



Chiropractic Care III Validation Study

FOCUS STUDY, FY2026Q1

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Overview of Tool

- Contains 141 questions
 - Will only answer questions applicable for each case
- The first set of questions (Q1-36) pertain to the Index Visit with a Chiropractor
- In addition the index visit questions include:
 - Determining if the chiropractor is managing a low back pain complaint during the index visit Q7-8
 - Identifying additional complaints, length of complaint, acuity of complaint, components of patient's hx, red flags, low back pain screenings, and other signs or symptoms, type of pain scale and pain severity, treatment, manipulation with area performed, education, documented time spent, and total visits during the study period Q9-37
- The remaining questions (Q37-141) pertain to follow-up visits
 - There are twenty-six (26) questions for each follow-up visit
 - Up to 4 follow-up visits will be reviewed
- Questions 38-63 pertain to the Second Visit, questions 64-89 pertain to the third visit, questions 90-115 pertain to the fourth visit, questions 116-141

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Low Back Pain Diagnosis

- (7) lowbkpn:** Select value "1" if Chiropractor is managing a low back pain complaint during this encounter. If value "2" is selected, the case will be excluded

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CHIROPRACTIC CARE III Validation STUDY

- Purpose:** To assess the treatments and documentation of Chiropractic care in the veteran population
- Sample:** Study sponsors indicated that 71 VAMCs will be used.
 - Estimated total sample size is approximately 495 records
 - The study timeframe is FY2023 (10/01/2022 to 12/31/2022 for the Index Visit to occur).

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Index Encounter & Chiropractic Diagnosis

- Computer will pre-fill:**
 - (Q1) indcptd:** The date of the index encounter with a Chiropractor during FY2023 during the timeframe that will be validated in **(Q2) valchirdt**.
 - (Q3) primecpdx:** The primary and other Chiropractic ICD-10-CM diagnosis code documented in the record for the index encounter is pre-filled **and cannot be modified**. **(Q4) indexicd:** Computer will pre-fill other Chiropractic ICD-10-CM diagnosis codes
 - (Q5) chircpt:** The Chiropractic CPT codes documented in the record for the index encounter will be pre-filled **and cannot be modified**.
- (Q6) indchirdt1:** If the pre-filled encounter date is not the correct date, you will enter the earliest encounter date found during the study timeframe 10/01/2022 to 12/31/2022
 - If there is no Chiropractic visit during the study timeframe, enter 99/99/9999 and the case will be excluded

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Chief Complaint or Working Differential Diagnosis/Impression

- (8) chiefcpt:** Select **ALL THAT APPLY** of the following values that are documented by the Chiropractor as the primary complaint or working/differential diagnosis/impression within the note on date displayed in the question:
 - General low back (e.g., lumbar, coccyx, pelvic, sacral, sacroiliac) pain
 - Low back pain (LBP) with lower extremity pain
 - Neck (cervical) pain
 - Neck (cervical) pain with upper extremity pain
 - Thoracic pain conditions
 - Headache conditions
 - Upper extremity (arm) pain or condition
 - Lower extremity (leg) pain or condition
 - Generalized syndrome
 - Other impression documented
 - For example, "patient with complaint of neck pain and low back", select value "1" and "3"
- Select value "10" if any other working/differential diagnosis/impression not listed above is documented in the Chiropractor's note.
- You must choose value 1, 2, or both.

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Chief Complaint

(9) ccpltm: Choose the best response for the length of time the Chiropractor documented for the chief complaint.

- Calculate the length of time into the corresponding weeks, months, or years.
 1. Less than 4 weeks
 2. 4 to 12 weeks
 3. Greater than 12 weeks to 1 year
 4. Greater than 1 year to 5 years
 5. Greater than 5 years
 99. Length of time not documented.

Example #1: If patient presents to clinic and states, "My back has been hurting for the past 6 weeks", select value "2"

Example #2: If patient presents to the clinic and states, "My back has been hurting for the past 2 years, but it's been worse for the past 2 weeks", select value "4"

(10) ccsymdur: Review the documentation in the Chiropractor's note to determine the acuity of the patient's chief complaint (condition for which the patient is primarily being seen).

