

# ARIZONA ASSOCIATION OF CHIROPRACTIC PERSONAL INJURY QUARTERLY

Volume 2, Issue 2



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of James Mathis*

*AAC Convention*

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# The AAC Personal Injury Quarterly

## 2018—2nd Quarter— Issue 2

A special thanks to Dr. Bill Gallagher for his tireless efforts and dedication to seeing this publication through!

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# What a Chiro Can Learn From a Teacher That's Had Enough

*By David Sheitelman, DC*



Dr. David A. Sheitelman  
Chiropractor  
President  
Arizona Association of  
Chiropractic

In case you missed it, last Thursday May 3<sup>rd</sup> approximately 50,000 teachers were reported to have descended on the state capitol to demand higher wages. Teachers in Arizona, Colorado, Oklahoma, Kentucky and West Virginia are all ground zero for this resurgence in teacher militancy.

What's more interesting than an episode of CSI is that most of these states DO NOT have unions or even rights to collective bargaining. So, what I'm saying is that they are essentially trade Associations just like your

humble Arizona Association of Chiropractic (AAC) railing against Big corporate and Big government. What's even more interesting is that they are winning their fight. In Arizona, they have been promised a 20% pay increase but for reasons I don't want to get into here, they are pushing for more. That takes some Chutzpah!



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## SO WHAT STOPS CHIROS FROM UNITING LIKE THESE TEACHERS?

It's not like Chiropractors are huddled in a corner in the fetal position murmuring "please don't hit me anymore." In my experience, most Chiros I meet are a happy lot. Many of us enjoy perpetual three-day weekends, we may not be rich, but we certainly are comfortable. We take nice vacations and have cool hobbies. Most importantly, our patients love us. We spend most of our day helping people achieve health naturally, without drugs or surgery. Being a Chiropractor is a Beautiful thing.

That being said, as a profession *we are getting complacent*. We are compromising and giving up ground to those that would like to see Chiropractic excluded from important health-care conversations in Arizona.

## SO, WHAT DO WE NEED TO DO TO PUSH AND PROMOTE OUR PARADIGM AND PROFESSION?

1. *Become the experts in your brand of chiropractic.* I have profound respect for all Chiros that are going above and beyond in their learning on all things Chiropractic -wellness, nutrition, technique etc. Since this is the PI Journal let's focus on all the docs that are reading this periodical and taking the classes to become certified in American Academy of Motor Vehicle Injuries (AAMVI).
2. *Change Public Perception.* It's great if you put in the work to become an expert, but if no one knows who you are does it really matter? Chiros are great about getting out into the communities and talking to normal folks. However, for our profession to get next level, we need to be grabbing the attention and respect of other health care professions and lawmakers. Consider contributing to the AAC, so that, the association can professionally represent you with the important stake-holders in Arizona.
3. *Finally, never give-in to those that oppose our paradigm and profession.* We need to get back to our roots and be revolutionary. We don't have to go J-LO in the movie Enough, learn Krav-Maga and start taking out anyone that tries to hold us down, but let's come together as a profession and stop compromising with managed care programs, Federal regulators and anyone else that would deny the efficacy and truth about Chiropractic!



**James Mathis,**  
*Guest Speaker at the  
2018 AAC Convention*

James Mathis, former employee with insurance carriers such as State Farm and Allstate is recognized as the leading expert on the software, processes, procedures and practices of the insurance industry. During his employment with the insurance industry he was instrumental in creating and implementing many of the processes and procedures which are still in use today. He is retained throughout the United States as a consulting and testifying expert in insurance claim practices and software.

Mr. Mathis is a nationally and internationally sought speaker regarding the insurance industry. He has created the first cloud based software for attorneys (Demand Online) and physicians (Medical Report Suite) specifically for the Personal Injury Industry. He is the CEO and owner of Sequoia Visions, Inc., National Claims Services, Inc., and SAC, Inc. He is also a limited partner of MADPI, Inc. These firms are dedicated to helping trial attorneys and physicians better communicate with and understand the insurance industry through direct training and cloud based software.

Mr. Mathis has been sought as a featured speaker throughout the United States and abroad for the last 20 plus years.

Mr. Mathis has co-authored with Drs. Croft and Freeman through Trial Guides "Minor Impact Claims" as well as articles, manuals and other educational literature for both the legal and medical communities.



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Catecholamine's

Catecholamine's (Ref In AAC PI Qrtly article)

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T3 tot

THYROID

T-3, UPTAKE

T3 up

T-4, FREE

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ANA

INFLAM DISEASE

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# Accident Reconstruction from a Physician's Perspective (Part 1).

*Greg Hauser, DC, FIPCA, CIME*

There is little or no damage to the car, how can there be injuries? We know injuries occur as evidenced by your examination findings and diagnostic testing. Your care is reasonable and you got your patient back to the way they were before the collision. Unfortunately, a third party payer has hired an expert to investigate the collision to determine if injuries were possible. This expert usually comes in the form of a highly educated and well researched biomechanical engineer with an emphasis in accident reconstruction. Their report concludes that your patient could not have been injured in the collision. You did your job, you got your patient well, and now you have an outstanding to boot. Now what?

Everything was fine until someone started looking at the collision itself. In the field of accident reconstruction there are many factors that need to be known in order to complete a reconstruction. Typically the police are called to the scene of a collision to collect data: The final rest positions of the vehicles are noted, skid marks are measured, coefficients of friction are figured, vehicles are weighed, angles of departure are determined, depth of crush is measured, final speed and initial speed are calculated, event data recorder information is gathered and analyzed, etc. This is information is used in order to figure out what happened. Because the majority of the injuries we see are rear impact

collision injuries, this discussion will be limited to those.

In order to understand the mechanism for those injuries, let's roll back time to our simple physics days and start with Newton's laws of motion and some defining some basic physics terms:

- First Law of Motion - An object at rest will remain at rest (or in motion) unless acted on by an unbalanced force.
- Second Law of Motion - Acceleration is produced when a force acts on a mass.
- Third Law of Motion - For every action there is an equal and opposite re-action.
- Velocity - The rate of change of displacement per unit of time.
- Acceleration - The rate of change of velocity per unit of time.

A very common parameter used by experts hired by third party payers is Delta V or change in Velocity. These experts will calculate the change in velocity via direct measurement of the unrepaired vehicle(s), photographic evidence provided or by some other means. This parameter is often used in conjunction with comparisons to common activities of daily living. When these comparisons are made the expert concludes that the occupant(s) of the vehicle could not have been hurt nor could they have exacerbated a pre-existing condition given the minimalistic



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effects of this particular Delta V. At first this may seem logical to an untrained individual, and in extreme circumstances a potential juror. After all, there wasn't really that much damage, or the cost to repair the vehicle was that much, right? When one looks at the actual science behind this mechanism of injury it can quickly be discovered how occupants of vehicle can be injured at a relatively low Delta V's.

