



NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 811

BOARD OF CHIROPRACTIC EXAMINERS

FILED

04/28/2025 10:52 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Updating language for accuracy and consistency.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 07/23/2025 9:15 AM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 07/23/2025

TIME: 9:00 AM - 12:00 PM

OFFICER: Cass McLeod-Skinner

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 503-446-4951

CONFERENCE ID: 237161324278

SPECIAL INSTRUCTIONS:

Teams and Telephone access will be posted on public agenda on agency website.

NEED FOR THE RULE(S)

Updating reference document date; updating rule language for accuracy and consistency.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

OAR Ch. 811, www.oregon.gov/obce

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

Updating these rules will likely not affect racial equity.

FISCAL AND ECONOMIC IMPACT:

Updating these rules will likely not make a fiscal or economic impact.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the

rule(s). (2) *Effect on Small Businesses:* (a) *Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).*

There is no anticipated cost of compliance.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

5 of our Board members who will be reviewing and voting on these rules are active, licensed, chiropractic physicians and either own their own or work for small businesses.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

The Board is modifying already existing rules for the purpose of updating and clarification.

RULES PROPOSED:

811-010-0093, 811-030-0011, 811-030-0020, 811-030-0030

AMEND: 811-010-0093

RULE SUMMARY: Updating document revision date.

CHANGES TO RULE:

811-010-0093

Guide to Policy and Practice Questions ¶¶

The Board's Guide to Policy and Practice Questions, originally dated January 14, 1998, and last revised ~~November 21, 2024~~ April 24, 2024, is hereby adopted.¶¶

[Publications: Publications referenced are available from the agency.]

Statutory/Other Authority: ORS 684

Statutes/Other Implemented: ORS 684.150, 684.155

AMEND: 811-030-0011

RULE SUMMARY: Updating rule language to include broader imaging types.

CHANGES TO RULE:

811-030-0011

X-Rays and Other Imaging ¶

Staff employees of a chiropractic physician may be directed to take X-rays or other types of imaging of a patient if they are in possession of a permit or license issued by the Oregon Board of Medical Imaging, ~~but this permit is limited only to the taking of X-rays.~~

Statutory/Other Authority: ORS 684

Statutes/Other Implemented: ORS 684.155

AMEND: 811-030-0020

RULE SUMMARY: Updating radiographic/X-ray rule to include more types of imaging.

CHANGES TO RULE:

811-030-0020

Scope of Radiographic and Other Imaging in the Chiropractic Practice ¶

- (1) The radiographic diagnostic aspect of chiropractic practice shall include all standard radiographic procedures that do not conflict with ORS 684.025.¶
- (2) All ~~radiograph images~~ shall be of diagnostic quality. Radiographic ~~film images~~ are subject to review by the Board to determine quality. Poor quality radiographs may result in disciplinary action.¶
- (3) X-ray is not to be used for therapeutic purposes.¶
- (4) Fluoroscopy shall not be used as a substitute for an initial radiographic study and shall be used only with documented clinical justification.¶
- (5) Chiropractic physicians may order or refer patients for any diagnostic imaging study, including contrast studies using radio-opaque substances. Use of radio-opaque substances for diagnostic X-ray, other than by mouth or rectum, is not permitted.¶
- (6) Pregnant patients shall not be radiographed unless their symptoms are of such significance that the proper treatment might be jeopardized without the use of such radiographs.¶
- (7) All critical parts, i.e. fetus, eyes, and thyroid gland, beyond the area of primary examination, ~~shall~~may be shielded.

Statutory/Other Authority: ORS 684

Statutes/Other Implemented: ORS 684

AMEND: 811-030-0030

RULE SUMMARY: Updating X-Ray and radiographic equipment rules for accuracy and consistency.

CHANGES TO RULE:

811-030-0030

X-Ray Departments, Equipment, and Procedures ¶¶

(1) All X-ray departments, equipment, and procedures, including fluoroscopy, shall be in compliance with the current rules and regulations of the Oregon Board of Medical Imaging and Oregon Radiation Protection Services, including, but not limited to: the physical design of the department, occupational exposure, collimation, shielding, and exposure charts.¶¶

(2) In addition:¶¶

(a) The patient shall be an adequate candidate for the radiographic or fluoroscopic procedure employed;¶¶

(b) The radiographic field shall be restricted to the area of clinical interest;¶¶

(c) Specialized views shall be used any time the area of clinical interest is not clearly visualized on a standard film or image;¶¶

(d) Every exposure, including post-treatment exposures, and scanograms, shall have clinical justification with adequate documentation consistent with the patient's case history;¶¶

(e) The operator shall maintain a record on each exposure of each patient containing the patient's name, the date, the operator's name or initials, the type of exposure, and the radiation factors of time, mA, kVp and target film distance, including those exposures resulting in the necessity of repeat exposure for better diagnostic information, such as patient motion or poor technical factors. For computerized and automated systems, the recording of technique factors is not necessary as long as the equipment is calibrated and maintained. OAR 333-106-0045 requires the facility to determine the typical patient exposure for their most common radiographic examinations, i.e. technique chart.¶¶

(f) Each film or image shall be properly identified by date of exposure, location of X-ray department, patient's name or number, patient's age, right or left marker, postural position marker, and indication of the position of the patient;¶¶

(g) ~~The~~A patient with tremors must be immobilized;¶¶

(h) The radiographs of a patient with an antalgic posture may be taken in an upright position only if the patient is adequately supported and immobilized to insure diagnostic quality. Otherwise, the recumbent position shall be used;¶¶

(i) Upright or postural views shall not be used for any patient whose size exceeds the capacity of the X-ray equipment. Penetration must be adequate on all films;¶¶

(j) Sectional views shall be taken in preference to a single 14 x 36 inch film or image if the patient's size or height prevents diagnostic quality on a single 14 x 36 inch film;¶¶

(k) If two exposures are made on a single film, the area of exposure shall be critically collimated to avoid double exposure of the overlapping area;¶¶

(l) All views shall employ graduated filtration or adequate devices to attenuate the primary beam for the purpose of reducing unnecessary radiation and to improve film quality. Split screens, gradient or graded screens, paper light barriers inside the cassette, or any other attenuating device in the beam between the patient and the film shall not be permitted, other than the grid controlling scattered radiation;¶¶

(m) A record of radiographic findings on every set of radiographs reviewed shall be included in the patient's ~~permanent file~~medical record; and¶¶

(n) Radiographs shall be kept and available for review for a minimum of seven years or until a minor becomes 18 years of age, whichever is longer.

Statutory/Other Authority: ORS 441, 684

Statutes/Other Implemented: ORS 684.025, 684.150, 684.155, 441.059