

# BackTalk

Newsletter of the Oregon Board of Chiropractic Examiners ~ Winter 2003

## Oregon Chiropractic Forum Meets

As part of the ongoing Oregon Chiropractic Forum (OCF) effort, representatives of the Chiropractic Association of Oregon (CAO), Western States Chiropractic College (WSCC), and the Oregon Board of Chiropractic Examiners (OBCE) met with local doctors November 13 and 14 in Clackamas, Mosier, Pendleton and Salem to discuss issues of importance to the chiropractic community. The OCF was developed by the major stakeholder groups in the chiropractic profession in Oregon. The stated goal is "Unity without Uniformity" through improved communication.

"We are addressing the need for sustained communication in our profession," said Dr. Richard McCarthy, OBCE President from Cottage Grove. Dr. McCarthy told the groups, "We are here to listen to your issues and concerns

and share information." Dr. McCarthy addressed the 2001 Legislature's dispute resolution mandate and the OBCE's continued willingness to meet with all parts of the chiropractic profession to resolve outstanding issues. He noted that details



Mosier: Oregon Chiropractic Forum meeting in Mosier (near Hood River), OBCE President Dr. Richard McCarthy (back to camera), left to right: Drs. Marque Moga, Marla St. John, Steve Ellis, Frank Gouge, OBCE executive director Dave McTeague, Drs. Don Ferrante, Dennis Zimmerman, OBCE Vice President Kathleen Galligan, Eric Voigt and CAO Managing Director Jan Ferrante.

and share information." Dr. McCarthy addressed the 2001 Legislature's dispute reso-

of the March 21, 2002, meeting could be downloaded from the OBCE web page, along with the Board's subsequent response on specific issues.

Kathleen Galligan, OBCE Vice-President from Oregon City, answered questions concerning the

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### What's Inside the BackTalk

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## BackTalk

# Oregon Chiropractic Forum

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new continuing education rule. She noted, "This is a major change in how chiropractic physicians assure continuing competency. We need your feedback on the new CE rule in order to address issues as they arise." Many doctors said they appreciated the new rule for its improved flexibility and scope of topics that qualify for CE credit.

CAO Board member Don Ferrante, DC of Portland, stated, "We don't need a ruckus in front of the Legislature," referring to recent legislative committee hearings. He stressed the need for professional unity when addressing policy makers. "The CAO is meeting with key legislators to address problems in the current

IME system as well as protect patient access to PIP benefits for their patient's chiropractic care." Dr. Ferrante, along with his wife Jan, were enthusiastic



Drs. Eric Voight and Richard McCarthy, at the Mosier Oregon Chiropractic Forum.

participants at all four meetings. He invited all chiropractors to the "Chiropractic Day at the Legislature" on January 23, 2002.

Dr. Bill Dallas, WSCC President, said, "This is a really exciting time for chiropractic nationally and internationally." He went on to note,

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*"We are addressing the need for sustained communication in our profession. We are here to listen to your issues and concerns and share information."*

**OBCE President Richard McCarthy, DC**

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**BackTalk** is the official newsletter of the Oregon Board of Chiropractic Examiners. The Board usually meets every other month in the 1st floor conference room in the Morrow Crane Building, 3218 SE Pringle Road SE, Salem, Oregon. Call the Board office at 503-378-5816 for meeting times, directions or a map.

### **Board Members**

Richard McCarthy, DC  
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Vice-President, Oregon City

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Jim Wilkens, DC  
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John Colwell, DC  
Ashland

James Hendry, AAL  
public member, Portland

Jan Nelson  
public member, Crow

### **Staff Directory**

Telephone 503/378-5816  
**Dave McTeague** (Ext 23)  
*Executive Director*  
Administration, Legal questions, Board issues, Practice questions

**Kelly Bird** (Extension 22)  
*Administrative Assistant*  
DC license renewal & information, CA certification, renewal & information, Continuing education, Practice questions

**Michael Summers** (Extension 25)  
*Investigator*  
Complaints, Investigations

**Jane Billings** (Extension 24)  
*Office Specialist II*  
DC applicants, Examinations, Peer Review, Contracts

**Carol Rohde** (Extension 21)  
*Office Specialist I*  
DC lists, Record requests, Meeting coordinator, License verifications

## Oregon Chiropractic Forum

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"We have so many opportunities, but we need to find a way to cooperate as a profession at all levels." Dr. Dallas talked about the significance and challenges of chiropractic inclusion in the Veterans Administration and Department of Defense programs. In the U.S. Army, chiropractors have been placed under the control of physical therapists, a situation he says "needs to be remedied." He cited his recent attendance at an international meeting of chiropractic educators in Brazil, "There are now thirty-five chiropractic colleges around the world and more are forming especially in connection with public university systems."

