temporary membership and professional liability protection applies. Locums must practice at least once per year to keep their status. All locum practitioners must notify the Registrar of their locum activities before the end of the current year.

A member who is having a locum covered by another chiropractor cannot work while the locum is being covered. This would no longer be considered a locum. "Double-dipping"using the locum's billing number is not allowed. This would only apply to paying agencies.

December 2013
Amended November 2018

POLICY ON TRADE SHOWS

Members are allowed to participate in trade shows which are relevant to the chiropractic profession, specifically trade shows pertaining to health care and to industries that commonly utilize chiropractic care.

Participation in a trade show and/or having a booth at a trade show is considered "advertising" and, as such, members must comply with the advertising standards set out in Section 22 of The Chiropractic Regulatory Bylaws.

At a trade show, members are permitted to hand out business cards and discuss chiropractic care with the public. Members may also distribute chiropractic materials that are compliant with Policy II "Policy on Written Material Displayed or Distributed by Members."

Members are not permitted to perform any assessments/screenings or have any displays of chiropractic techniques.

Overall, members should adhere to the CAS goal of promoting chiropractors as neuromusculoskeletal specialists. Having a common message reinforces our professionalism and positive image.

December 2013
Amended June 2022

POLICY ON MEDIA INTERVIEWS

Media and public interest in medicine is growing and there is increasing pressure on health care practitioners, including chiropractors, to participate in radio, television and newspaper interviews.

1. If a member of the CAS is contacted by the news media for an interview, the member shall direct the reporter/interviewer to the CAS Provincial office, or the member shall contact the office before conducting an interview.

2. Individual members of the CAS shall obtain permission from the provincial office to conduct a media interview.

3. From time-to-time, the provincial office may contact a member to conduct an interview, or to be available for a media interview.

4. Chiropractors shall not participate in interviews extolling their personal professional accomplishments or the availability through the chiropractor of a medical device, or mode of treatment.

5. In all statements and interviews, the chiropractor shall exercise caution that he/she be seen as speaking for the profession rather than promoting his/her own qualifications and professional services.

6. The content of interviews with the media shall conform to the relevant provisions of the Code of Professional Ethics and the Advertising Standards of the Chiropractors' Association of Saskatchewan.

7. The content of interviews with the media shall be limited to the scope-of-practice of chiropractic in Saskatchewan.

February 2014

POLICY ON TEMPORARY MEMBERSHIPS

A temporary membership is a type of Limited Membership, as set out in Section 8 of *The Chiropractic Regulatory Bylaws*.

There are two forms of temporary memberships:

1. A locum membership for an out-of-province chiropractor; and
2. A temporary membership for an out-of-province chiropractor attending in Saskatchewan to provide chiropractic services at a sporting event.

Applicants for a temporary membership must apply in writing to the Registrar and submit the following:

1. Locum:

   (1) CAS Locum Application Form (Form 2);
   (2) Letter of Good Standing from practicing jurisdiction;
   (3) Confirmation of professional liability protection; and
   (4) Application fee ($100 payable to CAS).

2. Sporting event:

   (1) Letter providing contact information (home & clinic) and details of SK sporting event;
   (2) Letter of Good Standing from practicing jurisdiction;
   (3) Confirmation of professional liability protection; and
   (4) Application fee ($100 payable to CAS).

The Registrar will review the application, and if approved, will advise the applicant in writing of the term and conditions of the temporary membership.

May 2015

POLICY ON DELEGATION OF CLINICAL DUTIES

Members are responsible for the care and treatment of their patients. Members are also responsible for assessing the knowledge, training, experience and ability of clinical support staff and shall only delegate duties to support staff with the required knowledge, training, experience and ability to perform those duties.