The first flaw in this thinking is that Delta V is a reliable predictor of injury. We regularly experience Delta V's of 65 mph or greater as we drive our vehicles to and from work. We experience Delta V's of over 500 mph when we travel in a commercial airliner. Astronauts experience a Delta V of greater than 18,000 mph. Yet in all these cases injuries do not happen. The reason is the time over which these changes in velocity occur. To put this into perspective, if a car is traveling at 65 mph and gradual coasts to a stop, no one is injured. If the same car traveling at the same 65 mph crashes into

a brick wall, it is likely that no one survives. Both experience a Delta V of 65 mph, but the difference is the time in which the Delta V takes place. This time rate of change of velocity is known as acceleration. The same holds true when a vehicle is accelerated from zero, like when it is stopped and struck from behind. For the same Delta V, the shorter the time, the greater the acceleration.

Most motor vehicle collisions occur in about a quarter of a second (250 milliseconds). When calculations are performed, even for collisions with relatively low Delta V's (less than 10 mph), the subsequent accelerations can be significant. This is referred to the average acceleration. To complicate this matter more, a subsection of that 250 milliseconds can be examined with calculus. This subsection is referred to as instantaneous acceleration or peak acceleration. This is where the injuries are caused. This will be discussed in subsequent articles.





# **\*Review: Concussion/TBI biomarkers in research strategies Cited by >100/\*\* | >1000/\*\*\*\* State,Country,Univ,Dept, or Lab**

*By Robert L Menner Dc, BsPT, DABFP, CCWP, DABFM, CMVI*



A review that addresses the role of serum insulin-like growth factor 1 (IGF1) as one mechanism of adult neural plasticity, specifically, its regulation of hippocampal neurogenesis among other plasticity-related processes. It is suggested that IGF has been reused advantageously both for the control of energy expenditure as a function of the organism's activity and to protect, repair, and plastically modulate the brain. [1-Spain Department of Molecular,](#)

[Cellular, and Developmental Neurobiology, Institute Cajal, CSIC\\*\\*\\*](#)

Insulin-like growth factor-I (IGF-I) plays a crucial role in wound healing and tissue repair...In conclusion, results support our hypothesis that systemic administration of IGF-I improves healing in collagenous extracellular matrices. Growth hormone (GH) alone did not result in any significant improvement contrary to our hypothesis, while GH + IGF-I produced remarkable improvement in hindlimb unloaded animals (HU). Interestingly, addition of IGF-I or GH + IGF-I in HU animals resulted in recovery of strength measures to a level equal to ambulatory controls, indicating that in fact IGF-I may be a plausible therapy for overcoming reduced tissue healing due to disuse from bed rest, immobilization, or microgravity. [2-WI,TX CA](#)

[Departments of Biomedical Engineering, Biomolecular Chemistry, and Orthopedics and Rehabilitation University of Wisconsin/ Departments of Health and Human Performance, Mechanical Engineering and The Biomedical Engineering Program, University of Houston, Texas/ Life Sciences Research Division, NASA-Ames Research Center, Moffett Field, CA, USA](#)

Findings indicate that alterations in circulating CA levels reflect the severity of the neurological insult and provide support for the use of CA measurements as a physiological marker of patient outcome in both the acute and chronic phases of traumatic brain injury [3-NY Department of Medicine, University of Rochester Medical Center, New York\\*\\*\\*](#)

Once again the preclinical findings revealing that vitamin D can regulate catecholamine levels and protect against specific Alzheimer-like pathology increase the plausibility of this link [4-Australia Queensland Centre for Mental Health Research, The Park Centre for Mental Health, Wacol, QLD 4076, Australia\\*\\*\\*](#)

Before the twentieth century, it was not possible to describe the essentials of a diet that could support life, growth and reproduction of higher animals. The discovery of vitamin A by McCollum and Davis in 1913 ushered in the era of accessory food substances culminating in the achievement of that goal. It included the discovery of vitamin D and its production in skin caused by ultraviolet light. This was followed by a description of its actions at the physiological level that resulted in a healthy skeleton and beyond. [5-WI Department of Biochemistry, University of Wisconsin-Madison](#)

VITAMIN D AND THE BRAIN...Although the role of vitamin D in calcium absorption, serum calcium balance, and bone metabolism has long been recognized, its essential role in the brain and central nervous system (CNS) has only recently been appreciated. It is now known that the human brain expresses the enzyme 1 alpha-hydroxylase, responsible for the hydroxylation of 25-hydroxyvitamin D to its active, hormonal form, 1,25-dihydroxyvitamin D; as well as the nuclear receptor for vitamin D, VDR. [6-NCBI Resources Bookshelf -National Academy of Sciences](#)

Progesterone (PROG) and vitamin D hormone (VDH) have both shown promise in treating traumatic brain injury (TBI). Both modulate apoptosis, inflammation, oxidative stress, and excitotoxicity... The combination therapy significantly reduced neuronal loss and the proliferation of reactive astrocytes, and showed better efficacy compared to VDH or PROG alone in preventing MAP-2 degradation. VDH+PROG combination therapy may attenuate some of the potential long-term, subtle, pathophysiological consequences of brain injury in older subjects. [7-GA Department of Emergency Medicine, Emory University, Atlanta](#)

In Italy experiments were performed on normotensive rats exposed to vitamin D deficient and control diets from the 22nd to the 180th day of age. In 60-120- and 180-day-old rats. In conclusion, our data suggest that vitamin D depletion can induce changes of pressor and depressor vasomotor responses and suppose a direct role for vitamin D in regulating vasomotor reactivity. [8-Italy Institute of Pharmacology and Toxicology, II University of Naples, Italy](#)

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# The Light and Dark Sides of James Mathis

*Bill Gallagher, DC, CMVI*

In the personal injury arena, one name stands out as the most influential with how insurance companies deal with PI cases, James Mathis. Anyone taking on personal injury cases is familiar with his work. His name however is one that few recognize.

Back in the early 90's Mathis created a program called TEACH which was an algorithm for how State Farm would determine the value of a case. When Allstate followed State Farm's lead and created Colossus, they hired Jim Mathis to teach everyone at Allstate how to use that program.

Most of us including recent graduates have at least heard of Colossus and all too often are familiar with the tactics it created. Thirty years ago personal-injury was not so complicated. A chiropractor could treat for 3 to 6 months and mail a copy of their notes with a billing statement to the patient's attorney.

Those copies would often fit into a business envelope and might even require a second stamp.

In most cases within 90 days the attorney will call back to let you know that your check was in the mail. Those were the days, when cases were usually settled for 3 to 5 times the medical bills. As we know those days are history.

In the ten year period prior to Colossus Allstate's profits averaged \$82 million a year. In the ten year period after the onset of Colossus Allstate's profits jumped to \$3.4 billion a year. This represents an increase of 30 times, a business model that would be difficult for any company to pass up.

Gone were the days of quick and easy settlements.

Jim Mathis will be speaking at the AAC state convention on June 9 and 10 and for anyone even remotely interested in personal injury his is a presentation to attend. There is no need to go into the details about Colossus and the 80 plus derivative programs that have replaced it. That is something Mathis will go over in his two-day presentation.

