

# CHIROPRACTIC & OSTEOPATHY BOARD OF SOUTH AUSTRALIA

## POLICY

### “Care Plans”

*A Care Plan describes a recommended course of patient management, and as a minimum must outline the reasons for care (from History and Examination findings), the aims of care, the parameters used to re-evaluate progress, and the time-frame of care.*

- (a) A Care Plan should be used:
  - (i) when requested by a patient or third-party payer;
  - (ii) whenever a pre-paid financial arrangement is used;
  - (iii) when the registrant/provider believes it is clinically indicated.
- (b) Care Plans must:
  - (i) be in writing;
  - (ii) be signed by the registrant/provider and the patient, and a copy given to patient;
  - (iii) be presented by the registrant/provider without the use of intimidation or coercion;
  - (iv) not be misleading, false, or deceptive.
- (c) The registrant/provider should take steps to ensure that the patient clearly understands the nature of the agreement contained within the Care Plan. Outcomes should not be promised.
- (d) Care Plans should address the patient’s stated reasons for seeking chiropractic or osteopathic care. If the patient’s purpose for seeking care includes symptomatic factors, the Care Plan should address these as well as other relevant clinical findings and document agreed goals of care.
- (e) Care Plans should separate Initial Intensive/Symptomatic, Reconstructive/Corrective, and Maintenance phases of care.

For each phase, the patient should be given an indication of:

- (i) the chiropractic or osteopathic clinical impression (or abnormal chiropractic or osteopathic structural findings) relevant to that phase of care;
- (ii) the proposed management;
- (iii) the objectives of this phase of care;
- (iv) the estimated time-frames to achieve these objectives.

For the Maintenance phase of care, a written explanation of the objectives or goals of maintenance care is sufficient.

Attached to this policy is an example of how this may be presented.

- (f) Care Plans may include recommendations for a maximum time-frame of three (3) months. An exception may apply to maintenance care (refer 3.10(g)).

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The patient should be re-evaluated at the end of this period, or sooner if clinically indicated, to assess the need for further care and use of a new Care Plan.

If the registrant's clinical experience suggests that a time-frame in excess of three months may be required for the patient's care, then the registrant should inform the patient of an *estimate* of that time-frame, and that recommendations for care will be made in 3-month (maximum) blocks, following re-evaluation of the patient's progress.

- (g) For patients in the Maintenance phase of care, Care Plans may be recommended for a maximum of three (3) months or twelve (12) visits, whichever is greater.

A clinical re-evaluation of the patient should still be performed on a regular basis as clinically indicated.

- (h) A Care Plan should be based on the total patient presentation and x-ray findings and not on x-ray findings alone.

**EXAMPLE CARE PLAN - Non-Prescriptive**

**Policy – Care Plans: Attachment**

<b>CARE PHASE</b>	<b>WORKING DIAGNOSIS/ CLINICAL IMPRESSION</b> * *	<b>PROPOSED MANAGEMENT</b>	<b>OBJECTIVES OF CARE</b>	<b>ESTIMATED TIME FRAME</b>	<b>PROPOSED REVIEW DATE</b>
Initial Intensive/ Symptomatic	1. - Cervical subluxation/injury * - Moderate ↓ Cervical ROM - Cervical muscle spasm  2. Lumbo-pelvic subluxation/ injury * - Leg length inequality → Lumbar scoliosis  3. Pronation	Full-spine adjustments  Soft-tissue techniques/ stretching  Orthoses/Exercises  Visits 3x/week for 3 weeks	↓ muscle spasm  ↑ Cervical ROM  ↓ pain Cervical & Lumbar  ↑ activities of daily living	3 – 4 weeks	4 weeks
Reconstructive/ Corrective	-15° Cervical curve (27°)  Lumbo-pelvic unlevelling & Right Short Leg	Spinal adjustments  CBP protocols (to restore cervical lordosis): - mirror image adjustments - Cervical traction - mirror image exercises  Heel lift/ build-up on orthoses if required after initial phase of care  Visits protocol/frequency	Restoration of Cervical curve to normal lordosis (approx. 42°)  Further ↓ neck pain & ↑ in Cervical ROM  Level pelvis in standing position  Further ↓ LBP	6 months	12 weeks (new plan if required)
Maintenance	Maintain improvement in Lumbar & Cervical postures  Maintain full spinal mobility with spinal adjustments  Ongoing care to help maximise spinal & nervous system function				12 months or as required

Signed: Practitioner ..... Date .....

Patient ..... Date .....

\* should be level or tissue specific if possible

\*\* associated or complicating factors could be included as well as confirmation of investigative results