



# Competency Based Standards for Entry Level Chiropractors

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### **Competency Based Professional Standards for Entry Level Chiropractors**

The Standards are aimed at entry level into the profession and were designed for the sole purpose of assisting competency based assessment of entrants to the profession. The Standards have been amended for inclusion in this document. In the context of this document, the Standards represent what the public would reasonably expect of a chiropractor in Australia.

Adapted mutatis mutandis from: Kleynhans, 1993.

### **Units of Competency**

Units can be described as the roles and tasks of a chiropractor.

### **The Community**

#### **1. Community Interaction**

- 1.1 Awareness of responsibility, accountability and competence of health providers in Australian society.
- 1.2 Awareness of public health concepts.

#### **2. Health Care System**

- 2.1 Relates effectively and knowledgeably to professionals and agencies.
- 2.2 Understands relevant health care economics.

### **Professional Domain**

#### **3. Professional Interface**

- 3.1 Awareness of professional ethos, organisation and history.
- 3.2 Awareness of professionalism.
- 3.3 Skills in intra-professional referral.
- 3.4 Understands professional responsibility, strengths, limitations and legal responsibilities.

### **Professional Management Domain**

#### **4. Staff and Financial Management.**

- 4.1 Manages practice finances, reception, records and communication.
- 4.2 Manages staff and staff development.

#### **5. Management of Practice Environment.**

- 5.1 Manages the physical and psychological practice environment.

### **Practitioner - Patient Interface Domain**

#### **6. Patient Assessment**

- 6.1 Obtains and records patient history.
- 6.2 Performs a thorough general physical examination.
- 6.3 Performs a thorough neuromusculoskeletal examination.
- 6.4 Where a chiropractor undertakes a radiological investigation, it should be appropriate and adequate.
- 6.5 Orders and interprets laboratory pathology procedures.
- 6.6 Orders and interprets special studies.
- 6.7 Effectively deals with patients referred by another health care provider or an agency.

#### **7. Diagnostic Decision Making**

- 7.1 Establishes differential and working diagnoses from the information required.
- 7.2 Collaborates or refers as necessary to obtain expert opinion.

#### **8. Planning of Patient Care**

- 8.1 Bases patient management plans on adequate diagnostic data
- 8.2 Designs an interim management plan.
- 8.3 Designs an appropriate patient management plan.
- 8.4 Considers safety in patient care.

## **9. Implementation of Care**

- 9.1 Explains the case to the patient and obtains informed consent.
- 9.2 Communicates with and counsels the patient during provision of chiropractic care.
- 9.3 Counsels the patient on preventative, supportive, concurrent and referral care.
- 9.4 Refers patients.
- 9.5 Demonstrates a caring approach.
- 9.6 Observes safety guidelines.
- 9.7 Implements appropriate crisis management.
- 9.8 Effectively applies chiropractic techniques.
- 9.9 Effectively applies other treatment modalities.
- 9.10 Evaluates progress.

## **10. Disease Prevention/Health Management**

- 10.1 Counsels the patient on disease prevention and health promotion

## **11. Professional Scientific Development**

- 11.1 Develops a personal ability to seek out and apply scientific information.

### *Elements of Competency*

#### **Unit 1 – Public Health and Community Interaction**

##### **Element 1.1 Awareness of responsibility, accountability and competence of health providers in Australian Society**

###### *Performance Indicators*

- awareness of national and local guiding principles/requirements for health care in the health services.
- awareness of the necessity to remain competent in one's field of practice.
- awareness of responsibilities to society in terms of law.