What you should understand is the basics of the programs automobile insurance companies utilize. This goes to three basic premises that Mathis created:

1. Diagnose
2. Test
3. Document

The first question he posed was, what are we paying for? Ask for a diagnosis. This opened the door to question whether your diagnosis was valid. To this date most doctors; MDs, DC's, DO's still go with the simplest diagnosis that will end up minimizing the value of the case. Not only do most doctors fail to post the more serious diagnoses but they also fail to post all of the other injuries that should be documented.

That question about diagnosis led to his second question; what proof do you have to support the diagnosis? This created a need for testing and took us away from treating based on an opinion (clinical impression). From a legal perspective, opinions do carry weight. From a medical perspective, they are virtually worthless. As scientists, we need science to support our conclusions.

Finally, came the demand to document the need for treatment as well as the appropriateness of the treatment provided. If the first two questions are not enough to deny paying the doctor or settling with the attorney, this third point will be the death knell for most cases.

Insurance companies in spite of all the devious tactics at their disposal will usually settle when all three of these criteria have been met. They know when a solid case will be more convincing to a jury. They also know weaknesses in your case can be stretched large enough to drive a truck through them.

Since leaving the insurance industry, Mathis has taken his knowledge and experience to teach doctors and lawyers just how the game is played. Considering that this is the man who wrote the rulebook of how to play the game, his is one presentation you do not want to miss.



*Scottsdale chiropractor, Bill Gallagher, DC created the American Academy of Motor Vehicle Injuries to teach doctors and lawyers how to properly diagnose, document, and manage a PI case. He can be reached at [drbillgallagher@yahoo.com](mailto:drbillgallagher@yahoo.com) or 480-664-6644.*

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# Failure to Diagnose a Concussion/Traumatic Brain Injury

*Bill Gallagher, DC, CMVI & Lois Laynee*

Failure to diagnose is the most common cause of medical malpractice. These actions are often brought by patients who fail to recover from the injuries that doctors did not properly diagnose and as such failed to treat. This whole equation is fraught with failure.

Success in personal injury cases depends entirely on having working diagnoses with verifiable testing, supported by solid documentation. As Yogi Berra told us, "This isn't rocket surgery."

So first, we need to be able to define the condition and going through text books proves to be of minimal help since prior to the NFL Players Association settlement, the prevailing attitude about concussions was, shake it off and get back in the game. Whether that involves the game of football or the game of life we are now clear that there are plenty of longer term symptoms related to a concussion/TBI.

In order to make the diagnosis of a concussion you need to document two things. First, a trauma with sufficient force to cause damage and second, one of over thirty symptoms listed by the CDC.

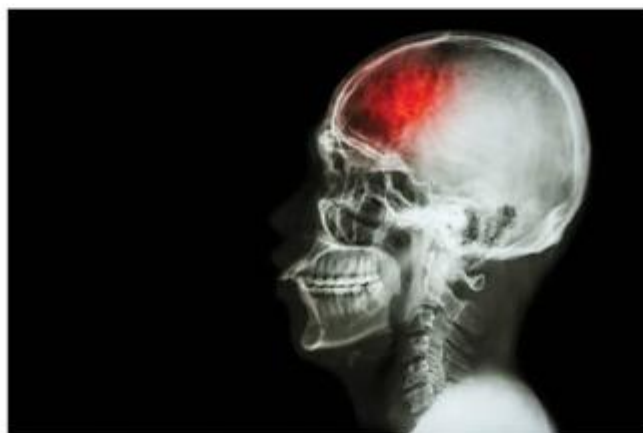
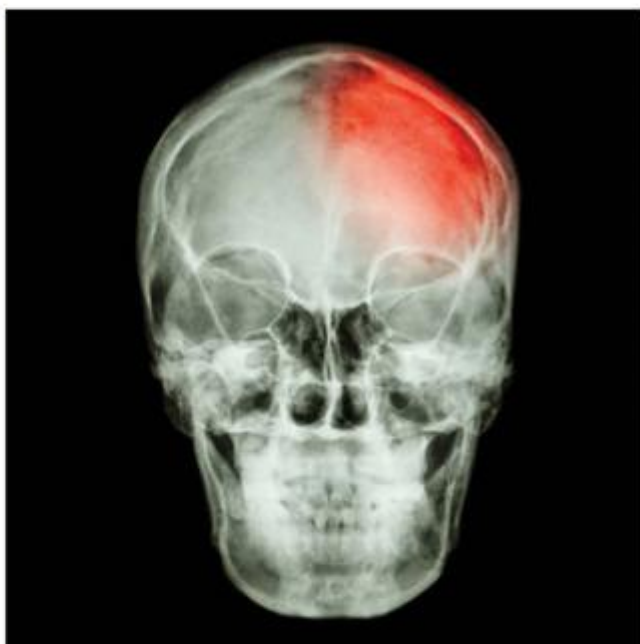
Bear in mind that the concussion relies on the cause of the injury, that excessive force that can cause a myriad of problems to any or all structures in the cranium. While concussion has come to mean the injury sustained, technically it is the force involved that causes the trauma. The actual injury is better described as TBI, traumatic brain injury.

Loss of consciousness is not a necessary component for this diagnosis. ICD-10 codes do break it down by the length of time of loss of consciousness but they also include a code for "without loss of consciousness".

Once the symptoms have been linked to the concussive trauma what you are now dealing with is a traumatic brain injury, TBI. The next challenge is performing a proper cranial nerve exam to prove the diagnose. Lois Laynee's Dynamic Functional Cranial Nerve Examination will take you far beyond the fundamental tests of a cranial nerve exam taught in schools.



*Lois Laynee teaches Cranial Nerve Exam for the AAMVI. Her research has led to development of the Dynamic Functional Cranial Nerve Examination that is taught as part of the AAMVI Certificate. She can be reached at [loislaynee@restoringbreathing.com](mailto:loislaynee@restoringbreathing.com)*



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## ERIC W. SCHMIDT

Attorney Eric W. Schmidt is a seasoned litigator who has dedicated over 14 years to practicing exclusively in the area of personal injury law and insurance claims. Over the course of his career, he has gained experience practicing in both California and Arizona, and was the founding Partner of two law firms.

A graduate of San Diego State University and Western State College of Law, Attorney Schmidt has served as the lead trial lawyer in over 20 Maricopa County jury trials, and has participated in more than 200 mediations and arbitrations, the majority of which resulted in significant results for his clients. Eric Schmidt will provide competent legal representation to Phoenix and Arizona residents, and to those who are injured in California.

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# James Mathis Interview

*Jeff Woolston*



The first time I saw Jim Mathis speak was in a small hotel packed with attorneys and chiropractors. He was animated and passionate as he explained how early in his career he felt his life was in danger. He told us that his car was bombed and his house shot at, all because he knew the insurance companies' secrets and used them to beat them at their own game. I was stunned by what I was learning, and so I called a few colleagues after the seminar to ask them if they knew this Jim Mathis character. That was no boring seminar on personal injury. I felt I had been transported to a spy novel, in which the main character was a professor and an insurance adjuster, who also happened to know more about chiropractic than anyone else in the room.

