

Parker University, College of Chiropractic

CLINIC / INTERN HANDBOOK

August 31, 2024

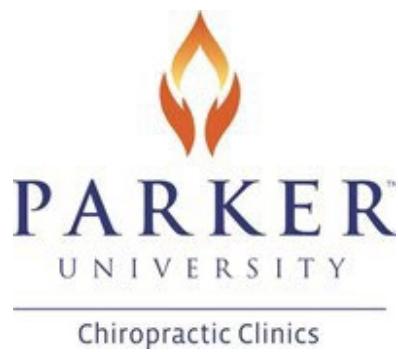


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Visions and Missions

Chiropractic is about service to patients, the community, and the profession. Every intern is expected to join in and excel in this culture of service.

It is through participating in the delivery of quality patient care that an intern prepares to become a Doctor of Chiropractic. As a portal of entry doctor in the healthcare delivery system, a graduate must possess and demonstrate competence in the meta-competencies established by the Council on Chiropractic Education.

This handbook provides a synopsis of routine clinic operating procedures, policies, rules and regulations for clinical practice and intern requirements.

The clinic handbook does not constitute a contract in any form. It is a dynamic document, subject to amendment as new procedures are adopted. Memos to students and clinic doctors may be used to update or change policies as needed. Recommendations for change should be submitted, in writing, to the Dean of Clinics.

Parker's Vision

Parker University leads the way in patient centric collaborative and conservative healthcare education, clinical practice, research and service.

Parker's Mission

Parker University is a regionally accredited private university that offers certificate, undergraduate, and graduate degree programs in healthcare and business-related fields through multiple delivery formats and learning environments. The university espouses a culture of lifelong learning, research and service.

Parker University provides its diverse population with support services and learning opportunities to develop the necessary skills for successful employment and career advancement.

College of Chiropractic Program Mission

The mission of the Doctor of Chiropractic Program is to educate students to become patient-centered chiropractic physicians and members of a collaborative healthcare team. The program aims to do this by embracing education, research, and service.

Parker University, Chiropractic Clinics Mission

The students, faculty, and staff of Parker University Chiropractic Clinics strive to improve each patient's individual health potential so they feel, function, and live better by following a methodology of delivering quality care, engaging in learning and development, and educating our community about health and wellness.

Parker University DCP Clinic Model for Patient Care

Categories/ Care	Active / Recovery Care	Functional / Supportive Care	Wellness / Elective / Maintenance Care
Purpose of Care	Restore Patient Condition (ADLs / Function) to Pre-Injury Status	1. Optimize ADLs / Function (Functional / Supportive Care) 2. Sustain ADLs / Function (Chronic Supportive Care) of impaired MSK DX	1. Preventive Care for MSK Health 2. Promotion of MSK Health 3. Maintain MSK Health Status
Patient can Transition Between Types of Care Based on Presentation, Progression, Goals and Health Status per Clinic Doctor Approval			
Most Severe Conditions		Least Severe Conditions	
Method of Injury (MOI)	1. Injury / Trauma / Accident Related 2. Exacerbation to Chronic / Pre-existing Condition	1. Lifestyle / Occupational Related (i.e., Athletes, First Responders, Military) 2 Minor injury / does not rise to Active care (Does not Affect ADLs / Function) 3. Chronic / Pre-existing MSK Condition	1. Address "Tweaks" to area 2. Does not reach the level of Active / Recovery care
Chief Complaint	Yes	Typically Yes	May or May not be Present
QVAS	4/10 (+)	4/10 (Can be + or – as it may be a non-resolving chronic condition)	3/10 (-)
Outcome Assessments (OATs)	Moderate Disability Plus (i.e., 21 or more on NDI / Oswestry)	Patient Specific Functional Scale / Functional Index / Mild OATs Disability	Mild Disability or less (i.e., 20 or less on NDI / Oswestry)
Physical Exam	Intake Form / Neck and Back / Extremity PE and other procedures as indicated Per Pt presentation	Intake Form / FMS / SFMA / Y Balance / Kinetisense / ROM Per Patient Presentation	Intake Form / PART / PE per patient presentation (ETC) to Rule Out Red Flags / Contraindications to Care
Treatment Plan	Active Treatment Plan	To Be Developed	Yellow Modified
Goals (End Points)	Return ADLs / Functional / HMP to Pre-Injury Status	Optimize or Sustain Function / ROM / Strength / Endurance / HMP	Promote / Maintain MSK Health
Level of Care	1-3X/WK to 1X Every Other Week	1 - 2 Times / Week	1 – 2 Times / Month
ROF / IC	Yes / Yes	Yes / Yes	Yes / Yes

<i>Re-exam</i>	Minimum of every 4 weeks	Based on (weekly) Phased Response Funct: ~6-12 Wks / Support: ~6-12 MTHs	Minimum of annually per TBCE
<i>Patient Progress</i>	Based on initial Treatment Plan Goals / Pre-Injury Status	Goal based on highest patient functioning level or Sustainment	No Goals
<i>Integrative Health Care</i>	When Indicated	When Indicated	No

<i>Billing / Codes</i>	9920- / 9921- / 9894X / 97XXX / Testing May include passive and active care	9920- / 9921- / S8990 / 97XXX (CMS/ABN/Option 2 – Intern may CMT all regions without CFD CMT)	S8990 (CMS/ABN/Option 2 – Intern may CMT all regions without CFD CMT)
<i>Insurance Coverage</i>	Yes (CMS credentialed doctor adjusts one region (98940 AT) while the intern may adjust other regions (9894X MC))	No (CMS uses ABN. When Option 1 is used a credentialed doctor adjusts one region and 98940 GA is billed / Intern may CMT all other regions)	No (CMS uses ABN. When Option 1 is used a credentialed doctor adjusts one region and 98940 GA is billed / Intern may CMT all other regions)

References / Notes:

1. Patient may transition between different interns / clinic doctors dependent on intern / clinic doctor different care proficiencies (i.e., Function Care /Co-management within the clinic)
2. MSK (Musculoskeletal System): The system of muscles and tendons and ligaments and bones and joints and associated tissues and nerves that move the body and maintain its form. (TBCE Rule 78.1)
3. OATs: Outcome Assessment Tools
4. ROF / IC: Report of Findings / Informed Consent

General Operations Information

Irving Clinic Address:

Parker University Chiropractic Clinics - Irving
111 South Delaware Street
Irving, Texas 75060
(972) 438-9355 (GET-WELL)
<https://www.parker.edu/clinic/chiropractic-clinic-irving/>

Dallas Clinic Address:

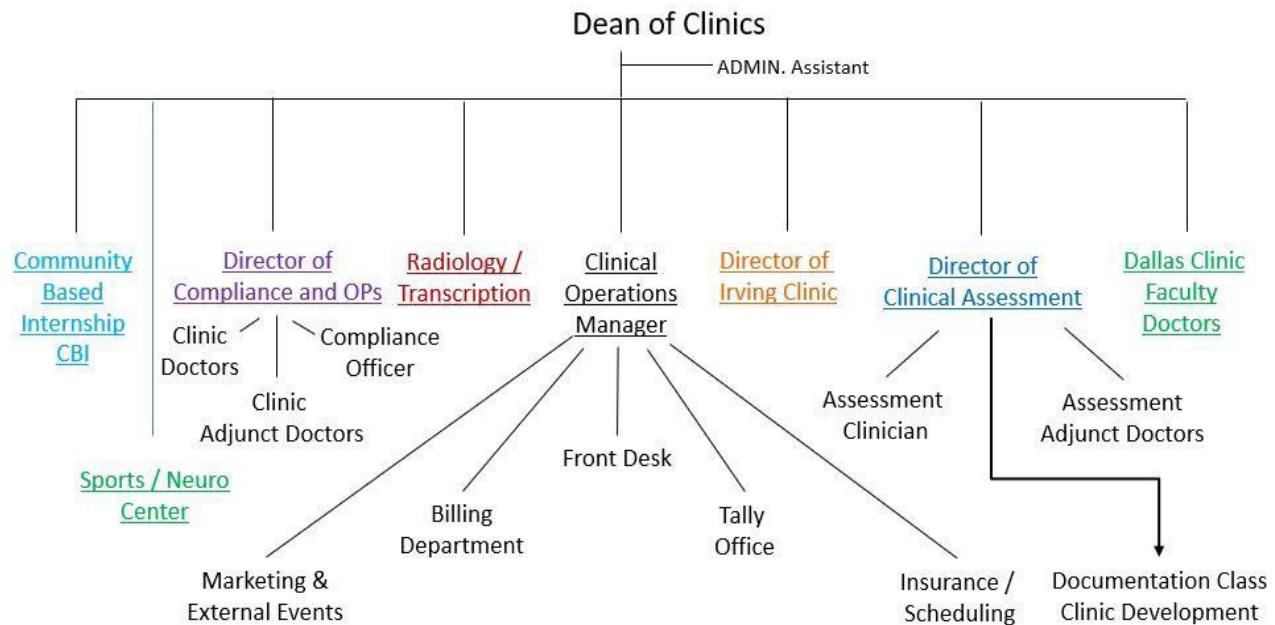
Parker University Chiropractic Clinics - Dallas
2600 Electronic Lane
Dallas, Texas 75220
(972) 438-9355 (GET-WELL)
<https://www.parker.edu/clinic/chiropractic-clinic-dallas/>

Hours of Operations:

During the trimesters, the Clinics will be open for patient care as stated below except for holidays noted in the University Catalog and the University function closings as posted each trimester on the MyParker website.

Monday, Tuesday, Wednesday: 9:00 AM – 6:00 PM
Thursday: 1:00 PM – 6:00 PM
Friday: 9:00 AM – 1:00 PM
Saturday: 8:00 AM – 12:00 PM

Clinic Administration



Dean of Clinics

Appointed by the Provost of Parker University and is responsible for the operations of the Clinics, within guidelines established by the administration, government and licensing boards rules and laws, and the Council on Chiropractic Education rules and meta-competencies.

Director of Compliance and Operations

Responsible for the establishment and implementation of the clinic compliance program, facilities and equipment maintenance and inventory, professional standards and orientation. Responsible for supervising the program implementation of the clinic compliance officer.

Director of Irving Clinic

Responsible for all operations and management functions of the Irving Clinic, for the progress and training of interns through the Clinic, and for the overall health management of patients. This position provides the intern with extensive direct patient care experience in preparation for practice in any environment or locales.

Director of Clinical Assessment

Responsible for the full spectrum of educational responsibilities associated with the clinical portion of the Doctor of Chiropractic program including planning, development, grading and reporting of educational assessments; managing clinic faculty development related to working with assessment data and department initiatives; providing liaison services to other university departments; and preparing accreditation materials.

Director of CA and Community Outreach and Internships

Appointed by the Dean of Clinics and reports to Clinic Operations Manager. Is responsible for leading and directing the development, implementation, promotion, and administration of off campus clinical programs and relations with community groups and businesses.

Clinic Operations Manager

Responsible for the operations of billing, collections, scheduling and insurance verifications, front desk, and tally.

Academic Transition to Clinics

The transition from the Tri 1-7 academic courseload to the Tri 8-10 clinical internship requires completion of all Academic requirements prior to the start of the internship. Starting in Tri 7, there will be clinical preparation courses in the form of Documentation and Clinic Readiness. These courses complement other Tri 7 courses to prepare students for their clinical internship and post-graduation skillsets.

White Coats

Early in Tri 7, there will be an arranged time to select two white coats for clinics. There are two different styles of coat, a slim cut and a standard cut. Students will be given the opportunity to try these on in the designated lab time and select their preferred cut(s) and size(s). When selecting sizes, interns should account for comfort wearing while in clinic attire. These selections will be given to Clinic Administration in preparation for the student's start in Clinics. *If the student does not start clinic in the next trimester, their sizes will be kept until their matriculation.*

White Coats are to be worn at all times while in clinic and cannot be modified, tailored, or worn inappropriately during this time. Interns are expected to keep their coat(s) clean and fully buttoned while clocked into clinics and/or performing any clinic activities.

Polos, Nametag, and Business Cards

Tri 7 students will complete a form with their class president with their preferred Dri-fit Polo size. The clinics will provide one polo for each intern once they matriculate to their Tri 8

internship.

Tri 7 students will also complete a form with their class president with the preferred name and spelling for their clinic nametag and business cards. The clinics will provide one nametag and business cards for each intern once they matriculate to their Tri 8 internship.

**Interns are responsible for wearing their nametag on their white coat at all times. Loss of nametag will require the intern to purchase a new one.*

Welcome to Clinics and Intern Assignment

In Tri 7, there will be a designated Documentation lab for the Welcome to Clinics presentation. During this lab, Clinic representatives will meet with the class to discuss clinical policies and procedures, clinical expectations, and FAQs. There will also be discussion on different pod assignments and applications for the Sport's Pod, Neuro Pod, and Irving Clinic Rotations.

This is an opportunity for future interns to learn more about their clinical assignment options and select the clinic/specialty pods they wish to apply for.

Parker University Clinic Assignments

You may be transitioning soon to the patient service portion of your education that occurs in clinical settings. A portion of your work will be done in the Parker Clinics and a portion may be done in a Community-Based Internship.

Please use this form to indicate your Parker Clinic location and/or track preference for trimester 9 / 10 and if you are fluent in Spanish, sign language, or another language.

Submit this completed form to the Clinic Administrative Assistant in the Dallas Clinic, no later than, Friday of Week 14 of the trimester at 5:00 p.m.

The completed form can be submitted via:

1. Scan and email to Ksnawder@parker.edu or
2. Fax to (214) 902-3475 Attn: Kirstena Snawder (Please email her to let her know it was faxed)

Submissions are organized according to location requested and then assigned to a Clinic Faculty Doctor team via lottery drawing. To be fair to all involved in this process, a lottery is conducted by the Director of Clinical Assessment and does not involve input from faculty doctors, administrators, or students. Routinely, enough requests are submitted to fill all open spots in the Irving Clinic location. In the event that there are not enough students who choose the Irving Clinic, the remaining assignments will be chosen via the lottery drawing. If there are more requests than availability for the Irving Clinic location, remaining requests will be assigned to the Dallas Clinic location, via the lottery drawing after all of the Irving Clinic assignments have been allocated. Interns must apply for the Parker Sports

Performance Track to be considered for selection.

This is **NOT** a guarantee that your request will be granted. Availability is a factor in the process. However, all efforts will be made to accommodate your interests and preferences and once this form is submitted, your documented preference cannot be altered. It is not possible to be assigned to more than one clinic.

Preferred Clinic: (Note: All Tri 8s will initially be assigned to the Dallas clinic. Please designate below your preference for Tri 9 / 10 clinic experience)

- I prefer my Tri 9 Clinic experience to take place at the **Parker University Chiropractic Clinics - Dallas**.
- I prefer my Tri 9 Clinic experience to take place at the **Parker University Chiropractic Clinics - Irving**.
- I have no preference about the location of my Tri 9 Clinic experience
- I will complete the application to be considered for the Parker Sports Performance Track that will occur from Tri 8 to Tri 10, **Parker University Chiropractic Clinics**. If I am not selected, I prefer my Tri 9 Clinic experience to occur at...select one clinic (Dallas or Irving) above.

Language/Communication Skills:

- I am fluent in Spanish (Please schedule an appointment prior to Thursday, Week 15 of the Trimester with Ramon Negrete, DC (ramonnegrete@parker.edu) to determine language proficiency)
- I am fluent in another language: _____
- I know Sign Language

I understand that Clinics will make a reasonable effort to grant my request. My signature below attests to the fact that I understand this is **NOT** a guarantee my request will be granted.

Parker University Clinic Frequently Asked Questions (FAQ)

1. Do interns have “Breaks” between Trimesters during Clinic?
 - a. Yes, there is a “Break” in course work. Patient care continues during the “Break” period and interns are expected to provide patient care and / or coordinate with their assigned clinic faculty doctor for an intern substitution.
2. Can interns take time off?
 - a. Yes, please coordinate and seek your assigned clinic faculty doctor (CFD) approval.
 - b. Interns will not receive graduation credit while off.
 - c. University policies are in effect.
 - d. Clinic Expectations of Interns:
 - i. Minimum of 20 hours per week of clinic related activities (i.e., Patient Care, Patient File Documentation, Treatment Plan Development, CFD Designated Standby Intern Substitution, File Transfer / Inactivation, CFD Shadowing)
 - ii. Attend pre-shift meetings.
 - iii. Attend CFD coaching, teaching, and mentoring events (i.e., CFD Thursday Meetings and Remediations) / Clinic Lectures.
 - iv. Attend / participate in Clinic Faculty Doctor office hours.
 - v. Attend / participate in Clinic Faculty Doctor and clinic remediations.
 - vi. Attend / participate in Marketing / Patient Acquisition events.
3. Do interns have to work on Saturdays?
 - a. No, but patient care continues, and interns are expected to provide patient care, or coordinate with their assigned clinic faculty doctor for an intern substitution if the assigned intern is not available on Saturday to help patient continuity of care.
4. What equipment do interns need in the clinic?
 - a. Please reference MyParker → Academics-Clinics → Clinics → Clinic Handbook
5. What texts are required for IP 1 / Clinic Orientation?
 - a. Differential Diagnosis and Management for Chiropractic, 5th Ed. Souza, TA, Jones and Bartlett
 - b. ChiroCode Desk Book (Most Recent Edition)
 - c. Rehabilitation of the Spine, A Patient Centered Approach, 3rd Edition, Craig Liebenson, DC, Wolters Kluwer
 - d. Essentials of Skeletal Radiology, 2nd Edition, Yochum and Rowe, Williams and Wilkins
 - e. Recommended: Evidence Informed Orthopedic Conditions, Dr. Nikita Vizniak (Most Recent Edition)
 - f. Recommended: Evidence Informed, Orthopedic Assessment, Dr. Nikita Vizniak (Most Recent Edition)

6. Does Clinics provide any items? Yes...Clinics provides:
 - a. 500 business cards, 1 name plate and 1 clinic polo shirt that are ordered at the end of the Tri 7 trimester. A class representative will coordinate the order. All items should be ready for pick up in the first week of Tri 8.
 - b. Two Lab Coats are provided.
7. Are interns required to wear the white lab coat? Yes, white lab coats are to be worn properly, buttoned up, at all times in the Clinics. The only exception is when the intern is a patient in the Clinics.
8. What is the clinic trimester / graduation requirements?
 - a. Graduation requirements are covered during IP 1 Clinic Orientation
 - b. Please consult the syllabus, your assigned CFD and the Director of Clinic Assessment (Dr. Morales)
9. What clinical skill sets should interns strive to be proficient in prior to entering clinics? Over the years clinics have identified areas that interns may need to further development. Please identify your strengths and weaknesses and work on your areas that require improvement.
 - a. Understand the fundamentals of Episodic care
 - b. Understand the principles of Medical Necessity, Clinical Indications and Evidence Based care
 - c. Understand how to perform and interpret a history of present illness
 - d. Understand how to establish a viable Differential Diagnosis List based on patient presentation (i.e., Chief Complaint, Patient Case History, QVAS, Outcome Assessment, History of Present Illness)
 - e. Understand how to perform and interpret a physical examination based on the patient presentation, differential diagnosis list and findings
 - f. Understand how to perform and interpret clinically indicated orthopedic tests
 - g. Understand how to perform and interpret clinically indicated neurological tests (i.e., DTR, Muscle Grade, Sensation)
 - h. Perform a History of Present Illness and clinically indicated physical examination based on patient presentation, medical necessity and clinical indications in 60 minutes
 - i. Understand when to order clinically indicated test(s)
 - j. Understand how to develop a working diagnosis based on patient presentation and supporting documentation
 - k. Understand how to develop a treatment plan based on patient presentation and supporting documentation
 - l. Understand how to develop objective / measurable goals based on patient presentation and supporting documentation
 - m. Provide a Report of Findings and Informed consent based on a doctor approved treatment plan
 - n. Perform a subsequent office (i.e., Document SOAP, superbill / perform adjustment, passive and / or active care or other therapies) in 30 minutes
 - o. Perform assessments (Subsequent Office Visit / Re-Exam) to determine patient progress

(i.e., Same, Better, Worse) and conduct appropriate clinical actions based on assessment findings (i.e., continue care, modify care, referral, testing, discharge patient)

- p. Correctly utilize CPT codes relevant to Chiropractic therapy / services rendered
- q. Correctly utilize ICD – 10 codes relevant to Chiropractic condition
- r. Correctly apply Diagnostic Pointing (Therapeutic Relations) when correlating ICD-10 and CPT codes
- s. Be familiar with EHR navigation, utilization and documentation

10. What Basic Conditions (ICD-10 Codes) should the intern strive to know prior to entering clinics?

- a. Segmental and Somatic Dysfunctions (Subluxations / M99.0X)
- b. Myalgia / Myofascial Pain Syndrome (Trigger Points) (79.1X)
- c. Sprains / Strains and other acute injury diagnoses (ICD – 10 “S” Codes)
- d. Facet Syndromes (M47.81X)
- e. Radiculopathies (i.e., M50.1X, M51.1X, M54.1X)
- f. Peripheral Neuropathies (i.e., G54.0, G56.0X, G57.0X)
- g. Degenerative Joint Disease / Osteoarthritis (i.e., M 16.XX, M17.XX, M47.81X)
- h. Red Flags / Referrals (I.e., Infection, Cancer, Fracture, Myocardial Infarction, Cauda Equina Syndrome)
- i. Visceral Pain Patterns
- j. Relative and Absolute Condition Contra-Indications

11. What Basic Services / Therapies / Principles should the intern know prior to entering clinics?

- a. Evaluation and Management (EM) – 9920X / 9921X
- b. Chiropractic Manipulative Treatment (CMT) - 9894X / S8990
- c. Electrical Stimulation – 97014 / G0283
- d. Percussor / Vibration Therapy - BAFAA
- e. Ultrasound - 97035
- f. Manual Therapy - 97140
- g. Therapeutic Exercises – 97110
- h. Shockwave – 0101T
- i. Traction - 97012
- j. X-ray Positioning
- k. When to refer / Co-manage

12. What can I do to start building a patient base?

- a. Be active in your community and / or areas of interest to establish relationships that will lead to external patients
- b. Be comfortable TALKING with people
- c. Determine what population you want to serve
 - i. Develop a message for the population
 - ii. What services would benefit the population
 - iii. Where is the population located

13. Can interns market themselves?

- a. A marketing class is presented during IP 1 Clinic Orientation that addresses policies and procedures
- b. You must use clinic approved business cards. Business cards (500) are provided free of charge and are ordered during the end of Tri 7 trimester. A class representative will coordinate the effort. Cards should be ready for pick up the first week of Tri 8 trimester.
- c. Your assigned CFD must approve all your marketing efforts
- d. Clinic does offer a limited amount of marketing events
- e. The intern may earn clinic hours while marketing with prior assigned CFD approval
- f. The intern is responsible to market themselves to meet graduation requirements and to develop skillsets that would help in their own practice.

14. Who does the intern contact if tables / equipment needs repair?

- a. Please inform your assigned Clinic Faculty Doctor (CFD)

15. Who does the intern contact if a specific technique table (i.e., Activator) is not available in the assigned doctors neighborhood / POD?

- a. Please contact your assigned Clinic Faculty Doctor (CFD)

16. Who does the intern contact for clinic hours and credit tally concerns?

- a. Please contact the Tally office (Sharla Parton)
- b. Extension: 7510
- c. Email: SParton@parker.edu

17. How much time is allocated for:

- a. Subsequent (i.e., Adjustment, Passive Care, Active Care) Office Visit: 55 Minutes
- b. Established Patient Initial Visit (99213 / 99214): 55 Minutes
- c. New Patient Initial Visit (99202 / 99203): 1 hour, 55 Minutes

18. How many patients is a CFD allotted to supervise?

- a. A clinic faculty doctor is allowed up to 6 patients per hour of which one is typically for a physical examination. This can be in different combinations of subsequent office visits and physical examinations.
- b. Patients are scheduled based on assigned clinic faculty doctor schedule, not intern availability

19. Does the intern need CFD approval to treat a patient?

- a. Every aspect of patient care requires CFD approval prior to the intern administering any examination, therapy, service, recommendation (ETC) to the patient.
- b. The intern works under the doctor's license. When in doubt...always ask the doctor / follow clinic policies and procedures

20. How are patients scheduled?

- a. Patients directly contact clinic to make appointment:
 - i. Phone: 972-438-9355, extension 7552
 - ii. Email: askparkerclinics@parker.edu
 - iii. Clinic Website: <https://www.parker.edu/clinics/>
 - iv. Intake Paperwork: <https://www.parker.edu/wp-content/uploads/2024/02/NEW-PATIENT-PACKET-2024.pdf>
- b. Appointments are based on the assigned CFD availability and not the interns
- c. Walk-ins are not permitted and will be scheduled at the next available time. Patients are requested to call in a minimum of one hour prior to the desired schedule appointment time to permit doctor availability for quality patient care.

21. What are Clinic patient hours and locations?

- a. <https://www.parker.edu/clinic/chiropractic-clinic-dallas/>
- b. <https://www.parker.edu/clinic/chiropractic-clinic-irving/>

22. When can an intern schedule a public (external) patient?

- a. Interns earn external / full clinic privileges approximately the 3rd or 4th week of Tri 8 upon the completion of all orientation assignments and is cleared by their CFD

23. What patients will most likely be my early clinical experience?

- a. Normally the intern's first patient will be a fellow IP 1 / Tri 8 intern
- b. Typically, the next patient can be a chiropractic student. DC Students who are patients, are assigned by the assigned Clinic Faculty Doctor (CFD) to the IP 1 / Tri 8 intern.

24. Does the clinic accept insurance? Yes...Please have the patient verify insurance coverage with the clinic (Type of Coverage, Services, Deductibles, Copays) by calling 972-438-9355, extension 7552. Insurance accepted by the clinics:

- a. Medicare
- b. United
- c. Blue Cross Blue Shield

25. What practices do successful interns utilize in clinic?

- a. Solicits Feedback from the clinic doctors, ADMIN and staff
- b. Establishes high goals for themselves (i.e., 250 Chiropractic Adjustments for the entire clinic experience) or higher than minimum requirements
- c. Has more than 25 External Patient Service Credits at the conclusion of the IP 1 Trimester
- d. Works the recommended 40-60 hours per week towards their graduation goals
- e. Associates with successful interns and persons
- f. Participates in / associates with organizations outside of Parker University. Meets people.
- g. Maintains their strengths and improves on areas of weakness
- h. Effectively utilizes their time (i.e., Marketing Efforts, Practices History Taking / Orthopedic and Neurological Tests)

- i. Attends doctor meetings / on time for meetings
- j. Treats the clinical experience as a job / the intern is an associate to the clinic faculty doctor
- k. Follows clinic policies and procedures
- l. Asks for referrals
- m. Provides timely quality patient care / has a genuine concern for the patient
- n. Plans for the future
- o. Has a strong work ethic / Holds self to high standards / Self Starter
- p. Committed to their clinical development
- q. Markets their doctor and clinic / has a marketing plan
- r. Utilized Patient Appreciation Vouchers (PAVs) / Utilizes and attends clinic marketing events and/or training / Creates marketing events
- s. Applies for CBI opportunities to expand and develop their clinical skill set.
- t. Actively participates in remediation to improve clinical skillsets.
- u. Understands that Clinics is a sandbox to transition from demonstrating competency (in academics) to demonstrating meta-competency.
- v. Takes the opportunity at each subsequent visit to educate patients on chiropractic and other health-related topics.