##### **Element 1.2 Public health concepts**

###### *Performance Indicators*

- Awareness of significant public health matters including the major causes of mortality and morbidity in Australasia and the World.
- Understanding of the role of disease prevention in Australasia, particularly in the areas of cancer, circulatory disease, respiratory disease, digestive disease, vaccine preventable disease, accidents, infectious/parasitic diseases and suicide.
- Understanding the significance that musculoskeletal disease has in the overall public health context. Demonstrate a knowledge of the natural history of musculoskeletal diseases and the factors which may prevent them.
- Understanding of the significance of the major risk factors for disease such as obesity, poor nutrition, alcohol abuse, drug abuse, stress, smoking, exposure to harmful environmental factors and poor hygiene.
- Understanding of health problems during special life periods including ageing, paediatrics and adolescence.
- Understand the concepts of primary, secondary and tertiary prevention in health and disease.
- Recognise the role that chiropractors can play in overall public health practice, including public hospitals.
- Show an understanding of the Health System in the local jurisdiction.
- Recognise the benefits and limitations of screening for disease and in particular musculoskeletal disorders.
- Understanding the special areas of women's and men's health and the cultural aspects of public health.

#### **Unit 2 – Health Care System Interaction**

##### **Element 2.1 Relates effectively and knowledgeably to other professions and agencies**

###### *Performance Indicators*

- Recognises the paradigms within which other professionals function.
- Treats others professionals with respect.
- Communicates effectively

## **Element 2.2 Understands relevant health care economies**

### *Performance Indicators*

- Understands statutory and private recommendations on reimbursement / payment of chiropractic fees.
- Understands costs containment strategies through use of chiropractic treatment for specified health problems.
- Appreciates the ethical implications of providing treatment in the absence of the patient's ability to pay.
- Appreciates the relative merits of the treatment options available in regard to cost, benefits and efficiency of such procedures.
- Understands the problems associated with both under and over-servicing.

## **Unit 3 – Professional Interaction**

### **Element 3.1. Awareness of professional ethos, organisation and history**

#### *Performance Indicators*

- Is aware of the profession's special characteristics, aspirations and strengths.
- Is aware of the profession's organisations locally, nationally and internationally. and of its relations to other professions and organisations, e.g WHO.
- Is aware of the major historical mile posts of the profession, both locally and internationally.

### **Element 3.2. Awareness of professionalism**

#### *Performance Indicators*

- Outlines and evaluates the status of chiropractic in terms of the characteristics of a profession.
- Displays a sense of professional and personal integrity and responsibility.
- Assesses personal stands of practice.
- Recognises the need for self-directedness in further and continuing education to extend knowledge and refine skills.
- Respect colleagues

### **Element 3.3 Skills in intra professional referral**

#### *Performance Indicators*

- Colleagues are effectively consulted including skilful communication, the use of their special expertise and provision of adequate referral notes.
- Effectively responds to referring colleagues with prior patient consent to release information.
- Respect and personal regard for colleagues is always maintained.

### **Element 3.4 Understands professional responsibility, strengths and limitations and legal responsibilities**

#### *Performance Indicators*

- Subscribes to the profession's code of ethics or conduct prescribed by the major national professional organisation.
- Acknowledges a sense of professional awareness and relatedness by knowledge of the major professional organisations.
- Ensures adequate, ongoing care for patients during times of absence.
- Accepts responsibility for care of the health problems identified in each patient, seeking consultation and/or participation in concurrent care with another health care provider and where relevant, referring patients for further evaluation or care.
- Recognises professional and personal limitations in providing health care, particularly in the area of non-musculoskeletal diseases.
- Demonstrates willingness and capacity for writing third party and medicolegal reports, certificates and correspondence.
- Demonstrates the ability to measure impairment, disability and handicap.

## Unit 4 – Staff and Financial Management

### Element 4.1 Manages practice finances, reception, records and communication.

#### Performance Indicators

- Principles of financial management of a practice include inter alia correct and up-to-date financial records, short and long term budgeting, estimates for rent, loans, wages insurance, electricity, equipment, telephone, stationery, water, cleaning etc. double entry book-keeping, efficient collection and spending contained within the budget.
- Clinical record keeping is based on forms printed with the practice and practitioner's details. appropriate forms are at all times used for patient information (name, address, telephone number, financial records, case and treatment records, etc): all records are up-to-date and informed consent is obtained where relevant.
- Understands the legal requirements of conducting a practice.
- Understands the procedural and legal requirements in relation to third party payers.

