



SHERMAN COLLEGE *of* CHIROPRACTIC

CHIROPRACTIC CENTER

Intern Handbook

Adjusting the World
for a Better Future 

Sherman College of Chiropractic
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Welcome to the Chiropractic Center

You have reached an exciting milestone in your journey to becoming a doctor of chiropractic. Your hard work and dedication have equipped you with the knowledge, skills, and mindset necessary to enter the clinical phase of the program.

At Sherman College of Chiropractic, we are committed to preparing students to become confident, competent, and compassionate chiropractors. The Chiropractic Center provides a dynamic, real-world clinical learning environment, supported by a dedicated team of faculty and staff who are passionate about both exceptional patient care and student success.

Our top priority is the health and well-being of our patients. As an intern, you'll grow through hands-on experience, personal development, and professional mentorship. The clinical experience will be both challenging and rewarding—and when you leave the Chiropractic Center, you'll do so as a well-prepared doctor of chiropractic.

We're excited to support you as you make the transition from student to doctor.

Welcome to the next phase of your journey!

Purpose

This handbook is a resource for interns, faculty, and staff. It outlines key policies, procedures, and expectations within the Chiropractic Center. While the handbook is not a binding contract, it is designed to guide your clinical experience and ensure smooth day-to-day operations.

The content is updated regularly to reflect improvements in clinical practices and program requirements. The most current version is available in Schoology.

Feedback and suggestions for improvement are always welcome. Please submit them in writing to the Dean of Clinics.

Mission

Our mission at Sherman College of Chiropractic is to provide exceptional preparation for the location, analysis and adjustment of vertebral subluxation.

Facilities Information

Location and Contact Information

Street address	Sherman College Chiropractic Center 2020 Springfield Road Boiling Springs, SC 29316	
Mailing address	PO Box 1452 Spartanburg, SC 29304	
Website	www.sherman.edu/chiropractic-center	
Email	appointmentscheduling@sherman.edu	
Phone/Fax	864-578-8777 (O) 864-599-4858 (F) Answered Monday – Friday between 8 a.m. and 5 p.m	
Offices	Dean of Clinics	Ext. 263
	Chair of Clinical Curriculum	Ext. 211
	Coordinator of Clinic Operations	Ext. 264
	Coordinator for Patient and Intern Services	Ext. 290
	Assistant Coordinator for Patient and Intern Services	Ext. 265
	Director of Student Clinic	Ext. 270
	Imaging Department Coordinator	Ext. 296

Chiropractic Center Hours

Day:	Operating Hours:	Latest Appointment:
Monday –Thursday	9 a.m. - 12 p.m. 2 p.m. - 5 p.m.	11:30 a.m. 4:30 p.m.
Friday	Closed to patient care	N/A

Holidays And School Breaks

Special chiropractic center hours are posted in advance for holidays and college breaks. Interns are responsible for checking these schedules before booking or confirming patient appointments.

During college breaks, the imaging department operates only on days when the chiropractic center is open to patients — unless otherwise noted.

The chiropractic center will be closed on the following holidays:

New Year’s Day	Day before Thanksgiving
Martin Luther King, Jr. Day	Thanksgiving Day
Memorial Day	Day after Thanksgiving
Juneteenth	Christmas Eve
Independence Day	Christmas Day
Labor Day	New Year’s Eve
Veteran’s Day	New Year’s Day

Closing Due to Inclement Weather

In the event of severe weather, college closings are announced on:

- WSPA TV Channel 7
- WYFF TV Channel 4
- Omniaalert (college emergency messaging system)

Chiropractic Center Entrance and Exit

The E.C. Taylor Building, home to the Chiropractic Center, is open Monday through Friday from 6:45 a.m. to 8:00 p.m.

All students must enter and exit through the **upper-floor rear entrance** at all times. This policy helps maintain a quiet, professional environment in the first-floor reception area while patients are on campus.

Outpatients and student family members receiving care must remain on the **first floor** of the Chiropractic Center at all times

*Interns bringing their child(ren) to the clinic as patients must enter through the **front entrance** and bring their **clinic jacket** with them upon arrival. Children are **not permitted upstairs** in the Health Center (with the exception of infants under 8 weeks old), so you will **not** be able to access the upstairs area or retrieve your clinic jacket once inside.*

*All child patients must be **accompanied by another adult** in the lobby and during the spinal check.*

Security

Your safety matters. Sherman College employs a security guard who patrols the campus, buildings, and parking lots regularly to help ensure a secure environment for everyone.

If you ever feel unsafe walking to your car during business hours, you can request a security escort.

 **To request an escort, call Campus Security at (864) 316-7576.**

Parking

Chiropractic Center parking is reserved exclusively for **outpatients and campus visitors**. The clinic opens for patient care at **9:00 a.m.**, and **students and interns are not allowed to park in the visitor lot (Lot K)** at any time.

Where to Park:

Interns in Clinic 718–810

- Park in **Lot I** (Intern Parking Lot).
- Your car must display an **Intern Parking Permit** on the **inside of the driver's side rear window**, placed **directly above** your Sherman College parking permit.
- Permits are issued by Campus Security once you're enrolled in Student Clinic or higher.

Pre-Clinic Interns

- Park in **student lots only**: Lots L, M, or N.
- You are **not permitted** to park in the Intern Parking Lot (Lot I).

Intern of the Month

- Receives a **reserved parking space** directly in Lot K, (front of the Chiropractic Center).
- May keep their car parked there **all day, Monday through Friday**.
- Can use the **front entrance** when entering and exiting the building.

⚠ Reminder: Parking violations may result in tickets and fines.



Facilities

- A. E.C. Taylor Chiropractic Center
- B. Mack & Kitty Scallon Hall
- C. Theron & Selma Olsen Building
- D. Thom & Betty Gelardi Student Center
- E. Labyrinth
- F. Student Plaza
- G. Brown House & Museum

Parking

- H. Visitor & VIP Parking
- I. Intern Parking
- J. Faculty & Staff Parking
- K. Chiropractic Center Parking
- L. Student Parking Lower Lot
- M. Student Parking East Lot
- N. Student Parking West Lot
- O. Delivery Entrance
- P. Maintenance Shop

Lockers

Each intern is assigned a locker in the Chiropractic Center that matches their intern number. Lockers are provided **free of charge** for the duration of your time in clinic.

What you need to know:

- **Bring your own lock.** The college does not provide them.
- **Keep your belongings secure.** The college is **not responsible** for any lost or stolen items.

Chiropractic Equipment

All Chiropractic Center equipment is owned and maintained by Sherman College of Chiropractic. Interns enrolled in Clinic 642 – 810 have access to, and use of, Chiropractic Center exam and adjusting rooms (including student clinic) during Chiropractic Center hours of operation and/or during class hours under the direct supervision of a faculty member. The computer lab is available during posted hours. **No adjusting is permitted without direct faculty supervision.**

Reporting Broken or Malfunctioning Equipment

If you notice any equipment in the Chiropractic Center that isn't working properly, it's your responsibility to report it right away.

How to report a malfunction:

1. Let a faculty member or the front desk know.
2. Be specific—include the type of equipment, what's wrong, and which room it's in.

Once reported, the issue will be passed along to the repair team so it can be fixed as quickly as possible.

Important:

If a knob, screw, or any other part breaks or falls off, please bring it to the front desk. They'll label it and make sure it gets to the repair team.

Reporting Tytron Issues

If the Tytron scanner isn't working, follow these steps to make sure it gets addressed quickly:

1. **Scan the QR code** posted in the adjusting areas to submit a malfunction report. This alerts administration so they can resolve the issue ASAP.
2. **Document it in the patient's daily note**—but don't stop there. You still need to submit the official error report using the QR code.
3. **⚠ Heads up:** If you only note the malfunction in the patient's chart without submitting a report, you may lose visit credit for that encounter.

Patient Health Emergency in Clinic

If a patient becomes ill or experiences a crisis while in the Chiropractic Center, **interns must immediately notify a faculty doctor.**

The faculty doctor will assess the situation and determine the appropriate next steps, including administering first aid or activating emergency protocols if needed.

Your role is to stay calm, communicate clearly, and let faculty take the lead in managing the situation.

Emergency Procedures and First Aid Response

Adapted from American Red Cross guidelines

If a health emergency occurs in the Chiropractic Center (e.g., heart attack, seizure, injury), follow these steps:

Immediate Actions

- **Stay calm and professional.** Avoid alarming the patient or bystanders.
- **Stay with the person.** Reassure them that help is on the way.
- **Alert a faculty doctor and front desk staff.** Clearly state the location (e.g., room number). The front desk will contact campus security if needed.
- **Faculty will determine if 911 should be called.** If so, front desk staff will make the call and stay on the line until told otherwise.

 **Note:** First aid and clean-up kits are available. Ask the front desk if needed.

After the Emergency

- The supervising faculty doctor must complete an **Accident/Emergency Report (HC 3100)** and submit it to the Coordinator of Clinic Operations and Campus Security/Safety Manager.
- If follow-up care is needed, the faculty doctor must also complete a **Patient Referral/Consultation Form (HC 1050)**.

Additional First Aid Guidelines

- **Do not move the patient** unless their safety is at risk.
- **Keep them in a safe, stable position.** Do not let them stand or walk.
- **Minimize unnecessary disturbances.**
- **Prevent chilling** with blankets (available in the closet under the stairs—ask the front desk for access).
- **Look for emergency medical IDs** and ask what happened.
- **Loosen tight clothing** if appropriate.
- **Use sound judgment.** Base your response on the injury, resources available, and needs of the situation.
- **Only apply first aid measures you are trained in.**
- **Stay in control** until emergency services or responsible parties arrive.
- **Do not diagnose** or discuss the patient's condition with bystanders.

 Interns and staff must take every precaution to avoid causing further harm while providing the best possible care.

Tornado, Fire, or Shelter in Place

Tornado Warning

Move immediately to **interior hallways** near the Imaging Department or to **rooms without windows**.

Fire Alarm

Exit the Chiropractic Center right away and go to a designated safe area:

- **Intern Parking Lot (Lot I)** or
- **Student Parking Lot N** (at least 500 feet from the building).
See **Appendix 9** for the evacuation map.

Shelter-in-Place

In the event of a lockdown or security threat:

- Go to a **room without windows**
 - **Close and lock the door**
 - **Stay silent** and remain in place until emergency personnel give the all-clear
- 📌 **Stay calm and follow instructions.** Your safety is the top priority.

Bodily Fluid Spill Protocol

In the event of a bodily fluid spill (e.g., blood, vomit, urine), follow these procedures to maintain safety and compliance:

1. Ensure Safety & Secure the Area

- **Do not clean the spill yourself.**
- If safe, **block off the area** using signage or by verbally alerting others.
- Prevent foot traffic and contact with the spill zone.

2. Notify Faculty or Staff

- Immediately inform a **case doctor or staff member**.
- If a patient is involved, make sure they are safe and **moved away from the area**.

3. Use Personal Protective Equipment (PPE)

- If you must assist a patient (e.g., after a fall or visible bleeding), put on **disposable gloves** from the supply closet.
- **Avoid all direct contact** with bodily fluids.

4. Contact Maintenance

- **Call the Maintenance Department** to request a spill clean-up.
- Provide:
 - **Exact location** of the spill
 - **Type of fluid**, if known
 - Any injuries or exposures

5. Spill Kit Use

- **Only trained maintenance personnel** are permitted to use bloodborne pathogen spill kits.
- Spill kits are stored in the **Chiropractic Center maintenance closet** and used according to OSHA standards.

6. Exposure Reporting

If you believe you were exposed:

- **Immediately wash the area** with soap and water.
- Notify your **supervisor or case doctor**.
- Complete an **Incident Report Form**.
- **Seek medical evaluation** if needed.

Important Reminders

- Always treat blood and bodily fluids as **potentially infectious**.
- **Do not dispose of contaminated materials** in regular trash bins.
- Never attempt to clean **sharps or broken glass**—leave that to trained personnel.

For Further information please refer to [Policy 3070 Bloodborne Pathogen and Hazardous Waste Control](#).

Chiropractic Center Dress and Groom Standards

Interns must present a clean, professional image at all times while on the clinic floor or delivering patient care. Below are the guidelines for attire, grooming, and personal presentation.

Tops

- Wear a **clean, pressed light blue clinic jacket** or approved specialty jacket. It must be **fully buttoned or zipped**.
- **Name tags are required** and must be worn **centered above the left breast pocket**.
- Stained or worn-out jackets must be replaced.
- If wearing a **short-sleeved clinic jacket**, wear a **short-sleeved shirt underneath**. Long sleeves may not be rolled or bunched under short sleeves. Shirt sleeves and tails should **not be visible** under your jacket.

Bottoms

- **No denim**—this includes all colors and styles.
- **Dresses and skirts** must be loose enough for proper adjusting positions and must fall to **mid-calf or longer**.

Footwear

- **Rain boots are not permitted** on the clinic floor.
- Footwear must be **clean and professional**. Acceptable options include:
 - Leather shoes
 - Business-casual sneakers in **solid black, navy, or dark brown**
- **No patterns, logos, or accent colors** are allowed.
- **Athletic or canvas sneakers are not permitted** during patient care.

Hair & Hygiene

- Long hair must be **tied back** when adjusting patients to ensure cleanliness and maintain a professional appearance.

Accessories

- Keep jewelry **minimal and professional**. Acceptable items include:
 - Watches
 - Bracelets
 - Small nose rings
 - Earrings
 - Necklaces
- For safety during adjustments, **remove bracelets, watches, and long necklaces as needed**.

Looking professional builds trust. If you're ever unsure whether something meets dress code standards, ask your case doctor or clinic administration before wearing it on the floor.

Dress Code Oversight and Exceptions

Faculty and staff have the authority to decide whether an intern's attire or hygiene meets clinic standards. If you are asked to make a correction, you are expected to **comply immediately**.

Disagree with the decision?

You may submit an appeal to the **Dean of Clinics**, but you must follow the directive **until a decision is made**.

Temporary Dress Code Exceptions

If you have a **temporary need** to adjust your dress code—such as due to **injury, pregnancy, or other medical concerns**—you must:

1. **Request written approval** from the Dean of Clinics **before seeing patients**
2. Once approved, **faculty and staff will be notified** of the exception and its timeframe

DOS & DON'TS FOR CLINIC DRESS CODE

*Dress code violations will result
conduct report.*

  Loafers, dress shoes, mules, flats	  Athletic sneakers, sandals, dirty shoes
 Dress pants, long skirts	 Distressed pants, jeans, leggings
 Professional tops, collared shirts, sweaters	 Sheer garments, low cut tops
 Neatly groomed hair and clean, manicured nails	 Messy hair and facial hair, bitten or sharp nails

*This dress code also applies to Finals Week. Jeans
are acceptable on dress up day, if participating.*

Intern Expectations

Supervised Adjusting Only Permitted

All adjustments in the Chiropractic Center **must** be performed under the direct supervision of a faculty doctor—this is a legal requirement under South Carolina state law.

⚠ Performing an adjustment without proper supervision is a serious offense and may lead to:

- Long-term suspension
- Expulsion
- Other disciplinary action as deemed appropriate

Your Responsibility:

If you witness an unauthorized adjustment—on or off campus—you are obligated to report it. Failing to report what you saw may result in the **same consequences** as the person performing the adjustment.

Reports must be:

- **Detailed**
- **In writing**
- **Submitted to the Dean of Clinics**

All incidents will be handled according to **Policy 8004 – Student Code of Conduct**.

Intern Responsibilities in the Chiropractic Center

1. **Provide hands-on chiropractic care** as a portal-of-entry provider for patients of all ages, demonstrating compassion, ethics, and professionalism with patients, staff, and peers.
2. **Develop clinical competency** by mastering the knowledge, skills, and attitudes necessary for analyzing and correcting vertebral subluxation.
3. **Maintain accurate, thorough, and legible records** that are organized and accessible for quality assessment and continuity of care.
4. **Perform and document thorough exams and re-exams** to create a relevant diagnosis and personalized care plan, while monitoring patient progress.
5. **Take on additional patient care duties** as assigned by your case doctor.
6. **Understand and apply clinical judgment** to recognize contraindications and possible complications related to care.
7. **Clearly communicate care plans** and refer patients when necessary.
8. **Use professional communication** that builds trust and strengthens doctor-patient relationships.
9. **Educate patients** to support understanding, empowerment, and adherence to care recommendations.
10. **Support Chiropractic Center operations** by assisting faculty and staff in maintaining smooth daily workflows.
11. **Set and track goals** that help you meet clinical requirements and competencies on time.
12. **Mentor fellow interns** to strengthen collective learning and create a thriving, collaborative intern community.
13. **Embrace feedback** by reflecting on evaluations to grow your professional skills.
14. **Attend all required intern meetings.**
15. **Check your Sherman email regularly** and respond promptly to Chiropractic Center communications.
16. **Arrange appropriate coverage** for your patients or shifts if you'll be absent.
17. **Help maintain a clean, fully stocked clinic**, and report equipment issues immediately.

Ethics in Chiropractic Center Care

At the heart of every patient relationship is a simple, non-negotiable truth:

The patient’s well-being comes first.

Every faculty member, administrator, staff member, and intern in the Chiropractic Center shares the responsibility of upholding this principle. Any action that puts personal interest above patient care is considered unethical.

