

STUDY GUIDE

Component C

This exam is the third of three exams required to be awarded the CCEB Certificate. These exams are designed to evaluate your competence for practicing chiropractic in Canada.

You will be tested on your ability to:

- ✦ Obtain relevant patient interview information
- ✦ Perform relevant physical examinations
- ✦ Utilize the above information (which may include evaluating radiographic materials and laboratory values to create differential diagnoses, treatment recommendations, and plans of management)
- ✦ Obtain verbal consent
- ✦ Demonstrate appropriate chiropractic treatment skills
- ✦ Communicate your assessment to the patient
- ✦ Respond to patient questions, concerns and behaviors

In the three hour period that constitutes the Component C exam, candidates will rotate through 10 stations in what is known as an OSCE format (Objective Structured Clinical Examination).

At each station, candidates will have two minutes to read a brief description of the station and the tasks involved. You will then be asked to enter the station where an examiner will be present, as well as a standardized patient who is an actor trained to portray a specific health concern. The station information will also be available in the exam room for reference.

You should interact with the standardized patient based on the requirements of the station at a level that is understood by the patient (grade 8). These stations assess your clinical skills while interacting with a patient. Patients will not tell you to ask certain questions or examine specific areas. You must decide what to do in the station based on the time limitations of the station and the information provided on the station door, and by the standardized patient. You should explain to the patient what and why you are doing different exams or treatments as you would in real practice. Do not converse with the examiner.

At any time, you may record information pertaining to the station in the Candidate Booklet provided by the CCEB. This booklet will not be scored. All test materials, including the booklet, are considered property of the CCEB and must be returned upon completion of the Component C exam.

The CCEB employs a variety of quality control mechanisms at its discretion. These may include videotapes, audiotapes, scoring by the standardized patient, and scoring by quality assurance examiners who randomly attend stations.

There are six (6) categories of stations:

1. Patient Interview
2. Physical Examination
3. Multiple: Directed Physical Examination
4. Chiropractic Techniques
5. Patient Communication
6. Combined (patient interview and physical examination)

The components and competencies expected in these stations are described in the [*Examination Content - Candidate Information*](#) document found on the website.

Station Descriptions:

1. **Patient Interview Stations** – You will conduct a focused patient interview and take a relevant history based on the information provided on the door of the station. You must arrive at a diagnosis and plan of management and then communicate this to the patient. Patients are trained to answer to a multitude of questions, but may not have a response to everything. When a patient has no response for a question, it is because the question is most likely not relevant to the case and the patient will inform you that they have not been trained with an answer. Do not look to the examiner for answers.
2. **Physical Examination Stations** – You are expected to conduct a focused physical examination based on the information provided on the door of the station. Do not interview the patient, all relevant history information will be contained in the case history. Patients will however answer questions regarding the results of tests performed (e.g. does this hurt? Where?) but are instructed not to answer questions pertaining to history (e.g. how long have you had this concern?). The examiner will provide findings for items that the standardized patient can not portray (e.g. blood pressure, pupil dilation, etc.). If the examiner or patient does not provide any findings then the test/procedure that you have performed may be irrelevant to the case or improperly performed. Examiners will not communicate with the candidates for any other reason unless it is necessary to intervene due to safety concerns of the patient. The candidate must arrive at a diagnosis and plan of management and then communicate the diagnosis and plan of management to the patient.
3. **Chiropractic Technique Stations** – You will demonstrate a number of treatment techniques. You are to demonstrate manual adjustment set-ups. Adjustments must be brought to the point of tension and should be in the appropriate contact position where if completed, the adjustment would result in cavitation. You are not to thrust on the patients; doing so may result in failure of the station.
4. **Multiple: Directed Physical Examination Stations and Chiropractic Technique** - This station tests your ability to perform physical examinations to differentiate specific conditions and will test your ability to perform adjustments on a given joint or vertebrae.
 - You will be given four different patients (one actor will portray each patient). Each patient will have the possibility of two different conditions. You are expected to demonstrate two different physical examination procedures/tests, one for each condition, that will differentiate one condition from the other. You should conduct a total of 8 different procedures/tests at this station, two for each patient or one for each condition listed on the door sign. The standardized patients are trained to respond to the positive and negative findings. In patient terms, explain the examinations/tests. Based on the patient responses, communicate a diagnosis and rationale to the patient for each pair of conditions. The rationale should describe why and how one test proves the diagnosis over the other test.