### Element 4.2 Manages staff and staff development

#### Performance Indicators

- Adequate meetings are held with partner/s and staff members as a forum of discussion.
- Members of the team clearly understand their roles and responsibilities.
- All staff are treated with respect.
- Staff development opportunities are provided as required by law.
- Understand statutory requirements governing staff employment.

## Unit 5 – Management of Practice Environment

### Element 5.1 Manages physical and psychological practice environment

#### Performance Indicators

- Relevant equipment is selected to adequately furnish the practice.
- Colour coding is applied to create an aesthetic effect.
- Appropriate music is selected to create a warm and relaxed atmosphere.
- Temperature is controlled.
- Staff are selected and trained to maintain an environment of unconditional positive regard.
- Is aware of statutory and ethical health and safety requirements

## Unit 6 – Patient Assessment

### Element 6.1 Obtains and records patient history

#### Performance Indicators

- Patient apprehension and physical discomfort is minimised to promote cooperation.
- History taking is approached in a structured manner.
- Patient cooperation is developed by appropriate responses showing concern, empathy and understanding, relieving anxiety, tension and discomfort.
- Verbal communication is delivered in a friendly, warm and relaxed manner.
- Non-verbal communication including tone of voice, appearance, posture, body movements, eye contact, facial expressions, body proximity are used in a positive manner. Paediatric information is assessed for reliability and a file note made.
- Exclamatory statements and physical responses that may exacerbate patient concern, whether real or imaged are avoided.
- Questions are asked in a clear, concise, purposeful and organised manner. They are appropriately directed and redirected to obtain a substantial history, using open, non-leading questions, verbal and non-verbal techniques. probing elicits more explicit information by seeking clarification, extension or accuracy.
- Patient's responses are actively listened to.
- Symptoms relating to the patient's problems are explored.
- The patient's presenting and other complaints are explored and recorded in a narrative form.
- Verbal and non-verbal clues are recognised.
- All diagnostic clues elicited from the history are pursued.
- Factors which may explain the patient's symptoms (including psychosocial factors), are considered.
- The significance of the history is effectively discussed with the patient or other appropriate party.

- Patients who exhibit hostile, abnormal, or disorganised behaviour are effectively dealt with in order to obtain a history and other clinical data.
- Patients with different ethnic, cultural, or linguistic background to the practitioner are effectively dealt with in order to obtain a history and other clinical data.
- Silence during delayed responses is tolerated.
- Social and non-verbal communication is maintained when there is no apparent response.

### **Element 6.2 Performs a thorough general physical examination**

#### *Performance Indicators*

- The risks and benefits are considered in all studies conducted to evaluate the patient's clinical status.
- Patient cooperation is developed by appropriate responses showing concern, empathy and understanding, relieving anxiety, tension and discomfort.
- Verbal communication is delivered in a friendly, warm and relaxed manner.
- Non-verbal communication including tone of voice, appearance, posture, body movements, eye contact, facial expressions, body proximity are used in a positive manner.
- The purpose and significance of the physical examination is explained.
- Physical examination is approached in a structured, deductive manner, ensuring adequate and relevant assessment of the patient's presenting and other complaints. and appropriate procedures of inspection, palpation, percussion and auscultation are used where required.
- Relevant equipment is used for performing a physical examination.
- Patient modesty and comfort is considered.
- Adequate time is allocated.
- Abnormal physical findings are pursued and investigated in a deliberate, logical and appropriate manner.
- The reliability of the data obtained is assessed and appropriate clinical correlation with the patient's complaints is established where possible.
- A suitable method and level of detail is selected.
  
- Physical examination data is recorded in an organised manner.
- Physical and historical data integration is used to initiate accurate and adequate identification of the process(es) responsible for the patient's complaints.
- Historical and clinical data is used to monitor change in the patient's clinical status.