What made Jim Mathis the expert in insurance related issues?

He worked for State Farm and helped write and implement the Teach Program which is based on a sophisticated matrix to provide the adjuster, a human, the ability to work a claim and see that it has value. State Farm still uses Jim's program. Jim was fired from State Farm because he railed against egregious actions against their own policy holders.

AllState quickly hired Jim and he helped implement Colossus-like software for their personal injury claims. As of 1995 the insurance industry did not want an independent thought process to enter into any claim payouts, as they preferred that analysis be completed by unemotional and unswayable artificial intelligence.

Jim states that the average claim payout for a typical rear-end collision was \$15k before the implementation of Colossus. After Colossus, the insurance companies were able to deny and reduce the average pay out to \$5k. This reduction over the years has saved the insurance companies billions of dollars. Sadly, since 2000, the settlements are even less than that. Jim realized that he helped make the insurance companies more profitable, while they were beating up on chiropractic.

Jim retired from AllState in 2001 and went into business for himself. His software company Sequoia Visions consists of Medical Suites, for the medical field; and Demand on Line, for attorneys. They now have thousands of users throughout the US. A unique feature they offer to their clients is their skilled analysis and rewrites of narratives and demand letters, at no extra charge.

His other business, Mathis Insurance Consulting, offers education, training and consulting on litigation claims and expert testimony. Jim told me that he testifies about 200 times a year all over the USA and Canada. He has been through a Daubert hearing in every state, and is qualified as an expert on insurance claims practice and procedure, and insurance claim software. Jim is a strategist at heart, and his passion lies in strategizing to help with settlement claims, negotiations and litigation. Jim has been on the defense side of litigation involving chiropractors, as well as other medical professionals, in both civil and criminal litigation over a hundred times.

Jim has studied over 1600 insurance companies and their procedure programs. He has reviewed and studied all 87 software programs in use by the insurance companies, and has seen, or has in his possession, all 37 medical software programs.

The insurance industry's Medical Cost Containment Programs are meant to attack and discredit physicians and their treatment, which Jim says has been very profitable for the insurance industry. As a way to fight this bias, Jim is frequently brought in as an expert to defend physicians against lawsuits by the insurance companies. Here's what he had to say about that: "By the mid to late 90's rehab physicians



weren't stepping their game up at the same time the insurance companies were progressing into a more adverse posture. The insurance companies were able to attack with the new software physicians and assess the duration type and frequency of treatment to be unreasonable and unnecessary."

Jim states the chiropractors are still suffering from this attack today. A large segment of chiropractors are failing to realize documentation is the key. He says: "Documentation is much easier than most realize."

The best communication chiropractors have is the CMS1500 form. By using proper use of ICD-10 and CPT codes, the insurance company has no choice then to pay as their artificial intelligence programs will not have anything to red flag it.

According to Jim, the problem arises when the healing physician is asked to be a historian and accountant. He states, "If you are going to use a computer to submit bills to a computerized artificial intelligence, analytical process employed by the insurance industry, who is going to make the decision to pay you or not pay you? That CMS1500 is the most appropriate and sole communication with the insurance carrier, because they are not going to read your notes." What they are looking at with the software is the coding sufficient with the bills you have submitted.

Jim says the key is to start with a proper intake, and a complete diagnosis. He would expect between 20 and 30 injuries to be coded, making sure you go through every single body part that has been injured. And go ahead, ask the proper questions for possible concussions or brain injury. He says: "If chiropractors continue to be poor historians, or antiquated historians, they will continue to find themselves in trouble. The patients won't get the care they need, and the doctors won't get paid."

Jim is concerned about the fact that the treating physicians he hears from seem to be accepting what the insurance company pays them, namely mostly 50% of their charges. He states that treatment has been cut down and reduced like this for the last 20 years, so it isn't just 50%, it's actually less than that. In his opinion "Doctors accepting this are not helping their community or helping their patients at all. Because when someone continually takes these reductions of \$25 on \$100 dollar bill it affects all the other doctors in the community. When you accept denials or reductions you are responsible for the entire family of physicians. You must resist, consistently, or the entire community and you yourself will be beaten down." If you have been in this game long enough, you realize that "Every decade you look back and see all the reductions that you tolerated."

Jim states the problem isn't just with chiropractors. "Treating physicians aren't documenting the proper intake and diagnosis of injuries. They aren't documenting the manifestation and complaints of the symptoms of those injuries. They are not documenting and being historically accurate on not just the treatment that you are providing and billing for, but the treatment the patient is mitigating their damages by performing those at home. We have failed our patients and we have failed ourselves. Treating physicians have failed their associates; DC's, PT's, and MD's. Yes the insurance industry is about profit. If profit means a refusal or reduction in payments that is their business model. If you accept the denial or reduction because you don't historically diagnose or document. If you don't learn what the value drivers are that affect the severity drivers and the multipliers in the insurance industry software that will allow you to receive full payment, then you have failed. You have become an employee of the insurance company community. You are no longer an independent treating physician."

Jim questions the resolve of our profession.

"When will it be too much. What is the line in the sand that each individual chiropractor is going to draw, what point does it become too much? Because I will tell you it will continue until there are no chiropractors in the auto insurance industry."

Jim says that by getting rid of the chiropractor, the expert in the diagnosis of whiplash injuries, it would eliminate 85% of all auto accident claims. Jim says those were their numbers based on a study at Allstate

in 1997. The insurance industry as a whole would no longer be exposed to PIP med pay or liability injuries, and they would like that very much.

Jim states, "The DC is the expert the insurance industry is most scared of!"

Jim says follow the logic: "If there is no claim, there is no injury. If there is no injury, there should be no treatment. There is no settlement that should occur. What injuries are you seeing coming out of the hospital?"

If you get rid of the secondary treating physician, the expert in diagnosing those injuries to the muscles, joints and spine, you have eliminated the claim.

"I'll beat chiropractors up, but I will be the first to one to testify and defend that chiropractors are the expert that is needed in every auto accident. Bare none."

Jim practically screamed: "The chiropractic industry as a whole feels like they are the underdog when in fact they are driving the wagon. Pick the reins up and direct it in the right direction. Diagnose, document, become a historian, do what is necessary to become an expert in that area and everything will change. The bubble will swing back in your favor; you will find you are getting paid on everything. You will find your patients are getting a fair and reasonable settlements and you will find your lives will become easier. You are no longer testifying, you no longer will have to appear at a trial, you will no longer have to go to deposition. You no longer have to take a 50% reduction on a bill you submitted, you will no longer get that telephone call from the attorney saying they had to settle for \$6000 and you need to take a reduction."

Jim insists: "The future is in the chiropractor's hands."

How will we as a profession react?

There is no doubt that in his own way, Jim Mathis is a chiropractic champion. Learn first-hand from this force of nature when he presents at the Arizona Association of Chiropractic Convention on June 9th and 10th.

