

Applying the Code of conduct

29 June 2022

Duration and frequency of care

Overview

The aim of this fact sheet is to help chiropractors in their clinical decision-making in respect of the duration and frequency of care, within the context of the Code of conduct. The Chiropractic Board of Australia (the Board) publishes the [Code of conduct](#) to provide guidance about the professional behaviour and conduct expected of registered chiropractors. Chiropractors have a responsibility to be familiar with and apply the Code of conduct in their practice.

Principles on patient care

You should comply with the [Code of conduct](#), in particular:

- Principle 1 – Put patients first – Safe, effective, and collaborative practice

Chiropractors should practice safely, effectively and in partnership with patients and colleagues, using patient-centred approaches, and informed by the best available evidence to achieve the best possible patient outcomes.

- Principle 4 – Working with patients

Basing relationships on respect, trust and effective communication enables practitioners to work in partnership with patients. Practitioners should maintain effective and professional relationships with their patients and provide explanations that enable patients to understand and participate in their care.

What should I consider when developing a program of care for patients?

A program of care should be developed in a patient-centred and [evidence-based](#) context.

A program of care for patients should:

- be based on clinical need
- be consistent with accepted standards of chiropractic care by the profession
- be tailored to the specific needs and expectations of each patient
- consider the natural history of the condition
- be based on a reasonable clinical impression/diagnosis
- include any proposed management
- include expected measurable outcomes of care
- include a reasonable estimate of the timeframe for achieving expected outcomes
- include a plan for review/reassessment, and

- include details of any co-management and/or referral, when clinically indicated.

What should I consider when reviewing and reassessing my patients?

Review and reassessment should be periodic, and should include:

- validated objective and subjective outcome measures
- evaluation of the benefit of care to the patient
- identification of whether the original diagnosis/clinical impression should be modified (this may indicate a need for a reassessment, change in treatment/care/procedure or the obtaining of a second opinion or referral)
- clinical justification for care to continue, or not
- the number of further visits proposed (which should be appropriate, necessary, and not arbitrary or excessive), and
- an understanding and agreement by the patient of the aims surrounding the proposed program of care.

How do I provide good care and work with my patients on healthcare decisions?

Providing good care means you must make patient care your primary concern in clinical practice and recognise that healthcare decisions are a shared responsibility with patients. Patients may wish to involve their family or others in their healthcare decisions.

A patient may elect some form of ongoing or supporting treatment/care as a part of their overall health management and their right to make their own decisions about their healthcare should be respected. This form of care has the same requirements in relation to informed consent and explanation of anticipated outcomes as any other care.

Should any patient elect to undergo regular chiropractic examination or treatment/care in the absence of symptoms, it is the responsibility of the practitioner to provide the patient (parent/guardian for children) with a balanced, [evidence-based](#) view of the clinical justification for such procedures.

Further information

The requirements under the [Guidelines for advertising a regulated health service](#) help to ensure that the public receives accurate and honest information about healthcare services. Advertising that directly or indirectly encourages the unnecessary use of regulated health services are inconsistent with these guidelines. The Board's resources on [Advertising a regulated health service](#) and [FAQ: Advertising for chiropractors](#) may also be helpful.

Case study

Case summary

Kim is a sole practitioner in private practice.

A new patient attended for initial consultation and told Kim that they had recently moved to Australia from overseas. The patient reported that they regularly sought chiropractic treatment to ensure that any back pain does not flare up and to maintain their general health.

Applying in practice

Kim assessed the patient and found there were currently no clinical signs or symptoms to indicate any need for frequent chiropractic adjustments. The patient insisted that they needed chiropractic adjustments and had previously been receiving treatment at least weekly.

Kim has recently reviewed guidance from the Board about duration and frequency of care. Kim explained that they respected the patient's right to make their own healthcare decisions, however, it is the responsibility of the chiropractor to support patients to make informed decisions.

Kim knows that good practice includes treating patients based on clinical need and not providing unnecessary services. Kim took time to provide the patient with information about the best available evidence for chiropractic care and their clinical reasoning for their professional advice.

Outcome

The patient told Kim that they had not previously received detailed explanations about their health and they had confidence that Kim was looking out for their best interests in ensuring they were well-informed.

Kim invited the patient to see if their back pain was manageable using stretches and exercises. Kim told the patient that they were welcome to return to the practice should they experience symptoms in the future. Kim provided the patient with a printed leaflet about chiropractic care for back pain.