

BackTalk

Newsletter of the Oregon Board of Chiropractic Examiners ~ Spring 2005

Oregon Chiropractic Physicians Online Survey

The Oregon Chiropractic Physicians Online Survey was conducted February 9 through March 2, 2005, by the Oregon Survey Research Laboratory (OSRL) at the University of Oregon. All active Oregon chiropractors were sent a letter providing a link to the OSRL web site with the OBCE Chiropractors Survey, and a unique five digit PIN number. A link to this site was also added to the OBCE's Web page. OSRL made follow-up phone calls encouraging doctors to respond. A total of 384 doctors completed the survey. This was deemed an excellent response by Bob Choquette, OSRL Acting Director.

The OBCE will use these results in their ongoing Strategic Plan review as well to consider the profession's views on challenging policy issues. These results may be compared to the 1999 OBCE Survey on Strategic Planning Issues to see how opinions of Oregon chiropractic physicians have changed in the last five years.

Complete results are available by going to egov.oregon.gov/obce and clicking on the link to Oregon Chiropractic Physician Survey results.

Key Survey Findings

► Oregon chiropractors continue to be broad-scope oriented 73% to subluxation-based 17%, and other/combination 10%. Western States graduates account for 71%, followed by Palmer and National College at 5% each.

► Sole practitioners with no associates account for 43% of Oregon chiropractors, followed by:

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Clinical Justification Administrative Rule Amendments

By Minga Guerrero DC
& Kathleen Galligan DC

The new changes to the Clinical Justification rule were developed by our OBCE sub-committee which was appointed following the November 18, 2004 public hearing. In making changes, we considered the original proposal made by Dr. Saboe and the Chiropractic Association of Oregon (CAO). We considered professional opinions from legal counsel, public comment from approximately 6 months of OBCE and Rules Advisory Committee meetings, Oregon Doctor of Chiropractic (ODOC) membership recommendations, CAO membership recommendations and research into existing policy and rule. 89% of the surveys returned to the CAO commented in favor of the intent and need

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Survey Results

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- 16% Sole practitioner, with LMT associate/s
- 0.5% Sole practitioner, with PT associate/s
- 15% Joint business & practice with one or more chiropractic physicians
- 10% Share offices with one or more chiropractic physicians, separate business entities
- 6.5% Multi-disciplinary clinic, i.e. DCs with MDs, PTs, NDs, etc.
- 9% Other

► Strong support continues for OBCE's Mission (73%) and the OBCE Strategic Plan Goals on: Public Protection (85%), Professional Competency (91%), and Liaison/Communication (88%) goals. The Professional Standards & Recommendations Goal had less support at 56% in favor to 44% opposed.

► Perceptions of OBCE Performance:

	Excellent/Good	Fair/Poor
Public Protection	80%	20%
Professional Competency	77%	23%
Prof. Standards/Recommendations	53%	47%
Liaison/Communication	50.5%	49.5%
OBCE Staff Response to Questions	77%	10%
OBCE Info on changes in licensure rules/laws	75%	25%

► Top Issue facing the Chiropractic Profession:

- 19% Educating the public about chiropractic
- 18% Protecting the profession
- 15% Promoting quality in chiropractic care
- 10% Overregulation
- 10% Insurance coverage
- 6% Divisions within profession
- 5% Maintaining professional standards
- 4% Fair treatment of chiropractors
- 13% Other

(The 1999 OBCE survey had Insurance Coverage the top issue at 29%, followed by Divisions Within Profession at 13%, and Maintaining Standards & Increasing Business Costs at 8% each.)

► Top Issue facing the OBCE:

- 26% Protecting the public
- 24% Protecting the profession
- 14% Maintaining professional standards
- 9% Promoting quality in chiropractic care

BackTalk is the official newsletter of the Oregon Board of Chiropractic Examiners. The Board's next meetings are May 19 and July 21, 2005, 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.

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Drs. Ron Combe, Mark Thomas and Eric Hansen (left to right) at the OBCE Eugene forum November 18, 2004. Listening is board member Minga Guerrero.

Clinical Justification **CONTINUED FROM PAGE ONE**

for the rule.

