



Oregon

Kate Brown, Governor

Oregon Board of Chiropractic Examiners

530 Center Street NE, Suite 620

Salem, OR 97301

Phone: (503) 378-5816

FAX: (503) 362-1260

E-mail: oregon.obce@oregon.gov

www.oregon.gov/obce

Oregon Board of Chiropractic Examiners (OBCE)

Public Notice & E-Newsletter Update

December 2019

- President's Report
- Executive Director's Report
- Rules Updates and Policy Changes
- From Our Investigators

President's Report



Why do we make chiropractic licensees test on special subject matters?

Chiropractic physicians wishing to obtain a license in the state of Oregon must be able to take and pass the Oregon Ethics and Jurisprudence Exam along with specific tests in Minor Surgery/Proctology and Obstetrics/Gynecology.¹ For chiropractic physicians who did not graduate from the University of Western States, this may require additional classes and studying around these topics. It can be a frustrating and challenging process for those who are not recent graduates or have not taken a multiple-choice test in some time. The reason these exams are required is that

Oregon is unique in how broad our scope of practice is and that we don't have restricted licenses. These exams protect the public in ensuring competency in these areas and allowing for this breadth of practice.

The history of chiropractic education in Oregon and scope of practice has been around for over 100 years. In 1906, Dr. John Marsh and Dr. William Powell were able to secure an exemption for chiropractic to be allowed in the medical practice acts in Oregon, otherwise it would have been banned as a profession in this state.² This exemption helped pave the way for chiropractic training in Oregon. It wasn't until the 1915 Oregon Chiropractic Practice Act was signed into law that Oregon developed what we now know as the Oregon Board of Chiropractic Examiners (OBCE).³

The curriculum from 1906 to 1922 included training in obstetrics, gynecology, and minor surgery.² The 1915 Practice Act outlined that a chiropractor would not be licensed in the state of Oregon until they completed specific hours of training including 40 hours of minor surgery, 105 hours of obstetrics, and 300 hours of gynecology.³ Additionally, they had to take and pass a general competency test which included subject matter knowledge. The population of Oregon

¹ DC Application Process: <https://www.oregon.gov/obce/Pages/DC-Application.aspx>

² Lamm, DC, Lester; *The Complete History of University of Western States*, Chapter 1, Part 1 (2004).

³ Or Laws 1915, ch 325: [http://history.uws.edu/pdf/UWS_Chapter_1/Oregon_Prac_Act_1915\(1\).pdf](http://history.uws.edu/pdf/UWS_Chapter_1/Oregon_Prac_Act_1915(1).pdf)

was more spread out and more rural, and a chiropractor would be expected to help deliver babies and attend to suturing of minor wounds. This type of care was still common into the 1960s and 70s.⁴ As populations in Oregon increased, so too did specialty practices, which lead to more and more chiropractors opting out of providing these types of services. This shift in practice style, however, did not change our laws or scope of practice.⁵

To date, Oregon remains one of the broadest scopes of practice in the United States. Oregon law recognizes chiropractors as primary care physicians. A licensed DC in this state can perform well-woman examinations without additional training, other than what is required for graduation from a CCE accredited college. While we have added additional procedures for minor surgery and obstetrics, we have not required a specific number of procedures in order to practice gynecology.

To protect patients, we still require specific education and examination on these subject matters. Even if graduating physicians choose not to practice gynecology, it is still important to know when a GU complaint leads to spinal pain or when to refer out for co-treatment of common GU complaints or other issues.

⁴ In 1927, the law was amended to provide, in relevant part (with deletions in bracketed italics and additions in bold):

"(b) Chiropractic is defined as that system of adjusting **with the hand or hands** the articulations of the bony framework of the human body, [*especially asymmetries of the vertebrae, for the purpose of removing the cause of diseases by the correction of subluxations, thereby removing the pressure, impingement, or tension from the nerves having their passage between, through, or around the structures subluxated. The subluxation is corrected with the hands, using the bones of the body, more particularly the spinous and transverse processes of the vertebrae, as levers to which is applied a peculiar adjustic movement--the Chiropractic thrust*] **and the employment and practice of physiotherapy, electrotherapy and hydrotherapy; provided, no person practicing under this act shall write prescriptions for, or dispense drugs, practice optometry, or do major surgery; provided further, this act shall not be construed so as to interfere with or prevent the practice of, or use of massage, Swedish movement, physical culture, neuropathy, naturopathy, or other natural methods requiring the use of hand or hands.**" Or Laws 1915, ch 325, § 8; Or Laws 1927, ch 450, § 3.

⁵ Current ORS 684.010(2) provides the following:

(2) "Chiropractic" is defined as:

(a) That system of adjusting with the hands the articulations of the bony framework of the human body, and the employment and practice of physiotherapy, electrotherapy, hydrotherapy and minor surgery.

(b) The chiropractic diagnosis, treatment and prevention of body dysfunction; correction, maintenance of the structural and functional integrity of the neuro-musculoskeletal system and the effects thereof or interferences therewith by the utilization of all recognized and accepted chiropractic diagnostic procedures and the employment of all rational therapeutic measures as taught in approved chiropractic colleges.