RESPONSIBILITIES OF THE MEMBER

In the delegation of any clinical duties to clinical support staff, members shall:

- Be physically present in the clinic and available to provide direction and supervision to clinical support staff
- Personally attend on patients each visit to ensure appropriateness of ongoing treatment plan
- Ensure clinical support staff are appropriately trained in and maintain the necessary competencies to perform the delegated duties (such training shall include manufacturer or industry supplied course training and hands-on training by a member)
- Ensure clinical support staff training meets manufacturer's and/or professional requirements to competently deliver the delegated duty via a therapeutic device (training for laser and ultrasound treatment must meet the requirements of *The Radiation Health and Safety Regulations, 2024*)
- Ensure a record of clinical support staff training is documented and updated as required
- Ensure that for any services provided by clinical support staff, appropriate chart entries have been made by these staff
- Ensure that clinical support staff's use and disclosure of any health information is within the context of *The Health Information Protection Act (HIPA)* and that these staff are fully aware of and compliant with all other requirements of *HIPA*
- Ensure that an appropriate policy and procedure for recording treatment notes by clinical support staff delivering the delegated treatment is in place and that these staff are well trained in recording treatment notes
- Ensure that an appropriate policy and procedure for the reporting and recording of adverse events is in place and that clinical support staff are trained in this procedure
- Ensure that clinical support staff are trained in and implement routine public health procedures such as hand hygiene and cleaning of equipment and environment

DUTIES THAT SHALL NOT BE DELEGATED

A member shall not delegate any of the following duties to clinical support staff:

- Any reserved acts under *The Chiropractic Act, 1994* and *The Chiropractic Regulatory Bylaws* and any reserved acts specified in other Saskatchewan legislation, including but not limited to:
    - engaging in the practice of chiropractic
    - imaging production/application of ionizing radiation
    - application of needle insertion acupuncture
    - application of low-energy extracorporeal shock wave therapy (ESWT)

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POLICY ON MEMBER FEE ADJUSTMENTS

Pursuant to *The Chiropractic Act, 1994,* and section 15(3) of the *Chiropractic Administrative Bylaws*, the Board of the Chiropractors' Association of Saskatchewan (CAS) has the discretionary power to reduce and/or waive member fees in the appropriate circumstances.

It is essential that the Board be promptly notified when a member's practice circumstances change. Payments for fee adjustments will only be calculated from the date on which the Board was advised, in writing, of the change in circumstances. No retroactive payments for fee adjustments will be considered or issued unless, in the opinion of the Board, there are valid, extenuating circumstances.

I. Fee Reductions

a) **Practicing Senior Member**

Where the sum of a member's age and years of practice as a practicing Regular member with the CAS equals a minimum of 90, that member will be entitled to a reduction in annual licensing fees, as specified in Appendix A to the *Chiropractic Administrative Bylaws*. The reduction shall be $500.00 less than the Regular member CAS fees.

b) New Graduates

For new graduates, the annual license fees for a Regular Practicing member will be reduced by 50% and pro-rated to the month of licensure. This reduction will apply to the initial licensure up to December 31st of that year, after which the member will be renewed at Regular Practicing member fees.

c) Practice Leaves

The Board will also consider requests for member fee reductions in the following circumstances:

a) medical leave;
b) maternity/parental leave (to a maximum of 12 months);
c) education leave;
d) research position/leave; and
e) administrative position/leave.

"Leave" is defined as an absence from practice for a period of not more than two years. Members must send their written request for a fee reduction, with supporting documentation, to the CAS Registrar, within two years of the date of injury or event giving rise to the leave request. Any reduction applies to the CAS portion of annual fees only.

II. Fee Waivers

a) Practicing Life Membership

Where the Board has granted a Practicing Life Membership to a member pursuant to Regulatory Bylaw 6, the Board will waive the annual CAS fees for that member.

b) Rural Practice Incentive

For new CAS members who establish a primary chiropractic practice (either solo or join an existing clinic) in a rural area of the province, a CAS fee reduction of $1,000 will be applied in the first year the member is required to pay full CAS Regular member fees (i.e. no pro-rated fees or fee waiver applied).

For clarity, a "rural area" includes any town or community in SK, excluding those in the Saskatoon and Regina Census Metropolitan Area (as defined by Statistics Canada).