### **Element 6.3 Performs a thorough neuro-musculoskeletal examination**

#### *Performance Indicators*

- The examination conducted is accurate, skilful, minimises discomfort, is relevant to the patient's presentation and procedures are modified to accommodate unusual clinical situations.
- A static and dynamic postural examination is conducted.
- The patient is examined for specific neurological and orthopaedic dysfunction as appropriate, considering the whole patient.
- Specific joint complex analysis is performed.
- All relevant positive and negative findings are accurately recorded.
- Is able to rate disability and impairment.

### **Element 6.4 Where a chiropractor undertakes a radiological investigation it should be appropriate and adequate**

#### *Performance Indicators*

##### Radiological Interpretation

- Selection of radiographic studies is based on integration of data obtained from the history, physical and neuromusculoskeletal examinations. relevance and acceptable levels of clinical usefulness and are consistent with the assessment of the risk-benefit ratio involved.
- Each radiograph is thoroughly scrutinised in an organised manner.
- Normal anatomical structures observed on a radiograph are correctly identified.
- Abnormal radiographic findings in terms of altered structure and function of the tissue studied are identified and recognised.
- The skeletal radiological interpretation is made at a level which permits biomechanical assessment and recognition of basic pathology.

- The distinction is made between normal and abnormal radiographic findings which may be indicative of an underlying pathophysiological process.
- Radiographic data is where possible correlated with relevant clinical finding and a full written report is made and included in the patients file.
- Radiographic data is used to confirm the accuracy of the presumptive diagnosis initially identified.
- The need for further radiographic studies to assess and monitor changes in the patient's clinical status is recognised.
- Biomechanical data are assessed where appropriate.
- Knowledge of imaging procedures other than x-ray is demonstrated.

#### Radiographic Technology

- All films generated in a radiographic study are properly processed.
- Radiographic procedures are modified to accommodate unusual clinical situations.
- The various physical and chemical processes inherent in the generation of a quality radiograph are knowledgeably explained.
- Radiological procedures common to the practice of chiropractic are used when appropriate.
- The functions of the equipment used is knowledgeably illustrated.
- The patient is correctly placed for radiographic procedures.
- Adequate patient protection is utilised
- The radiographic examination is conducted in a constructive manner.
- Various factors which may artificially distort or otherwise alter the appearance of normal structures are identified.
- A third party is required to be present if the radiographic procedures being conducted require it.
- The appropriate exposure technique is utilised for the generation of a quality radiographic study of the area under consideration.
- The exposure technique utilises safety parameters for the patient's protection.
- The patient and equipment are correctly positioned to obtain the optimum results.
- Examination procedures are skilfully performed with the least patient discomfort.

#### **Element 6.5 Orders and interprets laboratory pathology procedures**

##### *Performance Indicators*

- Is aware of professional and personal limitations.
- Where appropriate refers for laboratory investigations, following the correct protocol required.
- The decision to refer for laboratory studies is based on the integration of previously obtained clinical data.
- The tests selected have acceptable levels of clinical usefulness and the greatest probability of producing clinical significant results.
- The need for clinical laboratory investigations is explained to the patient.
- The rationale which supports the selection of specific tests and procedures and the normal, abnormal reference values are understood.
- The inherent limitations of laboratory investigations which may invalidate test results are considered when ordering and interpreting tests.
- The protocol required by the agency in ordering the test is adhered to .
- Patients/ clients, colleagues and others are effectively consulted as required.
- Written/verbal communication is ethical

#### **Element 6.6 Orders and/or interprets special studies**

##### *Performance Indicators*

- Is aware of professional and personal limitations.
- Where it will influence patient care, refers for or performs special studies as required, following the correct protocol required.
- Interprets and records the results of special tests.
- Patients/clients, colleagues and others are effectively consulted as required.
- Special studies not personally conducted are requested using the protocol required by the agency conducting the study.
- Is aware of the cost benefit ratio of special studies.