Interns must not:

- **Interfere with an existing doctor-patient relationship.** This includes soliciting another chiropractor’s patient or commenting on their advice, fees, or methods.
- **Buy, sell, or trade patients.** This includes paying for another intern’s patient visits.
- **Pay for patient services** on behalf of an outpatient.
- **Discuss your clinic requirements with patients** in a way that pressures or influences them to increase your visit count.
- **Use the title “Doctor,” “Dr.,” or “D.C.”** Interns are not permitted to use these titles under any circumstances—including on checks, business cards, emails, websites, voicemails, or social media.
- **Violate patient confidentiality.** This includes any breach of HIPAA regulations or mishandling of protected health information.
- **Falsify or misrepresent patient status** to meet intern requirements.
- **Accept cash or monetary gifts from patients.**

Upholding ethical standards isn’t just about following rules—it is about building trust, protecting your integrity, and honoring the responsibility that comes with patient care.

The Confines of Confidentiality

All **Personal Health Information (PHI)** is strictly confidential and may only be disclosed with the **express written consent** of the patient or their legally authorized representative. Disclosure without consent is only permitted when required by law, such as through a statutory mandate or court order.

Confidentiality is more than protecting physical or digital records—it includes safeguarding **all information** contained within a patient’s record from **unauthorized access, discussion, or release**, regardless of format.

Interns must assume that **all patient information is confidential** and must **not be shared or reproduced** without proper, documented authorization. This is consistent with the **South Carolina Code § 44-115-10**.

Confidentiality rules apply to **all forms of patient information**, including but not limited to:

- Clinic charts and office notes
- Phone messages and telephone logs
- Text messages, emails, and faxes
- Sticky notes or handwritten memos
- Computer records and electronic health files
- Diagnostic images and studies
- Audio, video, or photographic recordings
- Billing records and any other tangible materials containing patient information

Protecting patient privacy is a legal and ethical obligation. Any breach of confidentiality may result in disciplinary action and legal consequences.

Intern-Patient Relationship

As in all professional healthcare settings, patients have the **right to choose** their provider. A patient may select a specific intern to oversee their care; however, this relationship is not official until the assigned case doctor confirms that the intern is eligible to assume responsibility for that patient's care.

Once the **intern-patient relationship is established**, certain responsibilities come into play. These responsibilities are especially binding for interns, who are held to professional, ethical, and legal standards based on their training and the oath of the chiropractic profession.

All decisions regarding patient reassignment or transfer are made solely by the **assigned case doctor**.

The following guidelines must be followed to ensure professionalism, patient safety, and ethical care:

1. **Maintain confidentiality** in all matters related to the doctor-patient relationship and patient records.
2. **Keep all patient records current** and accurate.
3. **Respect patient privacy** at all times. Patients may not be used for demonstration purposes without explicit patient permission, obtained by the case doctor.
4. **Protect patient modesty**, particularly during gowning or sensitive procedures.
5. **Knock and wait for a response** before entering an adjusting room, exam room, or x-ray room.
6. **Do not stand in doorways** to observe procedures or attract a case doctor's attention unless you are officially shadowing and have been approved to do so.
7. **Never leave a patient unattended** in any clinical setting (adjusting room, exam room, or x-ray room) for more than **five (5) minutes**.
8. **Children under the age of 16** must always be accompanied and **must never be left unattended** while in the Chiropractic Center.
9. **Interns should not date their patients**

Intern Meetings

Intern meetings are an essential part of staying informed and connected during your time in the Chiropractic Center.

- **All-Intern Meetings** are typically held:
 - **Week 1 – Tuesday**
 - **Week 9 – Friday**
- These meetings are **mandatory for all interns**, unless you are currently in PMOE (Preceptorship/Externship), in which case attendance is not required.
- Additional meetings may be called by case doctors or clinic administration as needed.

Intern Workshops

Faculty doctors can schedule workshops throughout the quarter to support intern development. Interns are also encouraged to request workshops on any topic they'd like to explore further.

All workshops must be approved by the **Dean of Clinics** before being added to the schedule.

Opportunities Beyond the Curriculum

Intern of the Month

The Chiropractic Center faculty proudly recognizes one intern each month for outstanding clinical performance. Eligible candidates are selected from interns enrolled in **CLIN 722 through CLIN 810**.

Selection Criteria

Interns are evaluated based on the following:

1. Number of outpatient visits
2. Number of outpatients started and maintained
3. Proficiency in analytical procedures
4. Skill in applying appropriate adjusting techniques
5. Effectiveness in case management
6. Exceptional professionalism

Each month, **case doctors** nominate eligible interns based on these criteria. A final selection is made from this pool of candidates.

Recognition

The selected intern will:

- Receive a formal notification email letter from the **Coordinator of Clinic Operations**.
- Be recognized on the **college website** and **social media channels**.
- Have their **pinning ceremony photo displayed** in the Chiropractic Center reception area.
- Be able to park in the designated Intern of the Month parking spot in the front lot of the chiropractic center for that month.

This recognition celebrates clinical excellence and serves as an inspiration to peers and patients alike.

Chiropractic Center Advisory Council

The purpose of the **Chiropractic Center Advisory Council** is to:

1. Foster open communication among case doctors, administrators, staff, and interns
2. Develop and implement procedures that enhance the quality of patient care and enrich the intern learning experience

The **Advisory Council** is composed of the following members:

- **Dean of Clinics** (Chair)
- **Coordinator of Clinic Operations**
- **Intern Representatives:** One intern from each level of Clinic 718 through 810, as available. Each representative serves for the duration of their internship unless they choose to resign. In the event of a resignation, the respective cohort will select a new representative.
- **At least one Chiropractic Center faculty member**
- **At least one Chiropractic Center staff member**
- **Additional members** as appointed by the Dean of Clinics

The council serves as a collaborative forum to support continuous improvement and excellence in clinical education and patient care.

Intern Specialty Training

Clinical Radiology Intern Program (XRI)

The **XRI Program** provides selected interns with additional clinical training in radiographic imaging and patient positioning. Participation is competitive and based on academic performance and professional conduct.

Eligibility Requirements

Interns must meet the following criteria:

1. Be enrolled in **CLIN 642 Pre-Clinic** or higher
2. Maintain a **cumulative GPA of 3.0 or above**
3. Earn a **grade of B or higher** in:
 - Cervical Radiographic Analysis
 - Thoracic/Lumbar/Pelvic (T/LP) Radiographic Analysis II
 - Cervical Radiographic Positioning
 - T/LP Radiographic Positioning
 - Applications of Clinical Radiography
4. Be available to work a **minimum of 2 hours per week** in the XRI program
5. Successfully pass all required **XRI proficiency examinations**
6. Have **no history of academic probation or suspension**
7. Have **no disciplinary history**

Application Process

Applicants must:

- Submit an application
- Complete an interview with X-ray department faculty
- Score **85% or higher** on a written examination
- Commit to working at least **6 hours per week**, with a minimum of **2 hours per shift**

Academy of Chiropractic Excellence (ACE)

The **Academy of Chiropractic Excellence (ACE)** is a selective program designed to advance clinical mastery in spinal analysis and adjusting, and to develop leadership through peer mentorship and academic support.

Program Goals

- Provide ACE interns with advanced training, practical experience, and motivation in spinal examination and adjusting
- Offer peer tutoring and skill development to students of all proficiency levels
- Support classroom instruction through teaching assistance

Eligibility Requirements

Applicants must:

1. Be enrolled in **Clinic 718 or higher**
2. Maintain a **minimum cumulative GPA of 2.7**
3. Complete the **ACE Internship Application Form**
4. Successfully complete **practical testing** in various technique courses
5. Submit **two faculty recommendations**, including one from a technique instructor
6. Demonstrate commitment to the **mission of Sherman College** and the goals of the ACE program
7. Be enrolled in **240 or more credit hours**

8. Have **no academic or disciplinary violations**
9. Be available to work a minimum of **4 hours per week**, which may include:
 - Tutoring students
 - Assisting in technique classes
10. Participate in at least **one ACE review session per quarter**

For more information or to apply, please contact the **ACE Program Chair**.

Commencement Awards

Milton W. Garfunkel Award

The **Milton W. Garfunkel Award** is the highest honor bestowed upon a graduating student. It is awarded only when a degree candidate meets the award criteria and is recommended by the **Garfunkel Committee**, which includes:

- Vice President for Academic Affairs
- Dean of Student Affairs
- Dean of Clinics

The **President of Sherman College** makes the final decision.

Eligibility Requirements:

- Must be a degree candidate
- Must have completed at least **seven (7) quarters** at Sherman College
- Must have a **cumulative GPA of 3.5 or higher**

Nominees may be recommended by:

1. Chiropractic Center faculty
2. Philosophy department faculty
3. College staff
4. Peers

The recipient is notified in advance and delivers the **farewell address** at commencement.

Clinical Excellence Award

This award is presented only when a graduating class member clearly meets the established criteria, **and** the Chiropractic Center faculty and staff collectively agree that the award is merited.

Criteria for consideration:

1. Demonstrates outstanding professionalism and excellence in patient education
2. Displays exceptional clinical adjusting and analytical skills
3. High number of outpatient visits
4. Strong record of initiating and maintaining care for outpatients
5. Significant number of outpatients transferred for continued care within the Chiropractic Center
6. High metacompetency scores
7. No unresolved disciplinary actions
8. Positive endorsement through voting by Chiropractic Center personnel

The qualifying class member(s) receiving the highest number of votes are considered for final selection.

Ringling Out Ceremony

1. Interns can notify the coordinator of clinic operations no earlier than week seven if they intend to ring out.
2. The ring out times available are 1:15pm or 1:30pm.
3. Family/ friends are encouraged to attend. Any guests of the Chiropractic Center during that time must sign a Media Release Form available at the front desk.
4. Intern(s) must provide a device for staff to use for photo/video purposes. All photos/ videos are restricted to the landing of the stairs where the Ringing Out Ceremony takes place.

Conflict Resolution

Conflicts often arise from miscommunication. When they do, it is important to address them promptly and professionally.

If a conflict occurs, refer to [Policy 8015 Student Grievance](#). This policy outlines the formal process for addressing concerns.

Before initiating a formal grievance, students and interns are expected to first **attempt a direct, respectful conversation** with the faculty or staff member involved. Open communication is often the most effective way to resolve misunderstandings.

If the issue feels too sensitive or difficult to address alone, students may contact the **dean of clinics or Student Affairs** to request a **mediator or witness** for the conversation. However, it remains the student's responsibility to clearly communicate their concerns directly to the individual involved.

Conduct Reports

Purpose

The discipline system outlined in this handbook provides a **structured and supportive approach** to help interns address challenges while promoting the development of **character, professionalism, and clinical competency**. This system is not solely punitive—it is designed to enhance the intern’s growth in knowledge, skills, and ethical conduct essential to effective chiropractic care. The ultimate goal is to prepare interns for success not only in the Chiropractic Center, but in future professional and community practice settings.

Conduct Reports

Conduct reports are a vital component of the intern’s clinical education. They serve to document infractions ranging from **minor to major violations**, and may also address concerns related to:

- Clinical competency
- Professional behavior
- Attitudes and values
- Ethics
- Communication and interpersonal skills

These reports may be submitted by **Chiropractic Center case doctors, faculty, staff, or other students using the QR code located on all adjusting room computers and in the chiropractic center computer lab**), and are forwarded to the **Dean of Clinics** for review.

Conduct Review Process

Upon receipt of a conduct report:

1. Interns will be notified by **college email** if a conduct report is submitted against them
2. The **Dean of Clinics** (or a designated administrator) will review the report and meet with the intern to gather additional information.
3. A thorough assessment will be conducted, and a determination will be made regarding the validity of the report.
4. If warranted, an **appropriate sanction** or corrective action will be assigned.

All concerns must be communicated to the Dean of Clinics via email.

If the intern is found responsible for the violation, the **Dean of Clinics**, in collaboration with the **Compliance Officer**, has the authority to determine and implement disciplinary measures.

Chiropractic Center Disciplinary Levels

Intern conduct is evaluated according to a **tiered system** based on the severity and/or repetition of violations. Sanctions are designed to support professional growth while maintaining the integrity of the Chiropractic Center and patient care.

Level One: Minor Violations

Definition:

Initial or minor infractions that result in a less severe sanction. These may be isolated incidents or behaviors that are easily correctable.

Examples of Level One Violations:

- Loitering in the lobby or patient care areas without purpose
- Repeated violations of the clinic dress code
- Leaving patient care rooms unclean or not reset after use

Possible Sanctions:

- Written warning
 - Documentation in permanent academic/clinical file
 - Additional sanctions as deemed appropriate by the Dean of Clinics
-

Level Two: Moderate Violations

Definition:

More serious infractions or repeated Level One violations. These require a stronger corrective response due to their impact on clinical operations or patient care.

Examples of Level Two Violations:

- Failing to check, read, or respond to Chiropractic Center emails daily
- Incomplete or improper patient documentation, including:
 - Not following the **24-hour rule (one business day)** for returning notes
 - Not completing **PMRs within 72 hours (three business days)**
- Entering the front desk area without permission
- Unprofessional conversations or conduct with interns, faculty, or staff
- Allowing children to interact with clinic equipment during visits
- Failing to manage or document patient care during absences or breaks
- Advertising without prior approval from Sherman College
- Soliciting patients in an unprofessional or unauthorized manner
- “Piggybacking” (checking another intern’s patient to receive visit credit)

Possible Sanctions:

- Written warning
- Required remediation
- Short-term suspension from the Chiropractic Center

- Additional sanctions as deemed appropriate
-

Level Three: Severe Violations

Definition:

The most serious violations, or repeated Level One or Level Two offenses. These represent a significant breach of ethics, professionalism, or patient safety, and may result in removal from the program.

Examples of Level Three Violations:

- Promising or guaranteeing a cure to patients
- Being under the influence of drugs or alcohol while on campus
- Hostile, threatening, or inappropriate behavior or language
- Unauthorized adjusting, on or off campus
- Using non-approved techniques or procedures outside the Sherman Package
- Soliciting patients unethically (e.g., paying or pressuring patients)
- Discussing patient cases or posting any patient-related content on social media without consent
- Mishandling, removing, or storing patient records/x-rays improperly, including on personal devices
- Violating HIPAA or other patient privacy laws
- Forging documentation
- Failing to follow case doctor instructions
- Failing to show up for scheduled patient appointments (includes IOC, SMC, and X-ray shifts)
- Missing scheduled meetings with the Dean of Clinics, case doctors, or front desk staff
- Inappropriate interactions or conversations with patients
- Misrepresenting yourself as a licensed Doctor of Chiropractic (e.g., using “Dr.” or “D.C.”)

Possible Sanctions:

- Written warning
- Required remediation
- Long-term suspension from the Chiropractic Center
- Expulsion from Sherman College
- Additional sanctions as deemed appropriate

Clinic Course and Curriculum Requirements

Schoology

The Chiropractic Center utilizes multiple electronic platforms to manage and track clinical data. All **clinic-level syllabi** and the most recent version of the **Intern Handbook** are available on the corresponding **Schoology course pages**.

Case doctors use Schoology to monitor intern progress and ensure clinic course requirements are being met.

If you experience issues accessing your Schoology account or have questions about course content, please contact your assigned **clinic-level instructor** or the **Chair of Clinical Curriculum** for support.

Due Dates

Clinic courses represent the **capstone experience** of your Doctor of Chiropractic program. As such, timely completion of all requirements is essential. The following guidelines apply to all clinic-level coursework:

- **Assignment Deadlines:**
Complete all assignments and assessments as outlined in your clinic-level syllabus. Due dates are posted on each **Schoology clinic course page**.
- **Late Assignment Policy:**
Interns are permitted to submit **one (1) assignment up to 24 hours late per quarter** without documentation.
 - Additional late submissions will **not** be accepted and will receive a grade of **zero (0)**.
 - Short-term health-related absences must follow [Policy 1055](#) and be appropriately documented.
- **Course Completion:**
Failure to complete **all required assignments and assessments** will result in a **failing grade (F)** for the course.

Intern Visit Credit and Documentation Process

One Visit Credit Per Patient Per Day

Interns may only check or examine a given patient **once per day** for visit credit.

Quarterly Visit Credit Evaluation

Visit credit is awarded at the **end of the quarter** based on an intern's demonstrated performance in the following areas:

- Patient interaction and clinical care
- Documentation and compliance
- Professionalism and communication
- Clinical management

Visit Log (HC 4000) Requirements

Interns are responsible for maintaining their **Visit Logs (HC 4000)** throughout the quarter.

- Logs must be **digitally submitted via Schoology** by the posted due date and time.
- Interns are fully accountable for the **accuracy** and **timely submission** of their Visit Logs.

Requirements for Visit Credit

To earn visit credit, interns must successfully complete:

1. The **patient encounter**, and
2. All **post-encounter requirements**

Faculty approval is based on adherence to in-person care standards, including but not limited to:

- Up-to-date and complete patient files
- Clear and professional communication
- Proper preparation for the visit
- Correct use of chiropractic analysis and technique
- Compliance with clinical management expectations

- If credit is **denied**, the intern will be notified via the **Visit Log (HC 4000)** form.