III. Fee Refunds

a) Termination of Membership

In the event a member terminates their CAS membership mid-year, no refund of fees will be given.

b) Retirement

In the event a practicing member retires from practice mid-year and changes to a Retired non-practicing membership, they will receive a pro-rated refund for the difference in membership fees for the remainder of that year.

c) Death

In the event of the death of a member, a pro-rated refund of CAS fees for that year will be given to the member's family.

January 2016
Amended August 2021
Section II(c) effective Jan. 1, 2023
Amended June 2023
Amended January 2024
Amended June 2025
Amended August 2025

POLICY ON ELECTRONIC HEALTH RECORDS

All members using an electronic health record system must ensure the records meet all requirements as identified in "Practice Procedures" - Appendix V to the Chiropractic Regulatory Bylaws.

All members using an electronic health record system must ensure that the system has safeguards to protect the confidentiality and security of information, including but not limited to, ensuring:

1. An unauthorized person cannot access identifiable health information on electronic devices;
2. Each authorized user can be uniquely identified;
3. Each authorized user has a documented access level based on the individual's role;
4. Appropriate password controls or data encryption are used;
5. Audit logging is always enabled;
6. Firewalls and virus scanners are used;
7. Where electronic signatures are permitted, the authorized user can be authenticated;
8. Identifiable health information is transmitted or remotely accessed as securely as possible with consideration given to the risks of non-secured structures;
9. Secure backup of data to a secure medium (online storage, USB stick, CD ROM, etc.);
10. Data recovery protocols are in place and the regular testing of these protocols;
11. Data integrity is protected such that information is accessible;
12. Practice continuity protocols are in place in the event that information cannot be accessed electronically; and
13. When hardware that contains identifiable health information is disposed of, all data is removed such that it cannot be reconstructed.

A member who engages the service of an information management service provider, as defined under *The Health Information Protection Act* (HIPA), to process, store, archive or destroy electronic health records under the custody or control of that member, must enter into a written agreement with the information management service provider to address the requirements of HIPA.

If a member has transferred paper patient files to electronic health records, the member may destroy the paper files in accordance with the CAS Information Destruction Policy.

POLICY ON SOCIAL MEDIA USAGE

POLICY STATEMENT:

The purpose of this Policy is to clarify what members are permitted to advertise on social media platforms and to provide guidance to members in understanding their professional responsibilities when using social media. Members are required to comply with all existing legal, regulatory and professional obligations when engaging in the use of social media, including all relevant legislation, bylaws, policies and directives.

RATIONALE:

The use of social media is rapidly expanding, and it has changed how we communicate, build relationships, interact and disseminate information. "Social media" refers to the online and mobile tools that people use to share content, opinions, experiences and perspectives, and includes websites and applications used for social networking. Commonly used social media platforms include, but are not limited to: Facebook, LinkedIn, Twitter, YouTube, Instagram, blogging sites and web pages.

Whether an online activity can be viewed by the public or is limited to a specific group of people, members need to maintain professional standards and be aware of the implications of their actions, as in all professional circumstances. Information circulated on social media may end up in the public domain, and remain there, irrespective of the intent at the time of posting. Members are reminded to remain professional on both professional and personal social media platforms, as you are considered a licensed professional in any and all interactions. If a complaint is received about something posted on a member's personal or professional social media account, the CAS is obligated by law to investigate it.

GUIDELINES:

- A member's use of social media in their practice falls within the broad definition of "advertising" as defined in *Regulatory Bylaw* 22(1) and must, therefore, comply with the CAS Advertising Standards set out in *Regulatory Bylaw* 22 and related Policies, Guidelines and Directives.

- A member must comply with all legal and professional obligations to maintain privacy and confidentiality in accordance with *The Health Information Protection Act* (HIPA) and CAS Regulatory Bylaws and Policies.

- A member must have a clear understanding of the privacy settings available in any use of social media and apply them appropriately. While patients or members of the public

- may make themselves publicly known through posting, a member must not breach the privacy or confidentiality of a patient in any context. A member must exercise caution when blogging so as not to identify a patient.