**Element 6.7 Effectively deals with patients referred by another health care provider or an agency.**

*Performance Indicators*

- The risks and benefits are considered in all studies conducted or ordered to evaluate the patient's clinical status.
- Performs relevant diagnostic and patient management procedures.
- Effectively responds to the referring party with prior patient consent to release the information.
- The clinical status of each patient referred is evaluated/ assessed in an accurate, systematic and comprehensive manner to arrive at the requested report.
- Demonstrates skills in communicating with other professionals, health disciplines, the legal profession and the courts, the scientific and academic community.

**Unit 7 – Diagnostic Decision Making**

**Element 7.1 Establishes differential and working diagnoses from the information required**

*Performance Indicators*

- The data is investigated in a deliberate, logical and appropriate manner.
- The reliability of data obtained from the history and its relevance to the patient's clinical status is understood.
- The symptoms and complaints are assessed in a manner which serves as a guide to further clinical assessment.
- The historical data is used to select subsequent evaluation procedures that are appropriate to the continued investigation of the patient's clinical status.
- All diagnostic clues are elicited in a thorough and objective manner to avoid premature conclusions.
- Physical findings are explained in terms of altered structure and function of the human body where possible.
- Factors which may explain the physical finding of the patient are considered.
- Physical findings related to the patient's problem(s) are objectively explored.
- Data obtained from the physical examination is integrated with the historical data.
- Physical findings are pursued and investigated in a deliberate, logical and appropriate manner.
- The data elicited from patient examination is appropriately correlated with the patient's complaint(s), ruling out the possibility of another cause for the patient's problem(s).
- The historical and physical findings are used to assess the adequacy and accuracy of the relevant presumptive diagnosis.
- All relevant data is used to identify the probable pathophysiological process(es) responsible for the patient's complaints and is used to arrive at a prognosis.
- All appropriate areas of the patient's database are considered to ensure adequate monitoring of change in the patient's clinical status.
- The working diagnosis is placed in the correct sequence of the decision-making process.
- Judgements are revised and investigative processes are changed when complications occur or new findings are observed.
- All parameters of suspected clinical entities are considered in the generation and /or confirmation of a diagnosis or clinical impression.
- The patient's progress is systematically monitored in order to confirm the initial diagnosis or clinical impression.
- Data from all areas appropriate to the patient's evaluation is integrated.
- The diagnosis/clinical impression is systematically confirmed or rejected.
- The diagnosis/clinical impression generated is consistent with the inherent limitations and usefulness of the test utilised.
- The clinical entities encountered in practice are differentiated and described.
- Based on the working hypothesis (differential diagnosis), a decision is taken to:
  - a. accept responsibility for management of the patient.
  - b. seek consultation and/or participation in care with another health care provider.
  - c. refer the patient for further evaluation and/or care.
- The diagnosis and prognosis are explained to the patient in a concise and clear manner.
- Where applicable, the necessity for referral is clearly explained to the patient.



### **Element 7.2 Collaborates or refers as necessary to obtain expert opinion**

#### *Performance Indicators*

- Referral is based on defined ethical principles.
- Referral protocols include the provisions of written requests with vital patient information and test results.
- Patients who fail to respond to chiropractic care or who fail to derive any further benefit of such care are re-evaluated and referred within a reasonable to period time, as necessary.
- Patients are evaluated with a view to referral when they exhibit signs of vertebrobasilar ischaemia, cauda equina or other potentially contraindicating intervention
- The right to provide concurrent treatment as a chiropractor during referral is observed.

## **Unit 8 – Planning of Patient Care**

### **Element 8.1 Bases patient management plans on adequate diagnostic data**

#### *Performance Indicators*

- Diagnostic data is evaluated to determine whether it clearly indicates the site of mechanical or physiological dysfunction.
- Diagnostic data is evaluated for adequacy to determine indications and contraindications for care.

