

Practice Assessment

This issue was developed by Gibraltar Group, a Canadian-owned practice enhancement consulting firm specializing in chiropractic for the OCA.

Business Owner Assessment

Sta ting your own business is an exciting and challenging experience, whet er you will be operating with a partner or independently. As the practitioner/owner/manager, you must be aware of your own personality, your ability to provide a service and your specific management skills.

The following checklist provides the opportunity to evaluate considerations prior to pursuing your desire to operate a chiropractic clinic. Once completed please return to the OCA for feedback from the Business in Practice Team.

Personality Characteristics Are you a decision maker?	Yes ——	No
Do you find competition enjoyable?		
Do you have will power and self-esteem?		
Is planning ahead part of your nature?		
Do you complete tasks on time?		
Can you take advice from others?		
Can you adapt to changing conditions?		
Owning a business requires working 15+ hours,		
six days/week and even holidays?		
Do you have the physical stamina to handle a		
business?		
Can you handle the strain emotionally?		
Can you make financial sacrifices while building		
your practice?		
Personal Considerations	Yes	No
Are you aware of the skills and expertise required		
to be successful in your field?		
Do you have these skills?		
Can you locate people who possess the expertise		
which you are deficient in?		

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The following questions may require some research on your part. Talk to fellow students, colleagues and other sources to assist with your answers.

Describe in detail the ideal practice you wish to set up (be sure to include layout, services, types of patients etc.).
List the chiropractic technique (A.R.T. acupuncture etc.) and/or products (orthotics, supplements, pillows) you wish to provide to patients.
Describe the desired types of patients you would like visiting your clinic.
Why would a person come to your practice?
What type of location would attract patients and suit your own personal needs?
Who would be your major competitors?
List the labour and staff requirements for your practice.



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Success Requirements	Yes		No	
Is there presently a need for your services in the area you have selected?				
Will your practice serve an existing market in				
which the demand exceeds supply?				
Can your practice compete with existing				
competition?				
Deficiencies	Yes		No	
Are there any factors impacting your practice's				
operations?				
Would you be able to market effectively?				
Income				
What is your desired income?				
Are you prepared to earn less income in years 1 to 3?				
What minimum income do you require?				
How much financial investment is required for your practice?				
If you invested this money how much would you earn?				
If employed by someone else how much could you earn?				
Supplies & Equipment		Yes		No
Can you compile a list of every inventory item, operating supplies and equipment required?				
Can you determine the quantity, quality, technical specifications and price ranges desired?				
Expenses Can you identify expenses for rent, wages, insurance, utilities, advertising etc.?				
Can you estimate operating costs?				



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Miscellaneous Are there any major risks associated with your business?	Yes 	No
Can any of these major risks be minimized?		
Can you control any of these major risks?		
Practice Feasibility	Yes	No
Do you still have questions about opening your practice?		
Do you raise these questions because of insufficient data?		
Do any questions arise due to lack of management skills?		
Are the additional managerial skills obtainable?		