Documentation Standards

Case doctors reviewing patient notes may deny visit credit if documentation does not meet Chiropractic Center standards.

Reasons may include:

- Poor grammar, spelling, or punctuation
- Two or more resubmissions of a corrected note
- Unprofessional tone or content
- Failure to follow established clinic procedures
- Interns denied credit due to documentation issues will be notified via email through the **Clinical Documentation Deficiency Form**.

Clinical Competency Assessment

Case doctors supervising patient care in the Chiropractic Center conduct **formative assessments** to monitor each intern's progress throughout the clinical program. These assessments evaluate critical clinical competencies and are used to determine whether an intern is eligible to:

- Advance to the next clinic level
- Satisfy the clinical competency requirements necessary for graduation

These evaluations are essential to ensuring interns are developing the skills, knowledge, and professionalism expected of a Doctor of Chiropractic.

A list of assessments is found on the following page.

Assessment	Reflected CCE Metacompetency (see appendix 4)
Technique Assessment	Meta-competency 5, 7
Patient Education Assessment	Meta-competency 4, 5
PMR Assessment Diagnosis Case Management - Plan of Care Case Follow-Up – Re-examination, DX, POC changes Wellness / HMP (goals, follow-up, impact) Record Keeping	Meta-competency 1, 2, 3, 4, 6
Daily Note Assessment Follow-up on care outcomes Record keeping Critical thinking	Meta-competency 1, 2, 4,
Case Review Assessment/ Case Management	Meta-competency 1, 2, 3, 5

Evaluation Metrics

Evaluators utilize the following evaluation metrics during clinical assessments to determine an intern’s competency levels in areas.

4	Very Clear Understanding	Demonstrates a clear understanding of the procedure and may be expected to perform it independently, without supervision or feedback.
3	Basic Understanding	Demonstrates a basic understanding of the activity and is able to perform it adequately with supervision, direction, and moderate feedback.
2	Elementary Familiarity	Demonstrates only elementary comprehension of this activity. Requires constant supervision and detailed verbal direction to ensure adequate performance and moderate intervention.
1	Weak/Inadequate Performance	Demonstrates a very weak understanding of activity. Requires direct supervision and is unable to perform without significant faculty intervention.
0	Inadequate Performance	Demonstrates an inadequate understanding of this activity. Unable to perform the activity with constant supervision or direction. Requires complete intervention.

Remediation Procedure

Interns who are not demonstrating satisfactory progress in one or more required clinical competencies will be assigned **remediation** in the identified areas. Remediation is a structured plan of study or set of activities designed to help the intern address specific deficiencies in knowledge, skills, or professional behaviors.

Remediation Activities May Include:

- Assigned tutorials or assessments with a designated faculty member
- Retaking a clinic practicum course (e.g., outpatient clinic)
- Completion of written assignments
- Required observation of patient care under a case doctor
- Additional competency assessments during clinic enrollment
- Retaking one or more sections of the Clinical Entrance Examination

Failure to Complete Remediation

Interns who do not satisfactorily complete their assigned remediation may be required to:

- Retake related didactic courses or course examinations
- Delay patient care responsibilities
- Be held back from advancing to the next clinic level
- Postpone graduation

Remediation Assignment Process

Chiropractic Center faculty may identify competency deficiencies at any time and will provide recommendations for remediation to the **Chair of Clinical Curriculum**. The faculty member and the Chair will collaboratively determine the appropriate remediation plan and communicate it to the intern.

The **Coordinator of Clinic Operations**, in collaboration with the Chair of Clinical Curriculum, will document the remediation plan and outcomes. This information will be included in the intern's **clinical portfolio** as part of their official record of credits and assessments.

	Expectations	Responsible Personnel	Next Step(s)	
			If successful	If unsuccessful
Formative	Interns are provided feedback and formative instruction and are advised to take self-corrective actions.	Initiating faculty member	Monitor future work	Move to Level 1
Level 1	<p>At the discretion of the initiating faculty member, the intern must complete a minimum of two (2) hours of monitored review/training by an assigned intern, faculty member or mentor in the area of deficiency.</p> <p>No credit will be provided in area of deficiency, as determined by initiating faculty member.</p> <p>Intern must also complete any additional requirements set forth by the initiating faculty member.</p> <p>Intern will be re-evaluated at the conclusion of the remediation efforts.</p>	<p>Initiating faculty member</p> <p>Case doctor</p> <p>Mentor</p> <p>Assigned intern</p>	Removal from remediation	Move to Level 2
Level 2	<p>Intern must repeat all Level 1 requirements.</p> <p>At the discretion of the initiating faculty member, the intern must complete a minimum of two (2) additional hours of direct monitoring and training by the intern's assigned case doctor. Intern must also complete any additional requirements set forth by the initiating faculty member.</p> <p>No credit will be provided in area of deficiency, as determined by initiating faculty member.</p> <p>Intern will be re-evaluated at the conclusion of the remediation efforts.</p>	<p>Initiating faculty member</p> <p>Case doctor</p> <p>Mentor</p> <p>Assigned intern</p>	Two-month probationary period	Move to Level 3
Level 3	<p>Formal academic and/or student code of conduct review for determination of appropriate consequences.</p> <p>Intern must complete any additional remediation assigned by the initiating faculty member.</p>	<p>Initiating faculty member</p> <p>Case doctor</p> <p>Course instructor(s)</p>	Determination by review	Determination by review

Patient Onboarding Process

Checking Patients During Scheduled Classes

Interns may have scheduled classes during Chiropractic Center operating hours. **Skipping class to check or adjust patients is not permitted.** Interns are expected to prioritize academic responsibilities and adhere to their class schedules while coordinating patient care accordingly.

Scheduling Appointments

Interns are responsible for **scheduling their own patients** and should do so in advance to ensure a smooth and professional experience for both the patient and front desk staff.

Scheduling Procedures:

- Appointments must be scheduled by emailing **appointmentscheduling@sherman.edu** or by speaking with **front desk staff** directly.
- Interns should **not attempt to schedule appointments at the time of patient checkout**. Scheduling should be determined **before** arriving at the front desk.
- It is strongly encouraged to **schedule the patient's full care plan** in advance. This helps secure the patient's preferred days and times, and ensures interns get access to preferred rooms and adjusting tables.

When Scheduling, Interns Must Include:

- **Date(s)** and **time(s)** requested
- Patient's **full name**
- **Action requested** (e.g., new appointment, reschedule, cancellation)
- **Type of appointment** (e.g., spinal check, NPO, examination, ROF, etc.)
- **Appropriate visit length**
- **Room or table preferences**, if applicable

Important Notes:

- Avoid scheduling during peak front desk hours:
 - **11:00 AM – 12:00 PM**
 - **3:00 PM – 4:00 PM**During these times, front desk staff are focused on patient flow and will be unable to assist with scheduling.
- If you are assigned an **Intern on Call (IOC)** appointment, you must **contact the patient beforehand** to introduce yourself and confirm the appointment.

Appointment Cancellation/Missed Appointment

Interns are required to **notify the front desk staff** whenever a patient **cancels** or **misses** a scheduled appointment.

- If notifying the front desk via **Sherman email**, **do not use encryption**.
- Notification must be made **prior to the rescheduled appointment time** to ensure accurate records and scheduling.

Late Appointments

Interns must **notify the front desk staff** if a patient arrives **late** for a scheduled appointment.

- Any patient arriving **10 minutes or more past their scheduled time** will need to be **rescheduled**—either **later the same day (if available)** or for a **future date**.

This process helps maintain an efficient flow in the Chiropractic Center and ensures patients receive the appropriate time and attention for their care.

Initial Visit

The **initial visit** serves as the foundation for patient care at the Chiropractic Center. Its primary purpose is to **gather clinical information** and determine the most appropriate approach for patient management.

New Patient Orientation (NPO)

Once the patient is brought to the adjusting room, the intern will conduct a **New Patient Orientation (NPO)**. The goals of the NPO are to:

- Build rapport and establish trust
- Introduce the philosophy and approach to care at the Chiropractic Center
- Determine whether the patient qualifies for care

During the NPO and prior to any examination, interns must ensure that the patient:

- Complete all required **informed consent** and **HIPAA** documentation in the Electronic Health Record (EHR)
 - Is informed of their **HIPAA rights** and the **Patient Bill of Rights**
-

Case History and Differential Diagnosis

The **case history** is used to gather relevant health information and to guide the subsequent examination process. After obtaining a detailed case history:

- The intern will complete a **Differential Diagnosis Form**
- The intern will review the case with the **case doctor** to discuss findings and determine appropriate next steps in the examination process
- Relevant **outcome assessments** should be completed in conjunction with the case history

All **additional testing**, including imaging, must be reviewed and approved by the **case doctor** before proceeding.

Spinal Examination

The **spinal exam** is a core component of chiropractic care and is essential for determining the need for an adjustment.

- An initial spinal exam must be performed during the first visit to begin establishing pattern unless the patient's presentation necessitates an immediate **referral**.
 - A spinal exam should be performed **at every visit** as part of routine clinical care.
-

Visit Flexibility and Clinical Judgment

Interns should recognize that **patient history, time constraints, and intern proficiency** may impact the ability to complete all components of the initial visit in one session.

- Any portion of the exam not completed during the first visit should be addressed at the **next scheduled follow-up**
- In some cases, based on patient presentation, the order of procedures may need to be adjusted for clinical appropriateness

Follow Up Visits

During the **onboarding process**, follow-up visits are used to:

- Complete any components of the initial visit that remain unfinished
- Perform any **required imaging**
- Establish the patient's **spinal and neurological pattern**

A **spinal exam is required at every follow-up visit**, unless the patient's condition warrants an immediate **referral** based on clinical judgment.

Report of Findings Visits (ROF)

Once the **Patient Management Review (PMR)** is completed and approved by the **case doctor**, the intern may present the **Report of Findings (ROF)** to the patient.

The ROF is a **critical step in the onboarding process**, marking the point at which the patient formally accepts care. During this visit, the intern must clearly communicate the following:

- The **nature of the patient's condition**
- The **potential benefits** of chiropractic care
- The **expected duration** of care
- The **associated costs**

If the patient requires **language interpretation**, it is the intern's responsibility to secure an interpreter. Interns may request assistance from the front desk to determine interpreter availability.

Fee information, including visit and imaging costs, is outlined in [Policy 7001](#).

ROF Preparation and Presentation

Interns must come to the **Report of Findings (ROF)** fully prepared to guide the patient through an informed decision-making process. Preparation should include:

- A **completed Report of Findings form**
- Any relevant **imaging** to present and explain to the patient
- Additional supporting information to help the patient understand their condition and care plan

Interns are encouraged to use available **clinic resources**—such as **model spines, Autonomic Nervous System (ANS) charts**, and other visual aids—to enhance communication and patient understanding during the ROF.

Patient Management Review (PMR)

The **Patient Management Review (PMR)** is a collaborative visit between the **intern and the case doctor** to evaluate key case findings and develop an appropriate plan of care for the patient.

PMR Timing and Requirements

- Interns must complete all PMRs within **3 business days** of the last exam or re-exam visit (**the 3 business day rule**).
 - **No visit credit** will be awarded for care delivered after that 3 business day window until the plan of care is updated and approved.
 - **Retroactive visit credit will not be granted.**
 - If a plan of care has **expired**, the decision to adjust the patient lies at the **discretion of the case doctor**.
-

PMR for New Patients

For **new patients**, the intern must present all **completed documentation** to the case doctor for review and approval. Required items include:

- Completed **Subjective, Objective, Assessment, and Plan (SOAP)** sections in the EHR
- **Differential Diagnosis (HC 2062)**, if required by clinic level or case doctor
- **Informed Consent and Privacy Notice** documentation completed in the EHR
- **Report of Findings (HC 1070)** as complete as possible prior to the PMR
- **Vertebral Subluxation Pattern Analysis (HC 1034)**, if required
- Completed **EHR Dashboard**, including:
 - Contraindications and modifications
 - Pattern
 - Clinical comments
 - **Note: Only the case doctor may update spinal findings on the dashboard**
- All appropriate **outcome assessments**
- **X-ray study documentation (HC 3120–3170)** with signed approval slip from the Radiology Lab
- **Student X-ray Impression (HC 3190)** for new radiographs

Once the case doctor is satisfied that the intern's assessment and plan align with the patient's clinical presentation, the case doctor will give **final approval** for:

- Time, frequency, and intensity of care
- Associated care costs

If the plan of care is **not approved**, the intern must make the required changes and **reschedule a new PMR appointment** promptly.

Following the PMR, the case doctor may complete a **clinical competency assessment** to evaluate the intern's performance and clinical proficiency.

Note: Interns must follow all case doctor recommendations. Only a **case doctor** may approve or modify an established plan of care.

PMR for Transferred Patients

When a patient is **transferred to a new intern**, clinic faculty may allow **one adjustment** or up to **three visits** for the intern to complete the required review and documentation update.

During this review window, the intern must:

- Update the **reason for care**
- Update the **case history, review of systems, and current health status**
- Perform a **comparative spinal exam** (and any necessary comparative physical exam)
- Review and analyze existing radiographs:
 - **Remove previous intern's lines**
 - Conduct new line analysis
 - Obtain **initial sign-off from the Radiology Lab if necessary**
 - Obtain **final approval from the case doctor**

Note: Although interns are granted up to three visits for the review process, any necessary **new radiographic studies** must be completed and **approved by the case doctor before** an adjustment can be administered.

PMR for Review and Update (RU)

A **Review and Update (RU)** is required when at the end of a patient's plan of care or there is a **significant change** in the patient's condition or presentation that may affect their **current plan of care, prior to its expiration**.

RU Appointment Procedures

During the RU visit, the intern must:

- Review and update patient **health history**
- Perform a **complete spinal examination**
- **Re-test** any previously positive physical exam findings

After completing the RU:

- The intern will schedule a **PMR appointment** with the case doctor
- During the PMR, the intern and case doctor will **review all RU findings**
- The case doctor will determine whether the **current plan of care should be updated** based on clinical findings

Imaging Department

Guidelines for Ordering Imaging

Interns may only schedule **diagnostic imaging** with **prior written approval** from the patient's **case doctor**. In all **trauma cases**, the intern must consult the case doctor for **additional instructions and guidance**.

To qualify for diagnostic imaging, a patient must present with **one or more of the following clinical criteria**. However, the **case doctor may override these criteria** and order imaging at their discretion, based on their overall clinical impression.

This discretion may be exercised when **subjective or objective findings suggest potential contraindications** to chiropractic adjustments or when further investigation is clinically justified.

Criteria and associated codes by region (Cervical / Thoracic / Lumbopelvic)

- **CS1 / TS1 / LS1** - Analytical/diagnostic assessment for vertebral subluxation to confirm or support examination findings when additional structural analysis is needed to increase the qualitative and quantitative assessment of the biomechanical components of vertebral subluxation.
- **CS2 / TS2 / LS2** - Prior spinal imaging of given region of insufficient analytical/diagnostic quality.
- **CS3 / TS3 / LS3** - Failure to respond to care as expected.
- **CS4 / TS4 / LS4** - Suspected cancer or metastasis, disorders that would alter bone density or history of medications that would alter bone density.
- **CS5 / TS5 / LS5** - Positive findings from orthopedic/neurological assessment indicative of significant pathology.
- **CS6 / TS6 / LS6** - Moderate to severe scoliosis, suspected disc disease, spinal cord tumor, neuroforaminal stenosis, spinal canal stenosis, osteomyelitis, spondylolisthesis, aneurysm, radiculopathy, arthropathy, soft tissue masses or segmental instability.
- **CS7 / TS7 / LS7** - Trauma of significant impact to the region, direct/indirect trauma, hyperflexion/hyperextension injuries, axial loading, or history of cervical fracture.

Unless otherwise specified by the case doctor, patients who qualify for **cervical imaging** will receive a **standard 4-view cervical series**, which includes:

- Neutral lateral
- Nasium
- A-P open mouth
- Base posterior

This allows cervical structures to be viewed in the appropriate plane to best demonstrate the specific misalignment component being assessed. If **thoracic and/or lumbo-pelvic** views are necessary, a minimum of two opposing views in each region must be taken as required by South Carolina law.

Any deviations from this standard protocol must be approved in advance by the case doctor.

Specialty Images

Additional or alternative images may be ordered **in place of** or **in addition to** the standard imaging series, based on the **case doctor's clinical judgment and rationale**.

These views should be considered when any of the following apply:

1. **Prior imaging** suggests or confirms the presence of **congenital malformations** or **post-traumatic lesions/pathologies** that may limit the effectiveness or safety of standard cervical adjusting procedures.
2. The patient presents with **challenging vertebral subluxation findings** that do not respond to routine chiropractic adjusting protocols.

All imaging decisions must be supported by documented clinical findings and approved by the supervising case doctor.