### **Element 8.2 Designs an interim management plan**

#### *Performance Indicators*

- Adequate data is obtained to support a safe interim program.
- The benefit and risks of palliative procedures and techniques are clearly understood.

### **Element 8.3 Designs an appropriate patient management plan**

#### *Performance Indicators*

- Offers a working diagnosis which clearly supports a rationale for intervention to achieve predetermined therapeutic goals.
- Selects patient specific treatment options, taking into consideration patient comfort and compliance.
- Incorporates decision points for progress evaluation and management plan modification.

### **Element 8.4 Considers safety in patient care**

#### *Performance Indicators*

- Generates a plan which shows adequate consideration of the risks and benefits associated with the selected patient management option(s).
- Shows awareness of professional and personal limitations.

## **Unit 9 – Implementation of Care**

### **Element 9.1 Explains the case to the patient and obtains informed consent**

#### *Performance Indicators*

- The purpose and significance of the physical examination is effectively explained.
- The nature and implications of all procedures used are explained at an appropriate level.
- The significance of the history is discussed with the party or other appropriate party.
- The diagnosis and prognosis are explained to the patient in a concise and clear manner.
- The treatment regimen as well as costs involved are clearly explained to the patient.
- Where applicable, the necessity for referral is clearly explained to the patient.
- The need for additional diagnostic procedures is explained to the patient when relevant.

### **Element 9.2 Communicates with and counsels that patient during provision of chiropractic care.**

#### *Performance Indicators*

- Ensure physical comfort and psychological privacy.
- Develops empathy with the patient.
- Determines the patient's perception of the problem and barriers to the solution.
- Records relevant information.
- Recognises signs and symptoms indicating adverse effects of therapy.

**Element 9.3 Counsels the patient on preventive, support, concurrent and referral care.**

*Performance Indicators*

- Approaches the patient in a confident and decisive manner, minimising patient concern, or apprehension.
- Considers the patient's right to privacy.
- Services selected are consistent with clinical indications, treatment plan, physical physiological and, psychosocial characteristics and physical habits.
- Considers indications, absolute and relative contraindications, beneficial and adverse biological effects.
- Considers hostile, abnormal or disorganised behaviour.
- Considers different ethnic, cultural or linguistic background.
- Discusses prevention and occurrence of the major complaint, improving the quality of life by changing, where possible, the cause of the problem.

**Element 9.4 Refers patients**

*Performance Indicators*

- Patients, colleagues and others are consulted.
- The correct protocol is followed in referring a patient to another practitioner.
- The written and/or verbal communication reflects the appropriate evaluation of the patient's record.
- Referral is conducted in an ethical manner.
- Communicates effectively with other professions and agencies, the legal profession and the courts, the scientific and academic community and other complementary health practitioners. and
- Following satisfactory progress discharges the patient.

**Element 9.5 Demonstrates a caring approach**

*Performance Indicators*

- Promotes cooperation whereby patient apprehension and physical discomfort are minimised.
- Shows concern and consideration, relieving anxiety, tension and discomfort.
- Verbal and non-verbal communication are used to create an empathetic environment.
- Normal patient apprehension is taken into account by the practitioner. and
- Appropriate responses of concern, sympathy and understanding are made.
- Refers for specialist counselling when required.

**Element 9.6 Observes safety guidelines.**

*Performance Indicators*

- Chiropractic care is based on clear indications that care is safe and will not delay unique care by other practitioners. and where possible is applied to relieve pain and discomfort without delaying urgent care by other practitioners.
- Awareness of professional and personal limitations is demonstrated.
- The presumptive diagnosis is used as a basis for the decision to:
  - a. accept responsibility for care of the health problems identified in a specific patient.
  - b. seek consultation and/or participation in concurrent care with other health care providers. and
  - c. refer for further patient evaluation and/or care.
- All procedures are performed in a skilful manner that results in minimum patient discomfort and maximum patient safety.
- The risk-benefit consideration pertains to all clinical procedures. and
- Where therapy is implemented on a trial basis, careful consideration of the recognised risks and benefits are assessed.