Early Transition to Irving Clinic

Interns enrolled in IP1 and assigned to the Irving Clinic for IP2 may transition to their Irving clinic assignment while still enrolled in IP1 when they have completed a minimum of 12 weeks of participation of their IP1 assignment in the Dallas clinic and all IP1 requirements excluding lab hours defined in the course syllabus.

To facilitate this process, a qualifying intern must do the following:

1. Announce their intent for early transfer to their current assigned IP 1 CFD, assigned IP 2 CFD, Tally office personnel, IP1 course instructor, and the Director of Compliance and Operations via one email
2. The assigned IP 1 and 2 CFDs agree to the early transition via the established e-mail chain of communication.
3. The assigned IP 1 CFD verifies that the intern has met IP 1 requirements via the established e-mail chain of communication
4. Tally personnel verify that the intern has met IP 1 requirements via the established e-mail chain of communication
5. The IP 1 Course Director verifies IP 1 requirements have been met and entered into Brightspace via the established e-mail chain of communication
6. The Director of Compliance and Operations approves the early transition via the established e-mail chain of communication

An IP 1 intern who transfers to the Irving clinic remains enrolled in IP1 and under the assignment of their IP1 CFD. The intern may deliver patient services at the Dallas and Irving clinics until the end of the IP1 course, and may continue to accumulate IP1 participation hours and required quantitative service credits until the applicable deadline published in the IP1 course syllabus.

Altering Irving Clinic Assignment due to Involvement with Substantial Patient Service

An IP1 intern assigned to the Irving Clinic for IP2 may be able to alter their IP2 assignment if they demonstrate involvement with delivering service to a substantial external patient base that may lead to early completion of quantitative requirements. This accomplishment is objectively documented based on IP1 intern performance. The criteria are completion of the following:

1. 100 external chiropractic spinal adjustments
2. 6 external new patients
3. A formal plan detailing strategies that will lead to completion of all quantitative requirements prior to week 4 of IP3
4. Approval by the Dean of Clinics and the Director of the Irving Clinic
5. Interns should contact the Dean of Clinics via e-mail when they believe they have accomplished the first three criteria listed above so review of performance and approval may begin.

Code of Ethics

Preamble

This Code of Ethics is based upon the acknowledgement that the social contract dictates the profession's responsibilities to the patient, the public, and the profession; and upholds the fundamental principle that the paramount purpose of the chiropractic intern's/doctor's professional services shall be to benefit the patient.

Tenets

- I. Interns should adhere to a commitment to the highest standards of excellence and should attend to their patients in accordance with established best practices. All intern clinical actions are directed / approved by the Clinic Faculty Doctor
- II. Interns should maintain the highest standards of professional and personal conduct and should comply with all clinic and university policies and procedures as well as governmental jurisdictional rules and regulations.
- III. Intern-patient relationships should be built on mutual respect, trust and cooperation. In keeping with these principles, interns shall demonstrate absolute honesty with regard to the patient's condition when communicating with the patient and/or representatives of the patient. Interns shall not mislead patients into false or unjustified expectations of favorable results of treatment. In communications with a patient and/or representative of a patient, interns should never misrepresent their education, credentials, professional qualification or scope of clinical ability.
- IV. Interns should preserve and protect the patient's confidential information, except as the patient directs or consents (per clinic policies), or the law requires otherwise.

- V. Interns should employ their best good faith efforts to provide information and facilitate understanding to enable the patient to make an informed choice in regard to a proposed chiropractic treatment (per clinic faculty doctor approval). The patient should make his or her own determination on such treatment.
- VI. The intern-patient relationship requires the intern to exercise utmost care that he or she will do nothing to exploit the trust and dependency of the patient. Sexual misconduct is a form of behavior that adversely affects the public welfare and harms patients individually and collectively. Sexual misconduct exploits the intern-patient relationship and is a violation of clinic/university policies and procedures and public trust.
- VII. Interns should willingly consult and seek the talents of other health care professionals when such consultation would benefit their patients or when their patients express a desire for such consultation. These actions will occur under the direction / approval of the Clinic Faculty Doctor.
- VIII. Interns should never neglect or abandon a patient. Due notice should be afforded to the patient and/or representatives of the patient when care will be withdrawn so that appropriate alternatives for continuity of care may be arranged. These actions will occur under the direction / Approval of the Clinic Faculty Doctor.
- IX. Interns' decisions as to who will be served should not be based on race, religion, ethnicity, nationality, creed, gender, handicap, credits or sexual preference.
- X. Interns should conduct themselves as members of a learned profession and as members of the greater healthcare community dedicated to the promotion of health, the prevention of illness and the alleviation of suffering. As such, interns should collaborate and cooperate with other health care professionals to protect and enhance the health of the public with the goals of reducing morbidity, increasing functional capacity, increasing the longevity of the U.S. population and reducing health care costs. These actions will occur under the directions / approval of the Clinic Faculty Doctor.
- XI. Interns should exercise utmost care that advertising is truthful and accurate in representing the intern's professional qualifications and degree of competence. Advertising should not exploit the vulnerability of patients, should not be misleading and should conform to all clinic and institutional policies and procedures as well as governmental jurisdictional rules and regulations in connection with professional advertising.
- XII. As professions are self-regulating bodies, interns shall protect the public and the profession by reporting incidents of unprofessional, illegal, incompetent and unethical acts to appropriate authorities and organizations and should stand ready to testify in courts of law and in administrative hearings.
- XIII. Interns have an obligation to the University and to the profession to endeavor to assure that their behavior does not give the appearance of professional impropriety. Any actions which may benefit the intern to the detriment of the University and/or profession must be avoided so as to not erode the public trust.

XIV. Interns should recognize their obligation to help others acquire knowledge and skill in the practice of the profession. They should maintain the highest standards of scholarship, education and training in the accurate and full dissemination of information and ideas.

Parker University Clinics Dress Code

Parker University respects intern, staff and faculty rights to express themselves in the way they dress. All interns, staff and faculty are also expected to equally respect the importance of appearance and how it reflects on their professional image, and on the image of Parker University. Attire should facilitate participation in clinic duties as well as the health and safety of the patients whom clinics serve. This policy is intended to provide guidance for interns and employees alike.

To conduct clinic business and/or clock in for clinic hours, the following requirements must be met:

Intern/Clinic Doctor Minimum Requirements:

- A white coat distributed by Parker facilities must always be worn when inside the Parker Clinics, including, but not limited to, file retrieval and patient encounters. White coats must be clean and wrinkle-free to be permitted for clinic use.
- All clothing choices must cover full body area from deltoid across to the other deltoid, down to approximately three inches above the knee. Deep V-necks are prohibited, as this violates the above stipulation.
- A clean and pressed dress shirt or dress blouse, with or without tie, or dri-fit Parker branded polo may be worn underneath the required white coat. If applicable, only the top button of all aforementioned options may be unbuttoned.
- Dress slacks feature plain seams that do not have folded fabric secured by a second row of stitching commonly used in jeans or more casual pants. Slacks, pants, capris, or trousers of various colors and designs are permitted so long as they meet dress requirements of an internal lateral seam on each leg and have internal (unlike jeans which have external) posterior pockets. Leggings or joggers are not permissible.
- Skirts must be no shorter than three inches above the knee joint. Dresses with sleeves may be worn.
- Business-dress footwear is to be worn at all times. No sandals, open-toed shoes, casual or athletic footwear may be worn.
- Clinic faculty, staff, and interns must wear their Parker University name tag at all times when in the Clinics. All must also follow the most current personal protective equipment (PPE) policy, if applicable.

Additional Requirements:

- Hats and other headwear are prohibited unless to be worn as a religious observance.
- Hair is to be well kept and appear in a professional manner. Natural hair styles of various cultures are respected. Unnatural hair dyes are prohibited from the clinic workplace.
- Facial hair is to be well-maintained and trimmed. Those with long hair must ensure that it is neatly maintained and does not come in contact with patients during evaluation and management.
- Tattoos of violent or distasteful images or certain words may be requested to cover them with

- clothing, compatible skin-colored tape, concealer, or makeup.
- Visible body piercings are not allowed with the exception of earrings, or small studs. Other jewelry must be modest, and not interfere with patient care by dangling, scratching, or catching on clothing or extremities during the examination and treatment process.
- Belts may be leather or man-made materials other than canvas/fiber.
- Undergarments may not be visible with or without wearing the required white coat.
- Clinic staff are to follow the dress code guidelines of this policy with exception to the white lab coat unless they participate directly with patient care.

Outside Marketing Events:

- Dress appropriately for the event being attended, or as directed by organizer.

Parker University is committed to delivering exceptional service in its Chiropractic Clinics. Professional attire is a component of such service. Clinic Faculty Doctors (CFDs) are responsible to ensure that interns maintain appropriate dress and hygiene as described in this policy.

The Dean of Clinics will provide assistance those who are unsure if an article of clothing meets the policy. If concerned, please contact the Dean of Clinics for assistance prior to purchasing or wearing the clothing in question.

Interns who violate the Dress Code Policy are subject to disciplinary action, including, but not limited to, being sent home, losing clinic credit, and losing clinic privileges.

Clinic Footwear:

Purpose: Parker University Chiropractic Clinics is a teaching institution providing quality patient care in a professional healthcare environment. To project professionalism and introduce interns to professional attire and conduct, clinics have instituted a Dress Code that includes footwear. This addendum is provided to further clarify appropriate / acceptable and inappropriate / unacceptable footwear in the Parker University Chiropractic Clinics.

Policy (Extract from the Parker University Clinic Dress Code): Business-dress footwear is to be worn at all times. No sandals, open-toed shoes, casual or athletic footwear may be worn.

Healthcare Considerations / Exceptions: Clinic doctors, interns, staff, and administrators may have conditions that may warrant exceptions to the policy. Orthotics and / or Orthopedic shoes may address patient condition(s) when prescribed. Parker University accepts orthotic / orthopedic shoe prescriptions by Parker University, clinic doctors (Clinic Faculty Doctor (CFD) / Clinic Adjunct Doctor (CAD)) and / or MD, DO or Podiatrist. Conditions that may warrant a policy exception may include (Not All Inclusive):

1. Ankle Sprain / Strain
2. Arthritis
3. Bunions
4. Diabetic Neuropathy
5. Flat Feet

6. Foot Surgery
7. Fractures
8. Hammertoes
9. Heel Spurs
10. Morton's Neuroma
11. Plantar Fasciitis
12. Pregnancy
13. Shin Splints
14. Tendonitis
15. Ulcers

Procedure: Below are methods and examples to determine whether footwear is acceptable / not acceptable in Parker University Clinics:

Manufacture Brand / Style / Intended Design Google Search:

1. Perform a Google search for the specific manufacture footwear in question.
2. Footwear is authorized in the clinics If the search validates that the footwear falls within Business Dress / Business Formal / Dress / Formal / Professional as well as an acceptable style listed below.
3. The footwear is prohibited in the clinics If the footwear search describes / references / implies / the footwear as sneaker, trainer, athletic, casual, CrossFit, cross training, workout and / or is referenced on the Non-Acceptable List.
4. Note: All footwear utilized in the clinic must be clean, serviceable and in good condition.

Examples of Acceptable clinic footwear styles as long as the manufacture mentions Business Dress / Business Formal / Dress / Formal / Professional:

1. Ballet Flats
2. Brogue
3. Cowboy / Cowgirl boots
4. Derby
5. Flats
6. Heels
7. Loafers
8. Monks
9. Mules
10. Oxfords (Plain Toe, Whole cut, Cap Toe, Wingtip, Brogue)
11. Pumps
12. Slingbacks

Example of Non-Acceptable Footwear / Styles / Design / Intent / Variants (i.e., Athletics, Casual, Open Toe) (Not All Inclusive):

1. Adidas
2. Birkenstocks
3. Boat Shoes
4. Bowling Shoes

5. Climbing Shoes / Boots
6. Clogs
7. Converse / Chucks
8. Crocs
9. FiveFingers
10. Flip Flops
11. Espadrilles
12. Galoshes
13. HeyDude
14. High Tops
15. Hiking Shoes / Boots
16. Jellies
17. Jump Boots
18. Keds
19. Moccasins
20. Mukluks
21. Nike
22. Nobull
23. Old School
24. Onboard / Onbrand
25. Platforms
26. Roller Skates
27. Running Shoes
28. Sandals
29. Scarpin Heels
30. Skele-toes
31. Slippers
32. Sneakers
33. Split Toe (i.e., Ninja, Tabi)
34. Sports (i.e., Tennis, CrossFit)
35. Stilettos
36. Timber Boots
37. T-Straps
38. Toms
39. Trainers
40. Uggs
41. Vibram
42. Toe Shoes
43. Vans / Converse or other cloth slip ons / or similar shoe type
44. Water Shoes
45. Wedges
46. Work Boots

Non-Compliance Actions:

Policy violations may result in:

1. Verbal Warnings have occurred (i.e., Clinic Orientation Presentation / Pod and Doctor Meetings and Presentation / Individual Meetings).
2. Written Warnings have occurred (i.e., Clinic Orientation Policies Acknowledgement (Signature Page) / Individual Sessions / Quizzes / Tests / IP 2 and IP 3 Update Signatures Page).
3. Loss of Credits / Hours
4. Loss of Clinic Privileges
5. Disciplinary Action

Clinic Hours Policy:

Clinic hours are recorded via a kiosk in the clinics, an app on a student's personal mobile device, or a sign-in sheet. Students are to use one of the methods to record lab or lecture hours for each of the Internship Practicum Courses (please see the syllabus for each course for the minimum number of hours).

Students must be on university property at the clinic they are assigned when clocking in (start) or clocking out (end), unless the student is in CBI. If a student is participating in CBI, they must be in that clinic when clocking in or out. If a student leaves university property, or the CBI location, the student must clock out to stop recording of clinic hours. The student can clock back in if they return to the location and continue to engage in clinic related activities.

Students can only earn clinic hours if they are engaged in clinic related activities, which include attending a clinic lecture, radiology review, radiology rotation, or being immediately available to their assigned clinic faculty doctor. If a student ceases to engage in clinic related activities, such as eating lunch, or participating in physical activity in the gym/ParkerFit, the student must clock out to stop the recording of time for clinic hours.

If a student forgets to clock in/out, they must follow the policy for missed punches or notify the course director within 72 hours.

Failure to follow this policy will result in a sanction as it is a violation of the student code of conduct.

Practice Principles and Policies of the Parker Chiropractic Clinic Systems

Parker University Chiropractic Clinics are a doctor-based, patient-centered, intern-assisted and evidence-informed organization. Interns are considered associates of the Clinic Faculty Doctor (CFD) and work under their direct supervision and Texas license. Quality patient care, exceptional service and graduating exceptional Doctor of Chiropractic are hallmarks of Parker University, Chiropractic Clinic systems. In order to ensure the integrity of the Parker University, Doctor of Chiropractic Program and better prepare interns for graduation and the “real world”; infractions listed below are highlighted to enhance the interns’ understanding and practice within institutional policies and procedures, healthcare ethics, Texas Board of Chiropractic Examiner Rules, Center for Medicare and Medicaid Services regulations, and the Health and Human Services Office of the Inspector General rules. Infractions listed below are examples and are not all inclusive. Infraction(s) may result in remediation, loss of credit (no credit) temporary/permanent suspension, loss of Clinic privileges, sanctions and/or referral to Academic and Professional Standards Committee. The penalties assigned to clinic infractions will be at the discretion of the doctor, Clinic Directors, Dean of Student Affairs, and/or the Academic and Professional Standards Committee.

1. Performing Treatment, Procedure(s) and/or Prescribing without Authorization:
 - a. Lack of doctor signature / approval on warranted documentation / EHR surface
 - b. Treatment Plan absent, incomplete, not signed and/or out of date and/or failure to follow the Treatment Plan
 - c. Treatment Record absent, incomplete, inaccurate and/or not signed / approved by a doctor
 - d. Super Bill incomplete, inaccurate and/or not signed / approved by a doctor
 - e. Intern prescribes / provides exercises, equipment, appliances, nutrition (etc.) that are not provided / offered by the Clinics and/or approved by a doctor
2. Performing Treatment without an Informed Consent / Patient Authorization:
 - a. Informed consent not performed, not completed, not updated, and/or not annotated on the Treatment Plan
 - b. Not reviewing referral, consultation or test results with patient and/or not recorded in the Treatment Record
3. Lack of Quality Patient Care:
 - a. Failure to clean equipment prior to and after patient care
 - b. Failure to use a translator when intern cannot communicate with the patient
 - c. Rendering services that do not meet Medical Necessity / Clinical Indications / Evidence Base (Informed) / Healthcare Standards / Therapeutic Benefits / Necessity for Treatment / Case Progress / Episodic Care
 - d. Providing substandard care (i.e., not addressing patient presentation (CC) / DDXs not correlated to PFSH, HPI, OA /PE not correlated to DDX list / Not following TX Plan / RXed therapies performed below allowed CPT time unit(s))
 - e. Intern conducts One and Done (New Patient CC, HPI, PE, ROF, IC and TX performed during

- the same clinic shift)
- f. Patient abandonment (i.e., Intern missing patient appointment / Intern not completing TX Record NPV)
- g. Not informing patient of case status / progress

4. Professional Violations:

- a. Intern not following Dress Code Policy
- b. Intern not maintaining professional and/or personal boundaries, professional demeanor and/or conduct
- c. Intern absent and/or late for meeting(s) and/or appointment(s)
- d. Use of profanity and/or abusive, annoying, and/or hostile manners
- e. Insubordination, disrespectful (etc.) toward the patient, clinic staff and/or doctor
- f. Under the influence of drugs and/or alcohol (i.e., alcohol on breath)
- g. Acts of Forgery, Dishonesty (i.e., Plagiarism, Collusion, References from Current Student Handbook) Bribery, Stealing and/or Inducement (i.e., Intern pays for patient services)
- h. Documenting / Billing for services not performed (i.e., Up Coding). Theft of Service (i.e., not billing for services rendered, Down Coding).

5. Treatment of Non-Compliant Patients:

- a. Patient with history of missed appointments and/or cannot make appointments per Treatment Plan
- b. Patient does not observe treatment plan, instructions, restrictions, referrals, testing, and/or requests

6. SuperBill Errors:

- a. Improper Super Bill documentation and/or annotation (i.e., Wrong or improper diagnosis order, diagnostic pointing, lack of/out of date Box 14 date (onset date)). Absent PAV and/or intern substitution.
- b. The intern submits a superbill for credit that they know or should know is false or fraudulent. Per DHHS, OIG, Knowing, “include(s) not only actual knowledge but also instances in which the person acted in deliberate ignorance or reckless disregard of the truth or falsity of the information.”

7. HIPAA Violations:

- a. Files not returned to the records room at the end of the AM / PM shift. Unsecured PHI, superbills and/or files.
- b. Files lost, not on Clinic premises and/or unattended
- c. Improper use, disclosure or release of PHI in violation of clinic, state and / or federal regulations
- d. Breach or violation of patient confidentiality

8. Inappropriate and/or Fraudulent Actions:

- a. Clinic, Patient and/or Billing documentation not defendable and/or transparent, not meeting state and national standards. Interns shall maintain patient and billing records in a manner consistent with the protection and welfare of the patient. An intern's patient records shall support all diagnosis, treatments, and billing. Records shall be

timely, dated, legible, accurate and signed by the person providing treatment.

- b. Documentation and/or submitting a superbill that does not meet Clinical Indications / Medical Necessity / Evidence Base / Healthcare Standards / Therapeutic Benefits (i.e., TBCE Rules, CMS Rules and Regulations, CPT Manual, Clinic Policies and Procedures)
- c. Treating / exploiting patients through the inappropriate and/or fraudulent use of chiropractic services which results in credit gains for graduation. Rendering chiropractic services becomes inappropriate when the services rendered or goods and/or appliances provided by the intern to the patient are clearly excessive to the justified needs of the patient as determined by medical necessity, clinical indications, standards of care, etc.
- d. Providing substandard care (i.e., services provided below minimal time standards, lack Medical of Necessity and/or Clinical Indications)
- e. Intern fails to follow Clinic Doctor Signature Policy
- f. Clocking into Clinics and leaving the premises without clocking out
- g. Withholding patient information from the attending CFD
- h. Using a technique and/or service in the clinic not taught by Parker University, Doctor of Chiropractic Program
- i. Violation of Parker University Student Handbook, Clinic Handbook, Clinic Documentation Handbook, Clinic Policies and Procedures, Texas Board of Chiropractic Examiners, Centers of Medicare and Medicaid Services, etc.

9. Falsification and/or Fraudulent Records:

- a. Advanced Documentation / Pre-Population of Records (i.e., filling out documentation / EHR (i.e., History of Present Illness, Physical Exam Findings, Treatment Record) prior to patient presentation and/or patient consultation)
- b. Altering patient records / super bill (etc.) after CFD signature approval

10. Unauthorized Treatment of Students or Patients:

- a. Intern dates and/or has intimate relationship with an assigned patient
- b. Intern treats girlfriend/boyfriend or other with whom they are having a personal relationship and/or family member.

11. Dereliction of Duty:

- a. Refusing to treat patients without justification (i.e., intern credit needs met)
- b. Patient / Credit Swapping (Patient(s) is/are exchanged between interns to meet graduation requirements)
- c. Intern performed services without "Intern Substitution Form" when warranted (Dr. did not authorize substitution)
- d. Intern not escorting patient to Front Desk for check out procedures at the conclusion of an office visit.

12. Inappropriate Use of Clinic Resources:

- a. Equipment not returned on time and/or to assigned location

13. Marketing / Advertising Policy and/or Procedure Violations:

- a. Interns are not authorized to create their own marketing materials without prior approval

- b. Interns are not authorized to create any social media representing Parker University
- c. Failure to follow Marketing Policies and Procedures.

14. Misrepresentation as Doctor of Chiropractic:

- a. Intern's business card states, "doctor of chiropractic" and / or use of non-sanctioned Parker University cards
- b. Intern misrepresents their self as "doctor of chiropractic". (i.e., social media, marketing, meetings)
- c. Practicing without a license per the State of Texas

Orientation

Clinic orientation is composed of in-person and online activities to cover the policies and procedures of the chiropractic clinics. The online orientation content is to be taken over the first few weeks of the trimester and includes quizzes which require a minimum score of 80%. A detailed itinerary for clinic orientation will be shared by the Internship Practicum I course instructor the week prior to the start of the trimester.

Examples of topics to be covered (not a comprehensive list):

- Course Certification and Signature Page/HIPAA Agreement
- Roles and Responsibilities
- Internship Practicum I Syllabus
- Clinical Assessment and Clinical Development
- Clinic HIPAA Policy and Procedures
- Practice and Principle of Parker Chiropractic Clinic Systems
- Intern Credit Exclusion Policy, Immediate Relatives, Household Members, Internal / External Patients Policy and Over-Utilization
- Documentation
 - New Patient Exams
 - Treatment Records
- Clinic Paperwork
 - New Patient Paperwork
 - Outcome Assessments
 - File Organization
- Treatment Plans/ODG
- Rubric Reviews

- Tour of the Dallas Clinic

Orientation Exam

Successful completion of the Orientation Exam and Approval of the CFD will allow the intern to start scheduling External Patients. All modules of the orientation quizzes must be passed with an 80% or higher to sit for the orientation exam.

White Coat Ceremony

During your orientation, there will be a celebratory White Coat Ceremony to commemorate your transition from academics to the beginnings of patient care. This will be an in-person ceremony in which you will receive your clinic white coat. This ceremony will be open to family to attend and share in your accomplishments.

Clinic Graduation Requirements

1. A requirement for graduation is completion of all quantitative services. Interns who fail to complete those requirements by the published deadline will be required to repeat Internship Practicum 3 the following trimester. Interns repeating IP3 will carry over previously achieved Graduation Quantitative Services and will need to complete the required Graduation Quantitative Services and the course criteria. The Required Graduation Quantitative Services (performed during IP1, 2, and 3) are:
 - 300 Patient service credits as explained under the Patient Service Credit Policy on your course Brightspace page
 - 25 Physical Exams
 - 30 Physical therapeutics
 - 40 Radiology Credits
 - Up to 15 credits come from Case Type of the Week in IP 1
 - Up to 15 credits come from Case Type of the Week in IP 2
 - At least 10 credits must come from x-ray series on patients or narrative reports
2. An intern is considered at risk of failing to complete their Graduation Quantitative Services in time for graduation if these minimum quantitative services are not completed according to the following timetable:

Service Credits	Conclusion IP 1	Conclusion IP 2	Mid-Point IP3
Total Graduation Service Credits	50	150	225

Interns at risk will meet with their assigned clinic faculty, the Director of Clinics, and a member of the Student Affairs department to establish a plan for performance improvement.

3. In addition to the quantitative requirements, all students must meet all CCE Meta-Competency Outcomes (MCO). If a student fails to obtain minimal acceptable grades for a single or multiple MCO, they will be required to complete remediation assignments until all MCO's have been successfully completed prior to graduation. The style and requirements of any make up assignments may be assigned by an intern's CFD, the Director of Clinical Assessment, or the Director Dean of Clinics.
4. Fulfillment of the CBI Learning Agreement is a graduation requirement, if applicable.
5. **Incomplete Contract Requirements:** Successful completion of clinic check out is a requirement of graduation. Any intern that has not completed checkout by the final day of the trimester will be required to fill out an incomplete contract to be submitted to the Registrar. Once the student has completed all graduation requirements, including clinic checkout, the student's final grade will be submitted to the Registrar to replace the incomplete initially submitted.
6. **Clinical Radiology rotation** consists of eight half days spread over two consecutive weeks with **morning sessions being held during the first week** (Monday - Thursday) and **afternoon sessions during the second week** (Monday - Thursday). Orientation will be given on the first day of your rotation. If a known campus closure or holiday falls during your scheduled rotation time, a make-up day will be given to you on a Friday during your scheduled two-week rotation (this will be provided to you when the schedule is released).