Dr. Dallas applauded the inclusion of chiropractic in the National Health Service Corps (NHSC) program. The NHSC is a federally-funded program which allows health care professionals engaged in the delivery of primary care services to be reimbursed for

student loans in return for establishing and maintaining their practices in geographic areas designated as "medically underserved" by



Pendleton: Joining the discussion at the Pendleton meeting of the Oregon Chiropractic Forum are (left to right) Drs. Michael Megehee, Bill Bond, Dan Kehr, Maura Kehr), and CAO Managing Director Jan Ferrante.

the federal government. He said inclusion creates a need for a professional consensus regarding chiropractic scope of practice for the purposes of this program.

Issues raised and discussed at the meetings also included:

- Need for the state OB-GYN test for licensure.
- HIPAA privacy rules and the continued uncertainty
- Independent contractor rules affecting chiropractic
- Physical therapists performing manipulation
- Independent medical examination issues

- Chiropractic and managed care
- Workers compensation coverage for chiropractic
- Patient-Doctor Relationship chapter of the

Educational Manual for Evidence-Based Chiropractic in Oregon.

- Boundary & sexual misconduct complaints
- 2003 Legislative Session, association and OBCE legislative efforts

The OCF was formed in response to the 2001 Legislature's Budget note mandating dispute resolution between the principal chiropractic organizations in Oregon. The Oregon Doctors of Chiropractic (ODOC) have been invited to participate in the Forum but have not yet participated.

More OCF meetings are planned in 2003.

## **Crossing Professional Boundaries and Sexual Misconduct** ***The case for a strong response***

The primary mission of the Oregon Board of Chiropractic Examiners (OBCE) is to protect the public's safety with respect to the practice of chiropractic. There is nothing as threatening to public safety, damaging to patients, and destructive of the public trust in the chiropractic profession than professional boundary crossings that involve patient-doctor sex or any sexually motivated contact. In addition to the professional literature that fully documents the harm done to patients, interviews

**Proactive approach**  
The OBCE has been proactive in its approach to eliminating sexual misconduct. The board has seized every opportunity for having frank discussion within the chiropractic professional community about preventing this serious problem.

- Continuing education on boundary issues was mandated for all DC's in 1998.
- Board members addressed the annual meeting of the Chiro-



around Oregon, Board members have discussed boundary issues with chiropractors.

- OBCE representatives make presentations to each class of chiropractic students at WSCC.
- Administrative rules have been updated to clarify expectations.
- An evidence-based discussion of Professional Boundaries is included in the soon-to-be-published "Patient-Doctor Relationship" chapter of the *Educational Manual for Evidence-Based Chiropractic*. This product of an ongoing formal evidence-based consensus process will be distributed to all Oregon chiropractic physicians.
- Two tools for self-assessment of risk of boundary violation are included in the *Educational Manual*.
- An updated Ethics & Jurisprudence applicant examination (in

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*The harm done to patients and their loved-ones is real, painful, and often long lasting.*

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with affected patients really brings this home. The harm done to patients and their loved-ones is real, painful, and often long lasting. This experience has resulted in a consistent effort by the OBCE over the last decade to address this challenging issue aggressively and effectively.

practic Association of Oregon in 2000.

- Newsletters and mailings from the OBCE have alerted the profession to the problem
- Newly-licensed DC's meet with board members to address boundary and other professional issues.
- In regional meetings

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## Strong response

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progress) will include patient-doctor relationship and boundary questions.

investigation, many complaints are dismissed as unfounded and the doctor is exonerated. However

remove the doctor from practice. In other cases, combinations of suspension, probation, license limitations (such as restricting certain procedures or

### Protecting the public

In addition to providing information and facilitating professional dialog about professional boundaries, the board has taken an aggressive stance on investigating complaints of professional misconduct involving boundary violations and, particularly, sexual misconduct. Unfortunately, the OBCE continues to receive a troubling volume of complaints that allege sexual misconduct. As a recent *Willamette Week* article pointed out, the chiropractic profession in Oregon has significantly more boundary complaints than other licensed health care professions.