*Dr. Jeff Woolston practices with his wife Dr. Larissa Woolston in Scottsdale. He has completed the AAMVI certification and is a delegate for the Arizona Association of Chiropractic.*



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# PAIN MANAGEMENT 101 – PART THREE

*By Trever Penny, DC, MUA CICE*

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## **We Know Chiropractic:**

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## **We Help Get New Patients In Your Door:**

Our company throws professional mixers every year. Regular attendees include personal injury attorneys, medical doctors, pharmacy reps, chiropractors, physical therapists, diagnostic imaging consultants and even orthopedic surgeons. Our marketing personnel will introduce you, creating new business relationships.

## **We Focus On Personal Injury:**

Personal injury was the impetus for the founding of West Valley Pain Solutions. All pain procedures are performed in an office setting, eliminating the facility charge from the bill. Since our over head is lower; policy limits and low settlements aren't a problem, and we always wait for payment. Our service adds value to the case allowing more money to be available for all parties at settlement time. We will never be the reason a case can't settle. Even though our pain management bills are lower than other pain management companies, we still negotiate our final settlement fees.

## **We Are Out-Of-Network:**

Health insurance is always welcome and we will provide the same quality service if your patient has out of network coverage. We have created unique referral relationships with other pain facilities for patients with in-network coverage.

## **You Are Cordially Invited:**

Come by any time to see our office and even observe an interventional pain procedure.



*Trever Penny, DC MUAC CIC CMVI Our mission is to enhance the chiropractic profession and its place in the health care arena. Let us help you! Office (623) 939-1375*

# PERSONAL INJURY QUARTERLY Quiz

by Martin Kollasch, D.C.

Test your knowledge of some basic personal injury topics covered during the American Academy of Motor Vehicle Injuries' curriculum by answering the following questions. There is only one correct answer.

Match the pain descriptor with the most likely tissue generating the type of pain. (Each descriptor has only one answer but, the answers [A, B, C, D] may be used more than once or not at all.)

Pain Descriptor	Tissue of origin
1. Throbbing pain	A. Bone
2. Cramping pain	B. Nerve
3. Deep dull pain	C. Muscle
4. Shock-like pain	D. Vasculature

5. A patient's cervical range of motion (ROM) is significantly restricted and painful during active ROM, passive ROM is nearly normal and nearly pain free, yet isometric contraction produces pain. Which of the following tissues is, or are, most likely injured?
- A. Ligaments only
  - B. Nerves only
  - C. Muscles only
  - D. Muscles and ligaments
6. Consider the doctor's instructions to a patient during testing of reflexes and dermatomes. The patient should be instructed to \_\_\_\_.
- A. keep both eyes open
  - B. close both eyes
  - C. cover or close just the ipsilateral eye
  - D. cover or close just the contralateral eye
7. Hypotonicity and or weakness of a sternocleidomastoid muscle suggests a lesion to which cranial nerve?
- A. Glossopharyngeal (CN IX)
  - B. Vagus (CN X)
  - C. Spinal accessory (CN XI)
  - D. Hypoglossal (CN XII)
8. Which of these is the most likely cause of vascular injuries to the neck during a motor vehicle crash?
- A. Tearing during hyperflexion
  - B. Tearing during hyperextension
  - C. Direct contact with an airbag
  - D. Direct contact with a shoulder harness

9. Which combination of symptoms is consistent with a compression injury to the C6 nerve root?

	Numbness of:	Weakness of:	Diminished DTR of:
A.	Back of neck	Shoulder shrug	Triceps
B.	Lateral shoulder	Arm abduction past 90 degrees	Biceps
C.	Tip of thumb	Wrist extension	Brachioradialis
D.	Ring finger	Finger flexion	Triceps



10. Which of the following statements best characterizes daily chiropractic care of a whiplash patient during the first week following a motor vehicle crash? It is \_\_\_\_\_.  
A. the standard of care when supported by exam findings  
B. excessive and could be grounds for disciplinary action  
C. contrary to research but justifiable in some rare cases  
D. justifiable only if the patient requests it without prompting

*Dr. Kollasch is a Phoenix native and practices in Scottsdale. He also worked with the National Board of Chiropractic Examiners for nearly 20 years. You may contact him at (480) 948-6020 or martin.kollasch@gmail.com.*

Answers: 1 - D; 2 - C; 3 - A; 4 - B; 5 - C; 6 - B; 7 - C; 8 - D; 9 - C; 10 - A.



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# Spinal Injuries

*By Jeff Cronk, DC, JD*

"For the last 29 years I have dedicated my professional life to helping people overcome their physical difficulties, especially as it has related to the spine. Since 1996 my passion has been in the area of spinal injury work, more specifically the injuries to the spinal ligaments. At the time and even today, we know that spinal injuries are the number one cause of pain and disability in the market. Since that time, I have specialized in developing and marketing diagnostic procedures and protocols that can help aid any doctor in determining the severity and location of this condition. "I have done this with the end user or the patient in mind as we know that early detection and better understanding of these injuries by all parties will lead to a reduction in chronic pain rates, a reduction in disability rates and a reduction in costs to all parties involved. All of my company involvements throughout my career have had this same goal."

Dr. Jeffrey A. Cronk, DC, JD received a bachelor's degree in General Sciences and a Doctorate of Chiropractic in 1988 from the Palmer College of Chiropractic in Davenport Iowa. That same year he became a Licensed Doctor of Chiropractic and has maintained his license to practice ever since. In 2013 he completed his Law Degree with a special emphasis on personal injury law. Dr. Cronk's main passion is in the area of Spine Injury, both ligament and bone and the importance of proper diagnosis and

treatment. There is no other Doctor in the country that has provided more educational Webinars and Seminars on these topics.

He has participated in the co-development of an online web-based system that will allow a radiologist to log in from anywhere in the world and perform a study. He was integral in assisting with the development of the program that trains these highly educated medical professionals. He has delivered well over 350 webinar programs along with many seminars, published a number of articles and has traveled the country delivering CE and CLE programs on these injuries. He has delivered his programs to Doctors of Chiropractic, Doctors of Osteopathic, Medical Doctors, Plaintiff Attorneys, Defense Attorneys, Medical Specialists, Physical Therapists, Nurse Practitioners, Insurance Adjusters, Case Managers, Utilization Reviewers, Independent Medical/Chiropractic Examiners and the general public.

Dr. Cronk has also delivered educational materials to professionals via his online educational programs. called SmartInjuryDoctors™ and SmartInjuryLawyers™. These programs focus on better educating professionals so that they can improve their results with the patients or clients that they serve. Dr. Cronk has been an extreme advocate for improving injury clinical objectivity through better diagnostic protocols, improving patient treatment results through better understanding of the patient's actual condition, standardizing documentation procedures so that the injury environment is less adversarial in nature, and reducing the costs to all parties involved. His philosophy has also been to bring forward technologies and training that benefits all parties involved: injured patients, treating doctors, plaintiff attorneys, defense attorneys, insurers, and the employers and the public that they serve.

