



Member Handbook



Michigan Association of Chiropractors

Member Handbook

The Michigan Association of Chiropractors (MAC) was formed in 2007, as the result of a historic merger of the two former chiropractic associations. The two groups united in an effort to further protect and enhance the chiropractic profession.

The MAC strives to protect and serve the chiropractic profession by presenting a united front to the public, media and public policy makers, and by mobilizing doctors to advocate for chiropractic issues. The MAC maintains an organization of doctors committed to professional excellence.

Members of the MAC adhere to the following aspirations and values:

- A belief that people possess an inherent ability to heal, and that chiropractic adjustments directly and positively influence that ability.
- A belief that the chiropractic adjustment is the most effective means toward eliminating the vertebral subluxation complex and establishing neural integrity.
- A belief that all people should have the freedom to choose chiropractic care as an integral part of the health care continuum.
- A commitment to the pursuit of clinical excellence through openness to new ideas, an eagerness to learn, and a willingness to share information supporting the art, science and philosophy of Chiropractic.
- A commitment of the MAC Code of Ethics and Patients' Bill of Rights.

Mission Statement:

The Mission of the Michigan Association of Chiropractors is to protect and enhance the chiropractic profession through organized leadership, education, and the promotion of the chiropractic discipline and practice.

Purpose:

The purpose of the Michigan Association of Chiropractors is:

- a) To promote the Chiropractic profession as a distinct branch of the healing arts based on the body's inherent recuperative abilities and the role that vertebral subluxation plays in that process.
- b) To advocate for Michigan Doctors of Chiropractic, Chiropractic patients, and the Chiropractic Profession to the Government, the public, the business community, and the community of third party payers.

Code of Ethics

MAC By-Laws, Article XVIII. CODE OF ETHICS

Preamble

The following code is adopted from American Chiropractic Association (ACA) code of ethics. This Code of Ethics is based upon the fundamental principle that the ultimate end and object of the chiropractor's professional services and effort should be:

"The greatest good for the patient"

This Code of Ethics is for the guidance of the members of the Organization with respect to responsibilities to patients, the public and to fellow practitioners.

Section 18.01 Responsibility to the Patient

- (a) Doctors of chiropractic should hold themselves ready at all times to respond to the call of those needing their professional services, although they are free to accept or reject a particular patient except in an emergency.
- (b) Doctors of chiropractic should attend their patients as often as they consider necessary to insure the well-being of their patients.
- (c) Having once undertaken to serve a patient, doctors of chiropractic should not neglect the patient. Doctors of chiropractic should take reasonable steps to protect their patients prior to withdrawing their professional services; such steps shall include: due notice to them allowing a reasonable time for obtaining professional services of others and delivering to their patients all papers and documents in compliance with Section 19.01 (e) of this Code of Ethics.
- (d) Doctors of chiropractic should be honest and endeavor to practice with the highest degree of professional competency and honesty in the proper care of their patients.
- (e) Doctors of chiropractic should comply with a patient's authorization to provide records, or copies of such records, to those whom the patient designates as authorized to inspect or receive all or part of such records. A reasonable charge may be made for the cost of duplicating records.
- (f) Subject to the foregoing Section A (5), doctors of chiropractic should preserve and protect the patient's confidences and records, except as the patient directs or consents or the law requires otherwise. They should not discuss a patient's history, symptoms, diagnosis, or treatment with any third party until they have received the written consent of the patient or the patient's personal representative. They should not exploit the trust and dependency of their patients.
- (g) Doctors of chiropractic owe loyalty, compassion and respect to their patients. Their clinical judgment and practice should be objective and exercised solely for the patient's benefit.
- (h) Doctors of chiropractic should recognize and respect the right of every person to free choice of chiropractors or other health care providers and to the right to change such choice at will.