In addition, we have considered numerous suggestions from the Oregon doctor's chiropractic listserve. Some professionals have commented in the verbal forum of meetings or telephone calls. Others have taken the time to send personal letters to the OBCE. We feel a broad spectrum of the profession has been contacted and considered in the re-write of this rule. Following a second public hearing, these amendments were adopted by the OBCE on January 20, 2005.

The purpose of this rule is to protect the public from inappropriate treatment involving curative care. Discussion was heard at several meetings expressing concern over the "intent" of the new rule. Specifically, the questions concerned whether the new rule would limit "investigative, innovative, or less traditional chiropractic techniques." It is not the Board's intent to limit a

creative process within the profession. We recognize that there are cases at both ends of the spectrum that require deviation from norms. This rule should not be applied to wellness care. When a curative case falls into a category that deviates from the norm, the treating DC need only document how the case is different and why treatment must deviate from normal procedures in order to be effective care.

Whether harm is done with poorly documented treatment, lack of clinical justification or unjust denial of care, it is our hope that this rule will ultimately protect the public at large. As per recommendations from the public hearings, we dropped language that could be interpreted as "overly prescriptive." This allows for flexibility in new clinical justification discovery. We have also adopted a three-year "sunset clause" which allows for review and/or repeal in the case the rule is not serving its

intended purpose.

You can find the full text of the amended rule at the OBCE's Web page: egov.oregon.gov/obce.

Clinical Justification Amendments

OAR-811-015-0010

Key provisions:

➤ "Evidence based outcomes management shall determine whether the frequency and duration of curative chiropractic treatment has been necessary. Outcomes management shall include both subjective or patient-driven information as well as objective provider-driven information." This is in addition to Oregon Practice and Utilization Guidelines Chapter 5, treatment parameters.

➤ Clarifies that any independent examination reports must be made available to the patient, patient's attorney, treating doctor and attending physician at the time the report is made available to the initial requesting party.

➤ These provisions sunset in three years, which requires the OBCE to review the outcomes of these amendments and take action to further amend, continue or remove these provisions at that time.

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Survey Results

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- 7% Fair treatment of chiropractors
- 6% Educating the public about chiropractic
- 3% Insurance coverage
- 3% Legislative relationships
- 9% Other

(The 1999 survey had Insurance Coverage as the Top Issue facing the OBCE at 11%, followed by Fair Treatment of DCs at 9%, Leadership on Chiropractic Issues at 8%, and Maintaining Standards/Educating Public/Competition from other professions/ Protecting the Profession at 5% each.)

► Public Protection is clearly recognized as OBCE's primary function. However, promoting quality, protecting the profession and providing services is also important.

	Rank 1	Rank 2	Rank 3
Protect the public health and safety	46%	23%	12%
Promote quality in the chiropractic profession	22%	32%	16%
Protect the chiropractic profession	13%	16%	21%
Provide services to licensees	12%	14%	22%
Promote the chiropractic profession	4%	9%	14%
Provide services to the public and others	2%	5%	12%
Other	1%	1%	2%

► Doctors would like the OBCE to provide more information about chart note requirements, continuing education, and proposed administrative rules.

► The new Continuing Education Rule is rated Excellent/Good by 82%, Fair/Poor by 18%. 49% report new means of obtaining CE as a result, primarily self or home studies, continuing medical education and teaching courses.

► The *BackTalk* newsletter is by far doctors' main source of OBCE information (91%) while just 31% have visited the OBCE web page in the last year.

► Doctors are split on the proposed excessive fee rule 38% in favor to 37% opposed. (This was last considered in July 2004 and is not currently proposed.)

► Excessive treatment is still an important issue, but chiropractors believe the problem has declined since 1990. The concern is centered on a small number that may over treat. Under treatment is also viewed as a significant problem.

**Public protection:
OBCE's top priority**

**Promoting quality
chiropractic care:
A strong second**

**More chart noting,
CE and proposed rule
info requested**

**New CE rule
rated positive**

**Excessive treatment
still an issue**

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From My Shoes

2005 U.S. Figure Skating National Championships

According to Ted L. Forcum, DC, DACBSP, utilizing Oregon's Travel-to-Treat law 18 out-of-state chiropractors joined five Oregonian chiropractors to provide chiropractic care to the athletes at the U.S. Figure Skating National Championships, January 9-15, 2005 in Portland, Oregon. Dr. Forcum from Beaverton, served as the event's medical director and says, "It is the first major national governing body (NGB) championships whereby the medical director has been a chiropractor. It was also the first US Figure Skating Championships where chiropractors were introduced as a formal part of the medical team."