After a thorough in-



Drs. Ralph Holtby, Peer Review Committee member, and Kathleen Galligan, OBCE vice president, at the Bend Forum meeting.

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*The OBCE has incorporated into its Strategic Plan the values of consistency, equity, honesty, responsibility and collaboration.*

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when the investigation reveals credible evidence of a violation, the board vigorously pursues appropriate discipline. A number of cases have resulted in revocation and surrender of the respondent chiropractor's license. The only way the public can be protected is to

requiring a chaparrone) or rehabilitation assure the public that the doctor can continue to practice safely with no chance of re-offending.

The board has been criticized by some for having an "abnormal fixation with sexual predation..." (*Willamette Week*, 12-11-2002) However, a more frequent criticism of health care licensing boards is that they are beholden to the profession they are supposed to regulate.

These boards are accused of being more interested in protecting "their own" than in protecting the public. We believe that the OBCE's efforts over the last decade to address this issue are fully justified. If anything, more not less, needs

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## Strong response

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to be done to protect the public.

### Ethics and values

The OBCE has incorporated into its Strategic Plan the values of consistency, equity, honesty, responsibility and collaboration. Maintaining these values underlies the board's efforts to these complaints. The five chiropractic physicians and two public members of the OBCE care

deeply about the health and welfare of Oregonians. They also understand why an effective regulatory board is necessary for the success of the chiropractic profession. They take seriously their responsibility to encourage doctors of chiropractic to provide safe and high quality care to patients.

Recently, a state senator questioned the consistency of OBCE's sexual misconduct disciplinary actions. In response, the Board undertook a review of its final orders since 1996 and found that they were consistent over time and

across circumstances, especially considering that the facts in every case are different. Among the factors that affect the final decisions are the severity of the

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*In the board's view, the ethical obligation of doctors to their patients, and that of the profession to the public, extends beyond what society determines is against the law.*

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offending behavior, the willingness of patients to testify and the doctor's prospect for rehabilitation. In practice, most cases are resolved through negotiation. This accounts for some differences in the final outcomes as well.

The Board's bottom line is that reasonable protection against re-offending must be in place for the doctor to continue in practice. The Board must be able to assure the public that the doctor will not engage in boundary crossings again.

### Professional obligation and the law

Another criticism from a state representative has been that the board's investigations and sanctions for sexual misconduct do not result in criminal prosecution.

In the board's view, the ethical obligation of doctors to their patients, and that of the profession to the public, extends beyond what society determines is against the law. Just because sex between a doctor and a patient may be

"legal" in the sense that criminal prosecution is unlikely, the evidence from the literature and the consensus of professional opinion is that doctors must not use their position of power and authority to harm patients in any way. (See accompanying article from AAG Lindley.)

In actual practice, the OBCE's investigative information has been shared with local law enforcement authority as authorized under ORS 676.177. Whether all boundary crossings and patient-doctor sex cases

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## Criminal conduct or unprofessional behavior?

Often, a professional licensing board will discover unethical conduct by one of their licensees from a law enforcement investigator or media release about a recent arrest. Some boards have specific statutory authority to refer a case they receive to a local district attorney.

Often, if a health professional has sexual contact or unethical conduct occurs with a former or current patient, they may be charged with various crimes. Some that come to

mind are: assault in the fourth degree (intentionally, knowingly or recklessly causing physical injury to another), sex abuse in the second degree (subjecting another person to sexual intercourse, deviate sexual intercourse without the victims consent), or invasion of privacy (knowingly making a photograph, motion picture, videotape or visual recording of another person in a state of nudity without the consent of the person being recorded). Some states have specific criminal statutes (sexual exploitation by a medical care provider or battery).