- Acuity of the primary condition may be described as
 1. Acute
 2. Sub-Acute
 3. Chronic
 99. None of the above (if acuity is not determined)

If the acuity category (i.e., acute, subacute, or chronic) is not documented, select value 99



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Elements Related To The First Visit

(11) hxpblm (1-6,99): Select all of the following elements that were present in the documentation.

Select all that apply

1. Onset/mechanism of injury
2. Provocation/Palliation
3. Quality and character of symptoms or problems
4. Radiation of symptoms
5. Severity
6. Timing/frequency of symptoms
99. None of the above are present.

Example: Chiropractor notes that the patient reported a fall last week when working in the yard and this is the first time the patient has ever experienced low back pain. You will choose value 1 and 6.



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Medical History

- **(12) mdhxdoc:** Review the encounter note to identify which aspects of the patient's medical history were documented by the Chiropractor.

Select all that apply

1. Past Medical History
2. Past Surgical History
3. Social or Family History
99. None of the above

Example #1: Chiropractor notes patient had a spinal fusion 3 years ago. You will choose value 1 and 2 for this example.

Example #2: Chiropractor documented that patient smokes ½ pack of cigarettes/day x 15 years and patient's current BMI is 30. You will choose value 1 and 3.



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Red Flags & Screenings

(13) redfigqt: Review the encounter note for red flag components that are assessed regardless of positive or negative results.

1. Mental Status
2. Recent unexplained weight loss
3. Fever, chills, nausea, vomiting
4. Recent Infection
5. Weakness or loss of motor function/coordination
6. Night pain
7. Swelling in multiple joints
8. Recent trauma
99. None of the above documented.

Example: "Patient is unable to raise arm above her heads", select value "5"

(14) redflscn: Select all aspects of low back pain red flag screening documented in Chiropractor's note.

1. Urinary retention
2. Urinary incontinence
3. Bowel incontinence
4. Loss of sensation in groin/anal region (saddle anesthesia)
5. Weakness in lower extremity
6. Loss of sensation in lower extremity
7. Potential vector of infection
8. History of osteoporosis
9. History of corticosteroid use
10. History of immunocompromising conditions
11. History of cancer
12. Morning stiffness
99. None of the above documented.

Example: "Patient dribbles urine when walking" and "she feels stiff in the mornings, select value 2 and 12



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Spinal Condition

- **(15) lngdoc:** Review the index encounter visit and select the following condition that the patient was screened for regardless of positive or negative results.

Select all that apply

1. Signs, symptoms, or suspicion of Cauda Equina Syndrome (CES)
2. Signs, symptoms, or suspicion of spinal infection
3. Signs, symptoms, or suspicion of spinal fracture
4. Signs, symptoms, or suspicion of spinal cancer
99. None of the above



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Skip

- If chiefcplt3 (Neck Pain), chiefcplt4 (Neck Pain with Upper Extremity Pain), or chiefcplt6 (Headache Conditions) were selected; go to nkhdpn; otherwise go to pnscale.



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Signs and Symptoms

(16) nkhdpn: Select all of the following signs and symptoms that the Chiropractor documented during the index visit for cases that involve neck pain and or/headache.

Select all that apply

1. Sudden and intense onset of headache or neck pain
2. Pain, fatigue, or discomfort in the jaw when speaking, chewing, etc.
3. Visual impairments/vision loss/changes to vision
4. Pain or tenderness in the area of the temple and/or scalp
5. Changes in headache symptomatology or worsening headache
6. Loss of consciousness
7. Arm pain and weakness
8. Sensory changes
9. Swelling in multiple joints
10. Change in personality
11. Impaired level of consciousness
12. Headache triggered by exertion
99. None documented



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Physical Examination

(20) phyaspt: Select all aspects of the physical examination the Chiropractor documented.