- (i) Doctors of chiropractic are entitled to receive proper and reasonable compensation for their professional services commensurate with the value of the services they have rendered taking into consideration their experience, time required, reputation and the nature of the condition involved. Doctors of chiropractic should terminate a professional relationship when it becomes reasonably clear that the patient is not benefiting from it. Doctors of chiropractic should support and participate in proper activities designed to enable access to necessary chiropractic care on the part of persons unable to pay such reasonable fees.
- (j) Doctors of chiropractic should maintain the highest standards of professional and personal conduct, and should refrain from all illegal conduct.
- (k) Doctors of chiropractic should be ready to consult and seek the talents of other health care professionals when such consultation would benefit their patients or when their patients express a desire for such consultation.
- (l) Doctors of chiropractic should employ their best good faith efforts that the patient possesses enough information to enable an intelligent choice in regard to proposed chiropractic treatment. The patient should make his or her own determination on such treatment.
- (m) Doctors of chiropractic should utilize only those laboratory and X-ray procedures, and such devices or nutritional products that are in the best interest of the patient and not in conflict with state statute or administrative rulings.

Section 18.02 Responsibility to the Public

- (a) Doctors of chiropractic should act as members of a learned profession dedicated to the promotion of health, the prevention of illness and the alleviation of suffering.
- (b) Doctors of chiropractic should observe and comply with all laws, decisions and regulations of state governmental agencies and cooperate with the pertinent activities and policies of associations legally authorized to regulate or assist in the regulation of the chiropractic profession.
- (c) Doctors of chiropractic should comport themselves as responsible citizens in the public affairs of their local community, state and nation in order to improve law, administrative procedures and public policies that pertain to chiropractic and the system of health care delivery. Doctors of chiropractic should stand ready to take the initiative in the proposal and development of measures to benefit the general public health and well-being, and should cooperate in the administration and enforcement of such measures and programs to the extent consistent with law.
- (d) Doctors of chiropractic may advertise but should exercise utmost care that such advertising is relevant to health awareness, is accurate, truthful, not misleading or false or deceptive, and scrupulously accurate in representing the chiropractor's professional status and area of special competence. Communications to the public should not appeal primarily to an individual's anxiety or create unjustified expectations of results. Doctors of chiropractic should conform to all applicable state laws, regulations and judicial decisions in connection with professional advertising.
- (e) Doctors of chiropractic should continually strive to improve their skill and competency by keeping abreast of current developments contained in the health and scientific literature, and by participating in continuing chiropractic educational programs and utilizing other appropriate means.

- (f) Doctors of chiropractic may testify either as experts or when their patients are involved in court cases, worker's compensation proceedings or in other similar administrative proceedings in personal injury or related cases.
- (g) The chiropractic profession should address itself to improvements in licensing procedures consistent with the development of the profession and of relevant advances in science.
- (h) Doctors of chiropractic who are public officers should not engage in activities which are, or may be reasonably perceived to be in conflict with their official duties.
- (i) Doctors of chiropractic should protect the public and reputation of the chiropractic profession by bringing to the attention of the appropriate public or private organizations the actions of chiropractors who engage in deception, fraud or dishonesty, or otherwise engage in conduct inconsistent with this Code of Ethics or relevant provisions of applicable law or regulations within their states.

Section 18.03 Responsibility to the Profession

- (a) Doctors of chiropractic should assist in maintaining the integrity, competency and highest standards of the chiropractic profession.
- (b) Doctors of chiropractic should by their behavior, avoid even the appearance of professional impropriety and should recognize that their public behavior may have an impact on the ability of the profession to serve the public. Doctors of chiropractic should promote public confidence in the chiropractic profession.
- (c) As teachers, doctors of chiropractic should recognize their obligation to help others acquire knowledge and skill in the practice of the profession. They should maintain high standards of scholarship, education, training and objectivity in the accurate and full dissemination of information and ideas.
- (d) Doctors of chiropractic should attempt to promote and maintain cordial relationships with other members of the chiropractic profession and other professions in an effort to promote information advantageous to the public's health and well-being.

Michigan Scope of Practice

Michigan Public Health Code, 1978 PA 368, being
MCLA 333.16401

PUBLIC HEALTH CODE (EXCERPT) Act 368 of 1978

333.16401 Definitions; scope; principles of construction.

Sec. 16401.