Specialty cervical views may include:

- Anterior cervical oblique (RAO & LAO)
- AP lower cervical
- Flexion/Extension
- Spot image(s) to region of interest
- Orthogonal imaging series
- Orthospinology imaging series
- Epic imaging series
- Swimmer's lateral

Specialty thoracic or lumbo-pelvic views may include:

- Posterior lumbar oblique (RPO & LPO)
- Flexion/Extension
- AP thoraco-lumbar
- AP sacrum
- Lateral sacrum
- AP pelvis
- Spot image(s) to region of interest

Advanced Imaging

The following imaging procedures are **not performed** at the Sherman College Chiropractic Center:

- Chest or abdominal soft tissue radiography
- Appendicular skeletal views
- Cranial radiography
- Recumbent views
- Advanced imaging such as **Ultrasound, CT, or MRI**

If any of these imaging services are deemed necessary, the patient's **case doctor will provide a referral** to an appropriate external facility for further evaluation.

Cone Beam Computed Tomography (CBCT)

CBCT is an **advanced imaging modality** that provides a **multiplanar, three-dimensional assessment** of the upper cervical spine. Patients must meet the standard **cervical spine imaging criteria** (selected from codes **CS1 through CS7** on the Imaging Request Form) in order to qualify for CBCT imaging.

How to Order a CBCT

1. **Obtain Approval:**
An Imaging Request Form must be completed and signed by the patient's case doctor.
2. **Schedule the Exam:**
Once approved, the intern must schedule the CBCT exam in person with the Imaging Department Coordinator (located in Room HC X2).
 - 30 minutes will be allotted for each CBCT appointment.
3. **Radiology Review:**
 - The patient's CBCT images will be electronically transmitted to an off-site facility for review by a DACBR (Diplomate of the American Chiropractic Board of Radiology).
 - A radiology report will be generated and sent back to Sherman College, typically within 24–48 business hours.
 - The final report will be provided to the patient's case doctor and uploaded into the patient's EHR record.

Prior to Scheduling Imaging

Intern Responsibilities Prior to Scheduling Imaging

- **Complete the Patient's Initial Spinal and Physical Examination:**
All imaging requests must follow completion of these baseline assessments.
- **Complete Imaging Request Form located in the patient's EHR record.**
It must be filled out in full and submitted for **approval by the patient's case doctor.**
 - Examination findings must support **clinical necessity**, including documentation of possible **vertebral subluxation(s)**.
 - Once approved, the case doctor will provide a **digital signature** in the EHR.

- **Review the Imaging Fee Schedule**
Go over the imaging fee schedule with the patient and ensure it is **signed**
- **Discuss Scheduling with the Patient in Advance**
While reviewing the imaging schedule in the **EHR**, speak with the patient to determine their availability.
- **Access the Imaging Schedule**
To view available appointment times:
 - Navigate to the **EHR scheduler section**
 - Select the **X-ray tab**
 - Look under "**X-ray 1**" for available slots
- **Confirm Availability**
Verbally confirm **two preferred dates and times** with the patient before going to the Imaging Department.
- **Request an Interpreter if Needed**
If the patient requires language assistance, the intern is responsible for requesting an **interpreter** prior to the appointment.

NOTE:

If a patient weighs more than **360 pounds** or has a body measurement of **48 cm or greater** in the region to be imaged, **x-rays cannot be performed** in the Sherman College Chiropractic Center.

These measurements typically result in **non-diagnostic image quality** with the current radiographic equipment and present a **contraindication to radiation exposure**.

In such cases, the patient will be **referred to an external imaging facility** for appropriate lumbopelvic or other region-specific imaging.

Scheduling Imaging Appointments

Imaging appointments must be scheduled in person. Appointments will **not** be scheduled via **telephone or email**, except in cases of verified emergencies.

Scheduling Process:

1. Once the Imaging Request Form has been completed and signed by the patient’s case doctor, the intern must schedule the imaging appointment in person with the Imaging Department Coordinator, located in Office 424 in the Imaging Department.
2. Upon entering the Imaging Department, interns must present the completed and signed Imaging Request Form to the department staff.
3. The Imaging Department staff will:
 - Verify the case doctor’s digital signature
 - Confirm all required patient information
4. Once verified, the imaging staff will proceed with scheduling the appointment.

Imaging Guidelines for Pediatric and Special Needs Patients

- If your patient is a **child or has special needs, notify the Imaging Supervisor before scheduling** the appointment. Having the supervisor present helps ensure a smoother, faster, and safer imaging process.
 - A **parent or legal guardian must accompany pediatric patients** to the imaging department and remain with them during the procedure.
-

When Imaging Adult Patients with Children

- If an adult patient brings small children to their appointment, the intern must **arrange for another intern or XRI** to supervise the children **during the imaging session**.

Children should never be left unattended in any part of the Chiropractic Center.

Missed or Cancelled Imaging Appointments

Interns may schedule an imaging appointment for a patient **up to three (3) times**. If the patient **misses or cancels all three appointments**, the intern may **not schedule a fourth** appointment.

Note: If all three scheduled appointments are missed or canceled, the patient may only be imaged on a **walk-in basis**, and only **if the imaging schedule permits**.

Imaging must be completed on the day of the appointment. If a patient arrives late for their imaging appointment, the intern must consult the imaging department staff to determine if there is enough time to complete all scheduled images. If there is insufficient time to complete all imaging, the imaging department staff will determine which images will be given priority and which will have to be rescheduled.

Intern Image Taking Process

As imaging is vital to assess the misalignment component of vertebral subluxation and other concerns, interns are strongly encouraged to take the imaging of their patients. In order to take their own images, interns must pass the X-ray proficiency exam. Those interns that have passed both cervical and T/LP positioning courses are eligible to take the x-ray proficiency exam. The exam is offered once per quarter, usually week 4, and interns should monitor their email for any x-ray proficiency exam notices. Any questions about the x-ray proficiency exam may be directed to the director of the imaging department.

Intern Guidelines for Imaging Appointments

Follow these steps when escorting a patient for imaging:

1. **Check-In & Escort**
The patient will check in at the front desk and be greeted by imaging department staff, who will escort them to the imaging suite.
2. **Confirm Identity & Prep Gown**
While the patient is confirming their **name and date of birth**, retrieve an appropriately sized **gown**.
3. **Changing Room Use**
Direct the patient to the **designated changing room within the imaging suite**.

⊘ Do **not** have patients change in HC restrooms.

4. **While the Patient Changes**
Imaging staff will enter patient information into the digital acquisition station.
5. **Remove Artifacts**
Once the patient is changed, confirm that they have removed **all artifacts** (jewelry, metal, etc.).
6. **Measurements & Setup**
 - Take and record all necessary measurements on the **Imaging Request form**.
 - **Set exposure factors** before positioning the patient.
 - Position the patient for the first image and proceed to the **filtration step**.
7. **Supervised Exposure**
 - An **Imaging Supervisor or XRI** must be present in the room during the entire setup.
 - They will review and fine-tune the positioning before allowing the exposure.
 - Interns may **only make exposures under direct supervision** of imaging staff.
8. **Image Approval**
Wait for the **Imaging Supervisor to approve all images** before having the patient change back into their clothes.
9. **Escort Back & Payment**
Accompany the patient back to the reception area and remain with them while they complete payment.

Imaging Protection

Gonadal Shielding

Gonadal shielding will be used when **deemed appropriate** and when it does **not interfere with diagnostic image quality**.

Shielding **will not be used** if it obstructs critical anatomical structures or compromises the purpose of the radiograph.

Per **South Carolina Department of Health and Environmental Control (S.C. DHEC)** guidelines, gonadal protection is **required only when its use does not interfere with or degrade the quality of the radiographic image**.

Filtration

To minimize patient exposure, the **x-ray beam is filtered** to remove **low-energy x-rays** that do not contribute to image quality.

This facility utilizes **appropriate beam filtration** for all radiographic views where filtration is **traditionally indicated**, in accordance with best practices and regulatory standards.

Collimation

Collimators are used to control the **size and shape of the x-ray beam**, which enhances image quality and provides **radiation protection** by limiting unnecessary exposure to the patient.

At this facility, **appropriate collimation** is applied for **all radiographic procedures** in accordance with best practices and safety standards.

Female Patients

In general, **female patients of childbearing age** will not undergo radiographic imaging more than **10 days after the onset of their last menstrual period (LMP)** unless they complete the **“Pregnancy Release”** section of the Imaging Request Form, indicating one of the following:

- A **negative pregnancy test** performed on the **day of the imaging appointment**
- History of **tubal ligation**
- History of **hysterectomy** or **bilateral oophorectomy**
- Documented **early menopause**
- A **pregnancy waiver** signed by a **parent or legal guardian** for female patients under the age of 18

This policy is in place to ensure the safety of patients and adherence to radiation protection guidelines.

Pregnancy

Radiographic imaging should not be performed on pregnant patients unless the information obtained is **essential for safe and effective care** and cannot be determined through alternative methods.

At this facility, pregnant patients are **not imaged** unless there is a **clinically compelling reason**, such as:

- Severe trauma
- Suspected fracture
- Serious or potentially life-altering pathology

Such decisions are made **on a case-by-case basis**, with the **case doctor and student intern** jointly assessing the **clinical necessity** of the imaging.

While imaging during pregnancy—when performed with **appropriate radiation protection** (e.g., lead aprons)—is considered safe, interns must exercise **reasonable caution** and remain **sensitive to the patient’s concerns and fears**.

Children

Due to the **increased sensitivity of pediatric patients** to radiation, **radiographic imaging must be clinically justified** and used only when necessary.

The **younger the patient**, the **stronger the clinical rationale** must be to support the need for imaging. Careful consideration should be given to alternative diagnostic methods, and all imaging decisions must prioritize the safety and long-term well-being of the patient.

The case doctor and student intern make such imaging decisions on a case-by-case basis as determined by clinical necessity.

Post Imaging Procedures and Analysis

After the **Imaging Supervisor** approves the patient's images, they are saved to the **Imaging Analysis System server**. Once saved, the intern may log in to view and analyze the images.

Intern Responsibilities:

- Complete the **Imaging Impressions Form (HC 2090)**
- Complete an **Imaging Area Study Form** for **each spinal region imaged**

Radiology Review:

- A copy of the patient's images is electronically transmitted to an **off-site facility**, where a **DACBR (Diplomate of the American Chiropractic Board of Radiology)** will review them.
- A **radiology report** will be generated and typically returned to Sherman College within **24–48 business hours**.
- This report will be forwarded to the **patient's case doctor** and uploaded into the patient's **EHR**.

Faculty Review:

Once the intern has completed their imaging analysis:

- They may schedule a session with **Radiology Lab (Rad Lab)** faculty to review their **analysis** and **Imaging Area Study Form(s)**.
- Rad Lab faculty will check for accuracy and completeness.
- The intern must schedule a review with the patient's case doctor.

Important:

No adjustments may be administered until the case has been **reviewed** and the plan has been **approved by the patient's case doctor**.

Abnormal Findings

Interns **may not discuss any suspected or confirmed pathologies** with the patient until the following have occurred:

- Completion of the **Patient Management Review (PMR)** with the assigned **case doctor**, including confirmation of any pathologies relevant to the diagnosis and care plan
- The patient's scheduled **Report of Findings (ROF)** visit

Preliminary Discussions

If an intern discusses **preliminary imaging findings** prior to the PMR, the conversation must be **strictly limited to postural or biomechanical observations**. The intern must clearly explain that:

- The imaging findings are **preliminary**
- The images will be formally reviewed by the **Radiology Department** and the **case doctor**
- A **radiology report** will be generated and reviewed before any diagnostic conclusions are made

Exception: Urgent Findings

If preliminary imaging findings suggest a **potentially life-threatening condition**, the **Imaging Department Supervisor** will notify the patient's **assigned case doctor immediately**. In such cases:

- An **urgent medical referral** may be initiated
- The patient will be informed of the abnormal findings **in the presence of their case doctor**

Patient Access to Records

Upon **written request**, the Chiropractic Center will provide:

- Access to information in the patient's records
- A copy of the **radiology report**
- A **CD copy** of the patient's images

Re-Imaging

Additional imaging studies or repeat images may be ordered at the discretion of the **Imaging Department Supervisor** and/or the **patient's case doctor** under the following circumstances:

- The **initial imaging** does not meet the standards necessary for **diagnostic or analytical quality**
 - The imaging is **insufficient to guide safe and effective chiropractic care**
-

Indications for New Imaging

New imaging may be required for any patient who:

- Has sustained **trauma**, or
- Presents with **significant subjective or objective findings**, as identified by the intern and confirmed in collaboration with the **case doctor**

These decisions are made in the interest of patient safety and to support accurate clinical decision-making.

Lost Imaging

All **patient imaging** is considered **Protected Health Information (PHI)** under the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**. As such, strict confidentiality and proper handling are required at all times.

Interns are responsible for ensuring that **all imaging and related documentation** for patients under their care are properly maintained and secured within the patient's record.

Loss or mishandling of patient imaging constitutes a **Code of Conduct violation** and will be referred to the **Dean of Clinics** for review and disciplinary action, as appropriate.

Use of Imaging Taken by an Outside Facilities

Patients may provide imaging previously taken at another healthcare facility if the images are determined to be of **chiropractic analytical quality**.

Requesting Outside Imaging

When requesting prior imaging from an external provider:

- Both the **patient** and the **assigned case doctor** must sign the **Request for Health Records form (HC 1045)**.
- A **copy of the signed request** must be placed in the patient's record.
- Follow-up on the request must occur in a **timely and documented** manner.

Patients may either:

- Personally obtain and deliver the imaging to the intern, or
 - Request that Sherman College **mail or fax the release request** on their behalf.
-

Processing Outside Imaging

If the patient provides imaging from an outside source, the intern must:

1. Deliver the imaging (on CD) to the patient's assigned case doctor for review.
2. If compatible, digital images will be imported into the imaging analysis software system.
 - CT and MRI scans will not be imported due to file size limitations.
3. Once imported:
 - The images will be assigned to the intern in the analysis system.
 - The original image CD will be returned to the intern, who must give it back to the patient at their next appointment.
4. The case doctor will determine whether the imaging meets the required quality standards for chiropractic analysis and care planning.

Process and Reporting of Outside Imaging

Once outside images are **imported into the imaging analysis software**, they will be **electronically transmitted to a DACBR** (Diplomate of the American Chiropractic Board of Radiology) for interpretation.

- A **radiology report** will be generated within **24–48 business hours**.
 - The **cost** of the report is **\$25 per spinal region imaged** and will be **charged to the patient**.
 - A copy of the radiology report will be provided to the **patient’s case doctor** and uploaded into the **Electronic Health Record (EHR)**.
-

Return of Outside Imaging

Interns must indicate whether the **original images** need to be **returned to the originating healthcare provider**. Healthcare facilities are required by law to honor another provider’s request for imaging return.

Important:

Interns are **not permitted** to release imaging borrowed from an outside healthcare provider **to the patient** or to **any other party**.

If one or more of the **outside images are deemed unacceptable**, the **case doctor may order additional views** at their discretion. Any **additional imaging** performed at Sherman College will be **at the patient’s expense**.

Diagnostic Process and Chiropractic Care

The **diagnostic process** is a critical component of chiropractic care. It involves the **integration and synthesis of all available clinical information**, including:

- Health history
- Examination findings
- Laboratory results
- Imaging studies
- Additional evaluations as appropriate

This process results in a **documented clinical impression** of the patient's health concerns. While some cases may involve **insufficient or inconclusive information** to establish a definitive diagnosis, the **initial diagnostic impression** should still inform decisions regarding:

- Further diagnostic testing
 - Referral to another provider
 - Initiation of chiropractic care
-

Evolving Diagnoses and Clinical Judgment

A diagnosis may evolve during the course of **case management** based on:

- New clinical information
- Changes in the patient's subjective complaints or objective findings
- Response to chiropractic care
- External reports (e.g., from specialists or other healthcare facilities)
- Observations and insights gathered over time

Interns should understand that **final diagnostic conclusions** may rely on data that is not immediately available and must use **clinical judgment** to proceed appropriately while awaiting further information.

Diagnostic Documentation Requirements

All diagnoses must meet the following criteria:

- Be stated with the **highest level of specificity** possible (beyond vertebral subluxation when applicable)
- Be **supported by** the patient's **health history, exam findings, imaging**, and any available **laboratory results**
- Be **coded using ICD-10** terminology consistent with the written diagnosis
- Include documentation in the EHR of any **contraindications or modifications** to care based on diagnostic findings

Accurate diagnosis and documentation are essential for quality patient care, appropriate case management, and effective communication among healthcare providers.

Developing and Updating a Plan Of Care

Individualized Care Planning

It is **inappropriate to apply a "rule of thumb"** when determining patient visit frequency. Each **Plan of Care** must be tailored to the individual needs of the patient and developed in consultation with and approved by the **assigned case doctor**. Care planning must be based on:

- A direct relationship between the care provided and the **reason for care**
- Consideration of **all aspects** of the patient's condition
- Clearly defined **short- and long-term goals**, including both **functional** and **chiropractic objectives**
- A plan of care that is **clinically appropriate for the listed diagnoses**

While planning becomes easier with experience, **final decisions must be guided by the case doctor**.

At the **conclusion of a plan of care**, the patient must be **re-evaluated** and the diagnosis **updated, as necessary**, before proceeding.

When to Update the Plan of Care

A new **Plan of Care** must be developed—and a **Patient Management Review (PMR)** scheduled—prior to the **expiration** of the current care plan and when any of the following occurs:

- The patient's **clinical presentation changes**
- The **visit frequency** needs to be modified
- The **diagnosis** requires revision
- **New circumstances** arise (e.g., injury, trauma)
- The **case doctor instructs the intern** to update the plan
- The **clinical goals** of the original plan are met

Note: A PMR appointment is **recommended** for updating the care plan, but not always required. If time permits, a case doctor may approve updates during regular Chiropractic Center hours **without a scheduled PMR**.