- A member must not provide any clinical advice, communicate a diagnosis and/or results to a patient or member of the public through social media. A member may, however, provide general health information within the chiropractic Scope of Practice for educational or informational purposes.

- A member must be cognizant of the risks of using social media in their professional practice, such as a member of the public incorrectly applying information found online to their personal health situation. Whenever a member uses his/her professional designation or provides health related information, that member is viewed as acting in a professional capacity. A member must exercise caution when posting health related information, so that it is clearly used for education or informational purposes, and not as clinical advice.

- A member must maintain appropriate professional boundaries and avoid posting information, comments or images that may be perceived as undignified or unprofessional. A member must be respectful of other members and other health professions in posting any material.

June 2019

POLICY ON VIRTUAL CARE

PREAMBLE:

To facilitate ongoing care of patients in a manner that does not risk further spread of infectious diseases, the CAS is permitting members to provide virtual care services to patients, including consultation and the provision of chiropractic care information and direction to patients through the use of telephone and/or video communication.

VIRTUAL CARE SERVICES:

Virtual Care services that may be provided include the following:

a. Consult with a new or existing patient, obtaining a history or update and observing the condition described by the patient. This must occur by video only but may be supplemented by email.
b. Make physical observations and conduct examinations that can reasonably occur via telehealth. This must occur by video only.
c. Distribute and receive outcome measures from the patient. This may occur via email or video.
d. Make a diagnosis or working diagnosis for new patient consultations. This must occur by video and be followed up by an email as required to provide any further guidance for the patient.
e. For new patients, a treatment plan based on the history, diagnosis and examination must be delivered via video and followed up by an email as required to provide any further guidance for the patient. If changes to the treatment plan occur, an email can confirm the changes or provide further information.
f. Monitor, observe and prescribe new or changes to therapeutic exercise programs. This must occur by video and be followed up by an email as required to provide any further guidance for the patient.
g. Recommend modifications for supports and devices already in the possession of the patient. This may occur via email or video.
h. Advise and counsel on matters related to the condition of the spine or other joints of the body and the associated tissue, the nervous system and the overall health of the individual. This may occur via email or video.

Members may refer for diagnostic imaging or diagnostic testing based on a virtual care consultation.

Virtual care services encompass all forms of remote consultation and provision of care information and direction regardless of the communication technology used or whether different terminology is used by a member to describe the patient interaction.

The CAS reminds members that the use of technology does not alter the ethical, professional and legal requirements that apply to the provision of chiropractic care. **Members who choose to participate in virtual care services must continue to meet all the same legal, ethical and professional obligations that apply to in-person services.**

Only a chiropractor may provide virtual services. A chiropractor must not delegate any aspect of virtual care services.

Subject to the standards for virtual care services described below, members must use their professional judgment when determining whether virtual care services are appropriate for a patient.

Before providing virtual care services, members must confirm with their professional liability protection or insurance provider that they have appropriate coverage in accordance with the CAS Regulatory Bylaws.

STANDARDS FOR VIRTUAL CARE SERVICES:

1. A member may provide virtual care services to a new patient if the virtual care consultation will be an appropriate method to deliver services to the patient, and if the requirement for a direct physical examination is not necessary to provide a complete diagnosis, working diagnosis or differential diagnosis and treatment plan. The member must obtain informed consent from the patient prior to providing any virtual care services. The Informed Consent form may be provided to the patient electronically and the signed form returned to the member electronically. If a signed copy cannot be obtained, the member must ensure that the informed consent discussion is documented in the patient file.

2. A member may provide virtual care services to a patient who the member has previously treated and for whom the member has a clinical file, including a record of a physical assessment conducted in the preceding 12 months and a signed Informed Consent form.

3. The member and the patient must be in SK at the time of the consultation. Virtual care services are not permitted for persons who are outside of SK at that time.

4. A member may only provide virtual care services if:
    a. providing virtual care services is in the patient's best interest, considering the patient's current condition and care needs; and
    b. virtual care services allow for adequate assessment of the patient's presenting problem and care needs.