Executive Director's Report



Public Interest

Board Leadership

Congratulations to the newly elected Board office holders for 2020:

- Dr. Franchesca Vermillion, President
- Dr. Michelle Waggoner, Vice President
- Dr. Seth Alley, Secretary

We look forward to what this new year will bring!

Mandatory CE

At its November board meeting, the OBCE voted to **not** require any additional continuing education credits other than the amounts required for regular DC and CA renewal for 2020.

Fiscal Responsibility and Accountability

During the 2015 legislative session, SB 230 became law, requiring all of our licensees to complete the Oregon Health Authority's Workforce Survey as part of your annual renewal process. During its implementation, the Board decided to absorb the \$2/licensee survey fee to assist in that transition and to review the fee absorption issue every year. For the last four years, the Board has absorbed the fees. At its September 2019 board meeting, the Board determined to no longer absorb the fees and to pass them along, as was originally intended, to our licensees. We are in the process of making changes to our rules and IT programming to facilitate that change and you will be notified of the effective date.

Due Process, Fairness, Transparent Governance

CA Application Processing Timeline

There seems to be some confusion as to the CA application process and timeline. An applicant submits a complete application to the OBCE office, which includes the signed and attested to application form (including attestation by their supervising DC), any court or agency records of criminal or civil case histories, and an explanation of said histories. If the applicant doesn't disclose this type of history, there is a two-fold effect on the application: 1) it takes longer for us to process the application as we request follow up information from the applicant and review it against their background check; and 2) the board considers this non-disclosure as an aggravating factor in whether to approve the certification or deny it.

Once we receive the completed application, the applicant is sent an email with instructions on how to obtain their fingerprint background checks, and how to take the initial CA exam. The CA is responsible for getting their fingerprints done and for taking the exam and submitting the exam for grading. Exams are graded the same day with results provided to the applicant within a short timeframe thereafter. When all aspects of the application are met and complete, the majority of certificates are processed within 24 hours.

As your CA's supervising DC, and as an attested to signatory on their application, it is imperative that you are aware of all aspects of your CA's application. Do your due diligence to protect our public, protect your patients, and to protect your practice. If you are finding that your CA has submitted an application and it is taking longer than you expected, you may want to follow up with them as to their criminal, civil, or work histories, what could be disclosed in their background check, and what communications they have had with the Board, **before** calling our office to inquire.

If you hire someone with the intent that they would be performing the duties of a certified CA but they have not yet been certified, their schedule and duties performed are your responsibility, not ours. They are not eligible to perform the duties of a certified CA until they have their certificate in hand. You cannot assume to know when that CA will be certified, especially if you know nothing of their criminal, civil, or work histories. We do our best to facilitate prompt processing but do not provide any type of "expedited service."

2020 Board Meetings Schedule and Locations

The OBCE meeting and location schedule for 2020 is as follows and can be found on our website (www.oregon.gov/obce):

January 16-17	Albany
March 19	Salem (OBCE office)
May 7-8	Roseburg (TBD)
July 17	Salem (OBCE office)
September 17-18	Coos Bay (TBD)
November 18	Salem (OBCE office)

If we can be of help to you or your staff in any way, please don't hesitate to contact us.

Cassandra C. McLeod-Skinner, J.D.

Executive Director, OBCE, 503-373-1620, cass.mcleod-skinner@oregon.gov

Rules Updates and Policy Changes

REMINDERS

Administrative Rules

The Board has been working hard to update the Chapter 811 administrative rules which regulate the chiropractic profession. All proposals, amendments, and adoptions are posted on the OBCE's website under Laws, Rules and Scope ([Rule Proposals](#)).

The Board has proposed, and opened for comment, these rules for public hearing January 2020:

- 811-010-0008 Fees (*new*)
- 811-010-0068 Temporary Chiropractic License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon (*new*)
- 811-010-0071 Board Members
- 811-015-0005 Records
- 811-015-0010 Clinical Justification
- 811-035-0005 Duties and Obligations of Chiropractic Physicians to Their Patients
- 811-035-0015 Unprofessional Conduct in the Chiropractic Profession

The new proposed rule above, OAR 811-010-0008 Fees, was drafted as a practical matter. It simply incorporates all of the fees the Board manages; should one fee change (like the background report fee), only one rule needs to be opened instead of multiple rules. New proposed rule OAR 811-010-0068 was created in response to a 2019 legislative mandate ([House Bill 3030](#)), similar to last month's adoption of OAR 811-010-0115 (regarding chiropractic assistant applicants). Refer to the 11-22-19 Hearing Notice on the Board's website for the actual language of all rules.

At November's meeting, the Board adopted these new and amended rules:

- 811-010-0115 Temporary Chiropractic Assistant Certification for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon (new)
- 811-035-0000 Preamble and Application of Rules (new)
- 811-035-0001 Definitions

The language for the above three rules can be found on the website within the Permanent Filing dated November 22, 2019

Dozens of other changes were made to the administrative rules in 2019. One that comes to mind is the continuing education rule.