PMR Scheduling Guidelines

To ensure professionalism and efficiency:

1. **Schedule PMRs using your case doctor's Calendly link**, which can be found posted outside their office.
2. **Failure to show up for a scheduled PMR** is considered **unprofessional conduct**.
3. **Plan ahead**. If casework is incomplete at the time of the PMR, the care plan will not be approved, and the patient's visit may be delayed. Patient safety and proper clinical procedures take priority over convenience.
4. **Audit the patient's file** before the scheduled PMR. Ensure all required forms and documentation are completed and properly saved in the EHR.

Respect for Case Doctor Time

The **assigned case doctor** has the **final authority** over all Plan of Care approvals.

Interns **may not present an entire case to a different case doctor** for review and approval. Doing so is inappropriate and inefficient, as the assigned case doctor will still need to review the full case independently. However, asking a different case doctor **brief questions** about a case is acceptable.

Interns must be respectful of case doctor time and plan PMRs **strategically** to avoid last-minute requests and delays in patient care.

Chart Notes

Daily Note Submissions: The 1 Business Day Rule & 3 Business Day Rule

Interns must follow the 24-hour rule for all clinical documentation:

- **Daily notes** must be submitted **within 1 business day** of the patient's appointment.
- **Corrections** must be submitted **within 1 business day** of receiving returned notes from the **case doctor**.
- **Case doctors** will return submitted notes **within 3 business days** of receiving notes from **the interns**.

Timely and accurate documentation is essential for patient care, clinical accountability, and legal compliance.

SOAP Note Components

Your daily notes must be structured using the **SOAP** format and include the following:

(S) Subjective

Document what the patient reports. Must include:

- Updates on the **primary reason for care** and any **secondary concerns**
 - *Quote the patient when possible, especially when documenting subjective complaints (e.g., "It's been throbbing since Monday")*
- **New concerns**, including any **injuries or accidents**
- Patient's **response to the previous adjustment or visit**
- **Pain rating** (intensity, quality, frequency, duration)
- Updates on **Activities of Daily Living (ADLs)**
- Follow-up on **home care recommendations** (ice, exercises, etc.)
- Any **new relevant health history**

(O) Objective

Document what you observe or measure. Must include:

- General physical or clinical **observations**
- Changes in **outcome measures**, such as:
 - Blood pressure
 - Range of motion (ROM)
 - Orthopedic/neurologic tests (O/N)
 - Reassessment of previously affected areas
- **Subluxation assessment findings**, including criteria used
- Key **objective data** used to monitor and guide clinical progress

(A) Assessment / Action

Your interpretation of the visit and plan of action. Must include:

- Diagnosis based on **current findings and history**
 - Any **clinical considerations** or interpretations related to the patient's progress
 - **Daily treatment plan update**
 - **Risk factors or modifications to care** (e.g., due to discomfort, pregnancy, recent trauma)
 - **Adjusted segments and listings**
 - Any technique modifications should be **recorded in the patient dashboard**
 - **Adjustment goals** for that visit
 - **Patient's response to the adjustment**
 - Name of the **overseeing case doctor** for the visit
-

(P) Plan — Case Management

This section outlines the **ongoing management strategy** for the patient's care and must include the following:

- The patient's current **Plan of Care**
- **Evidence-Informed Practice (EIP)** support for the plan of care
- Identified **risk factors** and corresponding **clinical recommendations**
- **Prognosis** based on current findings and patient response to care
- **Patient-stated goals** and **clinically established goals**
- Any **referrals** to other healthcare providers or **deferrals** of care
- **Home care instructions** (e.g., exercises, ergonomic advice, self-care strategies)
- **Wellness recommendations** to support long-term health outcomes
- Notation of any **changes** to the current management plan or adjustments to future care plans
- Indication of an upcoming **New Patient Orientation (NPO)** or **Report of Findings (ROF)**, when applicable
- **Health Risk Update**, including any changes to health status or contraindications to care

Patient Re-evaluation and PMR Updates

Re-evaluations are determined by the **patient's clinical presentation** and are required when there is a **significant change in symptoms, function, or treatment plan**. A re-examination and **updated Patient Management Review (PMR)** are necessary under the following conditions:

- A notable **change in clinical presentation**
 - A change or expiration of the **Plan of Care**
 - At the **re-evaluation date** listed on the current PMR, unless earlier re-evaluation is clinically indicated
 - Following a **patient transfer** to a new intern
-

Re-evaluation Procedures

Re-evaluations follow the **same procedures as the initial visit**, with emphasis on:

- **Progress** or **resolution** of the patient's original concerns
 - Any **new complaints** or clinical developments
 - Updates to **outcome measures** and functional goals
-

Adjustment Policy and PMR Compliance

- Interns may receive credit for **one adjustment** without an active PMR, but **only with case doctor approval**
- No **additional visit credit** will be awarded unless a **current, approved PMR** is on file

Interns are responsible for ensuring that PMRs are updated on time and in response to any clinical changes.

The Sherman Analysis and Adjusting System

The **Sherman System** is a comprehensive spinal analysis and adjusting protocol that integrates multiple established chiropractic techniques. It incorporates elements of:

- **Thompson**
- **HIO (Hole-In-One)**
- **Diversified**
- **Derifield**
- **Gonstead**
- **Pierce**

This system reflects Sherman College of Chiropractic's commitment to clinical excellence and is the **standard spinal analysis method** used throughout the Chiropractic Center.

Required Spinal Analysis Procedures

Regardless of the adjusting technique selected, **interns are required** to perform **all** of the following spinal analysis procedures:

1. **Tytron Thermography**
 2. **Supine leg check**
 3. **Prone leg check**
 4. **Cervical neutral and left/right rotation check**
 5. **Prone knee flexion test**
 6. **Sacral restriction check** (via hip extension)
 7. **Static palpation**
 8. **Muscle palpation**
 9. **Motion palpation**
-

Palpation Position Guidelines

- **Cervical palpation** must be performed with the patient **seated**
- **Thoracic and lumbar motion palpation** is performed with the patient **seated**
- **Pelvic (sacrum/ilium) motion palpation** is performed in both **seated and standing** positions

Approved Techniques and Moves: Clinics 718 – 810

Regardless of technique used, the Sherman College *Analytical Procedure* must be followed.

Segment/ Region	Listings	Adjusting Methods
Occiput	AS, AS-RS, AS-RS-RP, AS-RS-RA, AS-LS, AS-LS-LA, AS-LS- LP, PS, PS-RS, PS-RS-RA, PS-RS-RP PS-LS, PS-LS-LA, PS-LS-LP	Seated Chair all listings Supine listings with laterality but no rotation Prone Drop AS-RS/ LS and PS RS/LS
C1	ASR, ASRA, ASRP, AIR, AIRA, AIRP, ASL, ASLA, ASLP, AIL, AILA, AILP	Toggle recoil - Knee Chest posterior arch contacts occiput contact may alternatively be used for listings with anterior rotation. Toggle Recoil - Side Posture transverse or posterior arch contact drop mechanism. (Not for use in Pre or Student Clinic) Seated Chair transverse contact Supine Posterior arch or transverse contact excludes listing with anterior rotation
C2	HIO Palmer (C2 to occ) SPBR/L, CPBR/L, ESR/L, BPSR/L (PR/L), PR/LI (I is determined by lateral radiograph) Gonstead (C2 to C3) PRS, PLS, PRI, PLI (S & I refer to disc wedge determined by AP radiograph)	Toggle recoil - Knee Chest body or transverse contact determined by listing Toggle Recoil - Side Posture body or transverse contacts determined by listing drop mechanism (Not for use in Pre or Student Clinic) Seated Chair spinous or lamina contact determined by listing Supine spinous or lamina contact determined by listing
Segment/ Region	Listings	Adjusting Methods
C3-C7	PR, PRS, PRI, PL, PLS, PLI, (ALTERNATIVE CONTACT; -L)	Toggle recoil - Knee Chest body contact Toggle Recoil - Side Posture body contact drop mechanism. Seated Chair spinous or lamina contact determined by listing. Supine spinous or lamina contact for all listings. Prone LPJ/ lamina contact Pisiform and thumb spinous contact up to C6 body contacts for all segments except C7

T1-T12	PR, PRS, PRI, PL, PLS, PLI, (ALTERNATIVE CONTACT; -M)	Seated Chair down to T2 only spinous or lamina contact determined by listing. Prone Single hand spinous contact T1-T12 Single hand transverse T3- T12 thumb or pisiform nail points thenar can be used below T10
L1-L5	PR, PRS, PRI, PL, PLS, PLI, (ALTERNATIVE CONTACT; -M)	Prone Single hand spinous L1- L5 Single hand mammillary L1-L5 thenar and pisiform nail points lumbar sag/ drop mechanism when appropriate Side Posture spinous or mammillary contacts for all segments push and pull moves only
SACRUM	P-R, P-L, PI-R, PI-L, AI-R, AI-L, BP, Apex Posterior	Prone contact points at base, apex, sacral notches and PSIS. single and dual hand contacts drop mechanism. Side Posture contact points at base push and pull moves only
PELVIS	AS, AS-IN, AS-EX, PI, PI-IN, PI-EX, IN, EX, Double PI & AS with majors	Prone contact points at PSIS, ischial tuberosities single and dual hand contacts drop mechanism Side Posture contact points at PSIS and acetabular rim push and pull moves only

Drop Head/Pelvic/Thoracic Pieces

Drop head, pelvic and thoracic pieces may be used in all clinic classes for approved technique moves.

Infant Toggle Head Piece

An infant toggle headpiece may be checked out at the front & desk for use with infant adjusting.

Instrument Adjusting

When directed by the case doctor, an approved instrument may deliver the vector determined by the Sherman System.

Additional Techniques

Sherman College of Chiropractic only permits the use of techniques in the Chiropractic Center that are part of the **core technique curriculum**. Interns are expected to demonstrate proficiency in these techniques as taught and assessed within the academic and clinical program.

Adjusting Pediatric Patients

- 1. Supervision Requirement:**
Children in the Chiropractic Center must always remain under the supervision of a parent or designated legal guardian.
- 2. Intern Qualification:**
Interns may adjust children under the age of six **only after successfully completing Clinic 718, PPED 6480, PPED 7180 and receiving explicit permission from their case doctor**. Prior to this, only a qualified intern with appropriate training may perform the adjustment.
- 3. Parental Presence During Care:**
Pediatric adjustments must always be conducted in the presence of the child's parent or legal guardian. After the adjustment, the child must remain in the room with the parent or guardian.

Contraindications & Modifications

In the event of contraindications, please refer to the following documents to determine best course of action:

[Contraindication Reference Handout](#)

[Technique and Modification Standard Guidelines](#)

Patient Care

Types of Patients

Pro Bono Patients Defined

Pro bono patients are outpatients who qualify for no-charge care under approved community service programs such as **Access Health** or **Birth Matters**.

To qualify as a pro bono patient, individuals must submit a completed application along with the required supporting documentation. All applications are subject to review and approval by the Dean of Clinics.

Student Patients Defined

Student patients include current Sherman College students and their immediate family members. Immediate family is defined as:

- Spouse
- Significant other/partner (residing at the same address)
- Parents or stepparents
- Biological or stepchildren
- Sherman College alumni, their spouses/partners, and their children/stepchildren
- Sherman College Regents
- Sherman College employees and their immediate family members, including third-party vendors contracted by the college

Important: Interns are strictly prohibited from seeing the immediate family members of other Sherman College students as outpatients. Any violation of this policy may result in disciplinary action, including suspension or expulsion from the clinical program.

Outpatients Defined

People who are not classified as student patients. Outpatients may include:

- Grandparents
- Siblings
- In-Laws
- Uncles and aunts
- Cousins
- Nieces and nephews

New Original Outpatient Definition & Startup Requirement (please refer to course syllabus)

<i>Original Outpatient Definition</i>	Outpatients who may be considered as original outpatients: <ol style="list-style-type: none">1. A paying patient who has never been a patient in the Sherman College Chiropractic Center2. A paying patient who has been inactive for at least one full year. The patient's original case number must be used.3. An outpatient originally referred by a Sherman Student prior to his/her internship * <p>* Sherman students in Q1-9 may receive original outpatient credit for any patients they referred to the Chiropractic Center prior to their internship under the following conditions:</p> <ul style="list-style-type: none">• The student's name appears in the referral section of EHR record.• The patient is still under care in the Chiropractic Center once the referring student becomes an intern and the patient is transferred to him/her. Automatic transfer may not be assumed because the transfer must be timed appropriately to meet the patient's care needs. The patient's current intern, the patient's case doctor, and the proposed (referring intern), will mutually agree upon the timing of the transfer. Of course, the patient has final say and must be consulted before a transfer is initiated. Regular transfer procedures must be followed.
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*Original-marketing source intern, screening events, health talks, patient referrals (does not include health center generated patients from IOC, etc.)

Intern On Call Process

When a patient arrives at the Chiropractic Center (either by physically walking in or calling by phone) without a specific intern request, the front desk staff will reference the **Intern on Call (IOC) schedule** to assign care.

The front desk staff will:

1. **Consult with the patient** to determine a convenient date and time for the initial visit.
2. **Reference the IOC list** to identify the intern and case doctor scheduled for that time slot.
3. **Schedule the appointment in electronic health record scheduler.**
4. **Notify the assigned intern and case doctor via email** at least 24 hours in advance of the scheduled appointment.

The **assigned intern** must then contact the patient prior to the appointment to introduce themselves and confirm the visit.

Important Guidelines for Interns on Call

- **Completion of IOC shifts is mandatory** for Clinic I through Clinic III.
- The **IOC schedule will be distributed during Week 9** of the previous quarter to allow interns sufficient time to plan.
- **Interns may not trade or relinquish** their IOC time slots. If an extenuating circumstance arises, the intern must notify both their case doctor and the front desk staff to discuss possible adjustments.
- **Once a patient is assigned** through the IOC process, the intern assumes responsibility for their care. This responsibility continues until a formal patient transfer/ close is initiated during the intern's final clinic quarter.
- **Interns must ensure availability** during their assigned IOC shift. If a class conflict exists, it should be addressed prior to the schedule being finalized by the front desk. Interns must present their current class schedule when discussing any class conflicts with their case doctor and the Coordinator for Patient and Intern Services
- Interns are **not guaranteed** to be assigned a new patient during their IOC shift.
- The Intern on Call program is **not intended to serve as a primary means** for building an intern's practice.

Payments

Health Insurance

The Chiropractic Center **does not accept insurance assignment**; however, we are happy to provide a statement of charges that patients may submit to their insurance provider for potential reimbursement. These statements can be requested at the front desk.

Important Guidelines:

- Student interns **are not authorized** to complete or sign insurance forms.
- Interns **must not guarantee** insurance reimbursement for services provided at the Chiropractic Center.
- Due to significant variability in coverage across insurance policies, interns should direct all insurance-related questions to the front desk or refer patients to their insurance carrier.

The Chiropractic Center does not accept:

- **Personal injury cases** with pending litigation (Interns are not qualified to provide legal testimony).
- **Medicare or Medicaid.**
- **Workers' Compensation** cases.

Reduced Fee Plan

Patients who are **financially unable** to pay the standard fee may be eligible for a **reduced fee status of \$8.00 per visit** for up to six (6) months, **pending administrative approval**. Under this plan, a **50% discount** will also be applied to imaging services (x-rays).

To request a reduced fee plan:

- The intern and patient must complete the **Request for Reduction of Fees** form (available at the front desk).
- The completed form should be submitted to the **Dean of Clinics**.
- The Dean of Clinics will make a determination and return the approved or denied request to the front desk.

If approved, front desk staff will update the patient's visit type in the electronic health record system and note the duration of the reduced fee plan.

Additional Notes:

- Fee reductions are temporary and typically granted for **six months**.
- Patients must **reapply** for continued assistance once the plan expires.
- **Accurate and truthful information** must be provided on all applications.
- Fee reduction status may be **revoked** if the patient's financial situation improves.
- A patient **may only qualify for one fee reduction plan** at a time (e.g., a patient enrolled in the Family Club may not also receive Health Club pricing). To change plans, a new **Request for Reduction of Fees** must be submitted.

Access Health / Birth Matters Program

Spartanburg County residents who **do not have medical insurance** and do **not qualify** for Medicaid or Medicare may be eligible for assistance through **Access Health** or **Birth Matters**.

- Eligibility is determined by **Access Health/Birth Matters**.
- The **Coordinator or Assistant Coordinator of Patient and Intern Services** can provide contact information for these programs.
- Upon referral, the patient will receive care at the Chiropractic Center, with **appropriate program-based pricing** applied.

Patient Grievance Procedure

The administration, faculty, and staff of the Chiropractic Center are committed to providing the highest quality chiropractic experience for all patients. If a patient is dissatisfied with any aspect of their care—whether clinical, procedural, or interpersonal—the College encourages the patient to report their concerns, regardless of severity.