(1) As used in this part:

- (a) "Chiropractor", "chiropractic physician", "doctor of chiropractic", or "d.c." means an individual licensed under this article to engage in the practice of chiropractic.
- (b) "Dislocation" means complete disruption in the normal relationship of 2 bones forming a joint resulting in no contact of the articular surfaces. A dislocation does not include a subluxation.
- (c) "Joint dysfunction" means a joint that is impaired so that it does not function properly.
- (d) "Musculoskeletal system" means the system of muscles, tendons, ligaments, bones, joints, and associated tissues that moves the body and maintains its form.
- (e) "Practice of chiropractic" means that discipline within the healing arts that deals with the human nervous system and the musculoskeletal system and their interrelationship with other body systems. Practice of chiropractic includes the following:
 - (i) The diagnosis of human conditions and disorders of the human musculoskeletal and nervous systems as they relate to subluxations, misalignments, and joint dysfunctions. These diagnoses shall be for the purpose of detecting and correcting those conditions and disorders or offering advice to seek treatment from other health professionals in order to restore and maintain health.
 - (ii) The evaluation of conditions or symptoms related to subluxations, misalignments, and joint dysfunction through any of the following:
 - (A) Physical examination.
 - (B) The taking and reviewing of patient health information.
 - (C) The performance, ordering, or use of tests. The performance, ordering, or use of tests in the practice of chiropractic is regulated by rules promulgated under section 16423.
 - (D) The performance, ordering, or use of x-ray.
 - (E) The performance, ordering, or use of tests that were allowed under section 16423 as of December 1, 2009.

(iii) The chiropractic adjustment of subluxations, misalignments, and joint dysfunction and the treatment of related bones and tissues for the establishment of neural integrity and structural stability.

(iv) The use of physical measures, analytical instruments, nutritional advice, rehabilitative exercise, and adjustment apparatus regulated by rules promulgated under section 16423.

(2) The practice of chiropractic does not include any of the following:

(a) The performance of any procedure that cuts or punctures the skin.

(b) The dispensing or prescribing of drugs or medicine.

(c) Except for diagnostic purposes only, the use of x-ray.

(d) The performance of an invasive procedure involving a body orifice or cavity unless allowed by rules promulgated under section 16423 and limited to examinations involving the ears, nose, and throat.

(e) The treatment of fractures or dislocations.

(f) The performance or ordering of non-x-ray diagnostic imaging tests that were not allowed under section 16423 as of December 1, 2009.

(3) In addition to the definitions in this part, article 1 contains general definitions and principles of construction applicable to all articles in this act and part 161 contains definitions applicable to this part.

List of Approved Analytical Instruments, Adjustment Apparatus, Physical Measures & Tests

At their May 2010 meeting, the Michigan Board of Chiropractic, in consultation with the Michigan Department of Community Health, voted to approve the following analytical instruments, adjustment apparatus, physical measures and tests relative to the new chiropractic scope of practice. These procedures/instruments can immediately be performed/used by doctors of chiropractic in Michigan under the new chiropractic scope of practice.

Analytical Instruments

Instruments used in the diagnosis of human conditions and disorders of the human musculoskeletal and nervous systems as they relate to subluxations, misalignments and joint dysfunctions. These instruments shall be used for the purpose of detecting those conditions and disorders or offering advice to seek treatment from other health professionals in order to restore and maintain health, including, but not limited to:

Electronic Infrared Thermograph:

A system to create a quantitative image of the surface temperatures of the body

Superficial Heat Detecting Instruments or **Electronic Thermal Scanning Instruments**, such as, but not limited to:

Neuro-Caligraph
Dermathermagraph
Thermoscribe
Unipolar Thermister
Bipolar Thermister

Scales (weight): Use bilateral scales side by side to measure a patient's weight distribution from one side to the other to help determine if there is a subluxation and/or to help measure correction after a course of treatment

Protractors: Use in the analysis of x-ray studies to draw and measure radiographic lines

Dynamometer, Grip Manometer and Other Muscle Strength Evaluation Devices: Use to determine if there is muscular weakness that could be caused by

nerve irritation, resulting in weakness on one side relative to the other

Rulers: Use to draw lines of radiographs to determine the existence or severity of subluxations, misalignments, and joint dysfunction

Tape Measure: Use during an examination to determine if there is a decrease in extremity muscle mass size as a result of a possible nerve irritation from subluxation or a potentially bulging disc

Grids, Plumblines and Levels: Use to determine if there are postural abnormalities indicating subluxations or muscular/skeletal imbalances

Spinal Stress Analyzer: Instrument designed to measure amount of postural imbalance due to muscle contraction