- You will have to demonstrate two different adjustment set-ups. You are to position the standardized patient and indicate when you are at the point of tension, but do not hold that position for a prolonged period. Do not thrust and adjust, doing so may result in failure of the station.
5. **Patient Communication Stations** – You are expected to perform the tasks provided on the door of the station. This station tests your ability to obtain informed consent, communicate risks associated with treatment(s), and communicate a plan of treatment.
 6. **Combined Stations** – You are expected to conduct a focused interview, a focused physical examination, arrive at a diagnosis and plan of management, and communicate the diagnosis and plan of management to the patient. It is important that you only ask and perform relevant questions/physical exams that will help you to ascertain the diagnosis.

Note: If you find that a standardized patient is not eliciting responses that provide you with the information you seek to determine a diagnosis, this is because you are either incorrectly performing the physical examination(s) or are not asking the appropriate questions for the case history. All stations are designed such that you can reach a diagnosis solely with history taking and/or physical examinations.

OSCE Station Instructions

1. You will be assigned to a track (blue, red, green, orange, or yellow). The label on your candidate booklet and ID badge indicates which track you are on.
2. Do not enter the room until you are instructed to do so. All materials posted on the door are available within the room if you need to refer to them during the exam. You may write in your booklet at any time during the exam.
3. These stations assess your clinical skills while interacting with a patient. Patients will not tell you to ask certain questions or examine specific areas. You must decide what to do in the station based on the time limitations of the station, and the information provided to you on the door, and by the standardized patient. Examiners will be present in each room to assess your performance. Please ensure that you explain any procedures to the standardized patient as you would to any patient in your office. Please do not converse with the examiner.
4. During the exam, you may need to use a diagnostic instrument that you do not possess. In such situations, you may fake having the instrument. For example, you may say, "Pretend my reflex hammer is a pin-wheel. I am going to test your sensation to pinprick by running my pin-wheel..."
5. When 8 minutes have elapsed, you will be notified that there are 2 minutes remaining.
6. Take your with you to each station. You will not be permitted extra time if you leave these materials behind.
7. At any time in the exam, additional examiners or observers may enter the room for quality control. Do not be alarmed if this happens. It is not indicative of your performance.
8. Post-encounter probe stations may be implemented during the OSCE at the discretion of the CCEB.

OSCE Station Tips

1. Read the station directions. The signs on the doors give specific directions about what you are to perform in each station. The station directions are also in the room should you need to refer to them.
2. Do a thorough and complete exam/interview. Once you have decided the primary focused examination or patient interview questions, do not omit any parts. Include the elicitation of special signs if appropriate.
3. Refer back to station directions. As you complete the station, reread the station directions to ensure you have completed all assigned tasks.
4. Examine both sides and joints above/below or related. Perform comparison examinations if appropriate and examine other areas that might be affecting the presentation.
5. Do not omit the obvious. Do not forget to report items inspected in the general observation of a patient (eg: gait, mental status, skin inspections, etc).
6. Watch your time. These examinations are precisely timed. Do not include questions that are meaningless or examinations that are lengthy and not relevant to the station directions.
7. Explain what you are doing to the patient in terms that would be helpful to the patient. The examiner/observer must know what you are doing in order to give you a mark.
8. When you verbalize a process, you must also perform it in order to get the marks available. For example: You must show proper placement of a thermometer if you wish to take a patient's temperature. Same with an otoscope, taking blood pressure, etc.
9. Use language that a patient can understand (grade 8 level) and explain medical terms where appropriate.
10. Do not communicate with the examiner. Only communicate with the patient.
11. Greet the patient on entry. If you shake hands, do not introduce yourself by name. Use your candidate number instead of your name. You do not need to introduce yourself multiple times on stations with multiple patients.
12. Position the patient so that the examiner can observe what you are doing and consider the comfort and privacy of the patient.