This rotation will take place during the IP1 or IP2 trimesters depending on scheduling. If there are any scheduling conflicts that could prevent you from attending a period of your clinical rotation, please alert the radiology department at the beginning of the trimester to request those dates off. Once the schedule is finalized the assigned schedule cannot be altered.

A minimum of **30 technical procedures** are required during your rotation course. To obtain these you will set up live patient x-rays, perform mock set-ups, and successfully complete Intern Competency Assessments (ICAs). You will be excused from all obligations regarding patient care at the outpatient clinics during your scheduled rotation hours (i.e., rotation interns cannot see patients and will not receive credit during their scheduled rotation times). The radiology technologists will be your direct supervisors during your assigned rotation.

Radiology Rotation must be successfully completed to fulfill your internship requirements. Attendance is critical given the limited number of days you will be scheduled for rotation. Time missed due to clinic/campus closures (inclement weather, etc.) or extenuating circumstances (supported by acceptable documentation) will be made up **hour-for-hour** during Remediation Week. If time is missed during rotation without approved supporting documentation, **double the number of hours** missed will be completed during Remediation Week.

RADIOLOGY CREDITS:

Students are required to obtain a total of 40 radiology credits throughout the clinical experience to fulfill graduation criteria. Each student has the opportunity to receive 15 radiology credits by successfully completing “Case Types of the Week” in each of the Clinical Development (CD) 1 & CD2 courses for a total of 30. The remaining 10 radiology credits are earned through the following three methods:

1. X-ray and Ultrasound reports- composing a report on imaging conducted on assigned patients throughout the clinical experience. These are worth 1 radiology credit.
2. Imaging narrative reports- composing a report over imaging that a patient has received outside of Parker clinics that was taken within one year. These are worth 1 radiology credit.
3. Non imaging narratives- a narrative for patients that do not require further diagnostic imaging. These can only be completed on patients that are placed on an Active treatment plan and are worth $\frac{1}{2}$ a radiology credit.

Students can use any of the three methods in combination to fulfill the 10 mandatory radiology credits. For instance, submitting 4 x-ray reports (equivalent to 4 radiology credits) and 12 non-imaging narratives (equivalent to 6 radiology credits) would meet the total requirement of 10 radiology credits so long as each received a passing grade.

Note: If less than 30 radiology credits were earned in CD1 & CD2 combined, the student will need to use the above three methods to reach a total of 40 radiology credits for graduation. Radiology credits and reports are contained/submitted in the Clinical Rotation course.

Radiology Submissions Due Date

Radiology reports and narratives require manual evaluation by the radiology team, which is a time-consuming process. If a submission does not receive a passing score, it will require a resubmission with corrections to attain a passing grade. This additional step extends the grading process for the radiology team and can potentially lead to delays in students' checkout process.

To ensure prompt grading of submissions, all initial radiology credit submissions must be received by the final day of the trimester (Saturday week 15). Following the initial submission, revisions can be made for items that do not achieve a passing score. In the event of incomplete submissions that fall below the graduation requirements by the end of the trimester, re-enrollment in IP3 will be required.

Patient Service Credits Policy

The Patient Service Credit system beginning Fall 2018, assigns one type of credit for the many patient-centered service possibilities that arise specific to a patient’s health concern, diagnosis, management planning, treatment service, and response to care.

The system by which interns accumulate required graduation quantitative credits has changed to:

1. Improve the delivery of patient-centered services
2. Better align with the mandatory Meta-Competency Outcomes (MCOs) published by the Council on Chiropractic Education (CCE) in the 2018 Accreditation Standards, section H
3. Award credit based on quality of work performed rather than focusing solely on a quantitative performance

[**The Three Components of the Clinical Portion of the DCP**](#)

Interns are students enrolled in the clinical portion of the DCP who participate in a curriculum that has three main requirements:

- Performance of Parker DCP learning outcomes and MCOs set by the CCE
- Participation in a mandatory patient service volume comprised of encounters consistent with the MCOs set by the CCE
- Enrollment in the Clinical Development courses

Performance of Program Learning Outcomes and Meta-Competencies (MCOs)

Interns enrolled in the clinical portion of the DCP must pass the courses that comprise the clinic portion of the DCP curriculum and achieve all the CCE MCOs. The clinic courses, Internship Practicum 1, 2, and 3, and Clinical Development 1 and 2, are comprised of assessments sensitive for the learning outcomes of the DCP and the outcomes of the Meta-competencies (MCs) set by the CCE. Specific descriptions of the assessments are in each course syllabus.

The course assessments are comprised of case type projects, exams, OSCE, direct patient service performance observation, and patient service documentation assignments that focus on patient service scenarios for the following 2025 CCE MCs:

- Assessment and Diagnosis
- Management
- Health Promotion and Disease Prevention
- Communication and Record Keeping
- Professional Ethics and Jurisprudence
- Cultural Competency
- Chiropractic Adjustment/Manipulation
- Inter-Professional Education

The CCE Meta-Competency Outcomes that must be achieved for a student to become eligible for graduation are:

1.1 Perform a case-appropriate history that evaluates the patient's health status.	1.2 Perform a case-appropriate examination that leads to the identification of significant findings and determine the need for additional examination, diagnostic and/or confirmatory tests, and consultations.	1.3 Perform/order and interpret clinical laboratory, imaging, and other diagnostic studies required for formulating an appropriate diagnosis.	1.4 Demonstrate clinical reasoning to generate a corresponding list of current/active diagnosis/es.	
2.1 Use relevant scientific literature and other evidence to inform patient care.	2.2 Develop an evidence-informed management plan appropriate to the diagnosis, including elements such as obstacles to improvement, measurable healthcare goals, prognoses, and target endpoint of care in consideration of bio-psychosocial factors, natural history, and alternatives to care.	2.3 Identify the need and refer for emergency care as appropriate.	2.4 Perform a review of findings that outlines benefits, risks, and alternatives to care and obtain informed consent for care.	2.5 Deliver appropriate chiropractic adjustments/manipulations and/or other forms of passive care.
2.6 Implement appropriate active care.	2.7 Make recommendations for changes in lifestyle behaviors, including activities of daily living and/or dietary and nutritional habits as appropriate.	2.8 Identify maximum improvement and document the endpoint of care or determine rationales for continuing care or referral.		

3.1 Manage health risks and public health issues, including reporting, as required.	3.2 Identify, recommend, and/or provide resources (educational, community-based, etc.) for influencing public health.	3.3 Apply appropriate hygiene practices in the practice environment.		
4.1 Document health risks and management options considering the patient's health care needs and goals.	4.2 Exhibit verbal and non-verbal communication skills supportive of patient-centered care.	4.3 Safeguard and keep confidential the patient's protected health and financial information.	4.4 Generate patient records, narrative reports, and correspondence that comply with state and federal laws and regulations and applicable/accepted industry standards.	
5.1 Maintain appropriate boundaries with patients, including physical, communication (verbal and nonverbal), and emotional.	5.2 Maintain professional conduct with patients, peers, staff, and faculty.	5.3 Comply with the ethical and legal dimensions of clinical practice.		
6.1 Communicate respectfully and effectively with patients of diverse social, cultural, and linguistic backgrounds in a manner that protects the dignity of individuals and communities.	6.2 Design a care plan that considers and respects the culture of the patient.			
7.1 Identify subluxations/segmental dysfunction of the spine and/or other articulations.	7.2 Analyze and interpret findings indicating the need for chiropractic adjustment/manipulation.	7.3 Identify indications, contraindications, and risk factors for the chiropractic adjustment/manipulation and explain the anticipated benefits, potential complications, and effects to patients.	7.4 Apply chiropractic adjustment/manipulation to patients while ensuring patient safety.	7.5 Identify the effects following the chiropractic adjustment/manipulation.

<p>8.1 Communicate information with health team members in a manner that is understandable, avoiding discipline-specific terminology when possible.</p>	<p>8.2 Apply collaborative strategies with members of the healthcare team to support a team approach to patient-centered care.</p>			
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Participation in Mandatory Patient Service Volume

In addition to demonstrating the quality outcomes as described previously, interns enrolled in the clinical portion of the DCP must demonstrate achievement of significant quality experience through completion of 300 patient service encounters¹. A service encounter is defined as a point of interaction with a patient that includes any of the following patient services:

- Evaluation
- Management
- Treatment

Most commonly a service encounter occurs in the clinic via a face-to-face exchange between the patient, intern, and clinic faculty or clinic adjunct overseeing the quality of service. Rarely a service encounter will occur via phone conversation when a patient is contacted for rendering an immediately necessary referral to another provider or service. This is the only instance when such a call will count towards a patient service credit. A referral of this type will count towards a Management – Initial, patient service credit (Services that qualify for patient service credit are described later in this document).

A patient's presentation that meets the following rigor standards will likely qualify for many or all the patient service credits described in the next section:

- The patient has a health concern that requires a case-appropriate history that evaluates the patient's health status, including a history of present illness, systems review, and review of past, family and psychosocial histories for the purpose of constructing a differential diagnosis and directing clinical decision-making
- The intern performs case-appropriate examinations that include evaluations of body regions and organ systems, including the spine and any subluxation/segmental dysfunction that assist the clinician in developing the diagnosis/es
- The patient may require immediate or deferred diagnostic studies and consultations when appropriate, inclusive of imaging, clinical laboratory, and specialized testing procedures, to obtain objective clinical data
- The intern formulates a diagnosis/es supported by information gathered from the history, examination, and diagnostic studies
- The patient's diagnosis/es requires development of a management plan appropriate to the diagnosis/es, the patient's health status, obstacles to improvement, specific goals, and prognoses, while the intern considers and respects the culture of the patient, and incorporates their values and expectations of care
- The patient needs a chiropractic adjustment/manipulation or other forms of passive care, active care, changes in patient behavior and activities of daily living and may have the need for emergency care, referral and/or collaborative care
- The intern provides information to the patient about risks, benefits, natural history and alternatives to care regarding the proposed management plan and obtains informed consent
- The intern monitors patient progress according to treatment plan goals, and alters management plans accordingly

- The intern recognizes the point of the patient's maximum improvement and releases the patient from care or determines rationales for any ongoing care

Services that Qualify for Patient Service Credit

The patient service credits are identified by solid bullets below. A patient service credit is achieved when an intern completes the work defined by the numbered CCE MCOs associated with each type of patient service credit. An intern may earn multiple patient service credits during one patient visit when applicable.

NAME OF PATIENT SERVICE CREDIT	REQUIRED WORK TO BE COMPLETED TO EARN THE PATIENT SERVICE CREDIT IDENTIFIED BY CCE META-COMPETENCIES (NUMBER AND DEFINITION)
Assessment & Diagnosis	<p>1.1 Perform a case-appropriate history that evaluates the patient's health status.</p> <p>1.2 Perform a case-appropriate examination that leads to the identification of significant findings and determine the need for additional examination, diagnostic and/or confirmatory tests, and consultations.</p> <p>1.3 Perform/order and interpret clinical laboratory, imaging, and other diagnostic studies required for formulating an appropriate diagnosis.</p> <p>1.4 Demonstrate clinical reasoning to generate a corresponding list of current/active diagnosis/es.</p>
Management Plan - Initial	<p>2.1 Use relevant scientific literature and other evidence to inform patient care.</p> <p>2.2 Develop an evidence-informed management plan appropriate to the diagnosis, including elements such as obstacles to improvement, measurable healthcare goals, prognoses, and target endpoint of care in consideration of bio-psychosocial factors, natural history, and alternatives to care.</p> <p>2.3 Identify the need and refer for emergency care as appropriate.</p> <p>2.4 Perform a review of findings that outlines benefits, risks, and alternatives to care and obtain informed consent for care.</p> <p>2.7 Make recommendations for changes in lifestyle behaviors, including activities of daily living and/or dietary and nutritional habits as appropriate.</p> <p>6.2 Design a care plan that considers and respects the culture of the patient</p>
Management Plan – Passive Care	2.5 Deliver appropriate chiropractic adjustments/manipulations and/or other forms of passive care.
Management Plan – Active Care	2.6 Implement appropriate active care.
Management Plan – Update/Discharge	2.8 Identify maximum improvement and document the endpoint of care or determine rationales for continuing care or referral.
Chiropractic Adjustment/Manipulation	<p>7.1 Identify subluxations/segmental dysfunction of the spine and/or other articulations.</p> <p>7.2 Analyze and interpret findings indicating the need for chiropractic adjustment/manipulation.</p> <p>7.3 Identify indications, contraindications, and risk factors for the chiropractic adjustment/manipulation and explain the anticipated benefits, potential complications, and effects to patients. (Documented completed ROF on Active treatment Plan)</p> <p>7.4 Apply chiropractic adjustment/manipulation to patients while ensuring patient safety.</p> <p>7.5 Identify the effects following the chiropractic adjustment/manipulation.</p>

Appropriate communication and record keeping during patient service must be performed during all attempted patient service credits for any credit to be awarded. The following CCE MCOs define appropriate communication and record keeping:

- 4.1 Document health risks and management options considering the patient's health care needs and goals.
- 4.2 Exhibit verbal and non-verbal communication skills supportive of patient-centered care.
- 4.3 Safeguard and keep confidential the patient's protected health and financial information.
- 4.4 Generate patient records, narrative reports, and correspondence that comply with state and federal laws and regulations and applicable/accepted industry standards.
- 6.1 Communicate respectfully and effectively with patients of diverse social, cultural, and linguistic backgrounds in a manner that protects the dignity of individuals and communities.

Interns must also comply with the law and use ethical behavior during all patient service encounters in a manner that results in the following outcomes:

- 5.1 Maintain appropriate boundaries with patients, including physical, communication (verbal and nonverbal), and emotional.
- 5.2 Maintain professional conduct with patients, peers, staff, and faculty.
- 5.3 Comply with the ethical and legal dimensions of clinical practice.

Example of How Patient Service Credit May be Awarded During an Active Patient Presentation Scenario

PATIENT VISIT NUMBER	WORK PERFORMED	SERVICE CREDIT AWARDED
1	<p>Patient comes to clinic for first time and has a health concern.</p> <p>Intern performs a history of present illness, review of systems, and past family/social health review including injuries, illnesses, hospitalizations, surgeries, medications, and healthy activities.</p> <p>Intern completes all documentation appropriately, creates a problem list, an accurate differential diagnosis.</p> <p>Intern performs and completes an examination consisting of necessary tests and identifies if external records or further testing including imaging is necessary.</p> <p>Visit is concluded, and patient is scheduled for a Report of Findings.</p>	All actions must be performed correctly for the pending Assessment & Diagnosis patient service credit
NA	Intern formulates an accurate diagnosis that addresses all necessary diagnostic components on the Active Treatment Plan.	Assessment & Diagnosis

NA	Intern accurately completes and receives approval for an Active Treatment Plan.	Approval of Active Plan must occur for pending Management Plan – initial patient service credit
2	<p>Intern presents an accurate and applicable report of findings/management plan addressing:</p> <ol style="list-style-type: none"> 1. What is wrong 2. What services will be rendered 3. The risks and benefits of all services to be rendered 4. Proposed frequency, duration, and goals of Active Treatment Plan 5. Estimated cost of proposed treatment (GFE), if applicable 6. Answers to all patient's questions <ul style="list-style-type: none"> • Intern documents informed consent process with patient and CFD • Intern performs spinal adjustment/manipulation in accordance with approved Active Treatment Plan • Intern performs soft tissue manipulation in accordance with approved Active Treatment Plan • Intern performs therapeutic exercise session in accordance with approved Active Treatment Plan • Intern assesses effect of rendered treatment services 	Management Plan – Initial Chiropractic Adjustment/Manipulation Management Plan – Passive Care Management Plan – Active Care
All services completed utilizing appropriate communication, record keeping, ethical behavior, and compliance with the law.		
All services approved by a CFD according to established clinic protocol.		
All treatment services rendered using therapeutic applications and time requirements.		
Total Service credits for two patient visits: 5		

Example of How Patient Service Credit May be Awarded During a Wellness Patient Presentation Scenario (Patient Only Requesting a Spinal Adjustment/Manipulation)

PATIENT VISIT NUMBER	WORK PERFORMED	SERVICE CREDIT AWARDED
1	<p>Patient comes to clinic for first time and does not have a health concern or affected ADLs.</p> <p>Intern performs a history confirming no present illness, review of systems, and past</p>	None

	<p>family/social health review including injuries, illnesses, hospitalizations, surgeries, medications, and healthy activities.</p> <p>Intern completes all documentation appropriately, creates a problem list consisting of non-musculoskeletal issues that will later be coordinated with another provider, but a differential diagnosis does not exist beyond subluxation/segmental dysfunction, and mild tissue tension.</p> <p>Intern performs and completes an examination targeted at determining if patient will likely respond to a spinal adjustment/manipulation and no contraindications exist to receiving spinal adjustment/manipulation.</p> <p>Visit is concluded, and patient is scheduled for a Report of Findings.</p>	
NA	<p>Intern determines subluxation/segmental dysfunction is present and the patient does not have a diagnosable condition.</p> <p>Intern and CFD determine that an Active Treatment Plan is not required</p>	None
2	<p>Intern presents an accurate and applicable report of findings addressing:</p> <ol style="list-style-type: none"> 1. Subluxation/segmental dysfunction 2. The explanation of a spinal adjustment/manipulation 3. The risks and benefits of a spinal adjustment/manipulation 4. Frequency and duration of visits for receiving a spinal adjustment/manipulation 5. Estimated cost of proposed visit frequency and duration 6. Answers to all patient's questions <ul style="list-style-type: none"> • Intern documents informed consent process with patient and CFD • Intern performs spinal adjustment/manipulation • Intern assesses effect of rendered spinal adjustment/manipulation 	Chiropractic Adjustment/Manipulation

All services completed utilizing appropriate communication, record keeping, ethical behavior, and compliance with the law.

All services approved by a CFD according to established clinic protocol.

All treatment services rendered using therapeutic applications and time requirements.

Total Service credits for two patient visits: 1

Post-Service Audit and Universal Fundamental Logic

All patient service encounters are subject to post service audit and the review process may result in loss of achieved credit when credit was inappropriately applied. **Overutilization and lack of medical necessity as determined by the Director of Compliance and Operations will result in a loss of credit.**

The following fundamental logic serves as the basis for determining necessity and application of treatment service for joint, tissue, and motor coordination dysfunctions:

	JOINT MOBILITY DYSFUNCTION	TISSUE EXTENSIBILITY DYSFUNCTION	STABILITY &/OR MOTOR CONTROL DYSFUNCTION
ACTIVE ROM	Decreased	Decreased	Decreased
PASSIVE ROM	Decreased	Decreased	Near Normal

OTHER FINDINGS	<ul style="list-style-type: none"> Identify regional areas of asymmetry in static position or during motion that coincide with an area of the spine or extremity with decreased palpable segmental or joint mobility Palpation of spinal segments or joint yields a response indicating a painful experience for the patient Palpable increase in tension of tissue immediately surrounding a spinal segment or joint with reduced palpable mobility 	<ul style="list-style-type: none"> Palpation of tissue associated with a decreased active range of motion yields a response indicating a painful experience Palpable increase in tension of tissue associated with a decreased active range of motion Passive mobilization that isolates movement of a muscle or muscle group is reduced and often yields a response indicating a painful experience An active range of motion is not restored or improved after spinal/joint adjustment or maintained over time following spinal/joint adjustment 	<ul style="list-style-type: none"> Passive mobilization moves a region of spinal segments or an extremity joint through a range at least equal to its associated active range of motion Observed patient difficulty performing an active range of motion prior to determining that the passive range of motion for the same area is near normal Observed patient lack of coordination performing an active range of motion prior to determine that the passive range of motion for the same area is near normal
TREATMENT	<ul style="list-style-type: none"> Spinal/Joint adjustment Manual joint mobilization 	<ul style="list-style-type: none"> Low level laser Electric modality Manual soft tissue manipulation Therapeutic exercise 	<ul style="list-style-type: none"> Therapeutic exercise

POST TREATMENT RESPONSE INDICATING SUCCESS	<ul style="list-style-type: none"> • Active range of motion increased in the region containing the joint dysfunction • Palpation of segment or joint identifies improved mobility • Palpable decrease in tension of tissue immediately surrounding a spinal segment or joint with reduced palpable mobility 	<ul style="list-style-type: none"> • Active range of motion increases in the region containing the tissue dysfunction • Palpation of tissue identifies reduced tension • Passive mobilization that isolates movement of a muscle or muscle group is improved and yields a response indicating a less painful experience 	<ul style="list-style-type: none"> • Patient actively moves the region of spinal segments or extremity joint through a near normal range in a coordinated manner
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Application of Passive Treatment Exclusively

A patient may receive passive service exclusively (When passive care is not delivered in conjunction with a chiropractic adjustment/manipulation, soft tissue manipulation, or therapeutic exercise) for up to seven calendar days when the musculoskeletal condition consists of pain that prevents the ability of the patient to sit, stand, and/or walk and the patient cannot tolerate the application of manual and active therapy. The Director of Compliance and Operations should be contacted when it is suspected that exclusive passive therapy should be continued beyond seven calendar days. A timely case review will be conducted to determine necessity.

Patient Service Credit Limitations

An intern may earn up to 50 patient service credits when providing service to patients who are a member of one of the following groups:

- Students who have begun enrollment in Parker University or are on official break between enrolled sessions
- Student dependents, defined as:
 - Husbands, wives, domestic partners of students enrolled in Parker University
 - Natural or adoptive parent, child, and sibling of students enrolled in Parker University
 - Stepparent, stepchild, stepbrother, and stepsister of students enrolled in Parker University

An intern may earn up to 100 patient service credits when providing service to patients who are a member of one of the following groups:

- Employees of Parker University
- Employee dependents, defined as:
 - Husbands, wives, and domestic partners of Parker University employees
 - Natural or adoptive parent and child living in Parker University employee's household
 - Natural or adoptive parent, child, and sibling of Parker University employees
 - Stepparent or stepchild living in Parker University employee's household
 - Stepparent, stepchild, stepbrother, and stepsister of Parker University employees
- Alumni of Parker University, College of Chiropractic
- People who have been approved to receive services as professional courtesy
- Students enrolled in non-DCP programs at Parker University and their immediate family members

Public Patient Service

The DCP curriculum holds the intention that students will become qualified in providing service to patients in a true to life experience. As such at least 150 (External) of an intern's patient service credits must be performed on public patients who do not meet the definitions previously described in the

Patient Service Credit Limitations section. This opportunity will provide a student with the experience that comes with consumer expectations and influences such as: finances, priorities, scheduling conflicts, and relationship- building. Service credit limits apply to certain billing groups such as external events (e.g. Komen 3-Day) (25), Patriot Project (50) and First Responders (50).

Patient Recruitment and Estimated Workload

The DCP curriculum holds the intention that students will become qualified in planning and conducting events designed to promote community understanding about health and wellness, chiropractic care, and opportunities to begin care.

Although interns are not required to achieve a new patient recruitment requirement, it is necessary for an intern to grow a patient base in conjunction with their assigned CFD's intern team to ensure achievement of 300 patient service credits during initial enrollment in the three internship practicum courses.

An intern should not anticipate that he or she will be able to achieve 300 patient service credits from assignment of existing patients from their CFD and should plan to experience challenges consistent with the healthcare marketplace, including:

- Clinic closure due to inclement weather and holidays, university events, and course-related assessments
- Both advanced and last-minute appointment cancellations from patients
- Patients discontinuing care
- Patients arriving later than expected
- Patients requesting another intern if they become unsatisfied

An intern should budget 40-60 professional hours per week and plan a personal campaign with their CFD to complete evaluation and management, treatment, and continued case management services for approximately 20 new external patients, to achieve their 300 patient service credits.

Goal Setting

Setting performance benchmarks (goals) is commonplace in healthcare business. Providers of all types create performance benchmarks to help achieve consistent service quality, volume, and efficiency needed to generate a stable environment.

This stability enables providers to determine status relative to paying overhead, achieving a certain profit margin, boosting objective health outcomes for served populations, and maintaining a level of compliance in relation to legal and ethical standards of care.

Goal setting is critical for interns as well. An intern should develop goals with their assigned CFD and other team members to improve consistency of their patient-treatment environment, critical patient service skills, and personal success relative to achieving graduation requirements.

Exclusion of Immediate Relatives, Members of Household, and Those of Intimate Relationships

The intent of this exclusion is to prevent the delivery of items and services rendered by an intern to immediate relatives or other people involved in a romantic relationship with the intern.

The following degrees of relationship are included within the definition of immediate relative:

- Husband, wife, and domestic partner
- Natural or adoptive parent, child, and sibling
- Stepparent, stepchild, stepbrother, and stepsister
- Father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, and sister-in-law
- Grandparent and grandchild
- Spouse of grandparent and grandchild

A step-relationship and an in-law relationship continues to exist even if the marriage upon which the relationship is based is terminated through divorce or through the death of one of the parties.

Unprofessional conduct as defined by the Texas Board of Chiropractic Examiners includes sexual intimacy with patients. Interns must not provide items or services to boyfriends or girlfriends or begin intimate relationships with patients.

Additional Assistance

An intern should contact a Clinic Faculty Doctor when there is doubt about how patient service credit applies to a patient service encounter before the encounter occurs. The Clinic Faculty Doctor will:

- Answer the question about how credit applies to the encounter and authorize the intern to proceed with the patient service, or
- Document the question, intern name, patient name, and date of service encounter and allow the intern to proceed with the patient service and then present the question and details to the Director of Clinics or Director of Clinic Operations and Compliance. Patient service credit may be assigned after-the-fact when appropriate.

Important Notice about Intern's Intending to Qualify for Chiropractic Licensure in California

Certain States may require a future applicant for a Chiropractic license to complete a minimum number of specific services in a clinical setting prior to graduation. This system of awarding patient service credits does not guarantee that an intern will meet California's minimum number of specific required services because the services are rendered according to patient-centered care and the CCE MCOs.

California currently requires applicants for a Chiropractic license to complete the following in a clinical setting prior to graduating from a Chiropractic program:

- 25 Physical examinations (10 on non-student patients)
- 250 Patient treatments including diagnostic, adjustive technique, and patient evaluation
- 30 physiotherapy procedures performed by the student on their own clinic patients
- 30 Written interpretation of X-ray (film or slide)

The above requirements include the language used on the Board of Chiropractic Examiners State of California Chiropractic College Certificate form.

You may acquire this form and have specific answers provided for your questions by contacting the Board of Chiropractic Examiners State of California.

Please contact the Tally Office located in the campus clinic if you have questions about your credit status in relation to requirements for the State of California.

