

**Board of Chiropractic
September 1, 2004**

**Limitation on Use of Nasium View
Educational Update and Notice**

Some practitioners may be unaware that the nasium view is not appropriate for use as an opposing view to a neutral lateral cervical view. This was the inescapable conclusion after an educational hearing at the Board's meeting August 3, 2004.

The Executive Committee of the American Chiropractic College of Radiology, the Vermont Board of Radiologic Technology, the ACR, and 16 colleges of chiropractic who responded to inquiries from Lori Ramos, DC, DACBR, and the witnesses who testified before the Board on August 3 were unanimous: **the nasium view cannot substitute for the AP lower cervical and AP open mouth views.**

Evidence presented showed that the nasium view is not taught in chiropractic colleges as an opposing view, if at all. As one college wrote, "This view IS NEVER a substitute for AP lower cervical." Another contributor wrote "...[T]he routine minimum number of views necessary to evaluate the cervical spine... are AP open mouth, AP lower cervical and a neutral lateral cervical film. Those are routine bare minimum projections to be considered reasonable and customary and not below the standard of care. A Nasium is an ancillary supplemental projection that cannot replace the AP open mouth or the AP lower cervical film. Under no circumstances should the Nasium be considered an adequate view to replace the AP lower cervical film."

Vermont law includes within the definition of unprofessional conduct, 3 V.S.A. § 129a (b)(2), failure to practice competently. That includes "(1) performance of unsafe or unacceptable patient or client care; or (2) failure to conform to the essential standards of acceptable and prevailing practice." **After this date practitioners who use the nasium view as an opposing view are subject to disciplinary action.**

This notice will appear on the Board's web site. See, <http://vtprofessionals.org/opr1/chiropractors/> .

You should also be aware that the Board's policy regarding gonadal shielding has been revised and will be available on the Web site as well.

**Board of Chiropractic
Policy on Continuing Education Journals**

The Board wishes to encourage practitioners to avail themselves of technical profession related literature whenever possible. Toward that end, the Board will construe “individual course” as it appears in Board Rule 4.2 to include practitioner created journals.

The Board will permit continuing education credit for journals at the rate of one hour for each 6 pages of chiropractic articles or texts read, summarized, and documented. Each entry should be dated. Documentation must occur at the time of the reading. Journals of chiropractic readings must be retained by the licensee for 7 years. Journals are subject to audit upon request by the Board.

Adopted February 3, 2004

Sean Mahoney, D.C., Chair

**Board of Chiropractic
Amended Policy on Gonadal Shielding**

Board Rule 5.1 “Competency Requirements” permits the Board to inspect for competency in use of radiography. Inspection may include evaluation of proper “shielding.” To give practitioners additional guidance on what the Board would be evaluating, the Board provides the following:

The Board generally expects gonadal shielding to be present on all radiographs with the following exceptions:

1. If there is a suspected fracture or pathology that needs to be ruled out.
(This should be documented in the patient record.)
2. If the doctor utilizes a technique that requires the measurement of landmarks in the region being visualized.

Practitioners should note on the film or patient record the specific reason for not using gonadal shielding in those instances when gonadal shielding is not used.

Adopted, September 7, 2004

Sean Mahoney, D.C., Chair