It is important to remember that criminal

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**By LORI LINDLEY**  
**Assistant Attorney General**

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cases have a different burden of proof than the administrative process that a licensing board pursues. The burden of proof in criminal cases is "beyond a reasonable doubt." That means that the facts proven must, by virtue of

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*Even if a district attorney has not charged a licensee, it does not negate the conduct, nor nullify that the conduct is an act for which the licensee should be disciplined.*

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their probative force, establish guilt. (Satisfied to a moral certainty or entirely convinced.) So if a district attorney does not have this level of proof,

they may decide not to charge the licensee with any crimes and proceed with prosecution.

However, it is important to remember that even if a district attorney has not charged a licensee, it does not negate the conduct, nor nullify that the con-

duct is an act for which the licensee should be disciplined. In addition, the district attorney may not have an "on target" criminal charge, but may be forced to fit the conduct into a charge that is only a misdemeanor. Thus, the licensing board may have to evaluate their discipline in light of the restrictions of the criminal system.

Whether there is an act that warrants discipline, depends on the statutes and rules that guide each licensed profession. Some licensing boards have specific "laundry list" type of statutes or rules that categorize unprofessional con-

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# LICENSING AND CONTINUING EDUCATION UPDATE

January 2003

Two changes are in the works for annual license renewal. The Oregon Legislature has encouraged OBCE to switch from an annual license renewal to a birth month renewal period. New administrative rules have been proposed to implement this suggestion. A copy of the draft proposed language is avail-

able from the OBCE website or the administrative office. Public comment on this is now open. OBCE urges DCs and CCAs to review these changes and make comments.

The second change affecting relicensure are new rules governing continuing education for DCs and CCAs. On October 14, 2002, the OBCE mailed to

each Chiropractic Physician and Certified Chiropractic Assistant an announcement of the changes, now in effect, regarding continuing education and license renewal. Since that time OBCE has received many telephone calls from both DCs and CCAs who have no knowledge of these

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## Criminal or Unprofessional?

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duct within that profession. That list may specify that it is unprofessional to abuse, molest, have sexual contact with or make improper advances to a patient. Some statutes or rules may even extend responsibility for that conduct to an employee or a co-worker.

The standard in an administrative licensing case is "by a preponderance of the evidence." That means the evidence which as a whole shows that the fact sought to be proved is "more probable

than not." This is a significant difference than the "beyond a reasonable doubt." The burden of proof is not as high as re-

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*The licensing boards must keep in mind that their primary goal is the protection of the public.*

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quired in a criminal case.

An example of a violation of a licensing board rule that would not rise to criminal conduct is the professional (male or female), who continually and without honoring the

patient's decline, asks the patient to date them. The professional may give the patient uninvited hugs, ask inappropriate personal questions, or take advantage of their position of trust as the patient's care provider. These actions may be considered to be an "improper advance" to a patient

and unwanted sexual contact under that board's specific rules, but they may not rise to the level of criminal behavior. While a district attorney would

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## Licensing & Continuing Ed

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changes. This is *VERY IMPORTANT* material to read and understand.

The continuing education rules are changed in their entirety.

The license renewal process is going to be different - starting July 2003. Please prepare yourself NOW. The October 2002 announcement of these new continuing education rules is posted on the home page of the OBCE's web site under Hot Topics. The web site address is:

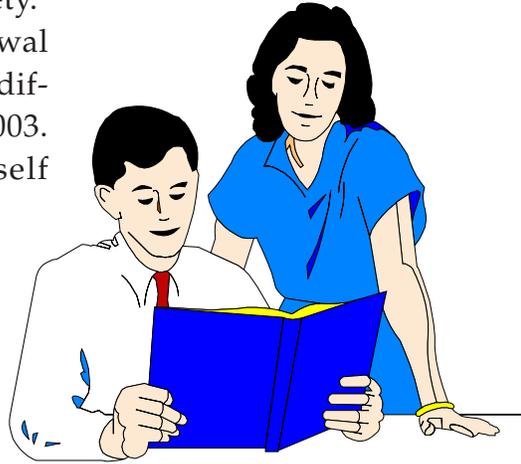
<http://www.obce.state.or.us>.

If you do not have access to the World Wide Web, call the OBCE for another copy of the mailing.

Here is a breakdown of the new continuing education rules that are in place

1. ALL licensees (DCs AND CCAs) still need to maintain the standard documentation verifying their attendance at an educational presentation whether it is a letter of verification, a

certificate of attendance or other documentation. Receipts of payment to attend do not qualify as



proof of attendance. This requirement is unchanged from the past.