Grievances may include, but are not limited to:

- Student intern conduct
- Patient care procedures or outcomes
- Faculty oversight
- Breach of confidentiality of protected health information (PHI)
- Concerns with Chiropractic Center policies
- Allegations of verbal, physical, or sexual misconduct

To file a grievance:

- Patients may obtain a **Patient Grievance Form** from the front desk or from any case doctor.
- Once completed, the form may be returned to the front desk or submitted directly to a case doctor, who will forward it to the **Dean of Clinics**.
- Patients may also choose to submit the form **directly to the Dean of Clinics** or to **call the Dean** to report their concern verbally.

Review Process and Remedies:

The Dean of Clinics will review the grievance and determine appropriate action according to Chiropractic Center policy. Potential remedies may include, but are not limited to:

- Transfer of care to another student intern
- Reassignment of case doctor oversight
- Intern disciplinary action and/or required remediation
- Modification of patient care procedures or Chiropractic Center policies
- Referral of the matter to appropriate legal or regulatory authorities in cases involving unethical or illegal conduct

Required information for grievance submission:

- Date the grievance is submitted
- Name of the individual filing the grievance
- Name of the student intern involved
- Name of the case doctor involved
- Date, time, and location of the incident(s)
- Names of any additional individuals involved
- Detailed description of the concern or incident
- Signature of the person filing the grievance

Accidents / Trauma Documentation

Accident / Spinal Injury Procedure

If a patient has been involved in any of the following incidents **prior to the onset of care or during care** in the Chiropractic Center, the intern must complete the following steps **prior to initiating or continuing care**:

Qualifying Incidents:

- Automobile accident
- Fall or other physical trauma
- Work-related injury
- Sports-related injury
- Any serious accident or mishap
- Observable or suspected spinal trauma

Required Actions:

1. **Complete the Accident Report Macro** in the electronic health record (EHR).
2. **Flag the note orange** in the EHR to indicate an incident-related entry.
3. Have the patient **sign the Accident Injury Release Form** in the EHR system.

Case Doctor Involvement:

- A case doctor, preferably the patient's assigned case doctor, **must be consulted prior to rendering care** to determine the appropriate course of action for the current visit.
- The case doctor will determine whether a **complete examination and/or x-rays** must be performed before any adjustment is administered.
- The patient's case doctor **must also be consulted prior to the patient's next visit** to establish or update the plan of care and approve the ongoing course of care.

New Complaints or Health Concerns

When a patient presents with a **new injury, complaint(s), or major health concern**, the intern must evaluate the nature of the patient's condition, **in consultation with the assigned case doctor**, to determine whether changes are necessary to the patient's diagnosis and plan of care, including the possibility of referral to another health care provider.

Required Actions:

- **Document all findings** related to the new complaint(s).
- **Update the diagnosis and Plan of Care** to reflect these changes.

Case Doctor Consultation:

- **Consult with the patient's assigned case doctor whenever possible.**
- If the assigned case doctor is unavailable, the intern must consult with an on-duty case doctor or faculty support doctor.

Additional History Requirements:

The following documentation may be required:

- Accident/Spinal Injury Report
- Entire History – Case History
- Updates to the current Case History following a more detailed review

Further Evaluation:

Once updated history is recorded, review findings with the case doctor. Based on case doctor assessment, the intern may be directed to perform additional procedures, which may include:

- Physical/Neuromusculoskeletal Exam
- Spinal Exam
- Regional Exam
- X-rays, other imaging, or laboratory testing

PMR Requirements:

- **Any new complaint requires a completed and updated PMR** with the patient's assigned case doctor before management decisions can be implemented.
- **Management of new complaints without an updated PMR** is only permitted with explicit approval from the case doctor and will result in **loss of visit credit** for the intern. Credit may not be applied retroactively.
- During the PMR, the case doctor will **approve or modify** the intern's proposed changes and update the patient's **Plan of Care** accordingly.

Refer Out a Patient for Specialty Evaluation:

When an abnormal or unusual condition is discovered during the case history, examination, or routine spinal checks, the following steps must be taken:

1. Patient Notification and Referral Recommendation

- The patient must be informed of the abnormal or unusual condition in the **presence of their assigned case doctor**.
- The patient should be advised to **seek evaluation or care from another healthcare provider** for that condition.

2. Completion of Referral Documentation

- Complete the **Referral** section in the patient's EHR record.
- Complete the **Patient Referral/Consultation form (HC 1050)**, clearly stating the identified condition.
- The patient must **either accept or waive the referral** by signing the appropriate section of the form.

3. Referral Provider Documentation

- The patient's chosen healthcare provider's name and address should be documented on the form.
- If the patient does not have a provider, they may select one from the **Chiropractic Center Physician Referral List**, available through any case doctor.

4. Follow-Up and Record Requests

- The intern must:
 - Have the patient sign a **Patient Request for Health Records** form in the EHR.
 - Notify their **case doctor, Coordinator of Clinic Operations, and Coordinator of Patient and Intern Services** that a referral has been initiated.
- Once the outside report is received, it will be forwarded to the patient's case doctor, who will schedule a time to review it with the intern.

5. Review and Plan Update

- The **case doctor and intern** will carefully review the outside report to determine any necessary:
 - **Diagnostic updates**
 - **Adjustments to the Plan of Care or PMR**
- A **summary of the report must be documented in the EHR within three (3) business days** of receipt.
- Any **contraindications to chiropractic care** must be documented:
 - In the **Plan of Care/PMR**
 - In the **“Miscellaneous” section on the EHR dashboard**
- The full report must be retained in the patient's active record.

6. Ongoing Follow-Up

- **Follow-up reports** should be requested from the referring provider **as clinically indicated**.
- **Concurrent chiropractic care** may continue **under direct case doctor supervision**, unless specifically contraindicated.

Intern Absence

If an intern must be absent from the Chiropractic Center, **it is the intern's responsibility** to arrange coverage for their patients by securing a qualified substitute intern. The following procedures must be followed:

Requesting a Substitute

1. **Obtain and complete the Permission to Substitute Form (HC 2005).**
2. **Submit the form to the patient's case doctor** or the **Coordinator of Clinic Operations** for approval.
3. If approved, **submit the signed form to the front desk.** The front desk will:
 - Schedule or modify the patient's appointment to list the approved substitute as the secondary provider.
 - Note **"SUB VISIT"** in the appointment details.
 - Upload the signed substitution form to the patient's **Miscellaneous folder** in the EHR record.
4. **At the end of the week,** substitution forms will be **shredded** and placed in the bin located in upstairs **Collaboration Room.**

In the Case of Illness

- If the intern is ill, they must **contact the patient and their case doctor** to make arrangements.
- The intern may **phone in a substitution request** to the case doctor.
- The substitution form will be completed and forwarded to the substitute intern by staff.

Responsibilities of the Substitute Intern

When attending to a patient who is under the care of another intern:

- **Do not deviate** from the approved **Plan of Care**, unless instructed by the case doctor.
- **Do not offer commentary** about the care provided by the primary intern.
- **Do not disclose** the reason the regular intern is absent.
- **Become familiar with the patient's case** by reviewing:
 - Entrance Form and Case History
 - Diagnosis and PMR
 - Chart notes and previous care notes
 - Imaging and Imaging Status
 - Any contraindications or care restrictions

⚠ Substitute visits are allowed only for excused absences. Substituting for the purpose of making one's quota is strictly prohibited.

- Only the intern who renders care will receive credit for the visit.
- Substitution is **only permitted** if the regular intern is **off-campus** during the visit.
- On rare occasions, a **case doctor, the front desk staff, or the Coordinator of Clinic Operations** may assign an available intern to check a patient when necessary.

Absence During College Breaks

Interns **may not assume** that patient care can be suspended during Sherman College break weeks. Each intern is responsible for ensuring that their patients receive care in accordance with the **approved Plan of Care**, regardless of college schedule changes.

If an intern plans to be away for vacation or any extended period, the following steps must be taken:

1. **Notify all patients in advance** of the dates of your absence.
2. **Secure a substitute intern** to care for each patient during your absence.
3. **Complete a Permission to Substitute Form (HC 2005)** for each scheduled visit.
 - This form must be approved in advance by the patient's **case doctor** or the **Coordinator of Clinic Operations**.
4. **Provide each patient** with the name and phone number of the substitute intern who will be seeing them.
5. **Provide the substitute intern** with the names and contact information of the patients they will be responsible for.
6. **Ensure appointments have been confirmed** with the substitute intern.
7. **Inform the front desk** of the substitute intern assigned to each patient appointment.

⚠ It is the intern's responsibility to maintain continuity of care. Failure to arrange proper coverage may result in disciplinary action and a loss of patient visit credit.

Pediatric Patients & Child Safety in the Chiropractic Center

The safety and well-being of children—whether as patients or visitors—is a top priority in the Chiropractic Center. The following policies are in place to ensure safe and appropriate care:

Patients Under 18

- Patients **17 years old and younger** are considered **minors** and must have **parental or legal guardian consent** to receive care.
- On the **first visit**, a **parent or legal guardian must be present**. If someone else (e.g., grandparent, babysitter) brings the child, the parent must have signed a **Minor Care Authorization Form (HC-1059)** in advance.
- **Minors age 16 and over** must attend a **New Patient Orientation**.

Children in the Clinic (Not Being Seen)

- Children **not being treated** must remain with their **parent or legal guardian at all times**.
- **Children may not be left unattended** in the lobby or any clinic area.
- Children are **not allowed upstairs** in the Health Center unless they are **infants under 8 weeks old**.
- **Baby gates** are available in each hall for added safety in adjusting rooms.
- Children are **not permitted to run or wander** in the clinic or on stairways.

During Exams or Imaging

- If a parent brings a small child with them and is being examined or x-rayed, the intern must **arrange for another intern** to supervise the child during that time.
- Do **not bring children** into physical exam rooms or the imaging department **unless they are the patient** being seen.

Use of Equipment Around Children

- When adjusting children **under age 10**, always place hi-lo tables in the **down position** and **unplug if necessary**.
- Children should **never ride on tables** or play with **pedals, drops, or buttons**.

 Be mindful of small hands and feet—pinch hazards are real!

Student Interns with Children

- Interns' family members who are patients must follow the **same policies as any other patient**.
- **Interns may not bring their children into the clinic** unless the child is scheduled for care.
- If you are bringing your child as a patient:
 - **Enter through the front door**
 - Have your **clinic jacket in hand**
 - Do **not** use the back entrance or go upstairs to retrieve your jacket

Suspected Child Abuse

If you suspect child abuse or neglect at any time:

- Immediately report your concerns to your **case doctor or the Dean of Clinics**
- Refer to the **Duty to Report Child Abuse and Neglect** section for further guidance

Patient Transfer/ Close Process

Important Reminders

- Interns enrolled in Clinic 718 **may not receive any transfers** until they have completed the PMR for their first quarter student and cleared by Dr. Seay.
 - Interns in 718 that have not received a first quarter student **may not receive any transfers** until they have completed the Re-eval PMR on their reciprocant and cleared by Dr. Seay.
 - Case doctors will notify 750 interns via email once a 718 intern has been cleared.
 - Until clearance is received, the prospective intern should:
 - Complete two required **shadow visits**.
 - Thoroughly **review the patient's chart**.
-

Pre-Transfer Requirements

Before initiating the transfer process, the **current intern** must ensure:

- The **EHR is fully up to date**:
 - All documents are signed.
 - All notes are finalized.
 - File audit sheets are current.
-

Transfer Form Procedure (Form HC 1078)

1. The current intern uploads **Transfer Form HC 1078** to the patient's EHR and completes the following fields:
 - Patient name
 - File number
 - Current case doctor
 - Current intern name and number
 - New case doctor
 - New intern name and number
 2. Once the new intern has completed two shadow visits and reviewed the file with the current intern, they will **sign the form** to confirm review.
 - The current intern is responsible for removing any existing **line analysis** from imaging, if applicable.
 3. The current intern then **emails the new case doctor** to confirm that the file is ready for review.
 4. The new case doctor:
 - Reviews the patient's file in EHR Records.
 - Signs the transfer form.
 - Verifies that imaging lines have been removed (if applicable).
 - Moves the signed form to the "**Intake Forms**" or "**Transfer**" folder in the EHR.
 5. The new case doctor then sends an email to **transfercloses@sherman.edu**, CC'ing both the current and new interns, confirming the file is ready for transfer.
-

Transfer Form & Scheduling Protocol

- Transfers are processed by the front desk on **Fridays only**.
 - The front desk **will not schedule** under the new intern until the **case doctor submits confirmation** to:
 - **transfercloses@sherman.edu**
 - Do **not** ask the front desk to bypass this process.
 - Once processed:
 - The front desk will send confirmation emails to all relevant parties.
 - The Imaging Department will be notified to transfer any relevant images.
-

Scheduling Responsibilities

- All existing appointments with the former intern will be **cancelled**.
- The new intern is responsible for:
 - **Scheduling a Transfer Re-Evaluation appointment** upon confirmation of transfer.

Required Information for ALL Scheduling Emails:

1. Patient's full name
2. Date and time of the appointment
3. Type of appointment (Adjustment, NPO, Re-Evaluation, etc.)
4. Action requested (New, Cancellation, Reschedule)
5. Preferred adjusting room/table (if applicable)

⊖ If any of the above information is missing, the scheduling request will not be processed.

The request will be returned with a note such as:

"Please provide the missing scheduling details (e.g., time, type of appointment) so we can complete your request."

Interns must respond **promptly** to avoid delays in patient care.

Restrictions and Special Notes

- A **Transfer Form should NOT be submitted** if the current intern plans to continue seeing the patient.
 - Rooms **cannot be reserved** between transfer approval and patient's next appointment.
 - If a patient needs care prior to the Friday transfer processing:
 - The new intern must submit a **Sub Visit Form** for a **spinal adjustment only**.
-

Final Responsibility

The **current intern remains responsible** for the patient until all parties receive confirmation that the transfer is complete.

- Weekly updates regarding transfer status and chart progress are sent by administrative staff (Caroline and Princess), usually on **Fridays at 3:00 p.m.**
- Interns must **monitor and respond to related emails** in a timely manner during this transition period.

Close a File

To initiate and complete the closure of a patient file, interns must follow the steps below:

1. In the patient's EHR, navigate to the **MISC folder** and enter a brief note explaining the reason for file closure.
 - Be concise and professional (e.g., "Patient moved out of state and will no longer receive care.").
 - **Sign and date** the entry.
2. Send an **email to your case doctor** requesting file closure.
 - Example: *"I would like to close Red Rainbow's file. Please advise if any additional steps are needed."*
3. Upon review, the case doctor will email **transfercloses@sherman.edu** to notify the front desk of the file closure.
4. The **front desk** will:
 - Update the patient's chart status to **inactive** in ChiroTouch.
 - Send a **confirmation email** to both the intern and the case doctor confirming the closure.

Reactivate a Patient

For Patients Inactive Less Than One (1) Year:

⚠️ Only interns enrolled in Clinics 722–740 may reactivate patients who have been inactive for less than six (6) months.

1. Intern and front desk will handle the case as a review and update.
2. Intern must fill out reactivation form and give it to the front desk.
3. Front desk will assign the file to the intern and the intern's case doctor.
4. Front desk will email imaging department to transfer any images to new intern.
5. Intern must review the patient's **complete EHR record**.
6. Schedule a **Review and Update** appointment with the patient and their **assigned case doctor**.
7. Ensure the following are updated:
 - Patient Information
 - Outcome Assessments
 - Address and telephone number (update in the EHR and notify the front desk).
8. If the patient has sustained **trauma** since their last visit:
 - Case doctor will determine the need for new x-rays.
 - Complete **Accident/Spinal Injury Report (HC 2030)** if necessary.
9. **Before delivering care**, the intern must:
 - Obtain **x-ray study approval** from the case doctor.
 - Complete and submit intern's own x-ray analysis, approved by both **Rad Lab and case doctor**.
 - **Establish pattern** via thermography and spinal checks.
10. **⚠️ With case doctor approval**, the intern may adjust the patient **one time**, or provide **up to three visits over two weeks** to establish pattern **while completing the updated PMR** and receiving Plan of Care approval.

For Patients Inactive More Than One (1) Year:

1. Intern and front desk will handle the case as a new patient.
2. Intern and case doctor must review the patient's full chart and prior case history.
 - Schedule time with assigned **case doctor**, who will observe the **case history** process and approve necessary forms during the PMR.
3. The intern must complete **all standard new patient procedures**, including:
 - **New Patient Orientation**
 - **Patient Conduct and Care Form**
 - **Practice Application** (ensure address and phone number are updated in EHR and at front desk)

- **Informed Consent and HIPAA Privacy Forms**
- **Complete New Case History**
- **Vertebral Subluxation Pattern Analysis**
- **Patient Outcome Assessments**
- **New Physical Exam** (full or regional as needed)
- **New Imaging** as Indicated.
- Complete an **Accident/Spinal Injury Report (HC 2030)** if applicable.
- **If the patient is currently under litigation for any trauma to include but not limited to motor vehicle accidents and or workers compensations claims, the patient may not be seen in the chiropractic center until the claim is settled in court.**

Patient's Right to Their Record and Record Request

A patient or his/her legal representative has a right to receive a copy of his/her patient record, or have the record transferred to another health care provider, upon request, when accompanied by a written authorization from the patient or his/her legal representative to release the record. South Carolina Code § 44- 115- 30.