The University reserves the right to alter the mandatory patient service volume in accordance with having achieve necessary patient experience consistent with the Doctor of Chiropractic program goals and outcomes for graduates of the program. Any changes to the mandatory patient service volume will be announced at least 3 months prior to becoming effective and will apply to the students who have yet to begin the clinic portion of the program as of such effective date of announced changed.

Interns Requiring Accommodations

The Parker University Office of Accessibility and Inclusion is committed to facilitating the empowerment and self-advocacy of students with disabilities so they may have an equal opportunity to fully experience participation in all activities of the university. The Office of Accessibility and Inclusion operates under the principle that no qualified student shall, based on disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any activity or program that is operated by the college. The Office Inclusion and Accessibility serves as a resource center for the Parker community and acts as a liaison between students, faculty, and staff. The Office of Accessibility and Inclusion functions to provide information, reasonable accommodations, and other assistance to students in adherence to the provisions of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. Services provided through the Office of Accessibility and

Inclusion are open to students with qualifying physical, learning, or psychological disabilities. To initiate an application for services through this office, students should contact:

Ravan Anderson, BS

Coordinator of Inclusion and Accessibility

Email: ravananderson@parker.edu

Office: (972) 438-6932 Ext. 7153

Parker Cell: (945) 225-0967

Parker University's Chiropractic Clinic – Dallas/Irving Billing Groups

General

Fees for the services provided at Parker University Chiropractic clinics can be located on the fee slip. Certain billing groups may require modification to fees of provided services. Modifications are made during the patient checkout process after service is completed. The intent of this policy is to disclose the billing groups and associated modifications to the applicable fees of provided services.

Standard - External Patient Service Credit.

Patients in this category pay all out-of-pocket expenses for all services. Patients in this category do not qualify for the other listed billing groups. *This group will include insurance patients (though contracted rates will be honored), personal injury (e.g. first-party PIP benefits), and private pay.*

Please note:

*Chiropractic services performed during events such as the Komen 3-Day will count towards a maximum of 25 external patient service credits (pending approval), regardless of the number of events. Patients are not typically charged for services during events.

Standard Complimentary - External Patient Service Credit

Patients in this category will receive a 100% discount on most services. Patients who qualify for inclusion to this billing group are: First Responders (firefighters, paramedics, police officers), and any people approved by clinic administration. Services excluded from the discount in this billing group are acupuncture, taping, orthotics, NormaTec leg compression, and reproduction of health care records.

*Standard Complimentary Billing Group will be applied to Patriot Project Patients (PAT). Patriot Project Patients can receive **all services** at no charge, including acupuncture and taping. Interns may receive up to 50 service credits for each: PAT and First Responders patients.*

Special Consideration - External Patient Service Credit

Patients in this category qualify for financial assistance because of their household income relative to the size of their household. Patients are admitted to this group after completing the application process and receiving notice of approval. Patients in this billing group receive a 50% discount on most services.

Services excluded from the discount in this billing group are acupuncture, taping, orthotics,

NormaTec leg compression, and reproduction of health care records.

Community Outreach Benefit - External Patient Service Credit

Patients in this billing group will receive a 30% discount on most services. Patients who qualify for inclusion to this billing group are: Reserve/National Guard Service Members, active-duty military, field chiropractors, teachers for grades 12 and under, and undergraduate students enrolled full time at an accredited college and university other than Parker University. A valid identification such as an employment photo ID, professional license, and/or current class schedule or letter of enrollment from a school registrar department is required for verification. Services excluded from the discount in this billing group are acupuncture, taping, orthotics, NormaTec leg compression, and reproduction of health care records.

Parker DC Student – Internal Patient Service Credit

Patients in this billing group will receive exams, adjustments, therapy modalities, and imaging at no cost.

The people who qualify for this group are:

- Parker University students who have begun enrollment in the Doctor of Chiropractic Program (DCP) or on official break between enrolled sessions of the DCP
- Husbands, wives, and domestic partners of Parker University students who have begun enrollment in the DCP or on official break between enrolled sessions of the DCP
- Natural or adoptive parent (not Medicare eligible), child, and sibling of Parker University students who have begun enrollment in the DCP or on official break between enrolled sessions of the DCP
- Stepparent (not Medicare eligible), stepchild, stepbrother, and stepsister of Parker University students who have begun enrollment in the DCP or on official break between enrolled sessions of the DCP

A valid photo ID is required for students and their family members (the guarantor's ID will be needed for any family accounts). Services excluded from the discount in this billing group are acupuncture, taping, orthotics, NormaTec leg compression, and reproduction of health care records.

Other Parker University Students – Internal Other Patient Service Credit

Parker University students who have begun enrollment in a program other than the DCP or on official break between enrolled sessions of a program other than the DCP will receive a 100% discount on most services. Services excluded from the discount in this billing group are acupuncture, taping, orthotics, NormaTec leg compression, and reproduction of health care records. This group also includes the following family members of Parker University students who qualify for this group:

- Husband, wife, and domestic partner of Other Parker University Students
- Natural or adoptive parent (not Medicare eligible), child, and sibling of Other Parker University students
- Stepparent (not Medicare eligible), stepchild, stepbrother, and stepsister of Other Parker

University students.

A valid photo ID is required for students and their family members (the guarantor's ID will be needed for any family accounts). Services excluded from the discount in this billing group are acupuncture, orthotics, taping, NormaTec leg compression, and reproduction of health care records.

Parker University Employees and Parker University Employee Dependents - Internal Other Patient Service Credit.

All people employed by Parker University (excluding temporary or contract workers) will receive exams, adjustments, therapy modalities, taping, imaging, orthotics, NormaTec leg compression, and reproduction of health care records at no cost. The following family members of people employed by Parker University will receive exams, adjustments, therapy modalities, and imaging at no cost:

- Husband, wife, and domestic partners of Parker University Employees
- Natural or adoptive parent (not Medicare eligible), child, and sibling of Parker University Employees
- Stepparent (not Medicare eligible), stepchild, stepbrother, and stepsister of Parker University Employees.

Services excluded from the discount for family members of people employees by Parker University in this billing group are acupuncture, taping, orthotics, NormaTec leg compression, and reproduction of health care records. Parker employee ID verification required.

Professional Courtesy – Internal Other Patient Service Credit

Patients in this billing group will receive exams, adjustments, therapy modalities, and imaging at no cost. Services excluded from the discount in this billing group are acupuncture, taping, orthotics, NormaTec leg compression, and reproduction of health care records. The people who qualify for this group are:

- Parker University DCP alumni
- People who have been approved to receive services as professional courtesy (e.g. temporary or contract workers employed by Parker University)
- Dallas Amputee Network (DAN) members. DAN patients can receive all services at no charge, including acupuncture and taping.

Please note: Supplies are not covered under any Billing Group. All patients are required to pay for supplies (Biofreeze, roll of rock tape, etc.). Important Notice: Medicare eligible patients (patients over the age of 65) will not receive any discounts/ complimentary care in compliance with Medicare Guidelines.

Insurance Verification

- Clinic can verify patient insurance
- Clinic attempts to verify insurance coverage within 24-48 hours from the time patient provides insurance information.
- Patient should call the clinics to provide information to start the verification process
- Phone: (972) 438-9355 ext: 7552
- Patients should plan to pay for the first visit until insurance can be verified
- Verification generally establishes covered services, deductibles and co-pays
- Patients should be brought to either the Insurance and / or Billing Departments for insurance questions

Clinic Records Room Policies and Procedures

Patient File Request

1. The Records Room accepts Patient File Requests prior to the clinic AM (9:00) shift and / or 1 hour. Records Room is open Thursday 8:00 AM - 6:00 PM
2. The busiest times in the Records Room are 8:40-9:15 AM. The intern is requested to collect only file(s) they need for the first appointment(s) of the shift and come back later during the shift for other patient files.
3. The intern must be in clinic attire (i.e., Name Tags) during patient care clinic hours in order to request / receive files.
4. An intern may check out up to four (4) files at a time. A note / email signed by the responsible Clinic Faculty Doctor (CFD) is required to permit an intern to check out more than four files.
5. The intern will accurately and completely fill out the Patient File Request slip. The Request Slip will be returned to the intern if not complete and accurate.
6. The intern will place the Patient File Request slip in the appropriate color pull card. Pull card color codes are:
 - a. Green-audit files
 - b. Red-patient coming in for an appointment
 - c. Blue-Medicare patient
7. The intern will provide the Patient File Request slip / Pull Card to Records Room personnel for patient file retrieval.

Return Patient File / Reconciliation:

1. All patient files must be returned to the Records Room no later than 15 minutes after clinic closes.
2. Patient files are placed in the basket
3. If the assigned CFD retains the checked-out patient file (Red Pull Card) beyond the shift, the responsible CFD will notify the Records Room, so the associated pull card is switched to green.
4. The responsible intern will be paged if a file with a red pull card is not returned at the end of the shift. If the intern does not respond, an email will be sent to the intern's assigned CFD, Clinics Supervisor and Director of Compliance and Operations. A HIPAA investigation will be initiated by the Records room and completed by the responsible intern / CFD to determine whether a Breach of Protected Health Information (PHI) occurred and how to avoid future incidences.

Activate / Transfer / Inactive File:

1. The intern will provide a completed Transfer slip to Activate, Transfer or Inactivate a patient file. The intern will ensure the Transfer slip is visibly sticking out from the patient file and hand it to the CA...do NOT put it in the return patient file basket.
2. The patient file will need to be retrieved from Archives if the patient has not been treated within a year. The intern provides the request to the Records Room and allows up to 48 hours for the file to be retrieved. The same procedures apply when a patient is transferred from Dallas to Irving or vice versa.

Clinic Forms:

The Intern lounges are stocked with the most used forms. The intern may go to the Records Room if more and/or other forms are needed.

If forms are not used during the patient office visit, please return them to either the intern lounge or records room.

Issues / Concerns:

Issues /concerns can be brought to the attention of the Clinics Supervisor, Operations Manager and / or Director of Compliance and Operations.

Clinic Patient Scheduling Policy

Policy:

Parker University Clinics provides timely quality patient care in a teaching environment to coach, teach, mentor, assess, remediate, and discipline clinic interns to enhance clinical skills and knowledge. Additionally, Parker University Clinics complies with Federal (i.e., OIG, HIPAA), State, (i.e., Texas Board of Chiropractic Examiners), and industry standards (i.e., Coding, Billing, Documentation, Medical Necessity) as well as accreditation (i.e., Council on Chiropractic Education). To obtain these goals, the following procedures are instituted.

Procedures:

Facilities and Equipment:

Each POD Clinic Faculty Doctor (CFD) is equipped with adequate tables (i.e., 6 Tables), in either open bay areas, and / or private treatment areas (Curtains / Doors). Specialty tables (i.e., Thompson, Flexion / Distraction, Activator) are available and may also be utilized to address patient technique treatment needs.

Scheduling:

Scheduling Priorities: First Request (Call) / First Scheduled

Clinic Faculty Doctors are permitted up to six (6) patient appointments (Monday – Friday) per hour starting at the top of the hour (i.e., 1:00 PM). Clinic Faculty Doctors are permitted up to four (4) patient appointments on Saturdays per hour starting at the top of the hour (i.e., 9:00 AM) There are no appointments at the half hour. The scheduled six appointments (Four (4) during Saturdays) per hour may have a maximum of two 99212/ 13 / 14 EM services (Established Patients) scheduled. Additionally, two new patient appointments (i.e., 99202 / 3 / 4) EM services can be scheduled at the beginning of each hour (i.e., 2 New patients at 9 AM / 2 New patients 10 AM). The following services are allocated the following amount of time beginning at the top of the hour:

1. *Subsequent Office Visit* (i.e., Active / Recovery, Functional and Elective / Maintenance / Wellness Care) = 55 minutes
2. *Established Patient Initial Visit* (New Complaint / Exacerbation) (99213 / 99214) = 55 minutes
3. *Re-exam* (99212) for Active/ Recovery (4 Weeks) or Functional (6 – 12 Weeks) or Elective / Maintenance / Wellness (Annually) including, Treatment Plan, Report of Finding, Good Fatih Estimate, Informed Consent = 55 minutes. This also applies to patients who have not been seen for over a year and lab clearance re-examinations (Students who are established clinic patients).
4. *Note:* A Treatment (Subsequent Office Visit) appointment may be scheduled immediately after the re-examination appointment.

5. *Re-examination Long (99212)* = 1 hour, 55 minutes. This applies to TRI 8 / IP 1 Skills Check examinations, or complex / numerous condition patient re-examination.
6. *New Patient Appointment (9920X)* = 1 hour, 55 minutes. This applies to new patients (i.e., students who are not established clinic patients), or patients who have not been seen for over 3 years.

Note: Acupuncture, Dry Needling and Shockwave therapy will be scheduled for 55 minutes on one of the six CFD scheduled appointments slots. CFDs performing / monitoring / supervising the procedure will notify scheduling.

Note: Decompression / Traction / X-ray will be scheduled under the resources portion of the scheduling calendar for 55 minutes and will not count as part of the CFD six appointment slots.

Clinic Policies:

The Clinic Treatment Area Policy is in effect.

Clinic Facilities:

Interns will use the Clinic Health Science (CHS) building computer lab to address x-ray (PACs) assignments and other clinic needs during clinic patient service hours to free up rooms with computers for physical examinations, report of findings, good faith estimates, and informed consents.

Late Patients:

Occasionally, patients arrive late for an appointment. When this occurs, the clinic doctor, intern, and patient will determine how to abbreviate care based on patient presentation, time available, patient treatment plan and priority of services to be rendered. Appointment time is based on starting at the top of the hour (i.e., 1:00 PM) and ends in 55 minutes (i.e., 1:55 PM)

Clinic Checkouts:

Interns who utilize the treatment area beyond the allotted patient scheduled time (55 minutes of the hour) will automatically receive NO CREDIT for all services rendered during the scheduled appointment that will be documented on the Superbill by the clinic checkout team. The definition of checking out / clearing the treatment area includes:

1. Patient is checked out of the clinic prior to the end of the scheduled hour (55 minutes from the top of the hour to allow the next intern to set up in the treatment area for the next round of appointments).
2. All equipment / gowns / towels / ETC are returned to the appropriate areas (55 minutes from the top of the hour to allow the next intern to set up in the treatment area for the next round of appointments).
3. The treatment area is cleared and cleaned to allow the next hour of patient care to utilize the treatment space (55 minutes from the top of the hour to allow the next intern to set up in the treatment area for the next round of appointments).

Health Insurance Portability and Accountability Act (HIPAA) Policy

Purpose

The purpose of the Parker University, Chiropractic Clinic HIPAA Policy is to establish standards and requirements to improve the efficiency and effectiveness in safeguarding patient information and protected health information (PHI).

Policy

Parker University, Chiropractic Clinics will take measures to secure PHI by subscribing to Federal and State requirements and by developing and executing policies and procedures.

Procedure

Everyone who has access to or is exposed to PHI is responsible to ensure that information is secured and follows HIPAA policies and guidelines. The following procedures are to be exercised by all persons in the clinics, employees or who are business associates to the clinics. Clinic personnel, employees, interns, and business associates who knowingly release patient PHI could face criminal charges.

Privacy Officer

Parker University, Chiropractic Clinics designated Privacy Officer is the Director of Compliance and Operations.

Training and Management

Training will be provided to all clinic personnel exposed to PHI. Training will occur within 60 days from entering employment and will consist of the Parker University, Chiropractic Clinic HIPAA Policy, Texas House Bill 300 and signing the Employee Confidentiality Agreement / Employee HIPAA Privacy and Security Rules Acknowledgement. Training and resigning of the Statement of Confidentiality is current for two years.

Clinical interns will receive HIPAA training and testing (Clinic HIPAA Policy and Texas House Bill 300) during Internship Practicum I and will sign the Clinical Intern Business Associate Agreement. These procedures must be completed prior to the intern entering the clinics and receiving PHI. Training, testing, and signed agreement are current for one year. The clinical intern will renew the process if clinic matriculation is greater than one year. Training will be conducted as situations dictate, necessitating further HIPAA professional development.

Privacy Rule

A major purpose of the Privacy Rule is to define and limit the circumstances in which an individual's PHI may be used or disclosed by covered entities (Parker University).

A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and protect the public's health and well-being.

The Privacy Rule protects all "Individually Identifiable Health Information" held or transmitted by a covered entity (Parker University) or its business associate (clinical intern) in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "PHI."

Individually Identifiable Health Information (IIHI)

HIPAA considers health information as data that can be utilized to identify an individual and must be secured. Individually Identifiable Health Information (IIHI) is information including demographic data that relates to:

- The individual's past, present or future physical or mental health or condition,
- The past, present or future provision of care to an individual, or
- The past, present, or future payment for the provision of health care to the individual, and
- Identifies the individual (or there is a reasonable basis to believe that the information can be used to identify the individual).

HIPAA has determined 18 individual identifiers that correlate with PHI:

1. Names
2. Geographic subdivisions (street address, city count, precinct, zip code)
3. All elements of dates (date of birth, admission date, discharge date)
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social Security number
8. Medical Record number
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate or license numbers
12. Vehicle identifiers (i.e., license plate numbers)
13. Device identifiers and serial numbers
14. URL
15. Biometric identifiers (i.e., finger or voice prints)
16. Photographs or images
17. Internet protocol address numbers
18. Any other unique identifying number characteristic or code

Clinical Intern/Business Associate Agreement

In general, a Clinical Intern/Business Associate is a person or organization, other than a member of a covered entity's workforce, which performs certain functions or activities on behalf of, or provides certain services to, a covered entity that involve the use or disclosure of IIHI. In order to allow these persons or organizations to have access to IIHI or PHI, they must sign an agreement.

Patient Records

Patient records are the most visible source of PHI. If the patient record is not in use, it is to be stored and secured in the records room. It is imperative that all record access is controlled; with a minimum necessary exposure to clinic personnel and a positive chain of custody is maintained. In order to accomplish this procedure, the following is in effect for patient records:

1. Patient records will be secured by the intern, doctor, or staff member by filling out a 3x5 File Request Form and placing it in the appropriate colored file sleeve and presenting it to the records room personnel.
2. Records room personnel will retrieve the requested file and provide it to the requesting person.
3. The patient file will remain secured (positive control/chain of custody) with the person who requested and received the file. That individual is responsible for the file and the contents, information, and PHI within.
4. Files cannot be removed from the clinic.
5. Patient information is to be restricted to minimal need (minimally necessary) when utilized by clinic personnel. Only responsible doctors and the interns directly involved in the case should access the information and access only that information required to provide intended services.
6. Patient records must be returned to the file room at the close of each morning and evening shift.
7. Records room personnel will conduct an inventory of records after the close of the morning and evening shift for file accountability. Any records that cannot be accounted for will be brought to the attention of the front desk supervisor first, then to the attending CFD, then the Clinical Operations Manager, then to the Director of Compliance and Operations.

Intern Credit Binders/Folders

As a general rule, individual interns maintain a binder and/or folder to store forms, recording services and work performed in the clinic to account for graduation credits. No matter the storage method (i.e. binders, folders, etc.), PHI is contained on the forms and is not allowed to leave the clinic premises. Additionally, when the intern is not utilizing the binder/folder, the stored information is to be secured in the assigned CFD's office or filing cabinet. CFD will account for intern binders/folders at the close of the morning and evening shifts. If an intern binder/folder is unaccounted for, the CFD will contact the responsible intern and secure the binder/folder immediately. Additionally, the CFD will report the incident to the Privacy Officer and an investigation will be conducted to determine whether a breach of PHI occurred, and lessons learned and developed to reduce the likelihood of another occurrence.

Patient Communication

Communication with the patient is extremely important but must be performed in a professional and confidential manner.

1. Keep communication with patient in open areas at a minimal decibel level to keep the patient information confidential.
2. If the patient is not comfortable in open areas for treatment for discussing PHI, move the patient to a closed, secured area to continue the conversation.
3. Report of Findings and Informed Consent are to be conducted in designated areas.
4. X-ray imaging observations on terminals should occur in closed areas (i.e., Report of Findings room) with the screen changed after use (exit from MergePACS and return to desktop).

Authorization

Parker University, Chiropractic Clinics will obtain the individual's written authorization for any use or disclosure of PHI that is not for treatment, payment or health care operations or otherwise permitted or required by the Privacy Rule. Clinics will utilize "Authorization to Release Records" in order to obtain individual written authorization. Two forms are available for use dependent on intent:

- For release from an outside healthcare facility to Parker University
- For release from Parker University to outside healthcare facility

Release of Healthcare Records Request forms will be placed on the left side of the patient file per the File Order List. Received requested records will be placed in the patient file per File Order List.

Limiting Use and Disclosures to the Minimum Necessary

A central aspect of the Privacy Rule is the principle of "minimum necessary" use and disclosure. Parker University, Chiropractic Clinics personnel, employees, interns and business associates will only use, disclose and request a minimum amount of PHI need to accomplish intended services for the patient.

Notice and Other Individual Rights

In order to notify patients of individual rights, each patient will be provided a copy of the clinic's Privacy Practices. The patient is to read, initial, date, print and sign designated areas acknowledging receipt and understanding of Privacy Practices, Consultation and Exam, as well as Notice of Observation of Exams and Treatment.

Patient Complaints

All patient complaints will be directed to the Director of Compliance and Operations or the Dean of Clinics.

Patient Retaliation and Waiver

Parker University, Chiropractic clinics will not retaliate against a person for exercising their rights provided

by the Privacy Rule, for assisting in an investigation by HHS or another appropriate authority, or for opposing an act or practice that the person believes in good faith violates the Privacy Rule.

Parker University, Chiropractic Clinics will not require an individual to waive any right under the Privacy Rule as a condition for obtaining treatment, payment, and enrollment of benefits eligibility.

Data Safeguards

Parker University will maintain reasonable and appropriate administrative, technical and physical safeguards to prevent intentional or unintentional use or disclosure of PHI in violation of the Privacy Rule and to limit its incidental use and disclosure. Listed below are examples of data safeguards used in the clinic.

- All PHI documentation no longer in use will be shredded.
- PHI is not allowed on unauthorized electrical devices (i.e., iPads, cell phones, computers, and flash drives).
- Patient PHI will only be provided to family members or others by permission of the patient.
- After using an electronic device (authorized computer), exit from the PHI and return to the desktop.
- All staff, CFD, employee, intern and administrator computers are to be password protected. Personnel are to keep their passwords secret. At the end of the workday all applications should be exited, and your computer logged out.
- Report the loss / theft of computers, laptops, digital data and / or patient files (PHI) immediately to the CFD, Director of Compliance and Operations and / or Dean of Clinics
- All printer, fax and copy machines must be safeguarded against inadvertent disclosure of PHI. Ensure that PHI is secured when using these devices and is not exposed in open areas or to general public and unauthorized persons.
- When contacting a patient by phone leave only your name and phone number when leaving a message. Do not mention PHI.
- Use of private area to talk to the patient on the phone to protect the patient's PHI.

Definition of Breach

A breach is generally, an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the PHI such that the use or disclosure poses a significant risk of financial, reputational, or other harm to the affected individual.

If a breach of PHI is suspected, notify either the Director of Compliance and Operations or Dean of Clinics immediately. Provide information addressing: what PHI was breached, how it was breached, by whom, and where and when the incident occurred. Additionally, suggest means to avoid the breach in the future.

A breach of PHI is a serious event that can expose Parker University, the clinics, staff, doctors, administrators, clinic interns/business associates, employee to state and federal disciplinary actions including civil money penalties and criminal penalties.

Enforcement and Penalties for Noncompliance

Parker University, Chiropractic Clinics practices and enforces PHI very seriously. Violations of the Privacy Rule or Clinic HIPAA policies are to be brought to the attention of Director of Compliance and Operations or the Dean of Clinics. Depending on the offense and circumstances, parties may be subjected to verbal reprimand, written reprimand, remediation and training, probation, and/or released from Parker University.

Clinic Intern Agreement

This Clinic Intern Agreement is made and entered into effect by and between Parker University, Chiropractic Clinics, which maintains its principal place of business at 2600 Electronic Lane, Dallas, Texas 75220, and the Clinic Intern (Intern) who is matriculating in the clinic while participating in the Parker University, Doctor of Chiropractic Program (DCP). The term of this Agreement is effective for one year from the below signed date. Parker University is a provider of chiropractic health care services and maintains certain confidential Protected Health Information (PHI) and patient records; while the Intern provides services under the supervision of a Texas licensed Doctor of Chiropractic and utilizes PHI and patient records.

Obligations and Activities of the Clinic Intern:

1. The Intern agrees to not use or disclose PHI other than as permitted or required by the Clinic Intern Agreement, Parker University Health Insurance Portability and Accountability Act (HIPAA) Policy or as required by law.
2. The Intern agrees to abide by and comply with Parker University's HIPAA Policy as well as all applicable federal, state and local statutes, regulations, rules and policies, including but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
3. The Intern agrees to use appropriate safeguards to prevent use or disclosure of PHI.
4. The Clinic Intern agrees to report to Parker University any disclosure (material breach or violation) of PHI, which the intern becomes aware of.
5. The intern agrees to keep PHI strictly confidential and will use and/or disclose the PHI solely as intended by Parker University Clinic or the Clinic Faculty Doctor. The intern will use PHI only as minimally necessary and only to the extent required to accomplish the intended purpose of the Clinic.

Clinic Doctor / Intern Team Episodic Care Case Management

The Patient Relationship

The Clinic Facility Doctor (CFD) is the primary care provider for the patient and is involved in all aspects of patient healthcare. Interns are members of the doctor team and are involved in various aspects of the patient's care while under the supervision of the clinic doctor. The clinic approach to patient care is based on the Episodic Care model.

Parker University, Chiropractic Clinics provides patient centered services led by clinic faculty doctors (CFD). The clinic faculty should be invested in all healthcare aspects of Episodic Care. It is important for clinic faculty to be involved with patient care and the clinical decision-making process. A clinic faculty doctor should oversee evaluation and management services to ensure that it is problem-focused in nature and an accurate differential diagnosis is considered, and an appropriate examination is conducted.

Evaluations and Management (EM) Sequence of Event

Sequences described below may be utilized for new patient Evaluation and Management (EM) services and can also be applied to established patients who experience an exacerbation of a chronic condition or a new condition. Listed below is a summary of procedures.

Episodic Care Model Approach

Starting Point / Episodic Care

1. The patient completes Intake Forms and Patient Case History that is reviewed by a clinic faculty doctor (CFD) and intern prior to patient consultation. Data verified by the CFD and intern during the consultation consists of (not all inclusive):
 - a. Chief Complaint / Patient Presentation
 - b. QVAS Score
 - c. Review of Systems
 - d. Past Family Social Medical, Hospital, Surgery, Trauma, Medication History
2. The History of Present Illness (HPI) is problem focused and performed per the patient presentation / chief complaint
3. The patient completes an indicated Outcomes Assessment Tool to determine activities of daily living status
4. The intern develops a Health Problem List (Items not directed related to the patient presentation) to determine whether a referral is warranted that may be beyond the chiropractic scope of practice and/or conditions that may be addressed during Health Maintenance

Promotion and/or Wellness, Elective, Maintenance care.