Under the Travel-to-Treat law passed in 1995 at the urging of the OBCE and then Board President Richard Gorman DC of Eugene, an licensed chiropractor currently practicing in another state may perform chiropractic in Oregon for "...a single temporary assignment in-state for a specific sporting, performing arts, or educational event not to exceed 15 days." According to Jeff Soloman, DC, President of the ACA Sports Council, "The Oregon Travel-to-Treat law is the example we would like the rest of the United States to follow.

According to Dr. Forcum, approximately 100 medi-



Rea Inoue and John Baldwin, second place in couples.

cal volunteers were recruited for the U.S. Figure Skating National Championships, each working a minimum of four six and one-half hour shifts. Some of these shifts started as early as 5:30 a.m., and continued as late as 11:30 p.m. In addition, providers had to be available on call throughout the night to provide any type of urgency care services.

Medical services were divided up into three primary areas of treatment: emergency care, urgency care and performance care.

Emergency care was the primary domain of the rink side EMT, athletic trainer and the medical physician. Fortunately, only one rink side

emergency occurred, whereby a young skater received a puncture wound from a skate. Her care went without a hitch; as a matter of fact, so well that the family asked our medical physician to escort her to the awards stand, as she and her partner took third for their event.

Urgency care was the primary domain of the medical physician, nurse, and physician assistant. This consisted of treating colds, sinusitis, and skin rashes. Due to the timing of the championships

occurring in early January, the cold and flu season was in high gear.

Performance care was predominantly the domain of the chiropractor and physical therapist. These two providers were stationed at the hotel and in the training room at each of the venue sites. Here athletes were assessed for non-emergency injuries, chronic conditions which the skaters have been dealing with for weeks, months, or years prior to their competition, and for care designed to increase their performance level.

Of the 229 interventions, chiropractic participated in 116 follow by 72 in-

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Dr. Kathleen Galligan has been a regular presenter to the OBCE new doctor meetings. These are held two times a year to provide information exchange with newly licensed Oregon chiropractors.

Oregon BackTalk Correction, August 3, 2004

S Corporations May Be OK

In the Summer 2004 issue of the *Backtalk* it was stated that chiropractors could not organize as "S Corporations."

This is incorrect.

The Subchapter S Corporation status is an IRS designation for taxation purposes (the individual shareholders pay the taxes instead of the corporate entity) and is not specifically recognized in Oregon corporation law.

Oregon chiropractors may organize their business entities as professional corporations, limited liability companies, partnerships, sole proprietors, etc. but not as domestic business corporations, as

outlined in Oregon Administrative Rule 811-010-0120. This rule requires majority ownership by licensed Oregon chiropractic physicians in their chiropractic businesses or in the case of multidisciplinary clinics by licensed Oregon health care professionals.

Our information from taxation experts is that professional corporations (or LLCs etc.) in some cases may elect S Corporation tax status. For information regarding taxation requirements, we recommend you contact a taxation professional. We apologize for any confusion caused by our earlier statement.

U.S. Figure Skating Championships **CONTINUED FROM PAGE 5**

terventions with physical therapists and 61 combined with medical physicians, physician's assistants and registered nurses. As a requirement for participation in this event, the chiropractor had to be an ACA Sports Council

member and have an advanced designation such as a Certified Chiropractic Sports Physician (CCSP) or Diplomate of the American Chiropractic Board of Sports Physicians (DACBSP).

Educational Manual Report

The Diagnostic Imaging Chapter is 95% completed, having gone through three levels of consensus review. However, recent Delphi comments on the videofluoroscopy statement have caused the Steering Committee to initiate a new seed panel to re review all the literature and evidence prior to drafting a new statement. This will be facilitated by John Colwell DC. Members will be Beverly Harger DC DACBR, Don Ferrante DC, KC Snellgrove DC, Tyrone Wei DC DACBR, and Alexe Bellingham DC. The resulting seed statement will again be submitted by mail to a Delphi review of over 100 doctors and external reviewers.