5. When providing to virtual care services to a patient, a member must:

    a. confirm the patient's identity and confirm his or her identity to the patient;
    b. obtain an informed consent from a new patient and augment the existing informed consent from the patient by informing patients of any limitations that virtual care services impose and the risks inherent in the delivery of virtual care services, including the risk to privacy of patient information, and create a written record of having done so;
    c. maintain a clinical record for all provided services in accordance with the requirements for in-person care;
    d. ensure that the communication technology used and the physical location of both the member and the patient does not compromise the privacy and confidentiality of the patient's personal health information; and
    e. provide follow-up consultation and care as appropriate.

6. Before providing virtual care services, a member must advise the patient what application or format they are using for the communication and advise that it may not be totally secure. The patient must confirm that they are willing to proceed with the virtual care service using that application before any services are provided, and the member shall record this in the patient file. Members shall use a video conference solution that protects the privacy of the appointment and is compliant with the *Personal Information Protection and Electronic Documents Act.*

7. If a member does make an audio or video recording, the patient must be informed of the recording and provide consent to be recorded, and the chiropractor must retain that audio or video recording as part of the clinical record.

8. Before providing virtual care services, a member must inform the patient of any applicable fees.

9. The patient's record must include a detailed summary of all services provided, including the start and stop time of the consultation. Only time spent communicating with the patient can be claimed as part of the service. Time spent on administrative tasks cannot be claimed.

10. A member may only claim one virtual care consultation per patient in a single day. A member may not claim for an in-person service for a patient on the same day a claim for a virtual care consultation is billed for the same patient.

11. All receipts for virtual care services must clearly state that the services were delivered using virtual care.

12. If seeking reimbursement of fees for virtual care services from a third-party payor, a member must advise the third-party payor that the services were provided using virtual care.

March 24, 2020
Amended April 13, 2020
Amended April 22, 2020
Amended August 14, 2020
Amended August 20, 2021
Amended July 26, 2022

POLICY ON INFECTION PREVENTION AND CONTROL

PREAMBLE:

To incorporate current, appropriate and generally accepted infection prevention and control (IPC) measures as established by and updated from time-to-time by Health Canada and the Saskatchewan Ministry of Health, the Board has approved the following policy on infection prevention and control.

GUIDELINES:

Members shall:

1. Remain current in generally accepted infection control protocols relevant to their practice context.
2. Develop, incorporate and maintain infection control policies to promote the use of infection control measures, which may be unique to their personal professional practice style.
3. Ensure their clinic facility is equipped, operated and maintained to meet generally accepted infection control guidelines, including requirements for:
   a) hand hygiene, including washing hands with soap and water or using alcohol-based hand sanitizer. Washing hands is preferred whenever possible. Alcohol-based hand sanitizer must be approved by Health Canada (DIN or NPN number). See **Appendix A** for proper procedures for hand washing and sanitizing.
   b) use of Health Canada approved personal protective equipment (PPE) as standard practice whenever contact with blood and body fluids is likely to occur during patient contact.
4. Ensure internal environment cleaning, disinfecting and sterilizing of equipment and facilities; and managing of wastes and materials contaminated by blood or body fluids as may be relevant to their practice context. A regular schedule for periodic environmental cleaning should be established.
5. Provide infection prevention and control training for clinic staff and monitor implementation of IPC procedures and activities.
6. Conduct ongoing assessments of current risks of infection and transmission to patients, staff, colleagues and other health professionals, and take appropriate remedial action in a timely manner consistent with professional requirements and the applicable law based on consideration of the following:
   a) the assessments of treatment interventions planned or conducted;
   b) the health conditions of patients being assessed or treated;
   c) the degree of infection risk currently present in the internal practice environment;

d) the degree of infection risk currently present in the external practice environment (municipal, provincial, national, international, depending on the risk); and
e) current best practice in infection control protocols relevant to professional practice style.