For more information regarding the SmartInjuryDoctors™ or SmartInjuryLawyers™ you can visit [www.smartinjurydoctors.com](http://www.smartinjurydoctors.com) or [www.smartinjurylawyers.com](http://www.smartinjurylawyers.com) Dr. Cronk is also the Director of Education for Spinal Kinetics, which is a largest medical service in the country that performs spinal ligament injury assessment with Board Certified Medical Radiologists. Phone 877-508-9729 or go to [www.thespinalkinetics.com](http://www.thespinalkinetics.com).





## \*Review: Call for standardized taxonomy for reporting procedures consistent with “Specific and meaningful” relevant advances in information technology

By Robert L Menner DC, BsPT, DABFP, CCWP, DABFM, CMVI

### Warning and duty to provide: procedures consistent with the development of the profession and of relevant advances in science

Healthcare-related fraud recoveries accounted for 64 percent of the DoJ's \$3.7 billion total haul across all industries in 2017, including house and mortgage sectors, small business contracts, military contracts, and additional areas of oversight that fall under the False Claims Act.

1. ACA...WARNING to profession].

A billing error with coding will NOW become fraud..... a standardized nomenclature and taxonomy is needed to satisfy the coding risk associated with using a medical coding system that was designed to maximize billing for physician services, not to collect national health statistics.

**PRINCIPLE 2B. OBSERVANCE OF LAW AND CODES** The doctor of chiropractic shall observe the appropriate laws, decisions and regulations of federal, state and local 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. The doctor of chiropractic should be actively concerned with improvements in licensing procedures consistent with the development of the profession and of relevant advances in science....The International Chiropractors Association holds that the best interests of both the public and the chiropractic profession are served by maintaining chiropractic as a separate and distinct, drugless, non-surgical alternative form of health care. To this end, it is the doctor of chiropractic's duty to provide chiropractic care. It is the responsibility of any licensed health practitioner not to practice within the field of any other licensed health practitioner unless properly qualified by education, degree and licensing by proper respective authorities.

2. International Chiropractors Association / ICA Code of Professional Ethics / These canons of professional ethics are based upon fundamental principles of moral and professional behavior and recommended for all doctors of chiropractic and chiropractic assistants.

In 1949, the U.S. adopted an international form that used International Classification of Diseases (ICD) billing codes to tally causes of death...“At that time, it was under-recognized that diagnostic errors, medical mistakes and the absence of safety nets could result in someone's death, and because of that, medical errors were unintentionally excluded from national health statistics,” says Martin Makary, M.D., M.P.H.

3. www.hopkinsmedicine.org/news/media/releases/study .../ Release Date: May 3, 2016

Efforts to assess the importance of various types of errors are currently hampered by the lack of a standardized taxonomy for reporting adverse events, errors, and risk factors. A limited number of studies focus directly on the causes of adverse events, but attempts to classify adverse events according to “root causes” are complicated by the fact that several interlocking factors often contribute to an error or series of errors that in turn result in an adverse event. In recent years, some progress toward a more standardized nomenclature and taxonomy has been made in the medication area, but much work remains to be done.

4. NIH To Err is Human: Building a Safer Health System. / 2Errors in Health Care: A Leading Cause of Death and Injury.

This is the first case in which a trial court has determined that an institution and its researchers are legally liable under the False Claims Act for the integrity of the research conducted.... Federal scientific misconduct investigations have focused on the individual's researcher's responsibility for scientific misconduct.

5. The False Claims Act. Litigating scientific misconduct. / Public Health Division, National Institutes of Health, Bethesda, MD 20892-2111, USA

Quality of Deidentified Data / The researchers...measured data lost as a function of unique data elements (UDEs) for both the limited dataset and the deidentified information.

6. NIH 4HIPAA, the Privacy Rule, and Its Application to Health Research

### Causation of error: Deliberate ignorance or reckless disregard of the truth or falsity of the information

Agency for Healthcare Research and Quality Communication Problems. .../ Inadequate Information Flow. .../ Human Problems. .../ Patient-Related Issues. .../ Organizational Transfer of Knowledge. .../ Staffing Patterns and Workflow. .../ Technical Failures.

7. AHRQ's Patient Safety Initiative: Building Foundations, Reducing Risk | AHRQ Archive

U.S. Food and Drug Administration.../ Medication Error Report...s

Common causes of such errors include:

- poor communication,
- ambiguities in product names, directions for use, medical abbreviations or writing,
- poor procedures or techniques,
- patient misuse because of poor understanding of the directions for use of the product.

(CDER pronounced “see’-der”) Center for Drug Evaluation and Research is a division of FDA

CDER's approach to medication errors is as follows:

- Prevent medication errors prior to a drug's approval;
- After approval, evaluate, monitor, and take appropriate action on reports of medication errors;
- Educate and provide feedback to health professionals; and
- Share information with outside organizations involved in preventing medication errors.

8. U.S. Food and Drug Administration / 10903 New Hampshire Avenue, Silver Spring, MD 20993 / Medication Error Reports

AMA does not share its resources with chiropractic Physicians as recommended ((( REQUIRED ))) by FDA/CDER. May be a cover up of biased results receiving false credibility. Transparency is needed to assist in prevention of medical-drug errors leading to epidemics and death by prescription transactions.

(Continued on Page 25)



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#### **Bay Area at Life Chiropractic College West**

[Jun 23-24](#) MOD IX: Concussions and Cranial Nerve Exam for Motor Vehicle Injuries

[Aug 25-26](#) MOD VII: Case Management for Motor Vehicle Injuries

[Sept 29-30](#) MOD V: Documentation for Motor Vehicle Injuries

[Dec 1-2](#) MOD III: Outcomes Assessment Tools for Motor Vehicle Injuries

#### **LA**

[April 7-8](#) MOD II: Medical Legal Issues for Motor Vehicle Injuries

[May 5-6](#) MOD IV: Radiology for Motor Vehicle Injuries

[Sep 22-23](#) MOD VI: Spinal Examination for Motor Vehicle Injuries

[Oct 27-28](#) MOD X: Whole Person Permanent Impairment Rating for Motor Vehicle Injuries

#### **San Diego**

[Jul 28-29](#) MOD VII: Extremity Examination for Motor Vehicle Injuries

[Oct 13-14](#) MOD I: Spinal Ligament Injury in Motor Vehicle Injuries

#### **Chicago 2018 Schedule**

[Jun 16-17](#) MOD X: Whole Person Permanent Impairment Rating for Motor Vehicle Injuries