Select all that apply:

1. Observation
2. Gait analysis / ambulation
3. Range of motion (ROM)
4. Orthopedic testing of neck or upper extremity
5. Orthopedic testing of the thoracic, lumbar spine, pelvis, or lower extremity
6. Joint Assessment/Palpation (restriction, stiffness, end feel)
7. Soft Tissue Palpation (tone/texture/spasm)
8. Upper extremity reflex
9. Upper extremity dermatome
10. Upper extremity myotome / muscle strength testing
11. Lower extremity reflex
12. Lower extremity dermatome
13. Lower extremity myotome/muscle strength testing
14. Balance and coordination testing
15. Cranial nerve examination
16. Temperature
17. Blood pressure
99. None documented

Example: Chiropractor documented limited ROM in upper extremity, performed an upper extremity reflex assessment, and nerve root level (L1-L5).

Choose values: 3, 8, and 12



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Manipulation Procedures

The following questions ask about specific manipulation procedures for specific locations.

- (23) hglv –High-Velocity, Low Amplitude (HVLA)
- (24) flexman – Flexion-Distraction (FD)
- (25) dropman –Drop-Assisted
- (26) impulman –Impulse Instrument
- (27) sacroman –Sacro-Occipital Technique (SOT)
- (28) trackman –Manual Traction
- (29) manman –Manual Mobilization
- (30) othrman – Other Manipulation
- (31) othname – Free Text to type name of manipulation

Select all that apply:

1. Cervical
2. Thoracic
3. Lumbosacral
4. Upper Extremity
5. Lower Extremity
6. Unspecified
99. (Specific) Manipulation was not performed



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Pain Assessment

During the encounter on (computer to display IndexEncounterDate),

select each pain assessment tool used.

Select all that apply:

Outcome Measure Tool	1. Yes	2. No
1. Numeric Rating Scale (NRS): Range 0-10	1. Yes	2. No
2. PEG-3: Range 0-10	1. Yes	2. No
3. Oswestry Low Back Pain Disability Questionnaire: Range 0-5	1. Yes	2. No
4. Functional Rating Index (FRI): Range 0-4	1. Yes	2. No
5. Defense Veterans Pain Scale (DVPS): Range 0-10	1. Yes	2. No
6. Back Bourne-mouth Questionnaire (BBQ) 0-70	1. Yes	2. No
7. Patient Global Impression of Change: Range 0-7	1. Yes	2. No
8. Global Rating of Change (GROC): Range 0-7	1. Yes	2. No
9. Other outcome pain measure tool used	1. Yes	2. No

If to epanoth, else go

(17) pnscale: Select value 1 if pain scale assessment tool was used or documented.

(18) pnscale1: Select the pain scale assessment used. If you answer "1" to #9, you will go to

(19) cpainoth: Free Text the name of the other pain assessment or pain scale used



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Index Visit Treatment

(21) chirotx: Select all treatments that the Chiropractor documented. Select all that apply:

1. Superficial cold (clinic based)
2. Superficial heat (clinic based)
3. Manual soft tissue therapy/massage/myofascial
4. Acupuncture/ dry needling
5. Electric muscle stimulation
6. Therapeutic ultrasound
7. Therapeutic exercise
8. Low-level laser therapy
9. Electromyography (EMG) biofeedback
10. Other
99. Not documented

(22) othertx: Free Text to enter the other chiropractic treatment documented.



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Education & Advice

• (32) chiroed-Select all advice or education the Chiropractor provided to the patient.

Select all that apply:

1. Education on the natural history or progression of the condition / disease
2. Warning of red flags, signs, or symptoms of progression of disease / condition
3. Dietary recommendations
4. Advice to remain active
5. Smoking / tobacco cessation
6. Education on the etiology of the condition/disease
7. Other
8. 99. Not documented

• (33) chiroedot –Free Text to document "other" advice or education



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Self-Management Strategies

- **(34) sifman-** Select all aspects of self-management strategies that the Chiropractor provided to the patient.