5. The intern develops a Differential Diagnosis (DDX) List (Conditions directly related to the patient presentation) for each separate and distinct chief complaint. The DDX list must be approved by a clinic faculty doctor as well as the associated systems to be examined prior to the intern performing a problem focused physical examination.
6. The intern performs the physical examination
7. Indicated diagnostic tests / referrals conducted when warranted
8. The doctor / intern will request indicated medical records when warranted
9. The intern completes the Evaluation and Management supporting documentation as well as Superbill. The clinic faculty will provide supervision and final approval.
10. The patient schedules an appointment for Report of Finding and Informed Consent and the patient is released

CFD Involvement with EM Service

The Assigned CFD should meet each new patient or established patient with a new complaint, exacerbation of complaint / chronic condition, or failure to improve prior to the examination and present them with their contact information. (Business Card). The CFD may want to conduct a portion of the history so they understand more about the patient's concern(s) (For Example):

1. Site of Complaint
2. Referred Pain Patterns
3. Onset Date
4. Mechanism of Injury

If the CFD is not conducting the history or observing the intern performing the history, he or she should explain the following to the patient:

1. The intern will speak with the patient about their health concern(s)
2. The doctor and intern will discuss the information and devise an examination plan
3. The doctor or intern (with the doctor present) will advise the patient when a referral to another provider is necessary
4. An examination will be conducted if it is determined that the patient will respond to care

Development and Approval of Differential Diagnosis

A differential diagnosis is an important part of patient evaluation and management. It is developed directly from information obtained from a patient's history of present illness and is utilized to plan the appropriate examination for a patient's concerns and presentations.

The differential diagnosis is the process of distinguishing a disease or condition from others presenting with similar signs and symptoms relative to the patients' health concern and presentation. Documentation of the differential diagnosis should consist of a complete and accurate list of conditions that need to be evaluated to determine the likelihood of involvement.

Subluxation and subluxation complex, as defined by the Texas Administrative Code Rule 78.1 (Scope of Practice), may be included in differential diagnosis documentation in addition to a complete and

accurate list of conditions. Subluxation or subluxation complex may not replace another condition necessary as an inclusive component for an accurate differential diagnosis.

A clinic doctor is required to approve the differential diagnosis list / systems prior to the examination by using the following procedure:

1. Review the differential diagnosis list to ensure that it is relevant and complete by referencing the chief complaint and answers to the history of present illness. It is reasonable to expect a minimum of three conditions for low level complaints. Subluxations, posture, and muscle weakness are not good examples of differential diagnosis conditions. Additionally, conditions listed in the DDX list are expected to either be ruled in or rule out by appropriate, clinical indicated, sensitive, specific, industry standards and methods (i.e., Orthopedic / Neurological Examination, Testing, Referrals).
2. Determine the consistency between the functional loss detailed in the history of present illness /Outcome Assessment Tools / physical examination finding and the QVAS score and current intensity. A 4/10 or greater patient should be able to comment on activity loss that should be coordinated with treatment goals.
3. Review the Health Problems List to determine that it is complete by referencing the information in the review of systems and patient family social health history. Determine whether Red / Yellow Flags are present and/or whether a referral is warranted.
4. The clinic doctor will click the approval portion of the Evaluation Case Note of the Electronic Health Record when items 1 -3 above have been achieved.
5. The intern can continue patient care when the clinic doctor has approved the differential diagnosis list and systems.

Documenting Differential Diagnosis for Active / Recovery Care

The differential diagnosis process is valid when a patient presents for Active / Recovery care and the following are determined:

1. Patient presents with a healthcare concern / chief complaint that affects activities of daily living / function (i.e., QVAS is 4/10 or greater)
2. Patient goal is to restore activities of daily living / function to pre-injury status
3. History of present illness process identifies condition(s) that need to be identified for acute /active / recovery care services
4. Electronic Health Record, Complaint Surface, documents functional loss
5. Outcome assessment tool identified moderate (Plus) impairment to activities of daily living

Documenting Differential Diagnosis for Functional / Supportive Care

The differential diagnosis process may or may not become valid depending on the patient presentation as the following may occur and the doctor / intern team will need to acclimate to the patient requirements:

1. The patient may or may not present with a health concern / chief complaint
2. Patient goal is to optimize and/or sustain activities of daily living / function / Ranges of Motion / Strength / Endurance. Generally, the patient is a person with an active lifestyle (i.e., Athletes, First Responders, Military, Person with Fitness / Function Goals) but is not a candidate for Active / Recovery care. Goals are generally based on FMS, SFMA, Y Balance, Kinetisense, physical examination findings.
3. The patient may have a QVAS score 4/10 (+ or -) that may affect the patient's activities of daily living / function. Condition is generally chronic in nature. Patient is not a candidate of Active / Recovery care.
4. Patient may score mild to low moderate on outcome assessment tool
5. Electronic Health Record, Complaint Surface, Function may or may not have documentation.

Documenting Differential Diagnosis for Wellness / Elective / Maintenance Care

The differential diagnosis process becomes invalid when a patient presents for wellness / elective / maintenance services when the following are determined:

1. Patient denies any health concern, or the concern is a mild musculoskeletal complaint that does not interfere with activities of daily living. For example:
 - a. QVAS score is 30 or less
 - b. Outcome Assessment Tool score is mild
2. Patient goal is to promote health or prevent disease in structural, ergonomic, nutritional, fitness, behavior, and lifestyle-based health
3. History of present illness process does not identify a condition that needs to be evaluated. For example, a lack of / presence of chief complaint.
4. There is no impairment to activities of daily living documented on the Electronic Health Record, Complaint Surface, Function.

Physical Examination

1. The physical examination is based on the approved differential diagnosis list / systems and/or further instructions provided by the clinic doctor regarding possible Functional and / or Wellness, Elective, Maintenance care.
2. Physical examinations are performed to rule in / rule out conditions to define a diagnosis and determine proper services to render
3. In the case of Wellness / Elective / Maintenance care, the physical examination may be used to rule in / rule out contra-indications to chiropractic manipulative therapy.

Indicated Test / Referrals

1. The clinic doctor / intern team will determine whether diagnostic testing and / or referrals are indicated after performing the physical examination
2. Tests performed should be the most specific and sensitive to determine the condition in question
3. Referral to healthcare specialist should be considered when conditions are not within the chiropractic scope of practice, red and yellow flag conditions, or relative / absolute contraindications to chiropractic care.
4. Tests and referrals should contribute further definition to the diagnosis and treatment of the patient

Red Flags

Signs, symptoms, or conditions noted in the history or clinical examination that suggests the possibility of serious pathology of illness requiring immediate referral, or more extensive evaluation, co-management, or present contraindication to an aspect of the proposed treatment plan (Chirocode Deskbook 2024)

Immediate Attention (Possible EMS / Emergency Room / Healthcare Provider Referral)

Red Flags History of (Present Tense):

1. Carcinoma Related SSXs:
 - a. Loss of Appetite
 - b. Unwarranted Fatigue
 - c. Recent / Unexplained Weight Loss (i.e., 5% in one month / 10% in 6 months)
 - d. Unremitting Nocturnal Pain
 - e. Familial History
2. Cardiovascular Related SSXs:
 - a. Shortness of Breath
 - b. Dizziness
 - c. Pain or Feeling Heaviness in the Chest
 - d. Constant and Severe Pain in the Lower Leg or Arm
3. Diseases / Conditions Related SSXs:
 - a. Aneurysm Unstable (i.e., Abdominal): Bleeding
 - b. Unstable Bleeding Disorders:
 - i. Conditions: Hemophilia Arthropathy
 - ii. Complications: Joint Damage / Degeneration
 - c. Connective Tissue Disease (CTD)
 - i. SSXs: Joint Pain, Stiffness, Warmth, Swelling / Muscle Pain, Stiffness, Weakness / Unexplained Fatigue / Fever / Blood Circulation Problems / Thick, Tight Skin / Buildup of Scar Tissue / Joint laxity and/or instability.
 - ii. Conditions: Rheumatoid Arthritis (RA) / Scleroderma / Systemic Lupus Erythematosus (SLE / Lupus), Ehlers – Danlos Syndrome (EDS)
 - d. HIV Related SSXs: Infection / Nervous System Complications / Cancer: Lymphomas and Kaposi Sarcoma
 - e. Osteomyelitis Related SSXs: Infection / Drug Use / IV Use

- f. Osteoporosis Related SSXs: Fracture
 - g. Rheumatoid Arthritis:
 - h. Tuberculosis (TB): Infection
- 4. Gastrointestinal / Genitourinary Related SSXs:
 - a. Frequent or Severe abdominal Pain
 - b. Frequent heartburn or Indigestion
 - c. Frequent Nausea or Vomiting
 - d. Bowel and / or Bladder Dysfunction
 - e. Blood in Urine and / or Stool
- 5. Medications / Illicit (Intravenous) Drug Use Related SSXs:
 - a. Anticoagulant Therapy: Bleeding
 - i. Apixaban (Eliquis) / Dabigatran (Pradaxa) / Edoxaban (Lixiana) / Rivaroxaban (Xarelto) / Warfarin (Coumadin) / Heparin (Heparin Lock, Lok Pak)
 - b. Cancer: Bone Density Loss / Nerve Problems / Bleeding and Bruising
 - c. Prolonged Corticosteroid / Systemic Steroid Use: Fractures / Osteoporosis / Infection / Myopathy
 - d. Illicit (Intravenous) Drugs: Seizures, Stroke, Mental Confusion, STDs, Suicidal Thoughts / Attempts, HIV, Infection
 - e. Immunosuppression: Spinal Infection
 - f. Intravenous Drug: Spinal Infection
- 6. Neurological Related SSXs:
 - a. Widespread Neurological Deficits: Cranial Nerve, Cognition, Saddle Anesthesia (Bowel / Bladder Dysfunction), Upper / Lower Motor neuron Lesion Presentation (Sensation, Reflex, Muscle Grading)
 - b. Unexplained / Severe Headache (Warning Signs: Abrupt Onset, Severe, Possibly due to Trauma, Neurological Signs Present, Cognitive Changes, Seizures, Vomiting, Nuchal Rigidity) (Possibly Due To: Meningitis / Encephalitis, Tumor, Hemorrhage, Hematoma, Stroke, Aneurysms)
 - c. Problems with Swallowing or Changes in Speech
 - d. Changes in Vision / Blurriness / Loss of Sight
 - e. Problems with Balance / Coordination / Falling
 - f. Fainting Spells / Drop Attacks
 - g. Confusion / Altered Consciousness
 - h. Sudden Weakness
 - i. Stroke:
 - i. Generally, occurs in 60s and 70s, Men to Women (3:1)
 - ii. Black or Hispanic women generally in 30s, History of Birth Control MEDs and / or Migraines with Aura and / or Connective Tissue Disorder. Primary symptoms include neck pain.
 - iii. Familial History of Stroke, History of Cardiac Disease, Smoking, Diabetes, Hyperlipidemia, Poor Health, Prior TIAs, Anticoagulant Therapy.
 - iv. Patient Presentation with any of the following symptoms: 5 Ds / 3 Ns and an A

1. 5 Ds: Dizziness / Diplopia (Vision Loss, Difficulty, Double) / Drop Attacks (Loss of Consciousness / Power) / Dysphagia (Difficulty Swallowing) / Dysarthria (Speech Difficulty)
2. 3 Ns: Nystagmus / Nausea or Vomiting / Numbness (Neurological Manifestations)
3. A: Lack of Motor Coordination / Walking
4. Plus: Facial Droop



Face Drooping

DOES ONE SIDE OF THE FACE DROOP OR IS IT NUMB?

Ask the person to smile. Is the person's smile uneven?

Arm Weakness

IS ONE ARM WEAK OR NUMB?

Ask the person to raise both arms. Does one arm drift downward?

Speech

IS SPEECH SLURRED?

Is the person unable to speak or hard to understand? Ask the person to repeat a simple sentence, like "The sky is blue."

Time to Call 9-1-1

Check the time so you'll know when the first symptoms appeared.

j. **Vertebrobasilar Ischemia (VBI):** SSX Dizziness, Drop Attacks (Unconsciousness), Difficulty vision, speaking, swallowing, motor control, Nausea and Vomiting, Numbness (Face), Nystagmus)

7. Pain (Non-Mechanical / None Activity Related SSXs: (Remains unaffected by movement, positioning or activity):

- Inflammatory Arthritis (i.e., Rheumatoid Arthritis, Ankylosing Spondylitis, Gout, Pseudogout, Lyme Disease, Lupus, Psoriatic Arthritis)
- Tumors (i.e., Metastatic)

- c. Infection (Septic) (i.e., Osteomyelitis / Discitis)
- 8. Seizure Possible Sequela:
 - a. Fractures Related to Fall
 - b. Dislocations
 - c. Unexplained Bruising
 - d. Head Injuries
 - e. Tremors
 - f. Depression / Anxiety
- 9. Violent Trauma Considerations:
 - a. Fractures
 - b. Severe Muscle, Tendon, Ligament
 - c. Joint Injury

Red Flags Signs and Symptoms (Examinations Findings):

- 1. Temperature greater than 100 degrees Fahrenheit / 37.8 C (Fever) (i.e., Infections / Gastrointestinal Infections, Urinary Tract Infections, Vaccinations, Autoimmune Disorders, Cancer)
 - a. Normal symptoms related to a fever: Chills, Body Aches, Headaches, Fatigue, Sweating, Hot Skin, Rapid Heart Rate.
 - b. Call 911 / Emergency Room Referral if Abdominal Pain or Tenderness, Nausea or Vomiting, Severe Headache Stiff Neck, Photophobia (Light Irritates Eyes) Convulsions or Seizures, Altered Speech, Difficulty Walking, Fever Rash symptoms exist
 - c. Refer to Healthcare Provider if symptoms do not exist.
 - d. Reference: Cleveland Clinic:
<https://my.clevelandclinic.org/health/symptoms/10880-fever>
- 2. Temperature below 95 degrees Fahrenheit / 35 C (Hypothermia):
 - a. Examples of Symptoms: Shivering, Weak Pulse, Pale Skin, Confusion, Pupil Dilation, Bluish Skin
 - b. If the patient has symptoms of hypothermia and low body temperature, Call 911 or go to the emergency room.
 - c. Reference: Cleveland Clinic: <https://my.clevelandclinic.org/health/diseases/21164-hypothermia-low-body-temperature>
- 3. Hypertensive Crisis (Urgency / Emergency): Sudden, severe increase in blood pressure (i.e., 180 / 120 mmHg or Greater). May result in: Stroke / Loss of Consciousness / Heart Attack / Damage to Kidney / Eyes / Aortic Dissection / Pulmonary Edema / Eclampsia.
 - a. Hypertensive Urgency:
 - i. Blood Pressure is 180 (Systolic) and / or 120 (Diastolic) or Greater.
 - ii. Wait at least 1 – 2 minutes and take blood pressure again.

- iii. If the second Blood Pressure is just as high / check the patient for the following symptoms: Chest Pain / Shortness of Breath / Back Pain / Numbness / Weakness / Change of Vision / Difficulty Speaking / Confusion / Dizziness / Vomiting
 - iv. If no symptoms present or any other new and concerning symptoms appear, the patient is most likely experiencing Hypertensive urgency.
 - v. Hypertensive Urgency usually does not require hospitalization and the patient should contact their healthcare provider immediately.
 - vi. No Chiropractic Care Rendered
 - vii. Blood pressure monitored during office visits (Documented: Treatment Record / Objective / Mobility and Motor Coordination)
- b. Hypertensive Emergency
 - i. Blood Pressure is 180 (Systolic) and / or 120 (Diastolic) or higher and the patient is experiencing and of the following:
 - ii. Chest Pain
 - iii. Shortness of breath
 - iv. Numbness
 - v. Weakness
 - vi. Change in Vision
 - vii. Difficulty Speaking
 - viii. This is a medical emergency / Call 911 / No Chiropractic Care Rendered
- c. Reference: American Heart Association: <https://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings>

- 4. Blood pressure greater than 140 (Systolic / or Greater) or 90 (Diastolic / or Greater) (Hypertension / Stage 2)
 - a. If the patient is Not Diagnosed with Stage 2 Hypertension: Refer to healthcare provider to determine Hypertension diagnosis / therapy.
 - b. If the patient has been diagnosed with Hypertension: Patient provides clearance from healthcare provider to receive Chiropractic Manipulative Therapy (CMT) allowing patient care combined with extenuating circumstances that are taken into consideration to allow for treatment (i.e., coffee consumption, pain, stress) contributing to elevated blood pressure.
 - c. Blood pressure monitored during office visits (Documented: Treatment Record / Objective / Mobility and Motor Coordination)
 - d. Reference: American Heart Association: <https://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings>
- 5. Blood pressure 130 – 139 (Systolic) or 89 – 80 (Diastolic) (Hypertension / Stage 1)
 - a. If patient is Not Diagnosed with Stage 1 Hypertension: Refer to healthcare provider to determine Hypertension diagnosis / therapy.
 - b. Chiropractic Manipulative Therapy may be rendered.
 - c. Blood pressure monitored during office visits (Documented: Treatment Record / Objective / Mobility and Motor Coordination)

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

6. Blood pressure less than 90 / 60 mg (i.e., Hypotension)
 - a. Call 911 / Emergency room referral if dizziness, fatigue, lightheadedness ETC) exist. Patient must be cleared by healthcare provided prior to Chiropractic CMT
 - b. Healthcare Provider Referral Consideration if symptoms are absent.
 - c. Blood pressure monitored during office visits (Documented: Treatment Record / Objective / Mobility and Motor Coordination)
7. Resting pulse greater than 100 bpm (i.e., Tachycardia)
 - a. Call 911 / Emergency room referral if Dizziness, Lightheadedness, Fainting, Shortness of Breath, Chest Pain, Heart Palpitations symptoms exist.
 - b. Patient may receive chiropractic CMT when cleared by Healthcare provider
 - c. Blood Pressure / Pulse / Beats Per Minutes monitored during office visits.
 - d. Findings Documented: Treatment Record / Objective / Mobility and Motor Coordination.
 - e. Reference: Mayo Clinic: [https://www.mayoclinic.org/diseases-conditions/tachycardia/symptoms-causes/syc-20355127#:~:text=Tachycardia%20\(tak%2Dih%2DKAHR, isn't%20always%20a%20concern.](https://www.mayoclinic.org/diseases-conditions/tachycardia/symptoms-causes/syc-20355127#:~:text=Tachycardia%20(tak%2Dih%2DKAHR, isn't%20always%20a%20concern.)
 - f. Reference: WebMD: <https://www.webmd.com/heart-disease/atrial-fibrillation/what-are-the-types-of-tachycardia>
8. Heart rate less than 60 pulse per minute (Bradycardia: SSX include fatigue, dizziness, confusion, and chest pain)
 - a. Call 911 / Emergency Room referral if Shortness of Breath (Dyspnea), Chest Pain (Angina), Heart Palpation, Dizziness, Lightheadedness, Syncope (Fainting) exists.
 - b. Patients may receive chiropractic CMT when cleared by healthcare provider.
 - c. Healthcare Provider Referral Consideration if symptoms are absent
 - d. Blood Pressure / Pulse / Beats Per Minutes monitored during office visits.

- e. Findings Documented: Treatment Record / Objective / Mobility and Motor Coordination.
- f. Reference: Mayo Clinic: <https://www.mayoclinic.org/diseases-conditions/bradycardia/symptoms-causes/syc-20355474>
- g. Reference: Cleveland Clinic: <https://my.clevelandclinic.org/health/diseases/17841-bradycardia>

9. Resting respiration greater than 25 bpm (Tachypnea) / Difficulty Breathing (Possible Cardiovascular / Pulmonary Condition)

- a. Call 911 / Emergency Room referral if Chest Pain, Difficulty Breathing, Rapid Breathing that has not previously occurred, blue or gray skin, nails and lip symptoms exist.
- b. Patients may receive chiropractic CMT when cleared by healthcare provider.
- c. Healthcare Provider Referral if symptoms absent
- d. Blood Pressure / Respiration monitored during office visits.
- e. Findings Documented: Treatment Record / Objective / Mobility and Motor Coordination.
- f. Reference: Cleveland Clinic:
<https://my.clevelandclinic.org/health/symptoms/24124-tachypnea>

10. Auscultation of Bruits: Carotid / Abdominal / Temporal (Aneurysm / Occluded Vessels / Stenosis):

- a. Healthcare Provider Referral to Rule Out Red Flag / Diagnosis / Therapy
- b. Consider consultation with Parker University Cardiac Ultrasound
- c. Reference: Cleveland Clinic: <https://my.clevelandclinic.org/health/articles/24096-carotid-bruit>

11. Widespread Neurological Deficits (i.e., Cranial Nerve, Cognition, Saddle Anesthesia (Bowel / Bladder Dysfunction / Cauda Equina) Upper / Lower Motor Lesion / Findings, Clonus Bilateral Radicular Signs Presentation

- a. Call 911 / Emergency Care Referral when the condition is life threatening (i.e., Meningitis, Cauda Equina, Seizures, Paralysis VBI, Stroke)
- b. Healthcare Provider Referral when the condition is not life threatening (i.e., Neurologist)

12. Systemic Referred Pain Pattern (i.e., Kidney, Heart Disease) / Reference Image / Refer to appropriate healthcare specialist.

Referred pain

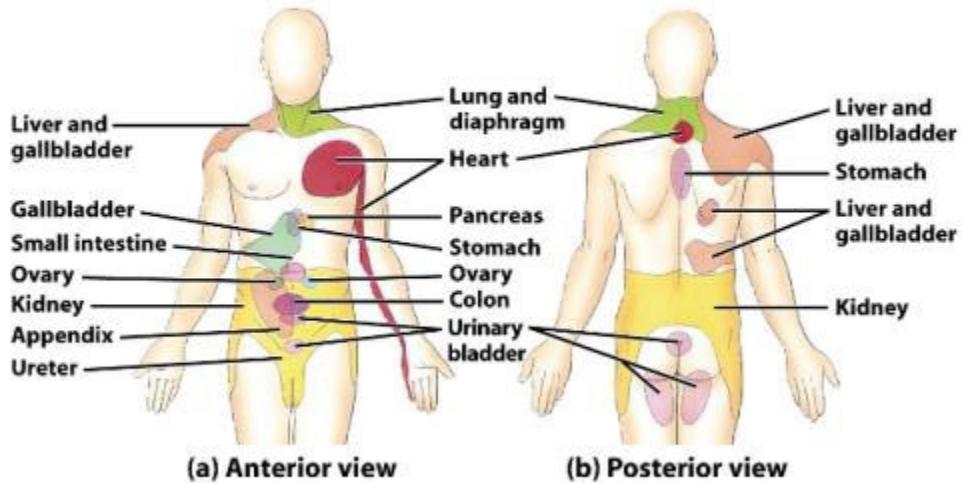
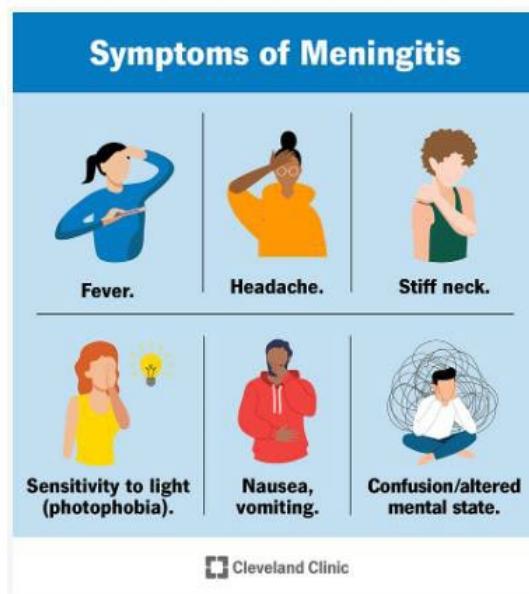


Figure 12-2 Introduction to the Human Body, 7/e
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13. Nuchal Rigidity (i.e., Meningitis / Tetanus)

- Refer to Emergency Room
- Meningitis related Orthopedic Tests:
 - Amoss
 - Kernig's
 - Brudzinski's
 - <https://parkersuccessacademy.com/orthopedic-examinations/red-flags-special-considerations/>



Red Flags to Cervical Spine Manipulations (May Indicate the Presence of a Contraindication):

1. Hypertensive Crisis (180 / 120mmHg and Greater)
2. Sudden / Worse Headache ever
3. Unexplained Severe Neck Pain
4. "Something's just not right" or "I don't feel right" statement with neck pain/headache
5. Blurred Vision / Double Vision (Diplopia)
6. Dizziness / Vertigo
7. Drop Attack / Sudden Fall / Loss of Consciousness
8. Facial / Intra-Oral anesthesia or Paresthesia
9. Nausea
10. Previous Diagnosis of Vertebrobasilar Insufficiency
11. Slurred Speech (Dysarthria)
12. Swallowing Difficulty (Dysphagia)
13. Tinnitus
14. Down's Syndrome (Rule Out / In Instability with Flexion / Extension Views Prior the HVLA CMT)
15. Connective Tissues Conditions (i.e., Active RA, EDS) (Rule Out / In Instability with Flexion / Extension views prior to HVLA CMT)
16. Visual Disturbances
17. Any symptoms listed above aggravated by position or movement of the neck.
18. No Change or worsening of Symptoms after Multiple Manipulations

Reference:

JMPT (May 2012): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3360486/>

Comorbidities / Complicating Factors:

Comorbidity: The simultaneous presence of two or more diseases or conditions.

Complicating Factors: Factors that may make recovery more difficult to resolve.