[Aug 18-19](#) MOD IV: Radiology for Motor Vehicle Injuries

#### **Davenport 2018 Schedule**

[Sept 15-16](#) MOD III: Outcomes Assessment Tools for Motor Vehicle Injuries

[Oct 6-7](#) MOD I: Spinal Ligament Injury for Motor Vehicle Injuries

[Nov 3-4](#) MOD V: Documentation for Motor Vehicle Injuries

[Dec 8-9](#) MOD IV: Radiology for Motor Vehicle Injuries

#### **Phoenix 2018 Schedule**

[Jan 20-21](#) MOD III: Outcomes Assessment Tools for Motor Vehicle Injuries

[Feb 24-25](#) MOD II: Medical Legal Issues in Motor Vehicle Injuries

[Mar 24-25](#) MOD VI: Spinal Exam for Motor Vehicle Injuries

[April 21-22](#) MOD IV: Radiology for Motor Vehicle Injuries

[June 9-10](#) MOD V: Documentation for Motor Vehicle Injuries

[July 14-15](#) MOD I: Spinal Ligament Injury in Motor Vehicle Injuries

[Aug 11-12](#) MOD VII: Extremity Examination for Motor Vehicle Injuries

[Sept 8-9](#) MOD VIII: Case Management for Motor Vehicle Injuries

[Oct 20-21](#) MOD IX: Concussions and Cranial Nerve Exam for Motor Vehicle Injuries

[Nov 10-11](#) MOD X: Whole Person Permanent Impairment Rating for Motor Vehicle Injuries

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- "Persons" may include an institution or organization.
- "Knowingly" means with actual knowledge or information or deliberate ignorance or reckless disregard of the truth or falsity of the information. No specific intent to defraud the Government is required. A "False claim" is any request or demand for money or property made to the United States...

5. The False Claims Act. Litigating scientific misconduct. /Public Health Division, National Institutes of Health, Bethesda, MD 20892-2111, USA

The third-leading cause of death in US most doctors don't want you to know about. A recent Johns Hopkins study claims more than 250,000 people in the U.S. die every year from medical errors. ... Medical errors are the third-leading cause of death after heart disease and cancer. / Feb 22, 2018

9. Medical errors third-leading cause of death in America - CNBC.com

Health care is not as safe as it should be. A substantial body of evidence points to medical errors as a leading cause of death and injury.

**Introduction** / Although the literature pertaining to errors in health care has grown steadily over the last decade and some notable studies are particularly strong methodologically, we do not yet have a complete picture of the epidemiology of errors. Many studies focus on patients experiencing injury and provide valuable insight into the magnitude of harm resulting from errors. Other studies, more limited in number, focus on the occurrence of errors, both those that result in harm and those that do not (sometimes called "near misses"). More is known about errors that occur in hospitals than in other health care delivery settings.

Synthesizing and interpreting the findings in the literature pertaining to errors in health care is complicated due to the absence of standardized nomenclature...

...An error is defined as the failure of a planned action to be completed as intended (i.e., error of execution) or the use of a wrong plan to achieve an aim (i.e., error of planning).

4. NIH To Err is Human: Building a Safer Health System. / 2Errors in Health Care: A Leading Cause of Death and Injury.

**We require a standardized taxonomy (is the practice of orderly classification) for reporting adverse events, errors, and risk factors, Listing essential coding elements required to satisfy & support a coded expert level evaluation procedures consistent with the development of the profession and of relevant advances in science**

Physicians advocate for changes in how deaths are reported to better reflect reality / The Johns Hopkins team says the CDC's way of collecting national health statistics fails to classify medical errors separately on the death certificate. The researchers are advocating for updated criteria for classifying deaths on death certificates.

"Incidence rates for deaths directly attributable to medical care gone awry haven't been recognized in any standardized method for collecting national statistics," says Martin Makary, M.D., M.P.H. professor of surgery at the Johns Hopkins University School of Medicine and an authority on health reform. "The medical coding system was designed to maximize billing for physician services, not to collect national health statistics, as it is currently being used."

3. www.hopkinsmedicine.org/news/media/releases/study ... / Release Date: May 3, 2016.

**PRINCIPLE 1L. DIAGNOSTIC PROCEDURES** The doctor of chiropractic shall recommend and use only those diagnostic and analytical procedures, laboratory and imaging techniques allowable by applicable state and/or provincial law that are in the best interests of the patient, will assist in the patient's diagnosis/analysis and care, and are necessary for the well-being of the patient. Furthermore, a doctor of chiropractic shall recognize his/her responsibility in advising patients of diagnostic/analytic findings and any attendant recommendations therefrom.

2. International Chiropractors Association / ICA Code of Professional Ethics / These canons of professional ethics are based upon fundamental principles of moral and professional behavior and recommended for all doctors of chiropractic and chiropractic assistants.

The U.S. Food and Drug Administration today permitted marketing of the first blood test to evaluate mild traumatic brain injury (mTBI), commonly referred to as concussion, in adults. The FDA reviewed and authorized for marketing...Indicator in fewer than 6 months....The Brain Trauma Indicator works by measuring levels of proteins, known as UCH-L1 and GFAP, that are released from the brain into blood and measured within 12 hours of head injury.... Test results can be available within 3 to 4 hours.

10. U.S. Food and Drug Administration / FDA authorizes marketing of first blood test to aid in the evaluation of concussion in adults...s / New quick testing option to help reduce need for CT scans, radiation exposure for patients / February 14, 2018

Practically speaking, the result of this test takes 3 to 4 hours to become available. This would mean that the already crowded emergency departments would now be holding patients for an additional 3 to 4 hours as healthcare providers await the results of a test to tell them if their patient needs a CT scan. Of course, if the patient did need a CT scan, the patient could have irreversible brain damage in the time it takes for the results to arrive.... As a healthcare provider, I truly hope that my colleagues in the ED continue to rely on the Head CT rules that we were taught and do not let a blood test decide which patients to scan.

11. NEHA RAUKAR, MD / CONDITIONS | MARCH 9, 2018 ....BLOG .... Neha Raukar is an emergency medicine physician. <https://www.kevinmd.com/blog/2018/03/fda-approved-concussion-blood-test-isnt-ready-prime-time.html>

## The Nature and Occurrence of Registration Errors in the Emergency Department

**Introduction:** The emergency department (ED) of today has been described as a "natural laboratory for the study of error"....They do not rectify the root causes of unsafe practices and may even mask the true extent of the problem and allow situations to repeat.

12. Laboratory of Decision Making and Cognition, Department of Biomedical Informatics, Columbia University, New York, NY	Columbia University	NY
New York-Presbyterian Hospital/Columbia University Medical Center, Department of Emergency Medicine, New York, NY		NY
School of Health Information Sciences, University of Texas Health Science Center at Houston	University of Texas	TX



### Critical appraisal skills are essential to informed decision-making

Whenever a trial is conducted, there are three possible explanations for the results: a) findings are correct (truth), b) represents random variation (chance) or c) they are influenced by systematic error (bias). Random error is deviation from the 'truth' and happens due to play of chance (e.g. trials with small sample, etc.). Systematic distortion of the estimated intervention effect away from the 'truth' can also be caused by inadequacies in the design, conduct or analysis of a trial. Several studies have shown that bias can obscure up to 60% of the real effect of a healthcare intervention. Poorly conducted and reported randomized controlled trial (RCT)s seriously compromise the integrity of the research process especially when biased results receive false credibility. Therefore, critical appraisal of the quality of clinical research is central to informed decision-making in healthcare. Critical appraisal is the process of carefully and systematically examining research evidence to judge its trustworthiness, its value and relevance in a particular context. It allows clinicians to use research evidence reliably and efficiently. Critical appraisal is intended to enhance the healthcare professional's skill to determine whether the research evidence is true (free of bias) and relevant to their patients.