7. Screen for symptoms of infectious diseases and segregate those patients from others.
8. Report reportable communicable diseases to the appropriate public health body.

APPENDIX A

Proper procedures for hand hygiene:

(i) Procedure for washing hands with soap and water:

- Wet hands with warm water and enough soap;
- Apply enough soap to ensure lathering of all hand surfaces;
- Vigorously rub all surfaces of hands and wrists, including palms, between fingers, back of hands, wrists, fingers, fingertips, and thumbs;
- Rub hands for a minimum of 20 seconds;
- Rinse hands under warm, running water;
- Dry hands with disposable paper towels;
- Avoid re-contaminating hands after washing. Turn off faucet and open doors with a paper towel;
- Discard paper towels in waste receptacle.

(ii) Procedure for using alcohol-based hand sanitizer:

- Ensure hands are not visibly soiled and are dry before use;
- Apply an adequate amount of sanitizer to cover all hand surfaces;
- Vigorously rub sanitizer over all surfaces of the hands and wrists, including palms, between fingers, back of hands, wrists, fingers, fingertips, and thumbs;
- Hands should remain wet for a minimum of 15 seconds;
- Hands should be rubbed until completely dry.

POLICY ON INTERNAL COCCYX ASSESSMENT AND TREATMENT

PREAMBLE:

The CAS acknowledges that the provision of internal coccyx assessment and treatment is within the chiropractic scope of practice in SK. Performing an internal coccyx adjustment requires appropriate training, skillset, and practice to develop competency. Competency in the following areas is essential:

- the anatomic structures of the sacro-coccygeal joint and surrounding area;
- the presentation of coccydynia and the ability to differentiate this pain from that of a referred pattern;
- the examination and diagnostic procedures of the sacro-coccygeal joint; and
- the care and adjustive techniques for coccygeal correction.

This Policy outlines the required pathway to provide internal coccygeal adjustments and mandates the use of the attached Confirmation of Permission form, which has been approved by the Canadian Chiropractic Protective Association (Appendix A). Internal coccygeal adjustments are an invasive treatment for coccydynia and should not be pursued as a first course of conservative management.

REQUIRED PATHWAY:

<u>Clinical history and assessment</u>:

1. A complete patient history and examination must be performed and recorded.

2. A diagnosis/clinical impression must be recorded.

3. Coccyx specific imaging is recommended. Dynamic coccyx views should strongly be considered for any patient where internal coccyx manipulation is being considered.

4. Ensure that an internal coccygeal adjustment is within your clinical competency and clinical experience. If you require updated training or doubt your competency, it is expected that you will refer your patient to a practitioner, trained and competent in this procedure.

5. Contraindications to internal or external coccygeal adjustments include, but are not limited to, pelvic tumors, tailbone fractures, history of cancer, history of pelvic inflammatory disease.

Patient informed consent:

6. The clinical rationale for proposing the internal coccyx manipulation will be explained to the patient.

7. The exact procedure of an internal coccygeal adjustment will be detailed to the patient. This explanation will include details relating to:

a. Patient position for the procedure.
b. Draping practices – patients will be required to lower their undergarments or possibly disrobe below the waist. They can expect to be covered while disrobed.
c. Latex allergies are common, and the use of latex gloves should be discussed, and alternatives considered if any allergies are noted.
d. The use of lubrication and any allergies to any common lubricants should be discussed.
e. The exact manual procedure could be demonstrated on a model. Patients are often fearful of instruments or multiple digits which may or may not be required for the procedure.
f. The cleanup procedure should be discussed, and patients reassured fecal matter is rarely present.

8. Practitioners should provide a description about the likely subjective experience the patient will experience during an internal coccyx procedure. Often patients feel like they are going to have a bowel movement, but this rarely occurs.

9. It is best practice to have a staff member present in the treatment room. The patient may want someone of the same gender identity in attendance. This discussion will be best framed by informing the patient that you will have a staff member with you, mentioning their gender, and then asking if they would like anyone else to be in attendance. The presence of your staff member is mandatory. It is advised to not ask your patient their gender identity, but to allow them to disclose their gender identity if they choose to. They may just ask if they can bring someone while receiving treatment.