Examples of Potential Comorbidities

1. Hypertension and/or heart disease
2. Diabetes
3. Chronic Lung Disease (Asthma, Cystic Fibrosis, COPD, etc.)
4. Obesity
5. Kidney Disease/Failure
6. Depression and/or anxiety
7. Arthritis and/or osteoporosis
8. High Cholesterol
9. Cancer
10. Metabolic disease

Potential Complicating Factors

Patient Characteristics That May Be Complicating Factors (ChiroCode Deskbook 2021):

1. Age

2. Pregnancy
3. Yellow Flags (i.e., Biopsychosocial / BPS)
 - a. Fear-avoidance behaviors
 - b. Over-reliance on passive treatments
 - c. Worries/fears/anxiety
 - d. Unhelpful beliefs about pain/condition
 - e. Negative family/workplace social situation
 - f. Anticipation of future disability or ability to return to work
 - g. At least “moderate” physical disability score
4. Delay of Treatment Greater than 7 Days (Symptoms present for more than 8 days can increase recovery time by a factor of 1.5)
5. Non-Compliance
6. Lifestyle Habits
7. Obesity
8. Type of Work Activities

Injury Characteristics (ChiroCode Deskbook 2021):

1. Severe Initial Injury
2. Greater than 3 Previous Episodes (4 to 7 previous episodes can increase recovery time by a factor of 2)
3. Severe Signs and Symptoms (Presence of severe pain can increase recovery time by a factor of 2)
4. Number / Severity of Previous Exacerbations
5. Treatment withdrawal fails to sustain Maximum Therapeutic Improvement
6. Loss of Consciousness (Headache Related)

History Characteristics (ChiroCode Deskbook 2021):

1. Pre-existing Pathology/Surgery
2. History of Lost Time
3. History of Prior Treatment
4. Congenital Anomalies (Presence of skeletal anomaly or structural pathology can increase recovery time by a factor of 2)
5. Symptoms Persist despite Previous Treatment

Note: Anyone with the aforementioned Red Flags and / or comorbidities should be evaluated for psychosocial components utilizing appropriate outcome assessment forms.

References:

JMPT, Management of Chronic Spine Related Conditions: Consensus Recommendations of a Multidisciplinary Panel:

<https://www.sciencedirect.com/science/article/pii/S0161475410001867?via%3Dihub> World Health Organization Guidelines on Basic Training and Safety in Chiropractic:

<https://iris.who.int/handle/10665/43352>

Contraindications:

Conditions that could worsen with chiropractic manipulation (i.e., Severe Osteoporosis / Aortic Aneurysm)

Contraindications exist when certain therapeutic techniques are not indicated for a given condition or situation. When a modality is contraindicated, a clinician must modify or omit the type of treatment given. The values of the treatment must be considered with respect to the risk to the patient and to the clinician. (Vizniak)

Relative Contraindications (CMS / WHO):

Patient Requires more specialized attention when chiropractic adjustment is utilized.

Pathological conditions or symptoms that are generally less acute or in a state of remission may be treated with caution or modification of techniques(s). Can be systemic or local. (Vizniak)

1. Articular hypermobility and circumstances where the stability of the joint is uncertain
2. Severe demineralization of the bone
3. Benign bone tumors
4. Bleeding disorders and anticoagulant therapy
5. Radiculopathy with progressive neurological signs.

Absolute Contraindications (CMS / WHO):

Chiropractic adjustment is contraindicated under all circumstances, the patient must be informed of the condition and actions recommended / taken to address the condition.

Pathological conditions or symptoms that cannot be treated under any circumstances. Absolute can be systemic or local. (Vizniak)

1. Acute Arthropathies – Characterized by acute inflammation and ligamentous laxity and anatomic subluxation or dislocation, including acute rheumatoid arthritis and ankylosing spondylosis.
2. Acute Factures and dislocations or healed fractures and dislocations with signs of instability
3. Den Hypoplasia / unstable os odontoideum
4. Spinal Cord Tumor
5. Malignancies that involve the vertebral column
6. Meningitis
7. Syringomyelia
8. Diastematomyelia
9. Infection of bones or joints
10. Contagious Infections (Vizniak)
11. Meningeal Tumor
12. Disc herniation with signs of progressive neurological deficit
13. Basilar invagination of the upper cervical spine
14. Aggressive benign tumors (i.e., Osteoid osteoma, Osteoblastoma, Giant Cell Tumor, Aneurismal Bone Cyst
15. Internal Fixation / Stabilization Devices / Fusions / Artificial Joint Implants
16. Signs and symptoms of myelopathy or cauda equina syndrome
17. For cervical spinal manipulation, vertebrobasilar insufficiency syndrome
18. A significant major artery aneurysm near the proposed manipulation
19. Local Open Wounds and / or recent Burns and Scars (Additionally Passive Care / Vizniak)
20. Pacemaker (Electrotherapy)
21. Patient under the influence of alcohol / drugs (Vizniak)

Absolute Contraindication to Cervical Spine Manipulation (CSM):

1. Acute Fracture
2. Acute Myelopathy
3. Acute Soft Tissue Injury
4. Ankylosing spondylitis
5. Anticoagulant Therapy
6. Connective Tissue Disease
7. Dislocation
8. Infection
9. Instability
10. Ligamentous Rupture
11. Osteoporosis
12. Recent Surgery
13. Rheumatoid Arthritis
14. Tumor
15. Due to Possible Vertebral Basilar Insufficiency (VBI) (Vizniak)
 - a. Dizziness
 - b. Difficulty Swallowing (Dysphagia)
 - c. Drop Attack / Sudden Fall without Warning / Loss of Consciousness
 - d. Slurred Speech (Dysarthria)
 - e. Loss / Impaired of Coordination (Ataxia)
 - f. Nausea
 - g. Numbness
 - h. Nystagmus
16. Vascular Disease:
 - a. Related Conditions: Carotid Artery Disease, Carotid Artery Dissection, Carotid Artery Aneurysm, Myocardial Infarction, Blood Clotting Disorders
 - b. Causation: High Cholesterol, Hypertension, Smoking, Diabetes
 - c. Reference: Cleveland Clinic: <https://my.clevelandclinic.org/health/diseases/17604-vascular-disease>
17. Vertebral Artery Abnormalities:
 - a. Aneurysms,
 - b. Vertebrobasilar Insufficiency (VBI): SSXs include Loss of Vision, Double Vision (Diplopia), Vertigo, Numbness or Tingling, Nausea and Vomiting, Slurred Speech (Dysarthria), Loss / Impaired of Coordination (Ataxia), Dizziness, Confusion

Reference:

Medicare Benefit Policy Manual, Chapter 15, Section 240.1.3.B:

<https://www.cms.gov/medicare/prevention/preventiongeninfo/downloads/bp102c15.pdf>

WHO Guidelines on Basic Training and Safety in Chiropractic:

https://chiro.org/Graphics_Box_COLLECTION/WHO_Guidelines_on_Basic_Training_and_Safety_in_Chiropractic.pdf

Journal of Manual and Manipulative Therapy (May 2012):

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3360486/>

Develop Treatment Plan / CFD Approval

1. The intern determines the diagnoses and develops the treatment plan when all information is available (i.e., Test Results, Record Request, Second Opinions). The intern presents the treatment plan with all supporting documentation to solicit an approval by the clinic doctor.
2. Each chief complaint will have a separate and distinct treatment plan

Report of Findings

1. The intern presents the Report of Findings to the patient based on the approved treatment plan
2. The report of findings is an opportunity to discuss the case with the patient to help the patient understand the condition, services, expectation, goals, level of care and other aspects of care.

Informed Consent

1. The patient is asked to complete an informed consent based on the treatment plan when the patient accepts care. The Informed consent must be completed accurately prior to commencement of care
2. The informed consent basically address:
 - a. Risks and benefits of recommended care
 - b. Risks and benefits of other forms of healthcare that may be available to treat the patient's condition
 - c. Risk and benefits of not receiving care
 - d. Address patient questions and concerns

Mid-Point / Subsequent Office Visit / Episodic Care

1. Subsequent Office Visit data will be annotated on the EHR Treatment Record surface or Green sheet
2. Subjective: Primarily used to document patient activities of daily living as well as location, intensity, and quality of symptoms. The data can be used to assess patient progress. The subjective area can also be used to document any changes to the patient health status.
3. Objective: Primarily used to document PART, functional and other examination findings. The findings are used to justify treatment rendered later in the subsequent office visit.
4. Assessment: Electronic Health Record surface area used to document whether the patient is same, better, or worse compared to the previous subsequent office visit. Treatment Record Assessment is an opportunity to measure patient progress using subjective and objective data and comparing the information to previous office findings and overall episode of care.
5. Plan: Electronic Health Record surface area used to document the continuation, modification, of the Treatment Plan or elective care. Surface area is also utilized to discuss Health Maintenance Promotion (i.e., Pending, Acting On, Completed, Not Necessary) with associated details. Health Maintenance Promotion is based on the approved / current treatment plan.
6. Treatment: Electronic Health Record surface area used to document Diagnostic Pointing / Therapeutic Relationship of ICD-10 (Diagnosis) to CPT / HCPCS / ABC (Services) with

accompanying details based on the approved / current treatment plan

7. Response to Treatment: Surface area used to document patient response to treatment based on functional goals of the current / approved treatment plan
8. Recommendation: Surface area used to annotate recommendations to the patient
9. Carry Forward Note: Surface area used to annotate notes for the doctor / intern to address in future subsequent office visits
10. Next Clinic Visit: Surface area to document next scheduled office visit.

End Point / Episodic Care

1. Goals / End Points are evaluated minimally every 4 weeks when a re-examination is performed. Areas taken into consideration are Adjusting Goals (PART), Passive Care Goals (Reduce Pain, Swelling, Inflammation), Active Care Goals (Flexibility, Strength, Endurance), Outcome Assessments Tools Goals (Activities of Daily Living), QVAS Goals and other areas that are documented on the current approved treatment plan. Several possibilities may occur from the subsequent office assessment findings and the 4-week examination including (not on inclusive):
 - a. Patient achieved treatment plan goals and is released from care. Patient may wish to refrain from further care or selective Functional or Wellness / Elective / Maintenance care.
 - b. Patient did not achieve all treatment plan goals but demonstrated progress (30 percent improvement of the objective / measurable goal) in the re-examination findings.
Patient may continue with care with modifications to the treatment plan when warranted
 - c. Patient did not achieve treatment plan goal (less than 30 percent) or plateaued and is not expected to improve with care. The clinic faculty may recommend a referral (i.e., Testing, Co-management, Second Opinion) or release from care with the possibilities of service under another healthcare provider.

Patient Progress / Referral Considerations

A clinic faculty doctor will monitor patient progress and response to care and meet with patients who do not respond to previously rendered service or have a worsening condition to discuss alterations necessary to the patient's treatment and/or that may warrant a referral. Additionally, clinic faculty will consider referrals when it has been determined that a patient has conditions that may warrant healthcare attention that is beyond the chiropractic scope of practice (i.e., System / Visceral Conditions) and/or Relative / Absolute Contra-indication, Red and/or Yellow Flag conditions are present or need to be ruled in or ruled out. A clinic faculty doctor will utilize the following to meet the patient healthcare needs:

1. Consult with Clinic Referral Policy
2. Consult with Clinic Referral List for Possible Healthcare Providers and Centers

Clinic Faculty Doctor Involvement with Patient Care

Clinic faculty ensure patients receive quality patient care consistent with the clinic's model for patient care and policies as well as healthcare industry standards and federal, state, and local laws. Clinic faculty are responsible for all services they approve to be rendered to the patient. A faculty doctor should maintain routine contact with their assigned patients and patients should understand how to contact their assigned faculty doctor when they have a question or concern. The assigned clinic faculty doctor (CFD) should meet each new or established patient with a new complaint, exacerbation of complaint, prior to the examination or when a case fails to improve and present them with their contact information. (Business Card).

Doctor Availability During Patient Care Hours

Clinic faculty should remain in their assigned patient treatment area throughout the duration of patient treatment hours. Interns should approach their assigned faculty doctors for treatment plan approval and other lengthy processes during non-clinic / patient care hours unless prior coordination has been made with the doctor.

CFD Responsibility for Arranging Patient Coverage

A clinic faculty doctor (CFD) should coordinate patient coverage as soon as they determine they will be absent by contacting / coordinating with other CFDs and the Director of Compliance and Operations. A CFD should coordinate patient coverage by contacting other CFDs when they are present for the day but temporarily unavailable, such as grading IMAs or using the restroom. A CFD should review all patient records associated with a new patient or established patient with a new complaint, exacerbation of complaint, or failure to improve upon their return to work.

Absent from Patient Services

A clinic faculty doctor who misses patient services for any reason (i.e., Saturday Appointments, PTO, Sick, Committee Meetings, Bereavements) will upon their return review patient records for services that occurred during their absence and discuss the case with the assigned intern and when indicated, meet the patient to discuss the case.

Pre-Shift Doctor / Intern Team Meetings

Clinic faculty doctors (CFD) should hold a meeting with their assigned interns prior to each shift of patient treatment hours. During the meetings, the doctor will:

1. Ensure that all interns are dressed according to the clinic dress code policy
2. Review the patients on the schedule, identify the intern(s) assigned to each patient's treatment or service, and discuss the reason for the scheduled patient service
3. Communicate their own schedule during the patient treatment shift and which patients are anticipated to require the faculty doctor's attention. When the doctors know they will not be available they will communicate that to the interns and who will provide coverage in their absence.
4. Discuss deficiencies in any aspect of patient service that require improvement during the shift (i.e., Documentation, Following Treatment Plans, Complete and Accurate Informed Consents, Doctor Approval Prior to Patient Treatment, Patient Progress / Goals)
5. Assign interns without scheduled patients to duties that might include observing patient care, scribing, patient file transfers, intern substitutions, documentation approval, practicing a skill, studying information relevant to patient care, or working on patient recruitment or community outreach service.

Parker University Chiropractic Clinics Required Equipment

Policy: In order to perform and perfect clinic skills and provide quality patient care, interns are expected to have the following items of equipment available at all times to perform their function with the clinic:

1. Alcohol Prep Pads
2. Cotton Balls
3. Cotton Tipped Applicators (x3)
4. Digital Thermometer (Mercury thermometer is not permitted)
5. Doctor's Bag
6. Finger Pulse Oximeter
7. Glass Vials (x3)
8. Goniometer
 - a. Large
 - b. Small
 - c. Finger (Suggested)
9. Inclinometer Set (Dual)
10. Neuro Hammer
11. Penlight
12. Pinwheel Handles
13. Pinwheel Heads (x3)
14. Sphygmomanometer (Blood Pressure Cuff)
 - a. Child
 - b. Adult
 - c. Extra Large (Suggested)
15. Sterile Tongue Depressors (x3)
16. Stethoscope
17. Tape Measure with centimeters and inches
18. Toothpicks
19. Tuning Fork: 128 (Hz)
20. Tuning Forks: 512 (Hz)
21. Welch Allyn Unit

Radiology

Radiology Guidelines

The guidelines in this section are designed to assist interns in determining when to order X-rays as part of the examination/re-examination process. These are intended to be reasonably comprehensive but do not constitute the only acceptable rationale for X-raying a patient. If the intern feels (s)he has reason to perform X-rays beyond those indicated, (s)he will discuss the case with his/her assigned Clinic Faculty Doctor. The purpose of obtaining radiographs is to confirm or rule out a suspected diagnosis based on orthopedic, neurological and chiropractic examination findings.

Parker Clinics does not take X-rays solely for the purpose of acquiring credits for graduation, nor solely based on a technique philosophy. Clinical justification is required for all X-rays.

Unless there is a need for urgent diagnosis (such as severe trauma or suspected fracture), X-rays will not be taken prior to completing the history and physical examination of the region under evaluation.

The X-ray examination must be completed on the date listed on the radiographic requisition. Any exceptions must be approved and initialed by a Clinic Faculty Doctor. In the event that an intern presents with a late arriving patient for an X-Ray appointment and if there is insufficient time to complete the entire series, the Clinic Faculty Doctor (or substituting Clinic Faculty Doctor) must be contacted to determine which particular view(s) should be given priority. The doctor must notate and initial the necessary changes on the X-ray requisition before there can be a deviation from the original orders. This is necessary to maintain compliance with Texas State laws.

On discussing X-ray images with the patient prior to the rendering of a radiology report, the student must limit discussion to postural and biomechanical matters. Pathologies will not be discussed before the films are interpreted by a Clinic Faculty Doctor or radiologist. The intern will inform the patient that the initial discussion about postural or biomechanical changes are preliminary and the final diagnosis will be provided in the official radiology report.

Ten-Day Rule

The “ten-day rule” is the standard procedure in all Clinics when deciding whether a female patient of childbearing age can be safely radiated:

- A female patient who declares pregnancy will not be x-rayed at the Parker Clinics. If radiographic procedures are required on a pregnant patient, she will be referred to an alternate facility.
- Radiographs in the pelvic/hip/lumbar/abdominal regions of a female of childbearing age may be taken only within 10 days from the onset of their last menstrual period (LMP).
- If a female patient’s injuries are not in the pelvic or nearby area (lumbar, hip), an unknown fetus would not be in the direct x-ray beam. Pelvic shielding will be used, and the radiation doses will be kept as low as possible.

- A female patient with an LMP exceeding 28 days is not eligible for radiographs unless a pregnancy test with a negative (non-pregnant) result is confirmed on the day of the X-ray exam. The result of the pregnancy test must be noted on the radiology requisition and initialed by the attending Clinic Faculty Doctor.
- The attending Clinic Doctor signing the requisition may choose to waive the ten-day rule for the following:
 - Bilateral tubal ligation for sterilization purposes
 - Hysterectomy or bilateral oophorectomy
 - Post-menopausal women

If the "Ten Day Rule" is waived, the phrase "Ten Day Rule waived due to (insert one of the above reasons)" will be annotated on the radiographic requisition and initialed by the Clinic Doctor. This same notation will be added to the patient's progress notes and signed by the Clinic Doctor.

Special Consideration

The weight limit on Parker Clinics X-ray examination tables is 350 pounds. Patients exceeding this weight limit must be referred to another imaging center for studies that require the use of the X-ray table (please check with the radiology personnel). In general, patients shorter than 5'8" and weighing more than 300 pounds will exceed the tube rating for Parker Clinic X-ray machines and cannot receive lumbar, and in some cases, thoracic X-rays.

Please allot extra time when scheduling radiographic studies for patients with special considerations e.g., body habitus, limited mobility, pediatric patient, etc. Check with the radiology technologist regarding the appropriate exam time needed when such circumstances arise.

Indications for Ordering Radiographs

The indications for ordering radiographs are obtained from "*Diagnostic Imaging Practice Guidelines for Musculoskeletal Complaints, An Evidence-based Approach for Chiropractic Clinicians*" by André E. Bussières, DC, FCCS (C), BSc.

The Lumbar Spine

Presence of potentially serious pathological indicators (Red Flags)

1. Persistent localized pain (> 4 weeks)
2. Symptoms associated with neurological signs in the lower extremities
3. Considerable pain < 18 yrs of age or > 50 yrs of age
4. No response to Chiropractic care after 1 month

5. Activity restriction > 1 month
6. Constant/Progressive pain at rest
7. Suspected neoplasia, infection, inflammatory spondylo-arthropathy, fracture, cauda equina syndrome (CES), aortic aneurysm, failed surgical fusion
8. Progressive or painful structural deformity (kyphosis/scoliosis)
9. Abnormal laboratory examination consistent with bone pathology
10. Patient unable to give a reliable history
11. Crippling cancer phobia focused on back pain
12. Need for immediate decision about athletic future
13. History of significant radiographic abnormalities elsewhere reported to patient but no films or reliable report reasonably available
14. History of finding from other study (e.g., bone scan or gastrointestinal imaging) that requires spine radiograph for correlation
15. History of severe trauma sufficient to cause fracture

The Thoracic Spine

In addition to the LBP Red flags also consider the following:

1. Persistent localized pain (> 4 weeks)
2. Symptoms associated with neurological signs in the lower extremities
3. Rapidly progressing or atypical scoliosis and other spinal deformities
4. Ascending aortic aneurysms predisposition: genetic predisposition/connective tissue disease such as Marfan's syndrome, Ehlers-Danlos syndrome
5. Presumed osteoporotic fracture or presence of risk factors
6. History of severe trauma sufficient to cause fracture

NOTE: Chest radiography may be required in addition to routine osseous studies.

The Cervical Spine

In addition to the LBP Red flags also consider the following:

1. Neck pain > 4 weeks (with or without radicular symptoms)
2. Pain in patient > age 50
3. Acute neck pain with radicular symptoms

4. Signs and symptoms of cervical myelopathy and radiculomyelopathy
5. Arm or leg pain with neck movements
6. High risk ligament laxity populations/ possible atlantoaxial instability
7. Neck rigidity in the sagittal plane in the absence of trauma
8. Exam findings consistent with significant congenital malformation of the cervical spine

Accessory Upper Cervical Views (Nasium, Fuch's, Kasabach's)

1. Prior routine study indicating significant congenital malformation of the upper cervical spine, such as probable fusion or bridging of the Occiput-C1 complex.
2. Intractable upper cervical manifestations.
3. Suspected contraindication to Upper Cervical Specific technique (Toggle).

NOTE: These accessory upper cervical views may be ordered in conjunction with routine cervical views for use with Upper Cervical Specific, Toggle, or other accepted techniques as taught in the Parker College curriculum.

The Full Spine Study

A Full Spine Series is reserved for scoliosis diagnosis and monitoring. Monitoring should be done only on skeletally immature patients at a 6-month interval. Skeletally mature patients with a known diagnosis of scoliosis do not require interval imaging.

Extremities

- **Hip**

1. Trauma sufficient to cause fracture
2. Critical exclusionary diagnosis
 - Osteoporotic hip fractures
 - Avascular Necrosis
 - Steroids or other risk factors
 - Acute or sub-acute onset of pain
3. Osteoarthritis (If there is a failure to respond to conservative care.)
4. Suspected Inflammatory Arthritis

- Knee

1. Trauma sufficient to cause fracture
 - Obvious deformity, palpable mass
 - Unable to bear weight for four steps without assistance
 - Effusion (first 24hrs) or instability
 - Marked tenderness, especially over patella or fibular head
 - Unable to flex knee to 90°
2. Critical exclusionary diagnosis
 - Osteoporotic knee fractures
 - Avascular Necrosis
 - Steroids or other risk factors
 - Acute or sub-acute onset of pain
3. Osteoarthritis (if there is a failure to respond to conservative care.)
4. Suspected Inflammatory Arthritis
5. Internal derangement
6. Anterior knee pain (patellar views may be necessary)

- Ankle

1. Trauma sufficient to cause fracture
 - Tenderness of distal fibula along 6cm
 - Tenderness of distal tibia along 6 cm
 - Unable to bear weight during four steps both immediately and in clinic
2. Suspicion of arthritis, infection, or neoplasm
3. Osteochondral injury or suspected tendinopathy
4. Possible ankle instability
5. Pain of uncertain etiology
6. Possible operative candidate

- Foot

1. Trauma sufficient to cause fracture
 - Tenderness of base of 5th metatarsal
 - Tenderness of navicular bone
 - Unable to bear weight during four steps both immediately and in clinic
2. Suspicion of Reactive arthritis, avascular necrosis, stress fracture, reflex sympathetic dystrophy, Hallux Valgus

- Shoulder
 1. Trauma sufficient to cause fracture with loss of joint function
 2. Suspicion of glenohumeral instability, fracture, dislocation, tumor, infection, or arthritis other than osteoarthritis
 3. Osteoarthritis that fails to respond to conservative care
- Elbow
 1. Trauma sufficient to cause fracture with loss of joint function
 2. Suspicion of fracture, osteochondritis dissecans, intra-articular loose body (IAB), heterotopic calcification (ossification) avulsion of the ulnar collateral ligament, dislocation, tumor, infection, or arthritis
- Hand and Wrist
 1. Trauma sufficient to cause fracture with loss of joint function
 2. Suspicion of fracture, dislocation, tumor, infection, inflammatory or crystal induced arthropathy (gout, CPPD)

Pediatric

Because of potential deleterious effects of radiation exposure in pediatric patients, particular attention must be paid to adequate clinical justification for X-rays

1. Back or neck pain (non-traumatic onset without distal radiation)
2. Insidious onset of muscle spasms in late childhood (head in rotation and/or flexion) Not routinely indicated in infancy
3. Congenital cervical anomalies in relation to clinical presentation
4. Structural spinal deformity:

- Multi-directional; structural; non reduced voluntarily, passively or by force
 - Scoliosis: positive Adam test (60° of trunk flexion); rigid curve upon lateral bending test, trunk angle of 7° with the Scoliometer indicates a structural curve greater than 20°
 - Kyphosis: prominence of the patient's thoracic kyphosis or failure to reverse their lumbar lordosis with bending.
- 5. Acute hip pain & painful gait:
- 6. Slipped femoral epiphysis, transient hip synovitis, Perthes disease, septic arthritis
- 7. Clicking hip –Congenital hip dislocation
- 8. Chronic foot pain
- 9. Child or adolescent with a painful rigid flat foot (tarsal coalition)
- 10. Focal osseous pain
- 11. Short stature, or concern for growth retardation (left hand/wrist or non-dominant side)
- 12. Non-accidental Injury – Child Abuse

- **Pediatric Trauma**

- Spine
 1. Thoracic and Lumbar Spine Trauma sufficient to cause fracture
 2. Head and/or Cervical Spine Trauma sufficient to cause fracture
 - Child 9 yrs old or less
 - Child between 9 and 17 yrs old:
 - Radiographs are indicated unless all NEXUS criteria* are fulfilled.

*NEXUS criteria:

- Alert (normal level of consciousness)
- Conversant
- No evidence of intoxication
- Absence middle cervical tenderness
- Absence of focal neurological deficit
- Absence of painful traction injury

- Extremity (routine views include contralateral views for comparison)
 1. Distal radius injury: Tenderness of distal radius and 20% loss or more decrease in grip strength.

2. Acute knee injury: Radiographs are indicated if obvious deformity, mass or one or more signs present:
 - Tenderness at head of fibula
 - Isolated tenderness of patella
 - Inability to flex > 90°
 - Inability to bear weight both immediately and at presentation (4 steps)
3. Acute ankle injury (Child > 3 yo): Radiographs are indicated if obvious deformity, mass or one or more signs of the low-risk examination is present: Tenderness with or without edema of the distal fibula and/or adjacent lateral ligaments distal to the ankle line:
 - Distal tibia including growth plate
 - Distal fibula including growth plate
 - Lateral ligament including anterior talofibular, calcaneofibular, and posterior talofibular
 - Calcaneus

Radiology Requisition

A completed radiology requisition signed by the assigned Clinic Faculty Doctor is required to schedule radiology appointments. After completion and approval of the physical examination, the intern will fully complete and sign the radiographic requisition prior to seeking the assigned Clinic Faculty Doctor's approval signature and subsequent scheduling of the X-rays.

Guidelines to complete the radiology requisition:

1. Legibly print the patient's full name and file number.
2. Date the requisition.
3. Indicate the patient's gender as M(ale), F(emale) or O(ther).
4. Specify the LMP date for female patients and observe the "ten-day-rule". (See explanations above under "Ten-Day Rule.")
5. Indicate the date of birth, height, weight, and occupation (also specify the type of daily activity) of the patient.
6. Note any previous imaging procedures performed and indicate the specific date and location, if known.
7. List the patient's major complaint(s) with specific areas of pain (e.g., C4/C5 on the right, right SI, etc.) including onset, quality and severity of pain, radiating or not, exact location, duration/timing, etc. Indicate acute, subacute or chronic.