13.	Center for Evidence-based Medicine and Health Outcomes Research, USA Department of Health Outcomes and Behavior, Moffitt Cancer Center, USA Clinical and Translational Science Institute, University of South Florida, College of Medicine, Tampa, Florida, USA Department of Preventive and Social Medicine, Government Medical College, Vadodra, India, Department of Internal Medicine, University of South Florida, College of Medicine, Tampa, Florida, USA	GOV-Research Evidence based  University of South Florida FL Government Medical College India University of South Florida FL
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### Cholesterol confusion and statin controversy / EARLY STATIN TRIALS MAY HAVE BEEN FLAWED

Early statin trials reported significant mortality benefits, yet serious concerns have been raised in some studies regarding biased results, premature trial terminations, under reporting of adverse events, high numbers of patients lost to follow-up and oversight by the pharmaceutical company sponso....Curiously, statin trials conducted after 2005 have failed to demonstrate a consistent mortality benefit.

14.	Department of Medicine, Division of Cardiology, University of New Mexico School of Medicine, Albuquerque, NM 87131, United States Michel de Lorgeril, PRETA-TIMC-IMAG, Equipe Cœur and Nutrition, Université de Grenoble, 38700 La Tronche, France	University of New Mexico NM Université de Grenoble, France
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Peer Review / Overview / The core values of peer review drive the NIH to seek the highest level of ethical standards, and form the foundation for the laws... NIH policy is intended to promote a process whereby grant applications submitted to the NIH are evaluated on the basis of a process that strives to be fair, equitable, timely, and free of bias ...

15. NIH -Office of Extramural Research / Grants & Funding -NIH's Central Resource for Grants and Funding Information .

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Study Suggests Medical Errors Now Third Leading Cause of Death in the U.S. / Physicians advocate for changes in how deaths are reported to better reflect reality / Release Date: May 3, 2016
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6. <https://www.ncbi.nlm.nih.gov/books/NBK9573/> 4HIPAA, the Privacy Rule, and Its Application to Health Research
7. <https://archive.ahrq.gov/research/findings/final-reports/pscongrpt/psini2.html> / AHRQ's Patient Safety Initiative: Building Foundations, Reducing Risk | AHRQ Archive / Agency for Healthcare Research and Quality, there are eight common root causes of medical errors which include
8. <https://www.fda.gov/Drugs/DrugSafety/MedicationErrors/ucm080629.htm> / U.S. Food and Drug Administration  
10903 New Hampshire Avenue, Silver Spring, MD 20993 / Medication Error Reports
9. <https://www.cnn.com/.../medical-errors-third-leading-cause-of-death-in-america.html>  
Medical errors third-leading cause of death in America - CNBC.com
10. <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm596531.htm> / U.S. Food and Drug Administration  
10903 New Hampshire Avenue, Silver Spring, MD 20993 / FDA News Release / FDA authorizes marketing of first blood test to aid in the evaluation of concussion in adults / New quick testing option to help reduce need for CT scans, radiation exposure for patients / February 14, 2018
11. <https://www.kevinmd.com/blog/2018/03/fda-approved-concussion-blood-test-isnt-ready-prime-time.html> / NEHA RAUKAR, MD | CONDITIONS | MARCH 9, 2018  
....BLOG .... Neha Raukar is an emergency medicine physician. <https://www.kevinmd.com/blog/2018/03/fda-approved-concussion-blood-test-isnt-ready-prime-time.html>
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NIH -Office of Extramural Research / Grants & Funding -NIH's Central Resource for Grants and Funding Information





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(Please email AAC at [admin@azchiropractic.org](mailto:admin@azchiropractic.org) for category details)

I hereby apply for membership in the Arizona Association of Chiropractic (AAC), for the purpose of serving the Chiropractic profession and for the benefits I may receive from such membership. As an Association member, I agree to comply with the Constitution and By-Laws of this Association.

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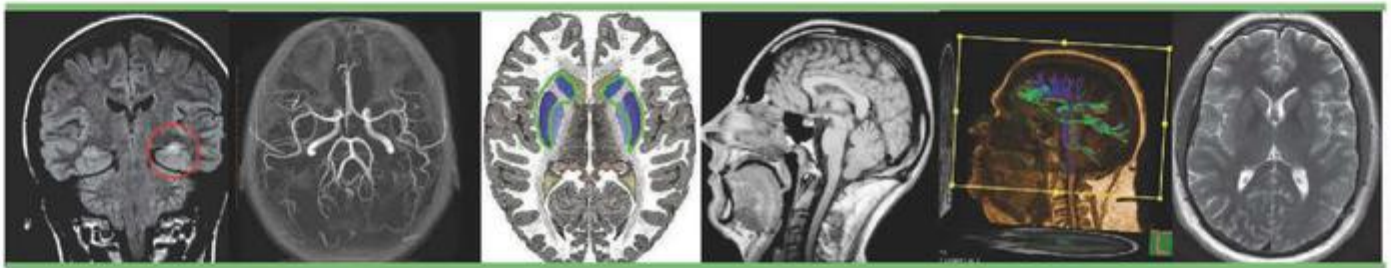




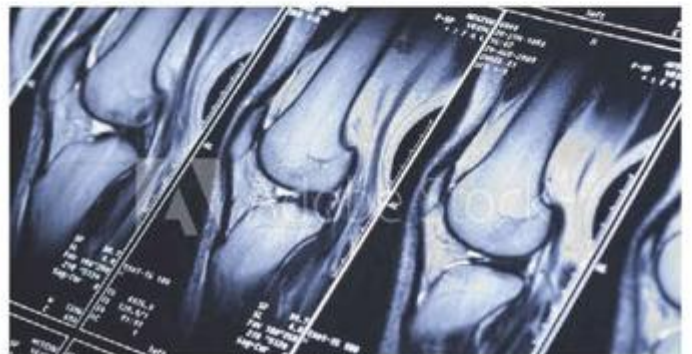
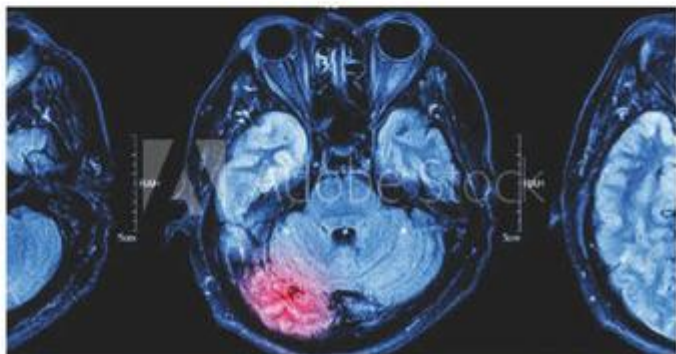
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