2. During the license year Chiropractors and CCAs are responsible themselves to determine if a CE vendor is reliable and a CE course is applicable to their license renewal credit. The OBCE will no longer "approve" CE vendors and courses. It is the responsibility of licensees to determine if a course is relevant to their practice.
3. Upon completion of

each continuing education opportunity, DCs (NOT CCAs) must complete and retain the Evaluation Form in addition to the standard verifications of attendance. The Evaluation Form is downloadable from the OBCE web site. You may also obtain a copy by calling the OBCE administrative office. The instructions to complete the form are on it. The purpose of the form is to encourage doc-

tors to determine whether they benefited professionally from the particular program he/she attended. It is not an evaluation of the course itself, but of the usefulness of the knowledge gained.

4. At renewal time, chiropractors and chiropractic assistants will sign an affidavit verifying that he/she has completed the required continuing education hours. DCs and CCAs WILL NOT submit any CE verification slips at that time.

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## CE Criteria In Brief

Approved continuing chiropractic education shall be obtained from courses or activities that meet the following criteria:

- They do not misrepresent or mislead;
- They are presented by a Chiropractic Physician, licensed here or in another state, another appropriate health care provider, or other qualified person;
- They exclude courses that are primarily practice-building subjects and the principle purpose of the program may not be to sell or promote a commercial product. However the mere mention of practice building concepts shall not disqualify a program's eligibility for CE credit.
- The material covered shall pertain to the practice of chiropractic in Oregon or be related to the doctor's practice;
- Continuing education hours for Board activities must assist in assuring the competence and skills of the chiropractic physician, and
- Shall be quality courses or activities adequately supported by evidence or rationale as determined by the Board.

## Licensing & Continuing Ed

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5. Each year, ten (10) percent of DCs and CCAs will be randomly chosen to submit proof of continuing education. If you are audited, simply submit copies of attendance verification forms from the CE course vendor and for DCs, your completed Evaluation Forms. Everyone is allowed 30 days to respond.
6. Upon receipt of the verifications, the Board will review the sub-

missions for compliance with the rule. As long as courses meet the criteria as outlined in the administrative rules (Chapter 811, Division 15, Section 811-015-0025 - available on the web site), hours will be credited. The Board *may* determine that a course does not meet the criteria. The Board will not retroactively deny this CE credit. However, in that instance, the

Board will place information on its web site for future reference that the particular program will not be considered for credit in the future. Doctors should review this list throughout the license year. There is no list at this time since we are just now implementing the rule.

If you have any questions about licensing or continuing education, contact Kelly Bird at [kelly.bird@state.or.us](mailto:kelly.bird@state.or.us) or (503) 378-5816 ext. 22

The content of this page was removed as a result of a Circuit Court Ruling

## School Physicals by Chiropractic Physicians

### **Policy Statement approved at July 18, 2002, OBCE meeting:**

The Oregon Board of Chiropractic Examiners reaffirms that chiropractic physicians are qualified by "clinical training and experience to detect cardiopulmonary diseases and defects." SB 160, enacted by the 2001 Oregon Legislature, specified that chiropractic physicians may perform school physicals provided they have this training.

Chiropractic physicians have extensive training in diagnosis. This includes the ability to detect cardiopulmonary diseases and defects, as well as a range of other conditions.

Chiropractic professional education covers this subject in physiology, physical diagnosis and cardiorespiratory diagnosis classroom hours as well as during internships in student clinic and outpatient

clinic experience.

Further, cardiovascular diseases and defects and related diagnosis are tested on four qualifying examinations performed by the National Board of Chiropractic Examiners (NBCE). NBCE Parts I, II, and III are given to chiropractic students as they proceed through college. The NBCE Part IV practical examination is required for licensure in Oregon.

State law requires doctors to use the School Sports Pre-Participation Examination form approved by the Oregon Department of Education. This form also includes suggested exam

protocols. It can be obtained from the Oregon School Athletics Association web page at <http://www.osaa.org/forms/preparticipationexam.pdf>

Chiropractic physicians are further reminded that performing a school physical examination creates a doctor-patient relationship. The chiropractic physician must retain the resulting records for seven years or until the student (patient) is eighteen. These records may be stored off site (such as at the school), as long as the DC has access and confidentiality is maintained. (However HIPAA requirements should be reviewed if this is done.)