10. Inform the patient how they may verbally withdraw consent at any time. Always chart withdrawn consent.

11. Only at this point, the required Confirmation of Permission to Assess and Treat the Coccyx/Tailbone form must be reviewed and signed. This must occur at the original treatment and any follow-up when an internal coccyx adjustment is proposed and performed.

Performing the procedure:

12. Utilize appropriate draping procedures, ensuring that the patient is draped, and document in the patient chart the exact draping process of the patient.

13. Make sure that the procedure is done with the proper technique, utilizing a gloved hand (with respect to any allergies they may have) and appropriate lubricant.

14. Practitioners shall note the attendance of the staff member in the patient chart when performing an internal coccygeal adjustment. If the patient has requested to bring their own advocate, the name of all persons in attendance shall be noted in the chart.

Effective Date: August 19, 2024

Appendix A

Confirmation of Permission to Assess and Treat the Coccyx/Tailbone

<u>This form MUST be completed by the chiropractor BEFORE being signed and initialed by the patient.</u>

The chiropractor has recommended assessment and, if indicated, treatment of my coccyx/tailbone involving:

☐ touching in the area of the buttocks, including in the gluteal cleft and at or near the anus

☐ putting a gloved finger into the rectum

for the purpose of (chiropractor to identify reason for assessment and treatment):

_____

_____

_____

_____ Date: _____ 20 ____
Signature of Chiropractor

☐ Patient initials

I acknowledge that I have had a discussion with the chiropractor and have had the opportunity to ask questions about:

- assessment and treatment of my coccyx/tailbone as described above
- alternatives to the assessment and treatment as described above

I hereby confirm my permission for the chiropractor to assess and, if indicated, treat my coccyx/tailbone.

In giving my permission, I understand that if, at any time, I am uncomfortable with the assessment or treatment,
I can withdraw my consent and ask the chiropractor to stop.

_____ Date: _____ 20 ____
Signature of patient (or legal guardian)

THE PERMISSION CONFIRMED BY THIS FORM IS ONLY VALID ON THE DATE THE FORM IS SIGNED BY THE PATIENT.

<u>CONTINUING CARE</u>: If treatment of the coccyx/tailbone for the **SAME** purpose is recommended by the chiropractor, the patient may indicate continuing consent at a subsequent office visit by signing below.

Date	Patient Signature

POLICY ON POINT OF CARE ULTRASOUND IMAGING

PREAMBLE:

Following an extensive review of the current research and regulatory standards by the CAS Modes of Care Committee, the Board confirms that the use of point of care ultrasound imaging for therapeutic purposes is within the chiropractic scope of practice. (Regulatory Bylaw 19(e))

GUIDELINES:

"*Point of care ultrasound imaging*" means the limited use of ultrasound to create real-time images necessary for immediate direct patient care and which are not transmitted or referred for interpretation or diagnosis by physician or other health care provider.

"*Point of care ultrasound imaging providers*" means a person who has acquired the necessary knowledge, skills and training in the specific procedure to be performed and who provides point-of-care ultrasound imaging pursuant to their licensed scope of practice.[1]

Point of care ultrasound imaging shall only be used to guide therapeutic assessment and treatment, in conjunction with other relevant regulatory bylaws and policies, and not for diagnostic purposes.

No member may use point of care ultrasound imaging unless:

a) the instrument or device is appropriately maintained and calibrated in accordance with manufacturer's specifications;
b) the member has successfully completed the relevant training;
c) the patient has been informed of the purpose for which the imaging is being used and has consented to such use; and
d) the consent and use are recorded in the patient record.

Note: This Policy is consistent with the SK College of Physical Therapists' Position Statement on Point of Care Ultrasound Imaging. (April 2023)

August 2026

[1] Society of Diagnostic Medical Sonography. Point-of-care Ultrasound Imaging Position Statement. www.sdms.org