If a patient wishes to obtain a copy of his/her patient record and/or x-rays or have them sent to a field chiropractor or other health care provider, the intern must complete and have the patient sign an X-ray/ Records Release form 2065. The intern must email the front desk staff that there is a records request in the patient's file. Records requests will be completed in 24-48 hours. Imaging copies cost \$10.

Note: Patient records may not be photocopied or discarded by an intern. All requests for copies must go through the coordinator for clinic operations.

Subpoena of Patient Records [Policy 7029](#)

The Chiropractic Center will respond to subpoenas with the written authorization of the individual whose records are being subpoenaed.

If a written authorization is not provided or obtained, the dean of clinics and the compliance officer should be advised of the subpoena for an appropriate response.

Confidentiality of Patient Records and Information

Purpose And Standards for Patient Records

The two critical purposes for patient records are to **document** and to **communicate** patient information. Health care professionals and health care facilities have a legal and ethical duty to maintain an accurate and complete record for each patient. Health care records are protected under the Health Information Portability and Accountability Act of 1996 (HIPAA), Federal Law 104-191, 104th Congress.

Owner of Records –

South Carolina Code states the health care provider/facility is the owner of records. (§ 44- 115- 20)

Patient records are retained by the Chiropractic Center and remain the property of the Sherman College Chiropractic Center. By law, the college must retain a patient's record for ten (10) years from the date of last visit (13 years for minors). Therefore, it is essential that the utmost care, confidentiality, neatness, and thoroughness be maintained when managing a patient's record.

Community Outreach Program

The Sherman College Chiropractic Center offers a community outreach program under the direction of the **Dean of Clinics**.

In collaboration with the **Coordinator for Clinic Marketing and Outreach**, the Dean organizes events designed to increase community awareness of the Chiropractic Center and provide interns with opportunities to develop public relations and patient recruitment skills.

The outreach program focuses on the following core practice-building techniques:

- **Lay Lectures / Health Talks**
- **Patient Referrals**
- **Spinal Screenings**

Interns receive initial outreach training during **PHIL 642: Patient Education**, and further training is provided through follow-up workshops, pre-event briefings, and post-event debriefs.

Interns who staff outreach events are encouraged to mentor one another and share best practices. Participation in community events during the clinical phase helps interns gain confidence in educating the public and prepares them to communicate the chiropractic message in private practice.

⚠ **Important Note:**

While staffing for community outreach events is voluntary, interns are expected to fulfill all commitments. If an intern is unable to attend an event they signed up for, they must:

- Cancel at least **48 hours** in advance
- Receive approval from the **Coordinator of Clinic Operations** or the **Dean of Clinics**
- Find a **qualified replacement intern**

Failure to follow this policy—or a “no show”—will result in suspension of community event privileges for the remainder of the quarter.

Off-Campus Lectures

Interns who wish to deliver presentations to groups outside of Sherman College must obtain **prior written approval** from the **Dean of Clinics**.

All off-campus health talks must:

- Follow the **approved format** presented in **PHIL 642: Patient Education**
- Align with the **mission and educational objectives** of Sherman College
- Be **proctored** by a qualified intern or approved college representative

✦ **To request approval**, interns must submit the following information in writing to the Dean of Clinics:

- Date, time, and location of the proposed presentation
- Description of the intended audience
- Name of the designated proctor (qualified intern or college representative)

The assigned proctor is responsible for the following:

- Bringing a **Lecture Assessment Form (HC 5080)** and a **New Patient Orientation Attendance Record (sign-in sheet)** to the event

- Ensuring both documents are **accurately completed**
- Submitting the completed forms to the **Chiropractic Center front desk** immediately following the event

⚠ Note: Off-campus talks are an extension of the Chiropractic Center’s public education mission and must reflect the highest professional standards at all times.

Spinal Screenings

Spinal screenings are an important part of Sherman College’s outreach and education efforts, offering interns the opportunity to engage with the public and communicate the benefits of chiropractic care.

🔔 Opportunities for screenings are shared via email and posted in the **Chiropractic Center computer lab**.

Interns interested in participating in spinal screenings must:

- **Meet with the Dean of Clinics** prior to participating in their first screening event to:
 - Review the **screening protocols**
 - Familiarize themselves with the **spinal screening kit and procedures**
 - Understand **documentation requirements** and expectations for professional conduct

📦 Screening kits include script, posture sheets, contact forms, brochures, giveaways, and other tools necessary to conduct a professional spinal screening.

📄 Interns must:

- Wear appropriate **professional attire**
- Be punctual and stay for the **entire duration** of the event
- Maintain **HIPAA compliance** and avoid discussing individual health concerns in public spaces
- Must adhere to Sherman College Spinal Screening Process
- Encourage participants to schedule an initial visit at the Sherman College Chiropractic Center when appropriate

⚠ Failure to meet professional expectations (e.g., no-show, unpreparedness, or unprofessional behavior) may result in loss of screening privileges for the remainder of the quarter.

Appendices

Appendix 1: SC State Chiropractic Laws, Rules, and Regulations

Advertising

The South Carolina Board of Chiropractic Examiners and the college prohibit non-licensed chiropractic student interns or chiropractic students from advertising professional chiropractic services. Student interns may not produce, publish and/or distribute their own business cards, newsletters, brochures, web sites, online ads, flyers, or coupons. Because of the legal and ethical considerations connected to the use of titles, Doctor, Dr., or D. C., interns are not entitled to use these titles in any way, at any time, including personal checks, stationery, business cards, voice mail, home answering machines/services, e-mail, or websites.

College approved promotional materials are available to interns in the college bookstore. Interns may purchase these materials to distribute to their patients and potential patients.

Duty To Report Child Abuse and Neglect

Health care providers have a mandatory reporting duty in cases of suspected child abuse or neglect. This duty specifically abrogates (cancels or repeals by authority) confidentiality, which must otherwise accompany the doctor-patient relationship. These reporting requirements are set forth in South Carolina Code § 20- 7- 510 through § 20- 7- 560.

Appendix 2: Dropping Clinic

If an intern chooses to withdraw from clinic during the quarter, they will not be permitted to provide patient care in the Chiropractic Center until the next quarter in which they are officially enrolled in clinic.

It is the intern's responsibility to:

- **Coordinate with their case doctor** to ensure the **continuation of care** for all assigned patients during their absence
- **Secure an appropriate substitute** and complete all **necessary transfer documentation**

 The following paperwork must be completed and submitted:

- **Clinic Withdrawal Form**, signed by the **Coordinator of Clinic Operations**
- Form must then be signed by the **Registrar**
- All completed forms must be returned to the **Dean of Clinical Sciences**

 The intern must also:

- **Notify all appropriate area supervisors**
- **Inform the front desk** and any involved parties of their withdrawal and patient transition plan

Appendix 3: Approved Abbreviations

Abd	Abdomen
AC	Acromioclavicular (jt)
AAROM	Active assisted range of motion
AROM	Active range of motion
ADL	Activities of daily living
AMA	Against medical advice
ALS	Amyotrophic lateral sclerosis
Ant	Anterior
ACL	Anterior cruciate ligament (of the knee)
AIS	Anterior inferior iliac spine
ASIS	Anterior superior iliac spine
A-P	Anterior-posterior
A-S	Anterior-superior
Appt	Appointment
Approx	Approximately
ASAP	As soon as possible
A:	Assessment
assist	Assistance
ADD	Attention deficit disorder
ADHD	Attention deficit hyperactivity disorder
atx	Attributed/attributes
bpm	beats per minute
b/c	Because
BPPV	benign paroxysmal positional vertigo
BPH	benign prostate hypertrophy
bil	Bilateral
BP	blood pressure
BM	bowel movement
CA	carcinoma, cancer
CV	cardiovascular
CVD	Cardiovascular disease
CP	Care plan
CTS	carpal tunnel syndrome
COD	cause of death
cm	centimeter
CNS	central nervous system

CSF	cerebral spinal fluid
CVA	cerebrovascular accident
C	Cervical
CC	Chief complaint
CFS	chronic fatigue syndrome
COPD	Chronic obstructive pulmonary disease
c/o	complains of
CBC	complete blood count
CT	computerized tomography
CBCT	Cone beam computed tomography
CHF	congestive heart failure
cont	continue
CI	contraindication
CHD	coronary heart disease
CF	cystic fibrosis
DTR	deep tendon reflex
DJD	degenerative joint disease
dept	Department
Derma	Dermatological
DM	diabetes mellites
Dx	diagnosis
DIP	distal interphalangeal joint
Dr	Doctor
DC	Doctor of Chiropractic
d/t	Due to
Dysf	Dysfunction
ENT	ear, nose, throat
ECG	electrocardiogram
EEG	electroencephalogram
EMG	electromyogram
ED	Emergency Department
ESR	erythrocyte sedimentation rate
ERT	estrogen replacement therapy
Ext	extension
EX	External
EENT	eye, ear, nose, throat

F	Fahrenheit
FH	family history
FUO	Fever of unknown origin
flex	flexion
ft	foot, feet
Fx	fracture
fq	Frequency
FWB	full weight bearing
GERD	gastroesophageal reflux disorder
GI	gastrointestinal
GU	genitourinary
GYN	gynecology
HEENT	head, eyes, ears, nose, throat
HA	headache
HDI	Headache Disability Index
HSQ	Health Status Questionnaire
HR	heart rate
ht.	Height
Htc	hematocrit
Hemo	Hematological
HGB	hemoglobin
Hg	mercury
HBP	high blood pressure
HRT	Hormone replacement therapy
h, hr.	hour
Hx	hx history
Htn	hypertension
imp	impression
in	inches
insp	inspiration or inspiratory
ins	Insurance
IN	Internal
IVF	Intervertebral foramen
IV	intravenous
IDA	Iron deficiency anemia
IBS	irritable bowel syndrome

jt	joint
lab	laboratory
LMP	last menstrual period
lat	lateral
LCL	lateral collateral ligament
Lt	Left
(L)	left (circled "L")
LIL	Left ilium
LLQ	left lower quadrant
LUQ	left upper quadrant
LC	leg check
LLI	Leg length inequality
lig	Ligament
LOC	line of correction
LOC	loss of consciousness
LBDI	Low Back Disability Index
LBP	low back pain
LDL	Low-density lipoprotein
LMN	lower motor neuron
L	Lumbar
L/S	lumbosacral
MRI	magnetic resonance imaging
MOI	Mechanism of injury
MCL	medial collateral ligament (of the knee)
MD	medical doctor
Meds	medications
MCP	metacarpal phalangeal (jt)
MTP	metatarsal phalangeal (jt)
mg	milligram
mm	Millimeters
mmHg	Millimeters of mercury
min	Minimum
min	minutes
Mod(s)	Modification(s)
mon	month
am	Morning
MVA	motor vehicle accident
MM	multiple myeloma

MS	multiple sclerosis
mu	muscle
ms	muscle spasm
mm	muscles
MD	muscular dystrophy
MI	myocardial infarction
neg	negative
NCV	nerve conduction velocity
NMS	Neuromusculoskeletal
NWB	non weight bearing
NSAID	non-steroidal anti-inflammatory drugs
N	normal
N/A	not applicable
O:	objective
OB	Obstetrician (medical)
Occ	Occiput
ortho	orthopedic
oz	ounce
OP	outpatient
OTC	Over the counter
P!	pain
P-A	Posterior-anterior
PCL	Posterior cruciate ligament (of the knee)
PROM	passive range of motion
PFH	Past Family History
PH	past history
PRN	As circumstances arise/as needed
PMH	Past Medical History
PSH	Past Social History
pt	patient
PMR	Patient management review
PPW	patient presents with
P	Pelvis
Rx	Prescription
P.E.	physical exam
PT	physical therapy/therapist

P:	plan
POC	Plan of Care
pos	positive
post	posterior
PIIS	posterior inferior iliac spine
PSIS	posterior superior iliac spine
PA	posterior-anterior
P-I	Posterior-inferior
lb	pound
1°	primarily
PCP	Primary care provider
Px	Prognosis
PSA	Prostate specific antigen
ROM	range of motion
RBC	red blood cell count
re:	regarding
reg	Region
ROF	Report of Findings
RROM	resistive range of motion
resp	respiratory, respiration
ROS	review of systems
RA	rheumatoid arthritis
Rt	Right
(R)	right (circled "R")
RIL	Right ilium
RLQ	right lower quadrant
RUQ	right upper quadrant
Rot	Rotation
SI	sacroiliac
SIJ	sacroiliac joint
S	Sacrum
sec	seconds
Seg	Segmental
STD	sexually transmitted disease
SL	Short leg
SH	Social History
SP	static palpation
SC	Sternoclavicular (jt)
SCM	Sternocleidomastoid (mu)
SLR	Straight leg raiser

S:	subjective
SOAP	subjective, objective, assessment, plan
Sx	Surgery
SLE	systemic lupus erythematosus
temp	temperature
TMJ	temporomandibular joint
T	Thoracic
TOS	Thoracic outlet syndrome
TIA	transient ischemic attack
TP	Transverse process
Tx	Treatment
TB	tuberculosis
UMN	upper motor neuron
URI	upper respiratory infection
UA	Urinalysis
UTI	urinary tract infection
VD	venereal disease
VS	Vertebral subluxation
VSC	Vertebral subluxation complex
VBI	Vertebro-basilar insufficiency
VAS	Visual Analog Scale
vol	volume
wk	week
wt.	weight
w/c	wheel chair
WBC	white blood cell count
w/	With
WNL	within normal limits
w/o	Without
x	number of times performed (<i>e.g., 2x = twice, 3x = 3 times</i>)
yd	yard
yr	year
y/o	years old

Appendix 4: CCE Meta-Competencies

META-COMPETENCY 1 - ASSESSMENT & DIAGNOSIS

Assessment and diagnosis require developed clinical reasoning skills. Clinical reasoning consists of data gathering and interpretation; hypothesis generation and testing; and critical evaluation of diagnostic strategies. This dynamic process includes the collection and assessment of data through history, physical examination, imaging, laboratory tests, and case-related clinical services.

CURRICULAR OBJECTIVE: The program prepares students to:

- A. compile a case-appropriate history that evaluates the patient's health status, including a history of any present illness; systems review; and review of past, family, and psychosocial histories for the purpose of constructing a differential diagnosis and directing clinical decision-making.
- B. determine the need for and availability of external health records.
- C. perform case-appropriate examinations that include evaluations of body regions and organ systems, including the spine and any subluxation/segmental dysfunction, that assist in developing the diagnosis/es.
- D. perform and interpret diagnostic studies, inclusive of imaging, clinical laboratory, and specialized testing procedures based on clinical needs, and refer to other providers for consultations when appropriate.
- E. formulate an evidence-informed diagnosis/es supported by information gathered from the history, examination, diagnostic studies, and relevant scientific literature to inform patient care.

OUTCOMES: Students will be able to:

- 1) perform a case-appropriate history that evaluates the patient's health status.
- 2) perform an appropriate case examination that leads to the identification of significant findings and determine the need for additional examination, diagnostic and/or confirmatory tests, and consultations.
- 3) perform/order and interpret clinical laboratory, imaging, and other diagnostic studies required for formulating an appropriate diagnosis.
- 4) demonstrate clinical reasoning to generate a corresponding list of current/active diagnosis/es.

META-COMPETENCY 2 – MANAGEMENT

Management involves the development, implementation and monitoring of a patient care plan for positively impacting a patient's health and well-being, including specific healthcare goals and prognoses. It may include case follow-up, referral, and/or collaborative care.

CURRICULAR OBJECTIVE: The program prepares students to:

- A. critically appraise scientific literature to inform evidence-informed practices in patient management.
- B. develop a management plan appropriate to the diagnosis/es, the patient's health status, obstacles to improvement, specific goals, and prognoses while incorporating patient values and expectations of care.
- C. evaluate the clinical indications and rationale for selecting chiropractic adjustment/manipulation or other appropriate forms of active or passive modalities supporting the goals of care.
- D. determine the need for changes in patient behavior and activities of daily living.
- E. determine the need for emergency care, referral, and/or collaborative care.
- F. provide information to patients of risks, benefits, natural history, and alternatives to care regarding the proposed management plan.
- G. obtain informed consent.
- H. monitor patient progress and alter management plans as new clinical information becomes available.
- I. recognize the point of a patient's maximum improvement and release the patient from care or determine rationales for any ongoing care.

OUTCOMES: Students will be able to:

- 1) use relevant scientific literature and other evidence to inform patient care.
- 2) develop an evidence-informed management plan appropriate to the diagnosis, including elements such as obstacles to improvement, measurable healthcare goals, prognoses, and target endpoint of care in consideration of bio-psychosocial factors, natural history, and alternatives to care.
- 3) identify the need and refer for emergency care as appropriate.
- 4) perform a review of findings that outlines benefits, risks, and alternatives to care and obtain informed consent for care.
- 5) deliver appropriate chiropractic adjustments/manipulations and/or other forms of passive care.
- 6) implement appropriate active care.
- 7) make recommendations for changes in lifestyle behaviors, including activities of daily living and/or dietary and

nutritional habits as appropriate.

8) identify maximum improvement and document the endpoint of care or determine rationales for continuing care or referral.