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### **OBCE Peer Review Committee**

OBCE Peer Review Committee is an opportunity to serve your profession. Peer Review applicants are being sought right now. Any Oregon chiropractic physician wishing to serve on this committee should submit a letter of interest and vitae to the OBCE, 3218 Pringle Road SE #150, Salem, Oregon 97302, or fax 503-362-1260. The OBCE may appoint up to two new members, who will initially serve as members-in-training.

## Doctors needed to assist with State Test Updates

The OBCE is seeking chiropractors to serve as subject matter experts (SMEs) to assist in updating the Ethics/Jurisprudence, Minor Surgery/Proctology, and Obstetrics/Gynecology/Women's Health Issues examinations. Passing grades on these three tests is a basic requirement to obtain a license to practice chiropractic in Oregon. They represent Oregon scope of practice subject areas not adequately covered by the National Board of Chiropractic Examiner's Parts I-IV.

Three Oregon state licensing examinations will be updated under the guidance of testing expert Gerald A. Rosen Ed.D., Consulting Psychologist, of Huntington, Pennsylvania. Dr. Rosen assisted the OBCE with this process when it last occurred in 1993.

The update process consists of four steps. The first is a review and update of the existing Or-



egon chiropractic job analysis by a panel of up to nine subject matter experts (SMEs). This is followed by a review of the existing 524 items (test questions) for accuracy and relevance to current practice. Steps one and two are tentatively scheduled for March 5-7, 2003.

Step three is a two-day item writing work-

shop to write new test questions where needed. Dr. Rosen will train SMEs in the fundamentals of examination item writing. Step four is a one-day standard setting workshop to rate the difficulty of each new item for entry level chiropractors. Steps three and four are tentatively scheduled for June 6-8, 2003.

The Board encourages interested chiropractors to contact the OBCE. Jane Billings is the project coordinator. She can be reached at 503-378-5816 ext. 24 or by email at [jane.billings@state.or.us](mailto:jane.billings@state.or.us).

### LMT Faces Board Action

The Oregon Board of Massage Therapists has proposed disciplinary action against Marlene Varady LMT from Eugene. Ms. Varady is alleged to have performed a chiropractic adjustment on a client last July at the Oregon Country Fair. The Notice of Proposed Disciplinary Action states, "During the massage session, Licensee placed the heel of her hand on (the client's) vertebrae and pushed quickly and firmly down the length of the spine, manipulating the vertebrae with a Chiropractic or similar adjustment procedure." The Massage Board alleges this is practice outside the scope of a LMT. They proposed to place Ms. Varady on probation with supervised practice and a civil penalty.

## BackTalk



Dr. McCarthy addresses 20 central Oregon doctors in the Feb. 6 meeting of the Oregon Chiropractic Forum. He's joined by Drs. Coby Hanes (CAO) and OBCE Board members Jim Wilkens and Kathleen Galligan.

### Strong response

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should be prosecuted criminally is a policy decision for Oregon Legislature. In some states, Idaho for example, it is explicitly illegal for a health care giver to engage in sexual exploitation of a patient. For its part, the OBCE will continue to meet its statutory responsibility to investigate thoroughly and pursue remedies that protect the public and chiropractic patients.

#### **The future**

The OBCE's Strategic Plan for the area of responsibility of Public Protection identifies the Outcomes the board is to achieve:

- Patients will be protected from all undue harm by chiropractic physicians
- Chiropractic physicians

subject to the OBCE's complaint and disciplinary process will be treated equitably and fairly

- Should a violation be determined, sanctions will be consistent with other violations of a similar nature and proportional to the potential for harm to the public

### Criminal or Unprofessional?

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not prosecute a criminal case, a licensing board, as a public protection agency would be remiss not to take action.

The licensing boards must keep in mind that their primary goal is the protection of the public. The licensees of each pro-

- All affected parties will have the right of access to the process. Information will be made available to the extent allowed by law. Confidentiality will be protected to the furthest extent possible
- Sexual misconduct by licensed Oregon chiropractic physicians will be eliminated
- Chiropractic physicians will assure appropriate care for chiropractic patients.