“A licensee may not claim more than 20 hours of continuing education completed in one 24 hour period. Courses shall not be taken simultaneously.”

During an audit, documentation showed that the licensee appeared to have multiple computers running multiple courses simultaneously to obtain all 20 hours within one day. Other amendments were made as well, but this one is a cautionary note.

OBCE New Website

Our new site has been up and running now for about one month. We've received a few calls and emails asking, “where is...?” We don't mind! We are continuing to add items that didn't make it to the new site from the old, we thank you for your feedback and patience. Please feel free to submit your comments, questions, or frustrations to me by email: kelly.beringer@oregon.gov.

Kelly Beringer

Administrative Assistant, CA Program, 503-373-1573, kelly.beringer@oregon.gov

From Our Investigators

As we come to the end of another year, we have a long list of topics or issues that have been subject to inquiries from the public, doctors in the field, other licensing agencies, or complaints filed with the Oregon Board of Chiropractic Examiners (OBCE). One that appears to have had increased trending over the past year is the use of low-pressure hyperbaric chambers. I suspect this is due to the increased popularity of these devices to not only the medical profession but high-profile sports figures and the public. For those field docs who have one or two of these units tucked away in one of their empty therapy rooms, I'm sure you've done all your due diligence in researching their therapeutic uses and limitations. For the rest of the field that has not been exposed to one, I'd like to share some of what the OBCE has encountered involving these units over the last year.

First and foremost, it's important to know that hyperbaric oxygen therapy is within the scope of practice of a licensed Oregon chiropractic physician. It is referenced in our Guide to Policy and Practice Questions available to review on the Board's website (www.oregon.gov/obce). In 2008, when the Board originally addressed the question, it was the subject of inquiries from insurance carriers as to whether it was legal for a chiropractic physician to bill for treatment utilizing hyperbaric and oxygen therapy. When the Board made the determination that it was within the scope of practice, it did not distinguish the difference between hard-sided and soft-sided hyperbaric chambers. There is a significant difference between the two: soft-sided chambers do not provide the same therapeutic benefits that hard-sided chambers do. Soft-sided chambers referred to as "low-pressure chambers," "Gamow bags," "fabric chambers," or "home chambers" operate at less than 1.4 ATAs. They are marketed for sports purposes, alternative medicine, and the public in general. They have a US Food and Drug Administration 510 K clearance for "acute mountain sickness only." They are designed to be compressed with air and the FDA prohibits the use of these design devices with supplemental oxygen.

Hyperbaric oxygen therapy, as defined by Undersea and Hyperbaric Medical Society (UHMS), is an intervention in which individuals breathe near 100% oxygen while wholly enclosed in a hyperbaric chamber at a pressure equal to or greater than 1.4 ATAs. Exposure to treatment pressures less than 1.4 ATAs while breathing air does not meet the definition of therapeutic hyperbaric oxygen therapy and does not achieve the minimum pressure and oxygen levels required for any UHMS approved indication.

I'd like to remind everyone who is reading this article that, as licensed chiropractic physicians in the state of Oregon, 100% oxygen is a prescription item that is not within our scope of practice to possess without a prescription. We cannot dispense or recommend its use on our patients. We are, however, allowed to use 90 to 95% oxygen. Most insurance carriers will only reimburse for 100% oxygen applied in a hyperbaric chamber with 1.4 ATAs or greater. This information was culled from various insurance carriers inquiring as to the legality of chiropractic physicians in Oregon utilizing hyperbaric chambers both high-pressure and low-pressure configurations.

All this information may be dizzying but my point is, because the soft-sided airbags are marketed to the public, a growing number of Oregon DCs are purchasing these devices and using them in their clinics, marketing them for a variety of therapeutic benefits. However, most benefits can only be accomplished by the use of hard-sided hyperbaric chambers utilizing 1.48 ATAs or higher with 100% oxygen concentration. The Board has had cases involving DCs claiming cures for autism, traumatic brain injury, anoxic brain injury, concussion, multiple sclerosis, posttraumatic stress, and childhood epilepsy through the use of soft-sided hyperbaric chambers. As you can imagine, this has stimulated calls from angry patients, their attorneys, and in some cases, been the basis of complaints to the OBCE.

The point of this article is not to say that soft-sided hyperbaric chambers do not provide benefits to your patients. The point is that I recommend extensive research of any of the devices you intend to utilize in your practice for therapeutic purposes. I recommend that you provide information to your patients based on research via scientific method and not anecdotal research. Make sure what you're telling the public has proven scientific validity behind it. Also, it is not a requirement of the OBCE, but I would strongly urge you to consider a written informed consent from the patient or the patient's legal guardian prior to initiating therapy with one of these devices.

As always, the intent of this article is to share with the field some of the potential pitfalls of substances, devices, and techniques that generate complaints to the Board. My best recommendations are do your own research, come to your own conclusions as a physician, do

not rely entirely on someone selling you something that claims it can cure all. As always, if it sounds too good to be true, it probably is.

Frank Prideaux, D.C.

Healthcare Investigator; 503-373-1848, Frank.prideaux@oregon.gov