X-ray: For diagnostic purposes only

Percussion/Reflex Instruments, Pinwheels, Tuning Forks: Use in testing upper and lower extremity reflexes to determine if there is nerve irritation

Photography: Use photography to determine if there are postural abnormalities indicating subluxations or muscular/skeletal imbalances. Photography is often used in conjunction with plumblines or grids

Goniometer: Use to measure range of motion of the spine or other joints to determine if the range of motion is restricted

Non-invasive EMG or Surface EMG: Measures the electrical activity of individual muscles or muscle groups

Biofeedback Machine: Measures energy levels to detect abnormalities

Otoscope: Medical device used to examine the ears

Ophthalmoscope: An instrument used to examine the interior structures of the eye

Stethoscope: Acoustic instrument used to listen to the internal sounds of the human body

Spirometer: Used for pre- and post-treatment analysis of patients that have upper back spinal dysfunction that may be affecting the patient's ability to take a deep breath

Thermometer: Measures heat discrepancy from one side of the spine relative to the other to determine the existence of subluxations and/or measure the outcome of treatment

Galvanometer: Instrument used to detect and measure electric current

Sphygmomanometer: Instrument used to measure blood pressure

Adjustment Apparatus

Apparatus for correcting or reducing subluxations, misalignments and joint dysfunctions, including, but not limited to:

Traction Devices

Adjustment Instruments

Adjustment Tables

Musculoskeletal Stabilizers

Physical Measures

Physical measures used for correcting or reducing subluxations, misalignments and joint dysfunctions, including, but not limited to:

Massage: Manipulation of superficial layers of muscle and connective tissue to alleviate pain and discomfort

Mobilization: Method of manipulation, movement or stretching to increase range of motions in muscles and joints that does not involve a high-velocity thrust

Heat: Use of hot/moist packs or diathermy in an area of treatment to promote healing and restoration of function

Cold: Ice pack application in an area of treatment to promote healing and restoration of function

Light: Use of laser, infrared, ultraviolet, heat lamps, etc., to promote healing and restoration of function

Water: Use whirlpools or hydromassage for the use of treatment or rehabilitation in an area of treatment to promote healing and restoration of function

Electricity: Use of high volt, low volt or interferential current to aid in the correction of muscular/skeletal problems to promote healing and restoration of function

Sound: Use of ultrasound to aid in the correction of muscular/skeletal problems to promote healing and restoration of function

Traction: Set of mechanisms to relieve pressure on the spine and skeletal system

Decompression: Intermittent motorized or hydraulic distraction used as treatment for disc problems, low back pain or neck pain

Taping: Use of medical tape to stabilize injury or immobilize

Rehabilitative Exercises: Recommended stretches or movements intended to relieve stress on the spine or skeletal system

Tests

The performance, ordering or use of tests for the diagnosis of human conditions and disorders of the human musculoskeletal and nervous systems as they relate to subluxations, misalignments and joint dysfunctions. These tests shall be for the purpose of detecting those conditions and disorders or offering advice to seek treatment from other health professionals in order to restore and maintain health, including, but not limited to:

Neurologic: Evaluation of motor or sensory skills

Orthopedic: Used to identify specific nature of musculoskeletal injury or condition

Muscle Testing: Assessment of the body's electrical system balance by pushing or pulling on various muscles and evaluating the corresponding weaknesses

Gait: Assessment of balance, coordination and posture while walking

Blood: Use of blood tests to measure the outcome of nutritional counseling or to determine the need to continue treatment or refer to another health care provider if a patient has not responded to treatment

Urine: Use to measure the outcome of nutritional counseling or to determine the need to continue

treatment or refer to another health care provider if a patient has not responded to treatment

Hair: Use to measure the outcome of nutritional counseling

Saliva: Use to measure the outcome of nutritional counseling

Ordering and use of non-invasive imaging tests, consistent with modern technology and related to spinal subluxations: May use an MRI of the spine to determine a patient's biomechanical problems in the spine or to offer advice to seek treatment from other healthcare professionals in order to restore or maintain health if the condition is outside the scope of chiropractic

CE Requirements

AS PART OF OUR NEW SCOPE LAW SIGNED INTO LAW IN 2010 BY GOVERNOR GRANHOLM, MICHIGAN DOCTORS OF CHIROPRACTIC ARE NOW REQUIRED TO OBTAIN CONTINUING EDUCATION RELATED TO THE REVISED SCOPE OF PRACTICE AS A CONDITION FOR LICENSE RENEWAL. SPECIFICALLY, CONTINUING EDUCATION IN THE ORDERING AND PERFORMANCE OF TESTS, AS WELL AS PHYSICAL MEASURES, IS NOW REQUIRED.