META-COMPETENCY 3 - HEALTH PROMOTION AND DISEASE PREVENTION

Health promotion and disease prevention requires an understanding and application of epidemiological principles regarding the nature and identification of health issues in diverse populations and recognition of the impact of biological, chemical, behavioral, structural, psychosocial, and environmental factors on general health.

CURRICULAR OBJECTIVE: The program prepares students to:

- A. identify the importance of primary, secondary, and tertiary prevention in population health, including health promotion, disease prevention, and screening.
- B. explain the major causes and trends in chronic disease, comorbidity, and mortality, including those for patients from diverse backgrounds and from underrepresented communities.
- C. recognize the importance of social determinants and impact of health care disparities within diverse populations.
- D. recognize reporting responsibilities regarding public health risks and issues.

OUTCOMES: Students will be able to:

- 1) manage health risks and public health issues, including reporting, as required.
- 2) identify, recommend, and/or provide resources (educational, community-based, etc.) for influencing public health.
- 3) apply appropriate hygiene practices in the practice environment.

META-COMPETENCY 4 - COMMUNICATION AND RECORD KEEPING

Effective communication includes oral, written, and nonverbal skills with appropriate sensitivity, clarity and control for a wide range of healthcare-related activities, to include patient care, professional communication, health education, record keeping, and reporting.

CURRICULAR OBJECTIVE: The program prepares students to:

- A. communicate effectively, accurately, and appropriately with patients and other health care professionals.
- B. create and maintain accurate, appropriate, and legible records.
- C. comply with regulatory standards and responsibilities for patient and business records.

OUTCOMES: Students will be able to:

- 1) document health risks and management options considering the patient's health care needs and goals.
- 2) exhibit verbal and non-verbal communication skills supportive of patient-centered care.
- 3) safeguard and keep confidential the patient's protected health and financial information.
- 4) generate patient records, narrative reports, and correspondence that comply with state and federal laws and regulations and applicable/accepted industry standards.

META-COMPETENCY 5 - PROFESSIONAL ETHICS AND JURISPRUDENCE

Professionals are expected to comply with the law and exhibit ethical behavior.

CURRICULAR OBJECTIVE: The program prepares students to:

- A. apply knowledge of ethical principles and boundaries.
- B. apply knowledge of applicable health care laws and regulations.
- C. apply knowledge of expected professional conduct.

OUTCOMES: Students will be able to:

- 1) maintain appropriate boundaries with patients, including physical, communication (verbal and nonverbal), and emotional.
- 2) maintain professional conduct with patients, peers, staff, and faculty.
- 3) comply with the ethical and legal dimensions of clinical practice.

META-COMPETENCY 6 - CULTURAL COMPETENCY

Cultural competency includes the knowledge, skills, and core professional attributes needed to provide care to patients with diverse values, beliefs, and behaviors, including the tailoring of health care delivery to meet patients' social, cultural, and linguistic needs in an effort to reduce disparities in healthcare delivery.

CURRICULAR OBJECTIVE: The program prepares students to:

- A. demonstrate an awareness of biases and social determinants of health that may impact the delivery of care to a diverse population.
- B. evaluate the role of sociocultural, socioeconomic, and diversity factors in contemporary society to meet the healthcare needs of persons, groups, and populations.

OUTCOMES: Students will be able to:

- 1) communicate respectfully and effectively with patients of diverse social, cultural, and linguistic backgrounds in a manner that protects the dignity of individuals and communities.
- 2) design a care plan that considers and respects the culture of the patient.

META-COMPETENCY 7 – CHIROPRACTIC ADJUSTMENT/MANIPULATION

Doctors of chiropractic employ the adjustment/manipulation to address joint and neurophysiologic dysfunction. The adjustment/manipulation is a precise procedure requiring the discrimination and identification of dysfunction; interpretation and application of clinical knowledge; and the use of cognitive and psychomotor skills.

CURRICULAR OBJECTIVE: The program prepares students to

- A. assess normal and abnormal structural, neurological, and functional articular relationships.
- B. evaluate the clinical indications and rationale for selecting a particular chiropractic adjustment/manipulation.
- C. determine, based on clinical indications and risk factors, the appropriateness of delivering chiropractic adjustment/manipulation.
- D. demonstrate the knowledge, mechanical principles, and psychomotor skills necessary to safely perform chiropractic adjustment/manipulation.
- E. assess the patient outcome(s) of the chiropractic adjustment/manipulation.

OUTCOMES: Students will be able to:

- 1) identify subluxations/segmental dysfunction of the spine and/or other articulations.
- 2) analyze and interpret findings indicating the need for chiropractic adjustment/manipulation.
- 3) identify indications, contraindications, and risk factors for the chiropractic adjustment/manipulation and explain the anticipated benefits, potential complications, and effects to patients.
- 4) apply chiropractic adjustment/manipulation to patients while ensuring patient safety.
- 5) identify the effects following the chiropractic adjustment/manipulation.

META-COMPETENCY 8 – INTER-PROFESSIONAL EDUCATION

Students have the knowledge, skills, and values necessary to function as part of an inter-professional team to provide patient-centered collaborative care. Inter-professional teamwork may be demonstrated in didactic, clinical, or simulated learning environments.

CURRICULAR OBJECTIVE: The program prepares students to:

- A. work with other health professionals to maintain a climate of mutual respect and shared values, placing the interests of patients at the center of inter-professional health care delivery.
- B. identify different models of inter-professional care, organizational, and administrative structures and the decision-making processes that accompany them.
- C. explain the roles and responsibilities of each member of the health care team.
- D. collaborate with health team members to clarify each member's responsibility in executing components of a management plan or public health intervention.

OUTCOMES: Students will be able to:

- 1) communicate information with health team members in a manner that is understandable, avoiding discipline-specific terminology when possible.
- 2) apply collaborative strategies with members of the healthcare team to support a team approach to patient-centered care.

Appendix 5: Chiropractic Center Personnel Summary

Dean of Clinics

The Dean of Clinics oversees the college's clinical education program and manages the daily operations of the Sherman College Chiropractic Center. The dean collaborates with the Chair of Clinical Curriculum, Dean of Clinical Sciences, and Director of Institutional Effectiveness to plan and implement effective clinical program evaluations that enhance the intern experience and ensure alignment with accreditation standards.

Coordinator / Assistant Coordinator for Patient and Intern Services

These roles support a professional, patient-centered environment and are responsible for maintaining efficient, effective daily operations related to intern and patient services, including front desk and administrative workflow.

Case Doctor

Case Doctors practice and supervise the delivery of chiropractic care in the Chiropractic Center. They fulfill the responsibilities of a primary care provider within the scope of chiropractic, ensuring that care aligns with the college's standards for competency and professionalism.

Chair of Clinical Curriculum

The Chair of Clinical Curriculum partners with the Dean of Clinics, Dean of Clinical Sciences, and Vice President for Academic Affairs to develop and assess clinical learning outcomes. This role oversees the training and calibration of Chiropractic Center faculty to ensure reliable intern assessment and high-quality patient care.

Chair of Pediatric and Perinatal Care

This faculty member enhances instruction and clinical care for pediatric and perinatal populations. Responsibilities include supervising clinical care in these populations, teaching, conducting research, and promoting community engagement consistent with the college's core values.

Clinic Support Faculty

Clinic Support Faculty collaborate with Case Doctors to deliver instructional and clinical support, contributing to student learning and patient care in the Chiropractic Center.

Coordinator for Clinic Marketing and Outreach

Responsible for promoting the Chiropractic Center through media, community outreach, screenings, and health talks. This role serves as a bridge between the college and the broader community.

Coordinator of Clinic Operations

Under the supervision of the Dean of Clinics, this coordinator manages complex administrative tasks, supports clinical education, and ensures smooth daily operations in a dynamic and evolving clinic environment.

Coordinator of the X-ray Department

Leads and supervises all activities required for the safe, effective, and compliant operation of the radiography department within the Chiropractic Center.

Director of Sports Chiropractic Outreach

Oversees the college's sports chiropractic outreach initiatives, including management of off-site programs, partnerships with athletic programs, and intern assignments related to sports chiropractic care.

Director of Student Clinic

Acts as a Case Doctor and is responsible for the oversight and coordination of the Pre-Clinic and Student Clinic programs, ensuring readiness for transition into outpatient care.

Director of Imaging Department

Provides leadership for the X-ray Department and supervises the X-ray Coordinator to ensure effective imaging operations in support of patient care and chiropractic education.

Imaging Department Manager

The x-ray department manager is responsible for conducting and/or supervising all functions necessary for the safe and efficient operation of the x-ray department. The x-ray department manager shall serve as the supervisor of the x-ray technical support personnel.

Imaging Department Operations Support

X-ray department operations support is responsible for conducting the clerical functions necessary for the safe and efficient operation of the x-ray department. Primary responsibility is to provide clerical support to the x-ray department coordinator.

Imaging Technical Support

Performs diagnostic imaging examinations of patients and assists with the daily operations and functions of the x-ray department, including training, overseeing and collaborating with student interns within the department.

Appendix 6: Policy Index

The following is a list of Policies of Sherman College of Chiropractic that pertain specifically to the Chiropractic Center and Interns. This list is not comprehensive but represents commonly referenced policies. Please see a complete list of policies on Sherman College's website at https://www.sherman.edu/pdf_categories/policies/

Academic Policies

- [1047 Appropriate Use of Electronic Devices](#)
- [1049 Clinic and Clinical Proficiency Examinations](#)

Chiropractic Center Policies

- [3070 Bloodborne Pathogen and Biohazardous Waste Control](#)
- [7001 Visit and Imaging Fee Schedule](#)
- [7002 Clinic Requirements](#)
- [7006 Transportation of Patients](#)
- [7011 Patient Insurance Forms](#)
- [7019 X-Ray](#)
- [7025 Emergency Care Procedure](#)
- [7027 Intern Advertising](#)
- [7028 Patient Record Storage](#)
- [7029 Subpoena of Records](#)

Student Affairs Policies

- [8004 Student Code of Conduct](#)
- [8010 Substance Use Regulations](#)
- [8011 Children on Campus](#)
- [8013 Student Tobacco Use](#)
- [8015 Student Grievance \(Complaint\)](#)
- [8026 Appeal](#)
- [8027 Harassment and Non-Discrimination](#)

Appendix 7: Trouble Shooting Quick Reference – Who to See

If you have an issue or question regarding:	See:
Absences	Case Doctor Coordinator for Clinical Operations
Assessments	Case Doctor
Assessments	Chair of Clinical Curriculum
Case Management	Case Doctor Chair of Clinical Curriculum Director of Student Clinic
Clinic Equipment	Coordinator of Clinical Operations
HIPAA	All Chiropractic Center Personnel Compliance officer Dean of Clinics
Interpersonal Conflict	Person of Concern Student Affairs
Lockers	Coordinator for Clinical Operations
Off Campus Lectures	Dean of Clinics
Outside Events / Health Talks	Dean of Clinics
Parking	Coordinator for Clinical Operations Director of Security
Patient Appointments	Front Desk
Patient Care (Student Clinic)	Director of Student Clinic
Patient Emergency	Case Doctor Front Desk
Patient Payments	Front Desk
Policies and Procedures	Coordinator for Clinical Operations
Remediation	Chair of Clinical Curriculum
Security	Director of Security
Transfer, close and reactivation	Case Doctor Records Associate
X-Rays (Scheduling, forms, policies and procedures)	Imaging Department Coordinator

Appendix 8: Signature Page

I acknowledge I received the current edition of the Student Intern Handbook. I further acknowledge that I have read, and, I am responsible for, knowing and understanding its contents. I understand and have been informed that the dean of clinics, coordinator of clinic operations, Chiropractic Center faculty or staff will regularly communicate additional information to me that is vital to the successful completion of my internship. Such communications may be made via email, memos, posted notices and meetings; all of which I am responsible for reading and responding to accordingly throughout my internship. Please note, all college policies stand, even if it has not been updated in the student intern handbook. College policies are subject to change at any time and will be communicated via email from the offices of academic affairs or student affairs.

I further acknowledge that I will respect and follow updated revisions to the Student Intern Handbook published as needed. I recognize and will respect college ownership of property, equipment and patient related information with which I may come in contact during my internship.

By my signature below, I agree to abide by the policies and procedures set forth in this handbook and any updated handbooks and I agree to follow the policy on confidentiality:

Confidentiality of patient records is critical. All Chiropractic Center personnel and interns shall uphold the patient's right to privacy. Violation of the confidentiality of protected patient information shall be considered unprofessional conduct. Penalties for such conduct may include dismissal from Sherman College of Chiropractic. See *Confidentiality of Patient Records*.

Intern Signature

Date

Printed Intern Name

Intern #

Mailing Address

City

State

Zip Code

Phone

Cell Phone

Email address

Completed and signed, this form is to be removed from this handbook and delivered to the Pre-Clinic instructor on or before the last day of class. Failure to do so will result in suspension from Student Clinic participation.

Glossary of Clinic Terms

Term	Definition and Relevant Information
<i>Cases Managed</i>	<p>See clinic course syllabi for requirements.</p> <p>To be counted as a patient:</p> <ol style="list-style-type: none"> 1. The intern must have performed a complete case work-up on the patient including an approved PMR. 2. Complete a case review and update work-up on the patient including an approved Plan of Care. 3. Complete a case review on the file. 4. Demonstrate effective case management with supporting EIP for management decisions. 5. Receive a passing grade on the case review.
<i>Original Outpatient Definition</i>	<p>Outpatients who may be considered as original outpatients:</p> <ol style="list-style-type: none"> 1. A patient who has never been a patient in the Sherman College Chiropractic Center 2. A Chiropractic Center patient who has been inactive for at least one full year. The patient's original case number must be used. 3. An outpatient originally referred by a Sherman Student prior to his/her internship * <p>* Sherman students in Q1-9 may receive original outpatient credit for any patients they referred to the Chiropractic Center prior to their internship under the following conditions:</p> <ul style="list-style-type: none"> • The student's name appears in the referral section of EHR record. • The patient is still under care in the Chiropractic Center once the referring student becomes an intern and the patient is transferred to him/her. Automatic transfer may not be assumed because the transfer must be timed appropriately to meet the patient's care needs. The patient's current intern, the patient's case doctor, and the proposed (referring intern), will mutually agree upon the timing of the transfer. Of course, the patient has final say and must be consulted before a transfer is initiated. Regular transfer procedures must be followed.
<i>Three Patient Visits Per Week (Weekly Visit Quota)</i>	<p>Each intern must check a minimum number of patients (OP and/or ST) per week each quarter for a minimum of 7 weeks to pass clinic as outlined in the syllabus for the appropriate clinic class.</p> <p>NOTE: Each intern is allowed <i>optional weeks</i> during the quarter when he/she does not have to meet the weekly visit quota as outlined by the course syllabus. Break weeks cannot be used for the three visits per week.</p>
<i>Technique Assessments</i>	<p>All adjustments are supervised and assessed providing formative feedback to the intern. In addition, each intern must complete any required technique assessments as outlined in the clinic class syllabus.</p>

Term	Definition and Relevant Information
<i>Case History (CH) and Examination (NMS/Physical) Assessments</i>	Interns must complete a clinical case history and appropriate examination on any patient under their care. The case doctor will evaluate the intern's clinical skills in these areas as outlined in the clinic class syllabus.
<i>New Patient Orientation (NPO)/Reports of Findings (ROF)</i>	Interns are required to complete an NPO on any new patient under their care. Each intern must complete a report of findings after completion of all initial PMR or PMR updates during his/her internship. Following the approval of a patient's plan of care, the intern, in the presence of the patient's case doctor will present a report of findings. The case doctor will evaluate the intern's presentation in these areas as outlined in the clinic class syllabus.
<i>X-Ray Studies (Interpretations)</i>	<p>Each intern must interpret radiographic examinations with written reports on any patient X-rays.</p> <p>Each intern must complete his/her own X-ray Study (HC 3120, 3130, 3140, 3160, 3170) in the imaging production server for any sets of x-rays (AP and Lateral of an area) included in his/her patient records. The studies must be approved by the Rad Lab and then the patient's case doctor must review with the intern and approve these before the patient can be adjusted.</p> <p>To successfully complete the review of any patient X-rays the intern must complete the appropriate X-ray forms to include if applicable, digital X-ray Request form, Student Impression (HC 3190), Area X-ray Study (HC 3120, 3130, 3140, 3160, 3170) must be uploaded into the Schoology.</p>
<i>Competency Assessment</i>	<p>Each intern will be assessed regarding their case management decision throughout patient care. Competency Assessment I will review the clinic skill set of an intern regarding their initial Patient Management Review and initial evaluation.</p> <p>Competency Assessment II will review the clinic skill set of an intern regarding the ongoing management of a patient during their Patient Management Review.</p> <p>Competency Assessment III will review the overall quality of intern's clinical skills through the start of care to end of care. These assessments will be completed as outlined in the syllabus of each clinic class.</p>
<i>Case Reviews</i>	Interns may be required to complete clinical care reviews as outlined in the clinical class syllabus. Case reviews are utilized to increase student exposure to unique clinical cases or to reinforce clinical training regarding key clinical competencies. Failure to complete any assigned case review by the outlined due date will result in a failing grade for the clinic course.