Select all that apply:

1. Ergonomic or activities of daily living recommendations
2. Home use of TENS/E-stim
3. Home use of ice/heat
4. Self-massage
5. Home exercise plan
6. Pain psychology strategies
7. Aerobic exercise/activity
8. Thai Chi/Qi Gong
9. Yoga
10. Other
11. 99. Not documented

- **(35) otsifman-** Free Text to document other self-management strategy.



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Documented Time

- **(36) doctime** – review the chart to determine if the Chiropractor documented the amount of time spent on the following evaluations and management procedures. If value 1 (yes), the time option will be enabled, and you will document the amount time spent in that category.

Example:

Chiropractor documents 24 minutes spent preparing for visit, 30 minutes performing medical assessment and counseling patient with unknown amount of time.

You will select:

- Doctime1 (preparing to see the patient): Value “1” and document 24 minutes
- Doctime3 (performing medically appropriate examination and/or evaluation): Value “1” and document 30 minutes
- Doctime4 (counseling and educating the patient/family/caregiver): Value “1” and document zz for unspecified time
- All other doctime questions select Value “2” and time will be skipped.



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Total Visits

- **(37) totaddvis:** enter the total number of additional chiropractic visits that occurred after the Index Visit Encounter and up to 6 months after the Index Visit Encounter.
- **Do not count the Index Encounter Visit in the total number of additional Chiropractic visits.**

Example:

- Index Encounter: 11/01/2022
- Encounter # 2: 11/06/2022
- Encounter # 3: 11/09/2022
- Total Visits: 2

SKIP:

Number of Total Visits Abstraction Guidelines: If the patient has greater than 4 visits during the time frame specified in question TOTADDVIS, review the first three (3) visits and the last one (1) visits for the following questions.



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Second Visit

- **(38) chirvst2dt:** Enter the date of the second visit with a Chiropractor at this VAMC during the specified time frame.

mm/dd/yyyy

- **(39) chir2icd:** Enter all of the ICD-10-CM Chiropractic diagnosis code(s) documented in the medical record for the Chiropractic the specified date.

(3 alpha-numeric characters/decimal point/four alpha-numeric characters)

- **(40) chir2cpt:** Enter the CPT codes documented in the record for the Chiropractic encounter on the specified date. If no Chiropractic CPT codes are documented in the medical record on the date of the encounter, add xxxxx.

(5 alpha-numeric or numeric characters)

May enter up to four codes.



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Second Visit New Conditions

- **(41) chirotc2:** Review the Chiropractor’s documentation to determine new injuries or conditions that were not present during the index encounter.

Select all that apply:

1. General Low Back (e.g., lumbar coccyx, pelvic, sacral, sacroiliac) Pain.
2. Low Back Pain (LBP) with Lower Extremity Pain.
3. Neck (cervical) Pain
4. Neck (cervical) Pain with Upper Extremity Pain
5. Thoracic Pain Conditions
6. Headache Conditions
7. Upper Extremity (arm) Pain or Condition
8. Lower Extremity (leg) Pain or Condition
9. Generalized Syndrome
10. Other Impression Documented
99. None documented



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Second Visit Re-Examination

(42) as2lbp1:

What documented qualitative assessment of low back pain symptoms was documented by the Chiropractor?

1. Symptoms improving
2. Symptoms unchanged
3. Symptoms worsening

99. No outcome of care documented or unable to determine outcome

Example, the chiropractor notes, “Patient is ambulating without difficulty today.” Patient reported his pain level today is a 3/10. Last week the patient reported his pain level was 5/10.” Select value 1.



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Second Visit Adverse Event to Treatment

- (43) ases2adv: Document if an adverse event was assessed and outcome.
 1. No adverse event
 2. Adverse event reported
 3. Not assessed
- (44) adv2evnt: Free Text to document the adverse event.



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Second Visit Pain Scale

- (45) pn2scale: Select Value 1, if pain scale was used and Value 2, for no pain scale.
- (46) n2scale: Review the documentation and select all pain scale tools used during this encounter.
- (47) cpainoth2: Free Text to enter other pain scale used

5. Defense Veterans Pain Scale (DVPS): Range 0-10	1. Yes 2. No	>=0 and <=10
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Second Visit Aspects of Physical Examination

- (48) ph2asp1: Select all aspects of the physical examination the Chiropractor documented.