**Element 9.7 Implements appropriate crisis management**

*Performance Indicators*

- Where necessary, therapeutic decisions are made in the absence of a diagnosis.
- Therapeutic plans are improvised in an emergency, using available resources.
- Situations are recognised in which it is appropriate not to treat the patient.
- Ethical practices are observed. and
- First-aid and resuscitation procedures are implemented.

### **Element 9.8 Effectively applies chiropractic techniques**

#### *Performance Indicators*

- The normal structural and functional relationships are recognised and described.
- Knowledge of pathomechanics is applied.
- The physical and physiological principles of manual care are understood and applied.
- A rationale for selection of a particular procedure is described
- Indications, contraindications and non-indications for management procedures are understood.
- Select procedures which are consistent with the clinical indication and the treatment plan and reflect the most effective treatment of the pathomechanical state.
- Biomechanical abnormalities of the spine which are common to the principles of chiropractic practice and for which treatment by adjustive/manipulative procedures are indicated (where possible) described and understood.
- The rationale for which a particular spinal adjustive/manipulative procedure is selected is understood and described.
- Indications, contraindications and nonindications for a particular spinal adjustive/manipulative procedure are clearly understood.
- Clinical effects which may result from the performance of the spinal adjustive/manipulative procedure selected are anticipated, identified and evaluated.
- adjustive/manipulative force is delivered in a direction consistent with the anatomical relationships of the articular structure.
- Spinal adjustive/manipulative procedures are properly modified to meet particular patient variables.
- Data relevant to the performance of all procedures is accurately recorded.
- Understands the limitations of chiropractic manual therapy

### **Element 9.9 Refers to or effectively applies other treatments modalities when appropriate.**

#### *Performance Indicators*

- Is aware of professional and personal limitations.
- Refers to other health care providers, or selects treatment modalities where manual treatment is inappropriate.
- When applying or referring for other treatment modalities, demonstrates competent selection and use of modalities such as heat, cold, exercise, electrical therapies, mechanically assisted devices, and medication.
- Understands the indications, contraindications and non-indications of other treatment modalities.
- Understands the physiological effects of other treatment modalities.
- Understands the concepts of modern rehabilitation including functional restoration and pain management.

### **Element 9.10 Evaluation progress**

#### *Performance Indicators*

- Re-evaluates the patient's progress at each treatment, by assessing the information acquired, as to the subjective and objective evidence.
- Recognises signs and symptoms indicating adverse effects of therapy or intervention.
- Derives clinical decisions from patient assessment when determining whether to continue or modify the original management plan or re-evaluate or appropriately refer the patient.
- Records relevant information.

## **Unit 10 – Disease Prevention and Health Promotion**

### **Element 10.1 Counsels the patient on disease prevention and health promotion**

#### *Performance Indicators*

- Determines the patient's perception of the problem and any barriers to the solution.
- Explains the rationale of case findings.
- When relevant, clearly explains to patients the need for additional diagnostic procedures.
- Where applicable, clearly explains the necessity for referral to the patient.
- Ascertains the patient's perception of disease and health.
- Takes into account pertinent socio-economic factors.

- Counsels patients on health promotion including dietary and nutritional supplementation, correcting general hygiene, exercise, decreasing stress, changing the workload, relaxation when possible and setting attainable goals.
- Clearly explains to patients the proposed health program as well as costs involved.
- Develops empathy with patient.

### **Unit 11 – Professional Scientific Development**

#### **Element 11.1 Develops a personal ability to seek out and apply scientific information.**

##### *Performance Indicators*

- Ability to critically appraise the literature and apply evidence-based problem solving in practice.
- Understand the on-going necessity for continuing education.
- Demonstrate communication skills, an ability to speak in public and give a case presentation with an adequate literature review.
- Show the application of epidemiological and biometric methods to the study of diagnostic and therapeutic processes in order to effect an improvement in health.
- Show an understanding of research methods and their significance in modern health care.