8. List all “Relevant Exam Findings” such as major orthopedic, neurological and/or other patient exam findings, “Reason for Taking Radiographs” and “Differential Diagnoses” documented (see above “Indications for Ordering Radiographs”).
9. Check appropriate boxes for “History of Trauma”. If yes, document date and description of the mechanism of injury and/or trauma sustained.
10. Check boxes for “History of Serious Illness or Disease” and if yes, describe all significant patient history with relevant dates, e.g., cancers, infections, history of diabetes, inflammatory disease, fractures, dislocations, previous diagnoses, etc. Indicate if the patient has ever received radiation therapy and document what condition necessitated such treatment and include all relevant dates. In the presence of trauma, list mechanisms of injury and all relevant dates.
11. Check yes or no for “Tumors”. If yes, document the type of tumor. Next, document the treatment/therapy noting whether radiation, chemotherapy or excision was performed. Also note whether the excised tissue was benign or malignant. If unknown, so indicate.
12. Note any “History of Previous Surgery” with date(s), description of treatment(s), and specific reason(s) surgery was performed.
13. “Medications” prescribed or taken by the patient are to be documented completely.
14. Select the requested radiographic “Series Ordered”. Note: The assigned CFD must initial next to each series ordered.
15. Interns’ name and number must be legible.
16. The assigned CFD will then print their name/number and approve the requisition with a legible signature. NOTE: If the responsible Clinic Faculty Doctor is not available, an available CFD may authorize the films below the “Assigned Doctors” printed name. A copy of the radiology report will be sent to the responsible doctor.
17. The supervising radiology personnel will sign the requisition after completion of the exam and a copy will be scanned to the radiologist.
18. The original radiographic requisition must be placed in the patient’s file at the conclusion of the radiographic study.

Consent to X-ray/Pregnancy Release

1. All patients must consent to the X-ray exam by signing the “Consent to X-ray” form on the date of the study just prior to receiving X-ray. The patient’s signature will be witnessed by the intern.
2. In addition, all female patients sign the “Pregnancy Release” (bottom section of the “Consent to X-ray” form). Please observe the “ten-day rule” for females of childbearing age (See “Ten-Day Rule”).
3. In case of minor patients, the parent or guardian is required to sign the consent form.

Dallas Radiology Appointments

At the Parker University Chiropractic Clinics, Dallas Location, all radiology exams are performed by appointment only. After completing the radiology requisition, please schedule the appointment at the Dallas location at the front desk. Ensure that extra time is allotted for patients with special needs (see "Special Considerations").

When presenting for the radiology exam, please have the following documents completed and ready for review by the radiology personnel:

1. Radiographic requisition with assigned Clinic Faculty Doctor's signature or Authorizing CFD signature. NOTE: Each appointment made, whereby additional X-rays are requested, requires a new X-ray requisition form to be filled out and signed by the assigned Clinic Faculty Doctor.
2. Consent to X-ray/Pregnancy Release (for female patients) form signed by the patient and witnessed by the intern.
3. Super-bill

In addition to the above-listed documents and depending upon the type of radiographic study performed, a gown will be required for the patient. The gowns may be retrieved from the Physical Therapy Equipment Center (PTEC) window. NOTE: For certain exams, the patient must remove undergarments such as bras, compression apparel, etc. when gowing. Additionally, glasses, jewelry, hairpins, dentures and/or any other items which may interfere with the outcome of the images, must be removed.

Irving Radiology Appointments

Irving Interns will follow the below procedures for paperwork and patient processing for radiographs:

1. Prior to the patient's appointment, the intern will bring a completed Radiology Requisition form to their assigned CFD for approval (or another CFD if unavailable).
 - a. NOTE: The assigned doctor and authorizing doctor may be one and the same or different. Either way, the bottom of the form must be signed by a CFD.
2. The intern will have the patient sign the "Consent to X-ray/Pregnancy Release" form. The intern will subsequently sign the form as a witness.
3. If required, the intern will obtain a gown for the patient. Gowns are located next to the forms in the hallway underneath the intern workspace counter. A laundry bin is located next to the gowns. Please place used gowns in the laundry bin underneath the intern workspace counter.
4. For all female patients, see "Ten-Day Rule" above.
 - o If a pregnancy test is indicated, the intern will request a urine sample cup and a pregnancy test from the PT checkout window.
 - o The patient will be taken to the ADA compliant bathroom, given instructions and shown where the pass-door is located for placement of specimen.
 - o Intern will inform the CFD/Adjunct when the patient has completed the step

above.

- The results of the pregnancy test will be documented by the CFD on the Radiology Requisition form and Consent to X-ray/Pregnancy Release form and the patient will be informed of the results.

5. The intern will escort the patient to the X-ray room and will give the patient instructions regarding gowning, if needed, and artifact removal. The patient will be asked to open the door when they are ready.
6. The intern will complete the required patient measurements specific for the series ordered. The CFD taking the radiographs will confirm the intern's measurements.
7. Once the radiographs are completed, the CFD will staple the superbill on top of the Radiology Requisition form. This will be taken by the intern to the front desk CA for checkout.
8. The patient will get dressed and exit the changing room. The intern will remove the gown and ensure the changing room is suitable for the next patient.
9. The intern will check or record the appropriate CPT Code on the superbill and assign an ICD-10 DX code(s) applicable to the series performed.
10. The intern will escort the patient to the front desk for checkout and give the Superbill and Radiology Requisition forms to the CA.
11. The Front Desk CA will scan the Radiology Requisition form to the Radiologists at radiologist@parker.edu.

Irving Patients X-Rayed at Dallas Location

Interns assigned to treat patients at the Parker University Chiropractic Clinics- Irving may alternatively elect to have their patients X-rayed at the Dallas location.

If this option is selected, the procedures are as follows:

1. The radiographic requisition must be completely filled out and signed by the assigned Irving Clinic Faculty Doctor and then faxed over to the Radiology Department at the Dallas Clinic (preferably 24 hours in advance). **NOTE:** For female patients, the date of the LMP must be verified and listed on the requisition prior to faxing the document.
2. The radiology exam must be scheduled in Visual Outcomes – the Irving front desk personnel will assist with scheduling the appointment (preferably 24 hours in advance). The responsible Irving Clinic Faculty Doctor's name must be listed in the "Note" section of the Visual Outcomes appointment.
3. On the day of the appointment, prior to the X-ray exam, the patient/intern will check-in at the Dallas front desk to obtain the Super Bill.
4. After the check-in is completed at the Dallas front desk, the patient will sign, and the intern will witness the Consent to X-ray/Pregnancy Release form.

NOTE: If a pregnancy test is indicated, it will be performed at the Dallas location with the assistance of a designated Clinic Faculty Doctor. This CFD will record the test results on the Radiographic Requisition and Consent to X-ray/Pregnancy Release form.

5. The gown for the X-ray exam will be retrieved by the intern from the Physical Therapy Equipment Center window at the Dallas location.
6. After the completion of the radiographic study, the patient will check out and pay the appropriate fee at the Dallas Center front desk.
7. The radiology personnel will forward the signed paperwork to the assigned Clinic Faculty Doctor at the Irving Center.

Radiographic Considerations

Follow-up Procedures

1. The Clinic Faculty Doctor will review the films and make an entry in the treatment surface of Visual Outcomes stating the series and whether there are contraindications to Chiropractic manipulation or treatment.

NOTE: A patient may not be treated unless a Doctor reviews the radiographs and makes an entry in the progress notes stating that there is no contraindication to CMT noted.

2. The intern will place the pink copy of the x-ray requisition in the patient's file.
3. The transcriptionist will email a copy of the radiology report to the responsible doctor.

Standard Radiographic Views

The following are routine radiographic views:

<u>Full Spine</u>	AP full spine, APOM, AP L5/S1 Spot, sectional laterals or sectional AP and laterals, (patients over 30 cm AP must be radiographed in sectionals with lumbar done recumbent).
<u>Cervical Spine</u>	APOM, AP lower cervical and lateral cervical.
<u>Upper Cervical Specific</u>	Neutral Lateral Cervical, Nasium, APOM, Vertex, A-P Lower Cervical
<u>Thoracic Spine</u>	AP and lateral thoracic (swimmer's view if upper thoracic complaint).
<u>Lumbar Spine</u>	AP and lateral lumbar/lumbosacral tilt view (patients measuring greater than 30 cm AP at the iliac crest level, AP <u>must be performed on the X-ray Tabletop</u>).
<u>Sacrum</u>	AP cephalic (15 degrees) and lateral
<u>Coccyx</u>	AP Caudal (10 degrees) and lateral

<u>Hip</u>	AP Pelvis and Frog leg hip of affected side
<u>Femur (shaft)</u>	AP and lateral thigh
<u>Knee</u>	AP and lateral knee, tunnel view
<u>Tibia-fibula (shaft)</u>	AP and lateral leg
<u>Ankle</u>	AP, lateral and medial oblique ankle
<u>Foot</u>	AP, lateral and medial oblique foot
<u>A-C joint</u>	Bilateral weight-bearing and non-weight-bearing
<u>Shoulder</u>	AP, internal and external rotation
<u>Humerus (shaft)</u>	AP and lateral arm
<u>Elbow</u>	AP, lateral, and oblique (Tangential, if indicated)
<u>Radius-ulna (shaft)</u>	AP and lateral forearm
<u>Wrist</u>	PA, lateral and medial oblique wrist
<u>Hand</u>	PA, lateral and medial oblique hand
<u>Chest</u>	PA and lateral chest.
<u>Ribs</u>	PA chest, 30 degrees and 60 degrees oblique, and PA or AP spot rib view
<u>Clavicle</u>	PA and PA caudal (15 degrees)
<u>Abdomen (soft tissue)</u>	KUB
<u>SI Joint</u>	AP angulated spot view and oblique view

X-Ray Credits

A treating intern will receive interpretive credit for an X-ray study when:

1. All the proper request and release forms have been completed and approved
2. A complete series of an anatomical area have been satisfactorily taken
3. An X-ray report by the intern has been completed and submitted for review
4. The radiologist grades the report
 - X-ray reports must be written to receive a radiology credit. While the intern is at the Parker University Clinic, Interpretive credits are obtained by writing a case report on a patient you are actively treating under your clinic faculty doctor, case type submissions, or writing a case report on a teaching radiology case under the direct supervision and guidance of a radiologist. Additional means to earn interpretive credits are further detailed in the Narrative Credits portion of the handbook
5. Intern X-ray credits and other pertinent information will be monitored and tracked by the Tally

department

6. Any inquiries relative to X-ray credits should be made to the Tally department
7. One radiology graduation credit per radiographic series is awarded, so long as the series is at a minimum, a diagnostic series. Accessory views initially ordered at the time of imaging do not count for additional radiology graduation credits
8. Certain additional views specifically requested by the radiologist may provide opportunity for an intern to write a second radiology report and submit additional graduation credit. This is at the discretion of the radiologist, depends on the types of follow-up images requested, and is handled on a case-by-case basis. These studies must be performed within one trimester of the date of the report recommendation for credit to be given

3 Credits

Full spine - AP full spine, APOM, AP L5/S1 Spot, sectional laterals or sectional AP and laterals.

1 Credit

Cervical Spine	Tibia – Fibula (shaft)	Radius-ulna (shaft)
Thoracic Spine	Ankle	Wrist
Lumbar Spine	Foot	Hand
Sacrum	Pelvis	Chest (PA & Lat)
Coccyx	Ribs	Shoulder
Hip	A-C joint	Clavicle
Femur (shaft)	Humerus (shaft)	Abdomen (KUB)
Knee	Elbow	Full Spine Scoliogram

Narrative Credits

Interns may receive credit for interpreting outside films by writing a narrative report. Diagnostic images are eligible if they were performed within one year of the date of the initial presentation, are complete series (an x-ray must include opposing views of all regions of interest), are of diagnostic quality, and will directly impact the patient's treatment plan. Outside diagnostic images may include X-ray and special imaging (MRI, MRA, CT, Diagnostic Ultrasound, Nuclear Medicine) obtained on patients treated from non-Parker Clinic facilities, including CBI and VA programs.

Students in Intern Practicum III may receive radiology credits through Non-imaging Narratives. These reports require an intern to demonstrate their ability to assimilate history and physical exam findings into decisions for patient care, including accurate assessment of the necessity of diagnostic exams. Non-imaging Narratives may be written on patients who were not imaged before being placed on active treatment plans (note: wellness patients are not eligible for Non-imaging Narrative reports). In the report, the intern must list specific exam or history findings that, if present, would have justified diagnostic orders consistent with the "Indications for Ordering Radiographs" section of the Clinic Handbook. Complete instructions can be found on the Clinical Rotation course page. Each Non-imaging Narrative will receive 0.5 credit.

Radiology Recommendation Procedures

1. The radiologist or radiology resident will offer a recommendation on abnormal findings as part of the radiology report. The transcriptionist will email the report to the appropriate Clinic Faculty Doctor and indicate the report has a recommendation in the subject line of the email. If the abnormal findings require immediate attention by the assigned Clinic Faculty Doctor, the radiologist or radiology resident will notify the appropriate Clinic Faculty Doctor verbally or by campus email, as well as the transcriptionist procedure explained above with the additional "requires immediate attention" in the subject line of the email containing the report.
2. The transcriptionist keeps a ledger of all recommendations made by the radiologist or radiology resident. When the Clinic Faculty Doctor has complied with the recommendation and sent notification to the transcriptionist, the recommendation will be marked as clear on the ledger.
3. All recommendations will be addressed, as soon as possible, by the attending Clinic Faculty Doctor and the primary attending intern. After the attending Clinic Faculty Doctor and/or intern has complied with the recommendation, the attending Clinic Faculty Doctor will note the action taken in the patient's file, as well as notify the transcriptionist with the information to clear the recommendation.
4. Recommendations requiring immediate attention generated by the radiology department must be complied with, as soon as reasonably possible.
5. All recommendations affecting patient care must be complied with prior to continued care. All recommendations must be completed prior to the intern's graduation, trimester completion, or patient transfer.
6. Follow-up procedures (recommendations) and immediate attention instructions are the joint responsibility of the intern and the assigned Clinic Faculty Doctor.
7. All the radiology recommendations must be addressed. The assigned Clinic Faculty Doctor will note in the Treatment Record (E.H.R.) their response to the recommendation(s), as well as recording it directly on the radiology report that the recommendation was resolved and noting the date.
8. Periodically, the transcriptionist will notify the Clinic Faculty Doctors of all recommendations listed on the ledger that have not been cleared within an acceptable timeframe. When the Clinic Faculty Doctor receives notification regarding an unclear recommendation, they should respond to the inquiry as soon as possible.

Copying Images to Compact Discs

The procedures are as follows:

1. The patient will complete and sign a "Records Release Form" indicating the specific item(s) to be released, i.e. X-rays. The treating intern may not sign in lieu of the patient.
2. The completed "Records Release Form" will be submitted to the Records Room of the respective Clinic. The customary time frame for copying radiographic studies and reports is three days.
3. Studies released to a physician or hospital must have the same "Records Release Form" submitted to the Records Room of the respective Parker Chiropractic Clinic. NOTE: the name of the patient as well as the name and the address of the physician or hospital receiving the

discs must be indicated on the form as well.

4. The patient will be charged a fee for the copying of radiographic studies unless these copies are for a referral made by a Parker CFD to an outside facility. This fee must be paid prior to creating the compact disc. The price list may be found at the front desk of the respective Parker Chiropractic Clinic.
5. Only images taken at Parker University Clinics will be copied to a compact disc.

Outside Imaging

Previous radiographic studies (including the associated radiology report) performed at an outside establishment may be obtained in one of two ways:

1. The patient may personally request a copy of the outside study and reports from his/her doctor and bring them to the Clinic

or

2. The patient may request a copy of the outside study and reports through the Records Room of the respective Parker University Chiropractic Clinic.

Procedures to follow when requesting outside films through the Parker University Chiropractic Clinics:

- a) The intern will have the patient fill out and sign a patient release form for records and/or X-rays and submit this document to the records room of the respective Clinic.
- b) A Records Room personnel member will send a letter to the outside establishment requesting the patient's radiology studies and reports. The intern will be notified upon receipt of the patient's outside studies.

3. Outside studies will be reviewed by a Clinic Faculty Doctor or radiologist. Images on compact discs should be imported into the University's PACS system in the Radiology Department at the Dallas location. NOTE: Radiology personnel will need the patient's full name, date of birth and Parker issued file number to upload outside studies. At the Irving location, the outside studies will be uploaded by the assigned Clinic Faculty Doctors.
4. Unless otherwise requested by the radiologist, outside images must have been performed within one year, be complete with opposing projections, be of diagnostic quality and involve the area of complaint in order to qualify for a narrative radiology credit.
5. Outside studies becoming part of the patient's file must have a radiographic report from the original establishment and/or notation in the patient's file that images were reviewed and whether or not there are any contraindications to chiropractic manipulative therapy.

X-ray Referrals from Outside Facilities

Radiographic studies of patients referred by outside facilities will be performed only at the Dallas location and a radiology report **will not** be provided with the study. All outside referral patients will be scheduled through the Radiology Department at 214-902-2420. Please direct all inquiries regarding this matter to the Radiology Department at the Dallas Clinic.

Procedures:

- 1 At the time of scheduling, the radiology personnel will advise the patient to arrive 15 minutes prior to the appointment time. This is to allow for check-in at the front desk and completion of the "Consent to X-ray/Pregnancy Release."
- 2 At the time of the appointment, upon the patient's arrival, the front desk will generate a Super Bill and notify the Radiology Department.
- 3 The radiology personnel will escort the patient to the department and at the conclusion of the X-ray exam will walk him/her back to the front desk for check-out.
- 4 A copy of the Referral Doctor Radiology Request, Super Bill and Consent to X-ray/Pregnancy Release will be retained in the Radiology Department.

NOTE:

All female patients from outside referral facilities will be X-rayed in accordance with the guidelines set forth in this document (see "Ten-Day Rule"); however, a female patient with an LMP exceeding 28 days will be presumed pregnant and will not be X-rayed in the pelvic, abdominal and/or lumbar regions at our facility. No pregnancy tests will be administered for outside referrals.

If a patient is wearing a cervical collar and/or has sustained recent trauma, the referring doctor must be present during the X-rays to remove the collar and interpret the lateral cervical view for contraindications for further X-rays.

Diagnostic Ultrasound

Diagnostic ultrasound is also offered at the Parker University Chiropractic Clinics – Dallas. The scope of diagnostic ultrasound is limited to musculoskeletal evaluation, and is primarily useful in diagnosing of soft tissue, ligamentous, articular, and superficial osseous pathologies. Regions commonly imaged include the shoulder, elbow, wrist, hand, hip, knee, ankle, and foot. Note that the patient's BMI must be <25 to obtain a diagnostic image for the hip. Obstetric, abdominal, and vascular ultrasound is not available for clinical diagnosis or use.

All diagnostic ultrasound imaging exams are performed by appointment only. After completing the physical examination and conferring with the CFD that diagnostic ultrasound examination is warranted, the intern will fully complete and sign the Radiology Requisition Form. When placing the order on the Radiology Requisition Form, check the Diagnostic Ultrasound box and write the body region to be evaluated on the adjacent line. Schedule the appointment at the Dallas location with the front desk.

When escorting the patient for the diagnostic ultrasound exam, please have the following documents completed and ready for review by the radiology personnel:

1. Completed Radiology Requisition Form with assigned or authorizing CFD's signature. (this can be scanned and sent via radiologist@parker.edu prior to arrival) NOTE: If additional imaging is requested by the technician or radiologist, a new radiology requisition form is required to be signed by the assigned CFD.
2. Consent to Diagnostic Ultrasound form signed by the patient and witnessed by the intern.
3. Super-bill.
4. Patient file.

Depending on the body region imaged, a gown may be required for the patient. The gowns may be retrieved from the Physical Therapy Equipment Center (PTEC) window. NOTE: For certain exams, the patient must remove undergarments such as bras, compression apparel, etc. when gowning.

PROCEDURE:

- The intern will escort the patient to the diagnostic ultrasound scanning room and will give the patient instructions regarding gowning and artifact removal, if needed. The patient will be asked to open the door when they are properly dressed.
- The intern will provide the documents listed above to radiology personnel for review and signature.
- Once the diagnostic ultrasound exam is complete, the radiology personnel will staple the superbill on top of the Radiology Requisition form. The intern will check or record the appropriate CPT Code on the superbill.
- The patient will get dressed and exit the changing room. The intern will remove the gown and ensure the changing room is suitable for the next patient.
- The intern will escort the patient to the front desk for checkout and give the Superbill and Radiology Requisition forms to the CA. The intern should place the pink copy of the Radiology Requisition Form in the patient file.
- The Front Desk CA will also scan the Radiology Requisition Form to the Radiologists at radiologist@parker.edu.
- The exam will be evaluated by the radiologist and the report will be emailed to the assigned CFD. Any notation of contraindications to Chiropractic manipulation or treatment will be noted in the patient file by the assigned CFD. Additionally, any recommendations for follow up procedures should also be documented in the patient file by the CFD.

The Musculoskeletal Ultrasound Exam and Indications:

Depending on the clinical concern and the ability of the patient to perform each regional examination, a complete or limited assessment may be performed at the radiologist's discretion. The following indications do not comprise an all-inclusive list but serve as a list of more commonly encountered indications. If it is felt that a musculoskeletal ultrasound examination is warranted but does not meet the indications provided, the decision will be left to the discretion of the clinic faculty doctor and/or radiologist.

The indications for ordering musculoskeletal ultrasound are obtained from the 2017 "AIUM Practice Parameter for the Performance of a Musculoskeletal Ultrasound Examination".

- General indications:
 - Pain or dysfunction
 - Soft tissue or bone injury
 - Tendon or ligament pathology
 - Arthritis, synovitis, or crystalline deposition
 - Intra-articular loose bodies
 - Joint effusion
 - Nerve entrapment, injury, neuropathy, masses or subluxation
 - Evaluation of soft tissue masses, swelling or fluid collections
 - Detection of foreign bodies in superficial soft tissue
 - Appendicular congenital or developmental anomalies
 - Joint laxity, stiffness or decreased range of motion
 - Sensory deficits or paresthesia
 - Motor weakness

Region specific pathology/indications:

- Shoulder examination:
 - evaluation for rotator cuff partial or full thickness tear, calcific tendinitis, or tendinosis
 - Biceps tendon pathology or for instability
 - Subacromial-subdeltoid hypertrophy/bursitis
 - Joint effusion
 - Acromioclavicular arthritis
 - Posterior paralabral cyst
 - Nerve compression
- Elbow examination:
 - Synovial hypertrophy/synovitis
 - Depositional disease
 - Loose bodies
 - Joint effusion
 - Tendinosis or tendon tear
 - Ligamentous injury
 - Bursitis
 - Nerve pathology

- Wrist/Hand examination:
 - Focal soft tissue mass
 - Ganglion cyst
 - Epidermal inclusion cyst
 - Foreign body
 - Isolated tendon injury
 - Tenosynovitis
 - Nerve entrapment syndromes
 - Inflammatory or depositional arthropathy
- Hip examination (Note that the patient's BMI must be <25 to obtain a diagnostic image for the hip):
 - Tendinosis
 - Tendon or muscle injury
 - Bursitis
 - Hip effusion/synovitis
 - Post total hip arthroplasty with concern for complications.
 - Snapping hip
 - Hernia
 - Focal soft tissue mass
 - Focal nerve pathology without lumbar spine complaint
- Knee Examination:
 - Tendon or muscle rupture/tear or tendinosis
 - Joint effusion
 - Crystal deposition disease
 - Meniscal tear
 - Bursitis
 - Ligamentous tear (excluding the anterior cruciate ligament and intercondylar portion of posterior cruciate ligament)
 - Nerve pathology
- Ankle/Foot examination:
 - Plantar fasciitis or fibromatosis
 - Morton neuroma
 - Ganglion cyst
 - Tendon sheath mass
 - Muscle, tendon, or ligament tear/rupture
 - Tenosynovitis
 - Joint effusion
 - Nerve pathology

Radiology Credit

An intern may write an imaging narrative report on a Parker Clinic diagnostic ultrasound exam for 1 radiology graduation credit. This will apply toward the minimum of 10 total radiology credits earned on treated patients. Only the ordering intern listed on the Superbill will be eligible to earn imaging narrative credit for the study; subsequent interns who may treat the same patient cannot write an imaging narrative report for the purposes of earning graduation credit(s).

Internship Practicum I

Course Description

In this course, interns will demonstrate mastery of recovery care skills in patient history, examination, and treatment planning and application via Parker patients and case-based scenarios.

Prerequisites:

Completion of trimesters 1-7.

Total Credit Hours	11
Lecture Contact Hours	30 (2 Credit hours)
Lab Hours	270 (9 Credit hours)
Total Contact or Clock Hours	300

Course Learning Outcomes

In this course, interns will demonstrate mastery of recovery care skills in patient history, examination, and treatment planning/application via patients and case-based scenarios.

Interns will be participating in patient service via doctor-led teams, lecture, and activity-based hours online and in person. During time spent in their doctor teams, interns will be interacting online and in person working on evidence-based and patient-centered care development and treatment approaches, as well as participating in patient acquisition activities. Skills workshops will be provided for further professional development.

Lecture and activity hours will consist of case-based scenario review and practice of topic-associated diagnostics, treatments, and outcome assessments throughout orientation, marketing, and event training. Weekly online assignments and projects will be required to further assess clinical decision making and intern preparedness.

Outside marketing events will be encouraged and made available to promote and develop marketing skills. Interns will have opportunities to participate in health fair booths, spinal screenings, health talks, virtual presentations, and additional promotions.

For more information, please check the current trimester syllabus for further information and details.

Internship Practicum II

Course Description

This course teaches interns to render patient care to the public for recovery, supportive, and wellness needs in preparation for the increased patient case complexity during Internship Practicum III.

Interns will be participating in patient service via doctor-led teams, lectures, and activity-based hours. During time spent in their doctor teams, interns will be interacting with patients throughout the course of assessment and treatment, as well as participating in patient acquisition activities. Lecture and activity hours will consist of case-based scenario review and practice of topic-associated diagnostics, treatments, and outcome assessments.