License Renewal

The new Administrative Rules require that doctors of chiropractic obtain 30 hours of continuing education over the two-year licensure period for license renewal. This number has not changed; however, these 30 hours must now include:

- Two hours in *physical measures*, which must be completed by attending a live, in-person program (new requirement)
- Two hours in the *performance and ordering of tests*, which must be completed by attending a live, in-person program (new requirement)
- One hour in *ethics*
- One hour in *sexual boundaries*
- One hour in *pain and symptom management*

Relicensure

Applicants for relicensure must have completed, in the three-year period prior to the application for relicensure, at least 45 hours of continuing education (this is up from the previously required 42 hours), with not less than 24 of these hours in chiropractic technique. The required continuing education in tests, physical measures, ethics, sexual boundaries, and pain and symptom management also apply.

MAC Organizational Structure

The Organization is created from the Joint Venture Agreement and Plan of Consolidation by and between the Michigan Chiropractic Society and the Michigan Chiropractic Association (Constituent Organizations). The Organization shall be divided into eight (8) geographic divisions (Districts)

Board of Directors

The BOD shall have all the powers and duties necessary or appropriate for the administration of the affairs of this Corporation and may carry out all such actions and tasks as are not, by law or by the Articles of Incorporation of the Bylaws, directed to be exercised and carried out by the members.

The affairs of the Organization shall be governed by a Board of Directors (BOD), composed of two (2) Representatives from each District, the Past President, a President and a Vice President.

Executive Committee

The officers of the Organization shall be:

- (a) Chairman of the Board (Immediate Past President)
- (b) President
- (c) Vice President, who shall function as Director of External Affairs
- (d) Director of Internal Affairs
- (e) Director of Financial Affairs

These officers shall comprise the Executive Committee.

District Officers

Article VI of the MAC Bylaws states:

Each District shall have two (2) Representatives on the BOD.

Each District shall elect a President and may elect as many additional officers as is necessary to conduct the business of the District.

District Officers shall be responsible for the administration of District affairs including:

- Holding District meetings and District social affairs
- Collecting, disbursing and accounting for such local dues as is agreed to by the District members
- Holding District Elections
- Assisting the Office of the Executive Director in organizing collective political action

The BOD shall budget for such reasonable essential expenses as are necessary to run the District. Organization members shall be automatically assigned to the District in which they claim their primary practice.

- A member may petition the BOD to change their District affiliation.
- A member who changes districts will not be eligible to place their name in nomination for a position as a District Representative for a period of 180 days.

Districts may collect reasonable, voluntary dues to support additional District functions. All income and expenses must be accurately accounted and reported to the Central Office as required for the fiscal operations of the Organization.

