

Avoid a Court Case: Dr. Smith initiated chiropractic treatment for a 40 year old female complaining of neck pain and headaches. He first sees her on 3/24/2020. He performs cervical range of motion, visual gaze testing, and a few cervical orthopedic tests. The patient complains of dizziness after her first manual chiropractic adjustment, but it is not documented in the notes. There is also insufficient documentation regarding the type of headache the patient was complaining of regarding frequency, duration, location, and any associated symptoms of the headaches such as visual disturbances, tinnitus, or sensitivity to light or sound. The patient lost vision in their right eye for 2 weeks, and is suing the chiropractor for delaying imaging of the brain and neck prior to care.

What went wrong?

This is a hypothetical case. A first glimpse into what a forensic chiropractor may do. What should you look for?

- 1) **Evaluate the chief complaints.** This patient had headaches and neck pain. The headaches were not identified as to the likely source. The notes only indicated that the claimant had headaches. The neck pain was addressed through the documentation as to the onset, location, aggravating factors, palliative actions or efforts the patient had tried for relief and the past episodes were reported as none.
- 2) **Describe the findings in the examination process.** This doctor wrote down that during the visual gaze H pattern assessment that the patient had some dizziness when looking at the top right field of view in the right eye. The patient was not sent out to any other provider for this, just notated the finding in the chiropractor's notes. There was no inspection or palpation findings other than "tension on right cervical paraspinal muscles". Orthopedics tests listed: "compression (-) distraction (+) valsalva (+) shoulder distraction (-)". There was no indication as to where the pain occurred upon Valsalva's maneuver or if relief was given upon distraction in the neck and/or head. The diagnosis was listed as cervicogenic headaches and cervical somatic dysfunction
- 3) **Manipulation/Adjustment.** Oftentimes, chiropractors will write down the segments treated: C2, C4, C5, T6, L2, R SI. This may often be insufficient. How was the patient adjusted? Was it prone, supine, HVLA, diversified, drop table, activator or other adjusting device?
In the case of Dr. Smith his notes for the 40 yo neck pain and headache examination and treatment stated "C1/C2, C4-C6, T1-T4, T6-T8, L4/L5, Left Pelvis". There was no assessment made of how the patient tolerated the treatment. There was no indication of which type of chiropractic technique was utilized.
- 4) **Treatment Plan.** Dr. Smith's treatment plan was written as: Follow up as directed. 3 visits this week, 2 visits a week for 3 weeks, 1 visit a week for 3 weeks. There were no short term or long term goals. There was no scheduled re-evaluation date.

- 5) **What would you do?** This is a hypothetical case. How would you opine after reviewing these documents? Would you take this case on and defend Dr. Smith? Would you take on this case to show negligence. Would you request all of the claimant's records before making your decision to accept the case?
- 6) **Want to know more?** If this is interesting to you, this is why pursuing the diplomate in Forensics is beneficial. From first time graduates starting out in practice, to long time practicing doctors. The rules for compliance and documentation change. This is a prime example of why attending our national conference in October 2020 should be your first choice for continuing education. Learn more at our website.

Attention Members: If you have an interesting case please summarize it into a one page synopsis and submit it to drcrystalharrison@gmail.com for inclusion in our upcoming newsletters.



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