These strategic goals will continue to motivate the board to do its best for all Oregonians in carrying out the board's mission "... to protect and benefit the public health and safety, and promote quality in the chiropractic profession."

fession must be aware that boundary issues are a potential conflict for them. Any safeguards they can take in their practice and treatment of patients to prevent misunderstandings would benefit them, their profession and the public.

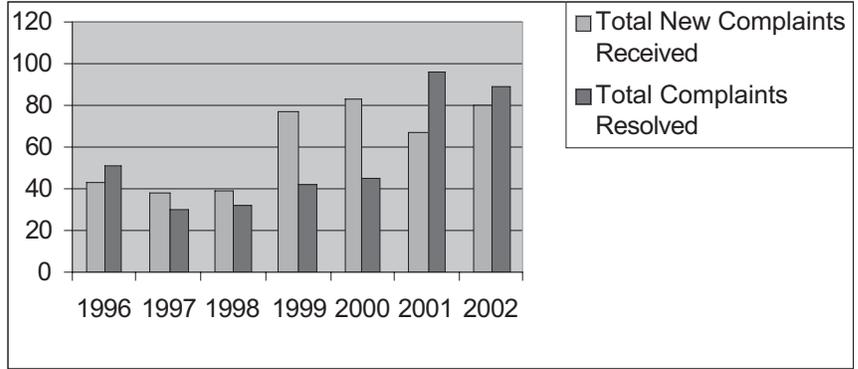
## New Licenses

Michael J. Arnot	Amber D. Mason
Bryan S. Bingham	Lance T. Moore
Jeremy J. Boethin	Michael J. Mullaney
David E. Brents	Robert D. Mullins
Carrie A. Burnett-Strong	Julie E. Murphy
Daniel W. Capitano	Mark A. Neilson
Kelly R. Chapman	Jared R. Nielsen
Bruce K. Chinen	Ryan D. Nienaber
Brad A. Cockman	Dennis A. Nowack
Calvin R. Cordes	Ryan M. Ondick
Pamela G. Daley	Leanna Palermo
Amy L. Eades	Jill D. Perez
Franklin T. Feldman	Matthew W. Peterson
Ryan D. Fisher	Aaron C. Radspinner
Michael R. Fleming	Emily K. Risty
Ilana P. Goldberg	Christine C. Robinson
Noah I. Goodwill	Barbara H. Rogers
Randall J. Goulet	Laura A. Schissell
Teresa M. Grade	Phillip W. Snell
Wesley G. Harms	Tara M. Spearman
Sigrid K. Hodges	Dennis W. Stanturf
Tamara A. Huffman	Brett W. Stine
Bryan W. Hulse	Timothy J. Swindler
Sarah A. Ingvalson	Wendi K. Turner
Jeffrey M. Johnson	Ryan O. Woodbury
Lynn C. Kozlowski	Howard R. Wright, Jr.
Mark S. LaRue	Georgia B. Young
Jaylene G. Lewis	Michael D. Young
Richard L. Liggett, II	
Tamara L. Lovelace	
Bob Manners	
Jill A. Marquess	

New licensees between  
April 24, 2002  
and January 7, 2003

## BackTalk

# OBCE Complaint Totals



Calendar Year	1996	1997	1998	1999	2000	2001	2002
<i>Total New Complaints Received</i>	43	38	39	77	84	67	79
# of Boundary Complaints	1	3	7	10	16	8	8
% of Boundary Complaints	2%	8%	18%	13%	19%	12%	10%
<i>Total Complaints Resolved</i>	53	30	32	44	48	96	90
No Action taken	44	24	25	24	37	76	88
Disciplinary and Other Actions*	9	5	6	17 <small>(Resolved 20 complaints)</small>	11	13 <small>(Resolved 23 complaints)</small>	12
# of Boundary Disciplinary Orders*	1	1	1	5 <small>(Resolved 6 complaints)</small>	0	5 <small>(Resolved 10 complaints)</small>	1
# of Boundary Complaints Resolved I.E. or N.S.V.**	0	0	2	2	0	7	12

\* Some conclude several complaints

\*\* Insufficient evidence (I.E.); No Statutory Violation (N.S.V.)

Complaint Totals Report, Updated December 13, 2002

Oregon Board of Chiropractic Examiners, Dave McTeague, Executive Director

### BackTalk

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BULK RATE  
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