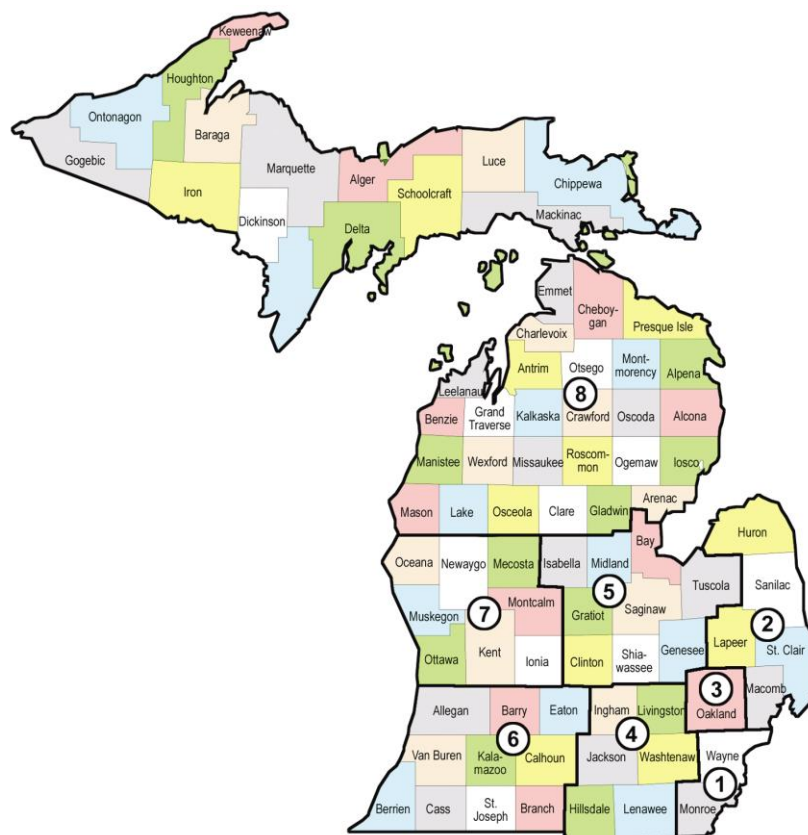
The Districts are divisions of the Organization and do not constitute separate organizations. All actions taken by the Districts are subject to Board approval.

MAC Districts

The Michigan Association of Chiropractors is divided into eight Districts. These Districts are, in a sense, affiliate organizations of the MAC and should be operated as such. In other words, each District has its own elected representatives, the District Officers.

The Districts are the voice of the organization to the members at the local level and the key to communication. Without District leadership, many local members would not have a voice, or feel that their concerns are being taken up at the state level.

This division of the state of Michigan was a result of much thought and consideration. The goal of the Districts is to provide a greater outreach to the membership, and develop a stronger sense of belonging and unity within the MAC.



[District 1](#): Wayne, Monroe

[District 2](#): Macomb, Lapeer, St. Clair, Sanilac, Huron

[District 3](#): Oakland

[District 4](#): Ingham, Jackson, Hillsdale, Livingston, Washtenaw, Lenawee

[District 5](#): Isabella, Gratiot, Clinton, Midland, Bay, Saginaw, Shiawassee, Tuscola, Genesee

[District 6](#): Allegan, Van Buren, Berrien, Cass, Barry, Kalamazoo, St. Joseph, Eaton, Calhoun, Branch

[District 7](#): Oceana, Muskegon, Ottawa, Kent, Mecosta, Montcalm, Ionia

[District 8](#): All other Michigan Counties

Committees

Audit and Budget

Prepares an annual budget of estimated MAC income and expenses to recommend to the Board of Directors and oversees any audits.

Education & Programs

Arranges and presents educational programs dealing with the science and art of chiropractic, giving attention to recent discoveries, research, and developments.

Sergeant-At-Arms Subcommittee

Monitors continuing education classes, seminars, meetings and conventions.

Ethics, Professional Conduct & Peer Review

Hears cases and mediates grievances between the MAC and its members, and between members of the MAC and the general public.

Government Relations

Prepares and implements Government Relations agenda and reviews all legislative initiatives which may have a bearing on the profession.

Insurance Relations

Provides membership with updated insurance information, develops open-door relations with insurers, and supports the Programs/Conventions Committee by sponsoring seminars on current insurance issues.

Research & Technology Subcommittee

Oversees technology initiatives and undertakes research projects.

Leadership Committee

Develops leadership training initiatives and works to enhance member involvement.

Legal Affairs

Monitors the professions' legal activities, reviews potential new litigation issues and develops legal strategies to proactively protect members of the chiropractic profession and their patients.

Membership

Employs strategies for recruiting new members and retaining current ones, advocates for all MAC doctors, and makes recommendations on membership initiatives and concerns.

Member Benefits Subcommittee

Reviews and makes recommendations on all MAC member benefit initiatives.

District Success Subcommittee

Assists the district leadership in successfully carrying out district responsibilities.

Public Relations

Promotes public relations activities and educational initiatives designed to better inform the public and other professions about the value of chiropractic.

Research & Technology Subcommittee

Undertakes the compilation of chiropractic research in order to inform employers of the benefits of chiropractic care

Social Media Subcommittee

Develops initiatives for members to help them utilize all types of social media