Reviewer's report

Title: Practice patterns of doctors of chiropractic with a pediatric diplomate: a cross-sectional survey

Version: 1 Date: 31 March 2010

Reviewer: Anthony Lisi

Reviewer's report:

Discretionary Revisions

1. It was not the purpose of this study, but it may be interesting for Discussion to consider if there is any indication that these diplomate programs actually prepare providers to deliver better quality care for pediatric patients. That is, do we have (or not have) reason to think that graduates of such programs provide safer, more effective care for pediatric patients than other chiropractors?

Minor Essential Revisions

2. “Gym owner” and “exercise instructor” are not commonly considered providers. Suggest using alternate terminology.

3. To my knowledge, the Diplomate programs in question consist of weekend seminars with no clinical rotations. This is substantially different from medical specialties and should be clarified.

4. You state that these diplomate programs are administered through an accredited chiropractic college. To my knowledge, the chiropractic colleges that administer these diplomate programs are accredited for the professional (DC) degree only. The diplomate programs themselves are not accredited by any educational regulatory body. This should be clarified.

Major Compulsory Revisions

5. Comparison with NBCE and National Health Statistics Report are interesting, however different methodologies were used in each case which makes direct comparison of results weaker. This should be stated as a limitation.

6. You measured practitioner demographics, practice characteristics, treatment procedures, referral patterns, and patient characteristics. Conspicuously absent is diagnostic procedures. This should be explained and/or stated as a limitation.

7. Although diagnostic services are not reported, you do report that chiropractic assistants perform x-ray development, take x-rays and obtain patient case history. Also, the use of physical examination and radiographs (from NBCE data) is mentioned in the Discussion. This can be confusing, particularly as it relates to the use of radiographs in a pediatric population. Please provide results on your respondents’ use of x-rays in patients under 18 years old, or state that you did not collect this information.

8. Listing of named chiropractic techniques is likely not meaningful to most
non-chiropractor readers. There should be additional generic description provided to group these techniques into categories that are more widely understandable. Consider the following example:

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spinal manipulation techniques involving a high-velocity thrust typically associated with joint cavitation or “popping (Diversified); spinal mobilization techniques which may involve a thrust but not typically resulting in joint cavitation (Activator, Thompson); mind-body techniques aimed at evoking a somatic reflex (Neuro-Emotional Technique); etc.

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The above language may not be the best choice but something along those lines is necessary to make this text relevant to a wider audience than chiropractors.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.