Total Credit Hours	13
Total Contact Hours	375
Lecture Contact Hours	15 (1 Credit Hour)
Lab Contact Hours	360 (12 Credit Hours)

Prerequisites:

Completion of Internship practicum 1

Course Learning Outcomes:

By the end of the course, students will be able to:

1. Formulate a diagnosis supported by information gathered from the history, examination, and ancillary studies
2. Establish a management plan appropriate for the diagnosis and the patient's health status, including specific therapeutic goals and prognoses, the need for chiropractic adjustment or other forms of passive care, and the need for active care
3. Perform necessary adjustments, passive modalities, and active therapeutics to improve patient outcomes
4. Coordinate health improvement strategies with other healthcare professionals

For more information, please check the current trimester syllabus for further information and details.

Internship Practicum III

Course Description

While Internship Practicums 1 and 2 assessed the quality of the intern's patient-centered skills during patient care, this course will continue intern development through reflection of ancillary testing choices, application of necessary services, evaluation of patient outcomes, and review of evidence applied to their patient experiences. Additionally, interns will continue to develop communication skills applied to patients, healthcare providers, third-party payers, and employers by participating in on-line lecture hours and submitting communication assessments.

Total Credit Hours	16
Total Contact or Clock Hours	435
Lecture Hours	45 (3 Credit hours)
Lab Contact Hours	390 (13 Credit hours)

Prerequisites:

Completion of Clinical Development 1 and Internship Practicum 2.

Course Learning Outcomes:

By the end of this practicum, interns will be able to:

1. Utilize ancillary testing and consultations when clinically indicated, inclusive of imaging, clinical laboratory, and specialized testing procedures, to obtain objective clinical data
2. Perform necessary adjustments, passive modalities, and active therapeutics to improve patient outcomes
3. Critically appraise and apply quantitative and qualitative research findings to clinical cases
4. Communicate effectively with a diverse audience that includes but is not limited to patients and those involved in their care, potential patients, other healthcare providers, employers, third- party payers, regulatory agencies, and the general public

For more information, please check the current trimester syllabus for further information and details.

Clinical Development 1

Course Description

In this course, students will construct and demonstrate proficiency of clinical development skills as it pertains to patient communication, differential diagnosis, BPS integration, case reflection, and relationship building through the interactive Mini Grand Rounds and Meta-Competency assignments. This course serves to reinforce and sharpen clinical aptitude and applied knowledge to further enable interns to perform clinical skills efficiently and effectively in accordance with current best practice guidelines.

Prerequisites:

Completion of trimesters 1-7

Total Credit Hours	3
Total Hours	60
Lecture Hours	30 (2 credit hours)
Lab Hours	30 (1 credit hour)

Course Learning Outcomes

By the end of this course, students will be able to:

1. To conduct and evaluate evidence-informed history and examination findings relevant to the patient's signs and symptoms and with consideration of pertinent biopsychosocial factors.
2. Effectively communicate evidence-based findings and subsequent treatment plans relevant to the patient's signs and symptoms, psychosocial determinants, and needs.
3. Evaluate need for ancillary testing and referral when clinically indicated, inclusive of imaging, clinical laboratory, specialized testing procedures and co-management to adequately fulfill patient needs and safety.
4. Apply available high-quality information resources from both primary and pre-appraised literature in relevant work environments (Engage patients in shared-decision making process in clinical environment.)

For more information, please check the current trimester syllabus for further information and details.

Clinical Development 2

Course Description

In this course, students will advance their clinical skills and proficiency with a focus on patient-centered care, evidence-based practice, interdisciplinary collaboration, and professional growth. Through engaging in Intern-led Grand Rounds and Meta-Competency assignments, students further develop their abilities in patient communication, critical thinking, differential diagnosis, biopsychosocial application, and reflective practice. This course is designed to enhance students' clinical propensity, refine their applied knowledge, and equip them with the necessary skills to deliver efficient and effective patient care aligned with current best practice guidelines.

In Clinical Development 2, students will advance their clinical skills and proficiency with a focus on patient-centered care, evidence-based practice, interdisciplinary collaboration, and professional growth. Through engaging in Intern-led Grand Rounds and Meta-Competency assignments, students further develop their abilities in patient communication, critical thinking, differential diagnosis, biopsychosocial application, and reflective practice. This course is designed to enhance students' clinical propensity, refine their applied knowledge, and equip them with the necessary skills to deliver efficient and effective patient care aligned with current best practice guidelines.

Prerequisites:

Completion of Internship Practicum 1; Fulfillment of all CD1 Meta-Competency Coursework

Total Credit Hours	3
Total Hours	60
Lecture Hours	30 (2 credit hours)
Lab Hours	30 (1 credit hour)

Course Learning Outcomes

By the end of this course, students will be able to:

1. Apply clinical judgment and critical thinking skills to analyze and reflect on patient history, examination, and management plans, enhancing clinical decision-making abilities based on evidence-based practice.
2. Effectively communicate evidence-based findings and subsequent treatment plans relevant to the patient's signs and symptoms, psychosocial determinants, and needs.
3. Demonstrate an understanding of patient-centered care principles by considering individual patient needs, preferences, and values, and effectively engaging patients in the shared decision-making process in clinical environments.

For more information, please check the current trimester syllabus for further information and details.

Intern Meta-Competency Assessment

The Intern Meta-Competency Assessment (IMA) is a timed formative clinical evaluation designed to assess the intern's ability to manage a live patient interaction under the guidance of licensed Chiropractic practitioners. These assessments align with The Council of Chiropractic Education (CCE) Clinical Education Meta-Competency Learning Outcomes, ensuring that interns meet the rigorous standards expected in the field. During each IMA, interns are evaluated on their ability to take a comprehensive patient history, perform a case-appropriate examination, formulate a differential diagnosis list, and develop a management plan. Additional areas of assessment include identifying public health issues, demonstrating effective communication throughout the entire patient interaction — including during the report of findings—assessing for red flags, comorbidities, and complicating factors, applying appropriate hygiene practices, demonstrating effective record-keeping skills, applying Chiropractic Techniques including active and passive therapies, and engaging in inter-professional education.

Any missed rubric rows mapped to a meta-competency will prompt remediation and reassessment of that competency with the assessment clinician. All meta-competencies must demonstrate that the intern has met the minimal competency level of 70% or higher, indicated as green on their performance report, in order to matriculate into the next term, regardless of their overall course grade. There are three IMAs within each of the IP1 and IP2 courses, and interns are expected to demonstrate competency in each assessment to progress in their clinical training.

Marketing and Advertising

Social Media

Interns are permitted to post their status as a Parker University chiropractic intern on social media and are personally responsible for the information they publish. The following is important information to consider when posting on social media as an identifiable intern of Parker University Chiropractic Clinics (PUCC):

- All postings on social media are permanent.
- An intern should understand the rules that apply to their behavior:
 - The Texas Chiropractic Act (Texas Occupations Code) and Texas Board Rules (Texas Administrative Code) www.tbce.state.tx.us.
 - HIPAA privacy rules
 - Codes of conduct explained in the Parker University Student Handbook, The Doctor of Chiropractic Program Catalog, and rules of PUCC.
- When an intern posts information, they must identify their first and last name, their status as a chiropractic intern, and the fact that a chiropractic intern is a future chiropractor in training who is unlicensed and operates under the supervision of a licensed Doctor of Chiropractic.
- Interns may never communicate directly with an established patient via social media. Communication involving questions, scheduling, health conditions, response to care, and information about clinic procedure should be conducted in person or via phone conversation and documented in the patient file communication log.
- Interns may distribute event flyers created by and approved by PUCC.
- Very few people in Parker University are official spokespeople for the university so interns must make clear that they are speaking personally and not for the university. An intern can use a disclaimer like "The postings on this site are my own and do not necessarily represent the position, strategy or opinions of Parker University".
- Always write in the first person.
- Interns should be professional and respect their audience and not engage in any conduct that would not be acceptable in PUCC. Interns should also show proper consideration for topics that may be considered objectionable or inflammatory (like religion or politics).
- Advice:
 - Interns are personally responsible for the content they publish on blogs, wikis or any other form of user-generated media. Please remember that the internet never forgets. This means everything published will be visible to the world for a very, very long time. Commonsense is a huge factor here. Interns should not publish something that makes them even the slightest bit uncomfortable. When unsure, an intern should speak to their assigned clinic faculty doctor prior to publishing/posting.
 - Be aware that others will associate interns with Parker University when they identify as such. An intern should ensure that their profile and related content is consistent with how they wish to present themselves to patients, faculty, classmates, and university administration.

Business Cards and Communication

Interns must utilize the Parker University approved format for their business cards. Business cards distributed by interns must be ordered at the university bookstore to ensure proper formatting. Interns may write their phone number on a business card for arranging marketing activities that have been approved by their assigned clinic faculty doctor or for callback from a potential new patient. Interns may not communicate with members of

the public in a manner that renders a diagnosis, promises a result or particular response treatment, violates the practice of chiropractic as described under Texas Administrative Code rule 78.13 (Scope of Practice) or violates a person's rights to health information privacy explained in HIPAA.

Interns may communicate with members of the public to:

- Identify a musculoskeletal health concern but not seek to evaluate or diagnose the concern
- Determine the severity of a musculoskeletal health concern relative to a person's activities of daily living
- Promote understanding of health and disease prevention through influencing a person's structural, ergonomic, and functional lifestyle issues
- Describe subluxation and subluxation complex, as defined by the Texas Administrative Code rule 78.13 (Scope of Practice)
- Promote service performed at Parker University Chiropractic Clinics
- Coordinate a visit to Parker University Chiropractic Clinics

Once a member of the public becomes a new patient, all further (i.e., voice, on-line, text) communication between an intern and a patient must be documented in a history of present illness, treatment record, or communication log.

- Text and electronic communication must be captured as a screen print
- Voice communication must reproduce in a manner that accurately represents the content of the conversation

Distributing Marketing Materials

Interns must have all marketing materials intended for distribution to the public approved by clinic administration. Examples of marketing efforts that require approval include:

- Creating any print or online marketing
- Parker Logo usage
- Written copy or communication for marketing

Media Relations

Interns cannot contact members of the media on behalf of Parker University Chiropractic Clinics. Interns, staff and faculty that have a story idea to share with members of the media or have been contacted by the media should contact clinic administration.

Patient Acquisition

Interns are responsible for planning and creating new patient acquisition opportunities. An intern's assigned Clinic Faculty Doctor (CFD) should engage interns in marketing activities that help develop skills in:

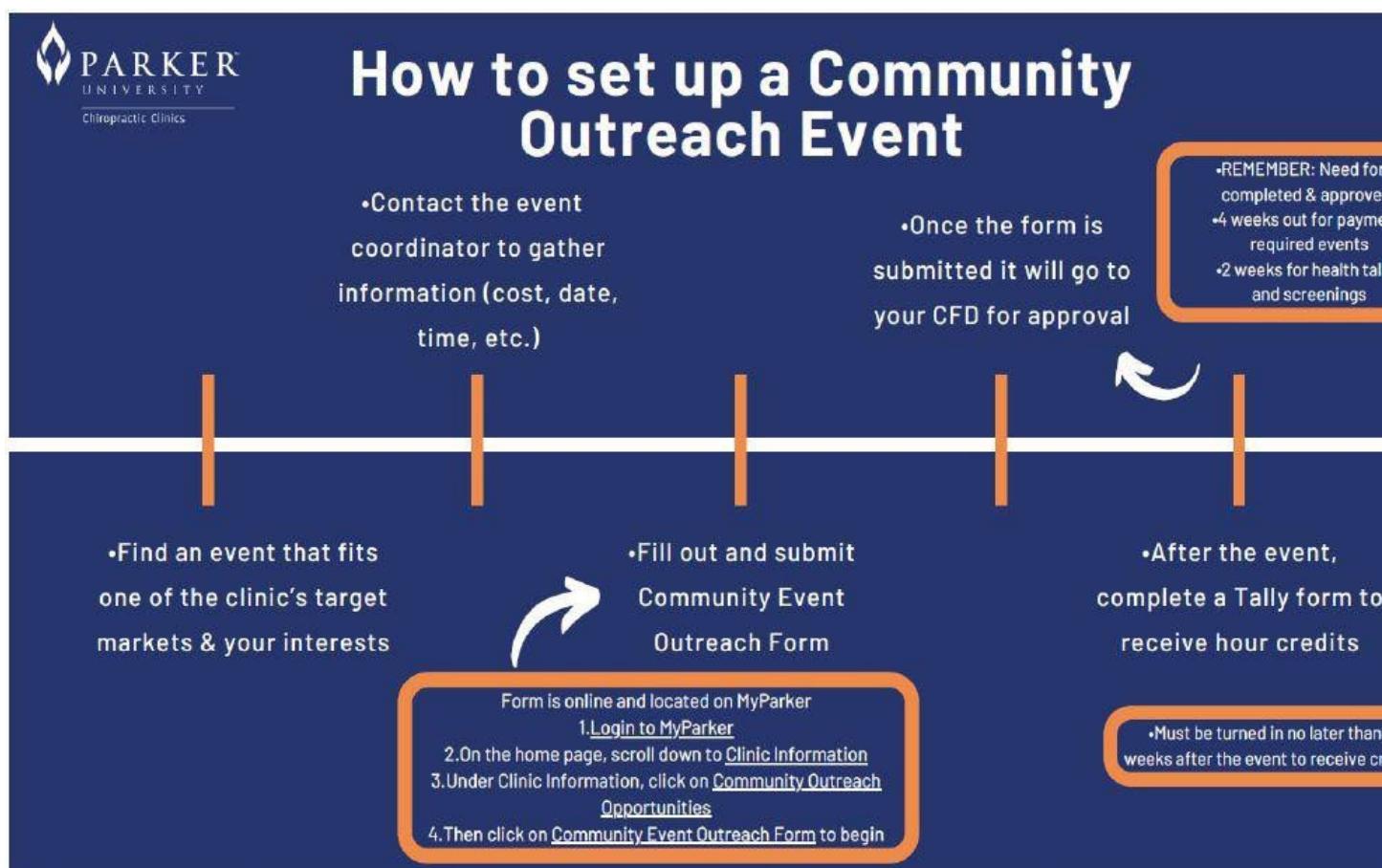
- Identifying types of patients interns want to help
- Determining how service meets the needs of a potential patient
- Creating a relevant patient message
- Finding locations where this potential patient can be met
- Deciding the best way to deliver a planned message to the potential patient

Once a marketing idea is planned, the intern's assigned CFD completes a request for necessary funds and resources.

It is important for the CFD and intern to file the request within the appropriate timeline. Community education events requesting resources and money require 4 weeks for processing and preparation. Events that do not require money may be processed with a minimum 2-week application.

What are some options?

1. Posture Screenings
2. Health Talks
3. Health Wellness Expos
4. 5k's
5. Setting up at Gyms
6. Vendor Fairs



Parker Clinics also plans 15-20 events each year and e-mails intern participation opportunities. Assignment to these events is managed on a first reply basis. These events usually fill up quickly. Interns should not consider these events sufficient opportunity for achieving necessary course and graduation requirements.

It is vital that interns participate strongly in developing a marketing plan because it is a significant part of a field chiropractor's job.

Therapeutic Community Events

Community events that include patient diagnosis and treatment establish doctor-patient relationships and are not permitted.

Intern Responsibility

Interns are responsible for attracting patients to complete their graduation quantitative services as described in the clinic course syllabi.

Conduct at Community Outreach Events

- Chiropractic interns cannot conduct business allowed for licensed healthcare providers.
- The site of the community outreach should prominently display the name of Parker University Chiropractic Clinics (PUCC) as required by Texas Administrative Code rule 77.1 (Advertising and Communications)*. Signage and materials featuring the PUCC logo and information can be located in the box of marketing materials supplied for the event.
- Interns participating in community outreach must never describe services that are inconsistent with the practice of chiropractic as described under Texas Administrative Code rule 78.1 (Scope of Practice)* and comply with Texas Administrative Code rule 77.1 (Advertising and Public Communications)*.
- Interns may not participate in any community activity that involves diagnosis or treatment.
- The notice to the public advising about the spinal screening and method to contact the Texas Board of Chiropractic Examiners to report complaints about the screening must be displayed prominently. The sign can be located in the box of marketing materials supplied for the event.
- Interns must comply with the dress code policy while conducting a community outreach event.
- **Interns should only participate in a community event when they understand Texas Administrative Code rules 77.1, 78.1, and 77.4.**

Participant Privacy

Interns may never maintain any information about members of the public who participate in a community outreach event. An intern's assigned Clinic Faculty Doctor may access participant information for future use.

Community Based Internships

The Community Based Internships Department offers diverse clinical experiences in solo or multi-provider, multidisciplinary, and hospital settings, and is committed to enhancing the student's education in safe and productive clinical environments under the mentorship of quality doctors.

Practice Based Internships (PBI) - Private practitioners located in the DFW Metroplex, Out-Of-Metroplex within Texas, and Out-Of-State throughout the US (locations available from the CBI department).

The PBI experience encompasses the clinical experience in off-campus facilities during the intern's 10th trimester. These facilities may be in the offices of Parker University's credentialed Extension Faculty members in the local DFW area Out-of-Metroplex within Texas and in states throughout the U.S.

In this program, interns will have the opportunity to provide chiropractic care to a large volume and variety of patients within solo or multi-provider practice environments, while observing and learning successful practice management strategies. Interns will be utilizing all the skills taught at Parker University to experience a wide range of patient presentations under the guidance and supervision of a credentialed extension faculty member of the university in a private practice setting. These opportunities will allow interns the ability to expand their patient care knowledge and understanding by participating in supervised clinical experiences. Interns will complete their quantitative requirements in anticipation of graduation.

Interns are responsible for air/ground transportation and all living expenses which include rent, utilities, meals and other personal expenses.

Objectives:

- *To provide students the opportunity for practical exposure to chiropractic private practice.*
- *To provide students the opportunity to experience private practice and prepare them to make critical decisions regarding different professional options in establishing a practice; and,*
- *To provide students the opportunity to acquire understanding of both clinical practice and quality patient care from a private practitioner's point of view.*

Cleveland Clinic Foundation (CCF)

During this rotation, you will be supervised by a Doctor of Chiropractic and Parker University Extension Faculty at the Cleveland Clinic Foundation. This program will provide a broad clinical experience and the opportunity to work alongside the CCF Chiropractic team. Housed within the Wellness Division, this also boasts such services as Acupuncture, Chinese Medicine, Integrative Medicine, Holistic Psychotherapy, Reiki and Masso-therapy.

The student intern will have the opportunity to experience a true hospital environment with full support and referrals from within the Wellness Division and throughout the hospital. This will provide the intern with a wide array of patient case experiences as they will be part of a multi-doctor

approach to patient care. The goal of this rotation is to provide a diverse learning environment and help prepare the student to take on even the toughest cases with confidence and competence.

Interns are responsible for air/ground transportation and all living expenses which include rent, utilities, meals and other personal expenses.

Objectives:

- *To provide students with an opportunity for a broad clinical experience within a hospital-based integrative clinic working with an integrative team of providers.*
- *To provide students with an opportunity to learn clinical and interpersonal skills so to thrive in a hospital-based clinic and/or after graduation.*
- *To provide students the opportunity to demonstrate advanced knowledge and skills in the management of a wide array of patient presentations while learning how to build relationships and make appropriate referrals to caregivers in all categories of medical specialties.*

Veterans Affairs (VA) Hospitals

Multiple sites throughout the country are available to students to view on the CBI department's webpage. Not every VA site will be available each trimester and many participate with other chiropractic colleges. Please see the Demographics page for which locations participate for the respective trimester.

The Veterans Affairs (VA) Hospital Rotations encompass clinical experiences whereby interns have the opportunity to provide chiropractic care to veterans experiencing a large variety of health challenges within a multidisciplinary, highly regulated and fully electronic environment. Interns are under the direction and supervision of the credentialed doctors in charge at the VA facilities and will participate in these rotations during the intern's 10th trimester.

Interns will have the opportunity to provide chiropractic care to a large volume and variety of patients in multidisciplinary hospital settings. Interns will be utilizing all the skills taught at Parker University in order to experience a wide range of patient presentations under the guidance and supervision of experienced doctors of chiropractic. These opportunities will allow interns the ability to expand their patient care knowledge and understanding by participating in supervised clinical experiences. Interns will complete their quantitative requirements in anticipation of graduation.

Objectives:

- *To provide students practical exposure to the different aspects involved in providing chiropractic care in a Veterans Affairs Hospital setting with exposure to a multidisciplinary health care environment.*
- *To provide students with the opportunity for practical exposure in the use of electronic health records (EHR) and practical exposure in providing quality care with measurable outcomes to the patient population of veterans we are privileged to serve.*
- *To provide students with a unique educational experience designed to better prepare them for*

clinical practice within integrated healthcare settings such as hospitals, Veteran Affairs Medical Centers (VAMC) and Military Treatment Facilities (MTF); and,

- *To provide students the opportunity to explore opportunities within the VA Health Care System for the advancement of clinical and health systems knowledge regarding chiropractic*

Immunizations and records are required for this rotation. Please contact the CBI department for further information. A detailed printout with further explanation will be provided to applicants/participants.

U.S. Selective Service System Registration – federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System. Proof of registration required.

For Out-of-Metroplex/State rotations, a Curriculum Vitae (CV) is required. Interns are responsible for air/ground transportation and all living expenses which include rent, utilities, meals and other personal expenses.

Madigan Army Medical Center - Tacoma, WA

During this rotation, you will be supervised by a Doctor of Chiropractic and Parker University Extension Faculty at the Madigan Army Medical Center. This veteran preferred program will provide a broad clinical experience working with a team of chiropractic experts within the Physical Medicine and Rehab Department. This department provides high quality physical therapy care to the beneficiaries of Madigan Army Medical Center including access to care and treatment skill levels consistent with producing the best possible outcomes. The Chiropractic Clinic's mission, as stated from their website, is to *“maintain a fit force and high level of unit readiness while simultaneously integrating the highest quality preventive, clinical, surgical, and rehabilitative services; research; and graduate medical education so that we are the choice for musculoskeletal care among all our health care beneficiaries”*.

<https://www.mamc.health.mil/>

<https://www.mamc.health.mil/clinical/physical-medicine/default.aspx>

Immunizations and records are required for this rotation. Please contact the CBI department for further information. A detailed printout with further explanation will be provided to applicants/participants.

U.S. Selective Service System Registration – federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System. Proof of registration required.

Interns are responsible for air/ground transportation and all living expenses which include rent, utilities, meals and other personal expenses.

Objectives:

- To provide students practical exposure and support to the MAMC Chiropractic team in

providing quality care for active-duty personnel by providing full diagnostic and management services of neuromusculoskeletal conditions.

- To provide students with a unique educational experience designed to prepare them for clinical practice through participation in a team-based management of complex conditions in collaboration with other medical specialists and healthcare providers.
- To provide students the opportunity to engage in clinical education rotations as available, to include, but not limited to, primary care, medical and surgical specialties and rehabilitation disciplines.

Camp Pendleton – Oceanside, CA

During this rotation, you will be supervised by a Doctor of Chiropractic and Parker University Affiliate Faculty at the US Marine Corps Training Base at Camp Pendleton. This veteran preferred program will provide a broad clinical experience working with a team of chiropractic experts within the Sports Medicine Department. Students will collaborate with military and civilian healthcare providers within an integrated clinic comprised of various health care professionals. Students will have the opportunity to work on real projects, contribute to important initiatives while contributing to the military community. Students will also have access to top-notch training and mentorship to help them succeed both during and after their internship.

Immunizations and records are required for this rotation. Please contact the CBI department for further information. A detailed printout with further explanation will be provided to applicants/participants. U.S. Selective Service System Registration – federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System. Proof of registration required.

Interns are responsible for air/ground transportation and all living expenses which include rent, utilities, meals and other personal expenses.

Objectives:

- To provide students practical exposure and support to the Camp Pendleton team of providers in providing quality care for active-duty Marine and Navy service members by providing full diagnostic and management services of neuromusculoskeletal evaluations and treatments.
- To provide students with a unique educational experience designed to prepare them for clinical practice through participation in the management of complex conditions in collaboration with other military and civilian healthcare providers.

- To provide students the opportunity to learn and improve hands-on chiropractic adjusting and various soft tissue techniques while incorporate the latest therapeutic modalities.

Chiropractic Mentorship Program (CMP)

Interns who have completed all graduation credit requirements, with the exception of their last 40% of required hours in IP3, have the opportunity to complete these hours shadowing a practicing chiropractor. Only credits for hours may be accrued in this rotation. Any location nationally or internationally may be considered by the CBI Department. The field chiropractic doctor participating does not become extension faculty, but he/she requires admission into the program via an application process. Interns are responsible for any and all associated costs.

Objectives:

- *exposure to the different aspects of chiropractic private practice including quality patient care.*
- *the opportunity to observe the day-to-day operations of a chiropractic practice; and,*
- *the opportunity to observe and learn the various matters involved in the clinical management of chiropractic cases.*

VA Chiropractic Residency Programs--Post-Graduate Opportunity

The following is not a CBI rotation or associated with the department and is provided for information only to our students. For students interested in post-graduation opportunities the U.S. Department of Veterans Affairs has a Chiropractic Residency Program available for application whereby recent graduates can increase their “scope and depth of clinical knowledge, experience and acumen. Residents are mentored by senior VA chiropractors who are national leaders in integrated chiropractic practice. These clinicians share their expertise in patient care, academics and research to provide a robust educational experience.”

“Residents provide full diagnostic and management services of musculoskeletal and neuromuscular conditions under the mentorship of senior VA Doctor of Chiropractic (DCs). This includes team-based management of complex conditions in collaboration with other medical specialists and healthcare providers. Residents also engage in clinical educational rotations through services including primary care, medical or surgical specialties, mental health, and rehabilitation disciplines. Additionally, residents participate in various scholarly activities and attend and give presentations at multiple academic/research venues of the VA facility and/or its affiliates.”

There are ten residency sites which include VA Healthcare Systems in Cincinnati, OH, Miami, FL, Central Iowa, IA, Palo Alto, CA, Puget Sound, WA, West Haven, CT, Buffalo, NY, Canandaigua, NY, St. Louis, MO and Los Angeles, CA. The residency programs are full-time, 40 hours per week, for 12 months and run from July 1st through June 30th. Compensation for the residency programs range from \$36,000 to \$45,000 per year based upon location. “Residents receive paid Federal holidays and accrue vacation and sick leave. Residents are also eligible for life and health insurance. Residents are protected from personal liability while providing professional services at a VA health care facility under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679 (b)-(d).”

The application and selection process for the residency programs are competitive. Factors considered include chiropractic college transcripts, professional experiences, letters of recommendation and an interview (may be telephone and/or on-site). Applications are accepted during a specific time frame each year beginning on the second Monday in January.

For more information, contact the CBI department or visit the VA website at:
https://www.rehab.va.gov/PROSTHETICS/chiro/Residency_Programs.asp#Chiropractic