

Healthcare provision by chiropractors

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EESTI STANDARDI EESSÕNA

NATIONAL FOREWORD

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English Version

Healthcare provision by chiropractors

Prestation de soins de santé par les chiropracteurs

Bereitstellung von Gesundheitsleistungen durch
Chiropraktoren

This European Standard was approved by CEN on 10 May 2012 and includes Amendment 1 approved by CEN on 12 December 2013.

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EUROPEAN COMMITTEE FOR STANDARDIZATION
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EUROPÄISCHES KOMITEE FÜR NORMUNG

CEN-CENELEC Management Centre: Avenue Marnix 17, B-1000 Brussels

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Foreword

This document (EN 16224:2012+A1:2014) has been prepared by Technical Committee CEN/TC 394 "Project Committee - Services of chiropractors", the secretariat of which is held by ASI.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by July 2014, and conflicting national standards shall be withdrawn at the latest by July 2014.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. CEN [and/or CENELEC] shall not be held responsible for identifying any or all such patent rights.

This document supersedes EN 16224:2012.

This document includes Amendment 1 approved by CEN on 12 December 2013.

The start and finish of text introduced or altered by amendment is indicated in the text by tags A1 A1.

According to the CEN/CENELEC Internal Regulations, the national standards organisations of the following countries are bound to implement this European Standard: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Former Yugoslav Republic of Macedonia, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

Introduction

The World Health Organization (WHO) defines chiropractic as a primary contact healthcare profession concerned with disorders of the neuromusculoskeletal system, particularly the spine, and the effect of these disorders on the function of the nervous system and on general health. Treatment encompasses a wide range of interventions, but emphasis is placed on manual methods of care.

The chiropractic profession has evolved in Europe and occupies an important position in both primary and secondary healthcare provision. It is therefore imperative that chiropractic services are delivered at the highest attainable level.

The principal objective of any standard for healthcare services ought to be that users of any given service can be confident of a level of care that assures reproducible quality throughout the profession. Clinical governance, the determination of monitoring healthcare provision and ensuring maintenance of standards therefore form one of the cornerstones of care.

This standard is concerned with the provision of chiropractic services. It aspires to set a standard that provides optimum levels of patient management, patient safety, clinical and cost effectiveness and ethical practice. It also defines a level of education consistent with producing chiropractors who are competent to comply with the standard. It is not intended to be a guideline, although information contained might inform the development of guidelines for individual nations and national organisations.

Finally, this standard encourages that services provided by chiropractors be subjected to regular review through an evidence-based approach and a commitment to supporting and acting upon clinical research.

This European Standard does not supersede national legislation.

1 Scope

This European Standard specifies requirements and recommendations for healthcare services provided by chiropractors.

2 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

2.1

assessment

health professional's evaluation of a disease or condition based on the patient's subjective report of the symptoms and course of the illness or condition, along with the objective findings including examination, laboratory tests, diagnostic imaging, medical history and information reported by family members and other health professionals

2.2

audit

review and assessment of healthcare procedures and documentation for the purposes of comparing the quality of care provided with accepted standards

2.3

biopsychosocial model

model that refers to the interactions between biological, psychological and sociological factors

2.4

capacity

ability of a patient to understand, remember and consider information provided to them

2.5

care

interventions that are designed to improve health

2.6

case history

detailed account of a person's history which results from the acquisition of information through interview, questionnaires and assessment of appropriate medical records

2.7

chaperone

person who is present during a professional encounter between an health professional and a patient

EXAMPLE Family members or another member of the healthcare team.

2.8

chiropractic

health profession concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, and the effects of these disorders on the function of the nervous system and general health

Note 1 to entry: There is an emphasis on manual treatments including spinal adjustment and other joint and soft-tissue manipulation.

Note 2 to entry: Taken from WFC Dictionary definition [11].