VBI Testing

Extension Rotation testing is not accepted by the CCEB

The CCEB is specifically looking for the Candidate to recognize that there is a risk to the patient and that there is no reliable provocative test to screen for VBI. We further wish to evaluate how the Candidate relays this information to the patient.

Currently the CCEB accepts patient history, familial history, and physical examination findings, including (but not limited to) blood pressure, pulse, and auscultation of bruits, as potential indices of risk to the patient. We do not accept any vertebral artery function tests. We are looking to evaluate the chiropractor with regards to risk management and what to do regarding those risks.

The CCEB's position is based on the most recent evidence and guidelines available within the profession as described in the following four items below:

Chiropractic clinical practice guideline: evidence-based treatment of adult neck pain not due to whiplash. Guidelines Development Committee, The CCA/CFCRB-CPG. JCCA 2005; 49(3):158-209.

"Risk-management, recommendation 30. We recommend an assessment for signs and symptoms of unprovoked VBI (differentiated from BPPV) to identify the possibility of impaired vertebral artery flow (signs and symptoms are: nystagmus, nausea, numbness, diplopia, drop attacks, dysphagia, dysarthria, and ataxia), because we recommend caution in treating a patient with suspected impairment of flow. However, the evidence does not warrant this being a contraindication to manipulation.

1. *Risk-management, recommendation 31. We do not recommend an assessment for signs or symptoms of unprovoked VBI (differentiated from BPPV) to identify the presence of dissection, or to identify patients with greater or lesser risk of symptomatic (ischemia-provoking) dissection subsequent to manipulation; the assessment lacks predictive value.*

Risk-management, recommendation 32. We do not recommend Doppler or provocative pre-manipulative vertebral artery function tests (e.g., deKleyn's test) to identify impaired vertebral artery flow, the presence of dissection, or patients with greater or lesser risk of symptomatic (ischemia-provoking) dissection subsequent to manipulation; the assessment lacks predictive value."

CCPA Risk Management – CVA and Chiropractic Neck Adjustment

2. *"In the past it has been taught that those patients at risk of stroke from neck manipulation could be identified by doing vascular challenge tests such as George's Test, Houle's Test and others (basically neck extension with rotation, done bilaterally in either the supine or sitting position). **The tests are not valid in determining the group of patients that are at risk of dissections that may lead to stroke from cervical manipulation.** At best putting the head in extension and rotation can provide the clinician with valuable information about pain and restriction in neck movements. It may also give the practitioner valuable treatment cues e.g. if the neck rotation causes any dizziness it would not be a good idea to do an adjustment to that area on that day."*

Haldeman, S; Kohlbeck, F. J.; McGregor, M; Unpredictability of Cerebrovascular Ischemia Associated With Cervical Spine Manipulation Therapy. Spine 2002; 27(1):49-55

3. *"Conclusion: We were unable to demonstrate that the extension - rotation test is a valid clinical screening procedure to detect decreased blood flow in the vertebral artery. The value of this test for screening patients at risk of stroke after cervical manipulation is questionable."*

4. *The jury recommendations made in the Lana Dale Lewis Inquest case; particularly recommendation 3, state "based on evidence heard, that practitioners (including chiropractors, physiotherapists and physicians/surgeons) be informed by their **regulatory bodies** that provocative testing (prior to performing high neck manipulation) has not demonstrated to be of benefit and should not be performed. Universities and Colleges teaching high neck manipulation should be teaching their students that these tests have not been demonstrated to be of benefit and should not be performed."*