

## General Section

# CHIROPRACTIC BOARD

## NOTICE OF SCOPE OF PRACTICE AND RELATED QUALIFICATIONS PRESCRIBED BY THE CHIROPRACTIC BOARD

The Chiropractic Board ("the Board") will assume its full responsibilities under the Health Practitioners Competence Assurance Act 2003 ("the Act") on 18 September 2004. This notice will take effect from that date.

### Scope of Practice

Pursuant to section 11 (1) of the Act, the Board specifies one scope of practice as follows:

#### Scope of Practice - Chiropractor

Chiropractic is a primary healthcare profession concerned with the relationship between structure (primarily of the spine) and function (primarily of the nervous system) as that relationship may affect the restoration, preservation and promotion of health and well-being. Chiropractic principles recognise the inherent recuperative power of the body.

Essential to the practice of Chiropractic are:

À the assessment of conditions related to the spine, non-spinal articulations and the neuro-musculo-skeletal system.

À the diagnosis, prevention, rehabilitation, management of and education about those conditions.

#### Aspects of Chiropractic

(1) Forming and communicating a differential diagnosis, diagnosis or clinical impression to identify a cause which impacts on a person's symptoms, neuro-musculo-skeletal system, and / or well-being and relates to:

À disorders arising from structures or functions of the spine and their effects on the neuro-musculo-skeletal system and/or

À disorders arising from structures or functions of the non-spinal articulations.

Note:

Primary contact objectives mandate an appropriate level of competence in the disciplines of: anatomy, physiology, orthopaedics, neurology, rheumatology, pathology and clinical practice in order to:

À recognise conditions requiring referral to other health care practitioners and make such referrals as appropriate. (Such referral does not obviate the responsibility of the chiropractor for providing appropriate chiropractic care.)

À recognise contraindications to chiropractic care

À recognise the need to modify chiropractic techniques as required

À recognise the need for concomitant care

À recognise and respect the cultural values of individuals and families.

(1) (a) In the process of forming a differential diagnosis, diagnosis or clinical impression a chiropractor may:

À elicit a case history and conduct appropriate components of a routine physical examination.

À perform a comprehensive functional spinal assessment.

À take or order x-rays as an analytical tool used in the detection, location, evaluation, reduction, correction and monitoring of spinal and / or non-spinal articulations, dysfunctions, and to determine structural integrity, anomalies, mobility / immobility, and contraindications to chiropractic care.

À utilise other diagnostic modalities consistent with chiropractic practice including by way of example and not by way of limitation: neurocalometry, thermography, surface electromyography (sEMG).

À order or make recommendations for other such diagnostic or analytical tests consistent with chiropractic practice including by way of example but not by way of limitation: bioanalytical laboratory tests, diagnostic musculo-skeletal ultrasound, radiology, computerised axial tomography (CT), magnetic resonance imaging (MRI), radio-isotope bone scan, invasive electromyography and nerve conduction studies.

(2) In the process of delivering chiropractic care, a chiropractor may:

À utilise chiropractic adjustment(s) and / or manipulation(s) in order to address:

(i) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the neuro-musculo-skeletal system; commonly referred to by chiropractors as the vertebral subluxation complex (VSC);

(ii) dysfunctions or disorders arising from the structures or functions of the non-spinal articulations.

À manage dysfunctions or disorders arising from: environmental, physical, psychological and nutritional irregularities which can impact on the neuro-musculo-skeletal system and the well-being of the person.

À utilise adjunctive or supportive procedures and advice including by way of example but not by way of limitation: myofascial trigger point therapy and other soft tissue techniques, application of heat / ice, taping, bracing, stretching, strengthening exercises, dietary advice, nutritional supplementation, ergonomic assessment and guidance, psycho-social support, physiological therapeutics (e.g. ultrasound) and other healthful living practices.

À recommend and deliver chiropractic care as determined by chiropractic analytical procedures, even in the absence of subjective symptoms.

À recognise the need for activity based rehabilitation incorporating a cognitive behavioural approach and either provide or refer patients as required for activity based rehabilitation.

À insert a gloved finger into the oral cavity for the purpose of adjusting the temporomandibular joint (TMJ) and cranial articulations.

À insert a gloved finger into the nasal passage for the purpose of adjusting cranial articulations.

À insert a gloved finger beyond the anal sphincter for the purpose of adjusting the coccyx and testing for sphincter integrity.

À provide chiropractic care across the full spectrum of: gender, age, religion and culture.

Chiropractic care can also extend to animals.

(3) Where a Doctor of Chiropractic:

À can demonstrate: academic, post graduate certification, diploma/ diplomate status within and/or

À holds New Zealand registration within another health care discipline, that Doctor of Chiropractic may utilise his/her specialities in conjunction with, or preparatory to, their care regime for the well being of patients.

Note: only appropriately qualified practitioners are able to perform analysis and provide chiropractic care for non-spinal articulations.

In the course of carrying out Chiropractic services, the Doctor of Chiropractic must adhere to the New Zealand Chiropractic Board's Code of Ethics and Standards of Practice and other directives of the New Zealand Chiropractic Board and abide by relevant Government legislation and common law.

\*Glossary of Terms:

Adjustment: A range of techniques including the classic high velocity, low amplitude dynamic thrust through to very light forces or contact, and may also include instrument, or specialised table-assisted delivery. Adjustment may involve moving the joints of the spine and/or non-spinal articulations through an individuals usual, and when indicated and appropriate, beyond the normal physiological range of motion, but within the limits of anatomical integrity.

Manipulation: A manual procedure that involves a directed thrust to move a joint past the physiological range of motion, without exceeding the anatomical limit.

Subluxation: A motion segment in which alignment, movement integrity and / or physiological function are altered although contact between joint surfaces remains intact.

Vertebral Subluxation Complex:

A model of motion segment dysfunction (subluxation) which incorporates the complex interaction of pathological changes in nerve, muscle, ligamentous, vascular and connective tissues and may influence organ system function and general health.

Qualifications Prescribed for Registration in Scope of Practice

Pursuant to section 12 of the Act, the following qualifications are prescribed for registration as a chiropractor:

Bachelor of Chiropractic from the New Zealand College of Chiropractic, Auckland

or

A pass in an examination set by the Chiropractic Board for Chiropractors trained overseas.

Dated at Wellington this 13th day of August 2004

KARL BALE, Secretary, Chiropractic Board

---

**15**  
SEP  
2004

---

Notice Number

**2004-gs6257**

Page Number

**2898**

Issue Number

**120**

[View PDF](#)

**Supplement: Notice of Practice and  
Qualifications for Health Practitioners, 15  
September 2004.**

PDF (464kb)

See page 2898