Select all that apply:

 1. Observation
 2. Gait analysis / ambulation
 3. Range of motion (ROM)
 4. Orthopedic testing of neck or upper extremity
 5. Orthopedic testing of the thoracic, lumbar spine, pelvis, or lower extremity
 6. Joint Assessment/Palpation (restriction, stiffness, end feel)
 7. Soft Tissue Palpation (tone/texture/spasm)
 8. Upper extremity reflex
 9. Upper extremity dermatome
 10. Upper extremity myotome / muscle strength testing
 11. Lower extremity reflex
 12. Lower extremity dermatome
 13. Lower extremity myotome/muscle strength testing
 14. Balance and coordination testing
 15. Cranial nerve examination
 16. Temperature
 17. Blood pressure
 99. None documented



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Second Visit Treatment

(49) chir2tx: Select all treatments that the Chiropractor documented.

-If Value 10, go to othertx2; else go to hv2la1

Select all that apply:

1. Superficial cold (clinic based)
2. Superficial heat (clinic-based)
3. Manual soft tissue therapy/massage/myofascial
4. Acupuncture / dry needling
5. Electric muscle stimulation
6. Therapeutic ultrasound
7. Therapeutic exercise
8. Low-level laser therapy
9. Electromyography (EMG) biofeedback
10. Other
99. Not documented

(50) othertx2: Free Text other chiropractic treatment.



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Second Visit Manipulation Procedures

The following questions ask about specific manipulation procedures for specific locations.

- (51) hv2la–High-Velocity, Low Amplitude (HVLA)
 - (52) flexman – Flexion-Distraction (FD)
 - (53) dropman –Drop-Assisted
 - (54) impulman –Impulse Instrument
 - (55) sacroman –Sacro-Occipital Technique (SOT)
 - (56) trackman –Manual Traction
 - (57) manman –Manual Mobilization
 - (58) othrman – Other Manipulation
 - (59) othname2 – Free Text to type name of manipulation
- Select all that apply:
1. Cervical
 2. Thoracic
 3. Lumbosacral
 4. Upper Extremity
 5. Lower Extremity
 6. Unspecified
 99. (Specific) Manipulation was not performed



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Second Visit Education & Advice

- (60) chiroed-Select all advice or education the Chiropractor provided to the patient.

Select all that apply:

1. Education on the natural history or progression of the condition / disease
2. Warning of red flags, signs, or symptoms of progression of disease / condition
3. Dietary recommendations
4. Advice to remain active
5. Smoking / tobacco cessation
6. Education on the etiology of the condition/disease
7. Other
8. 99. Not documented

- (61) chiroedot –Free Text to document “other” advice or education



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Second Visit Self-Mangement Strategies

- **(62) sifman-Select all aspects of self-management strategies that the Chiropractor provided to the patient.**
Select all that apply:
 1. Ergonomic or activities of daily living recommendations
 2. Home use of TENS/E-stim
 3. Home use of ice/heat
 4. Self-massage
 5. Home exercise plan
 6. Pain psychology strategies
 7. Aerobic exercise/activity
 8. Thai Chi/Qi Gong
 9. Yoga
 10. Other
 11. 99. Not documented
- **(63) otfsmn- Free Text to document other self-management strategy.**



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Third through Fifth Visit

- Questions 64-141 are potential follow-up questions to represent the Third Visit through the Fifth Visit that mirrors the Second Visit set of questions.
- At the end of each visit set, if there are no additional visits, the skip will go to the end; otherwise proceed to the next set of visit questions.



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Summary

- Study purpose is to gather data to assess Low Back Pain care.
- No DACs or Exit reports
- Please submit any questions to Robin Taylor using the Question and Answer HUB
- Estimated pull list date 10/8/2025
- Estimated abstraction completion by 11/04/2025



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