The draft Record Keeping chapter is ready for Delphi review having been developed by a seed panel and reviewed by the Nominal Panel. This has been waiting on the results of the participation section of the OBCE Chiropractor Survey to update the list of doctors willing to review this chapter. The new Record Keeping chapter will serve as an update to the current chapter in the Oregon Chiropractic Practice and Utilization Guidelines -1991.

Advertising Issues

The OREGON DOCTOR'S TITLE ACT ORS 676.110

Be proud of your profession when you advertise your services, or you may be in violation of the law. The Doctor's Title Act requires that chiropractors who use the title "doctor," "clinic," "institute," "specialist," or any other assumed or artificial name or title, must designate the word "**chiropractor**," or the words "**chiropractic physician**" after any assumed name.

This statute applies to any written or printed matter, or in connection with any advertising, billboards, signs or professional notices. Your choice of "chiropractor" or "chiropractic physician" must appear in readable letters or print at least one-fourth the size of the largest letters used in any assumed name.

Examples of violations include naming your clinic the "Accident Recovery Clinic," without designating your services as chiropractic; creating advertising brochures without your name or title; advertising that you are a "rehabilitation specialist" with your name in big bold letters and failing to call yourself a "chiropractor" or "chiropractic physician;" and using letterhead without your title on it. When in doubt, let consumers know without question that you are a "chiropractor" or "chiropractic physician."

This law applies equally to other health care professions, including podiatrists, dentists, naturopaths, optometrists, osteopaths, physicians, veterinarians, and acupuncturists.

In addition, the OBCE has administrative rules (OAR 811-015-0045) which prohibit untruthful, misleading or deceptive advertising. A compilation of all OBCE advertising rules and policies may be found at egov.oregon.gov/OBCE, refer to Policy and Practice Questions, Guide to Policy and Practice Questions, Section 2.

Continuing Education

Acceptable CE may include most chiropractic courses or seminars, other health care courses that can be related to a doctor's practice, as well as:

- ▶ Continuing Medical Education(CME);
- ▶ video or audio taped chiropractic courses or seminars; long distance learning courses;
- ▶ being an original author of an article, published in a peer reviewed journal, given in the year of publication; participation in a formal protocol writing process associated with an accredited health care institution or state or government health care agency;
- ▶ participation on an OBCE committee and assisting with a National Board of Chiropractic Examiners (NBCE)

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Board to consider policy regarding release of patient records

The Oregon Board of Chiropractic Examiners is considering a policy regarding disciplinary sanctions against Doctors who fail to release patient records in a timely manner. The Board has received several complaints from Oregon patients who have suffered as a result of doctors failing to release patient records in a timely manner. Oregon law requires Doctors to allow patients or their representatives reasonable access to the records and files of the Doctor at any time. (ORS 684.100(t), OAR 811-015-0006(1).

The Board's concerns arise from cases where it has taken up to six months for the patients records to be released and the patient can document repeated attempts to access the



Drs. Christopher Osterlitz (left) and Anthony DeSiena (right) talk with OBCE President Jim Wilkens (center) before the November 2004 OBCE meeting in Eugene.

records. The Board has also had complaints where the patient has demonstrated harm to either legal claims the patient was asserting or interruptions in patient care because of unreasonable delays in records release. The Board is considering a policy of sanctioning Doctors who fail to

release patient records within 30 days of a documented request by the patient or their representative. The Board welcomes letters, e-mails or attendance at Public Sessions of the Board meetings when this issue is considered at their next meeting on May 19, 2005.

Continuing Education

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examination or NBCE test writing committee;

- participation in a research project, approved by the Board, related to chiropractic health care directed by an educational institution or other qualified chiropractic organization;

- teaching courses at an accredited health care institution;

- teaching chiropractic continuing education courses;

- CPR courses;

- instruction related to minor surgery/proctology

rotation; and

- any other course or activity specifically authorized by the OBCE.

CE credit is not allowed for practice-building subjects and where the principle purpose of the program may not be to sell or promote a commercial product. The Board has also determined the following is Not valid continuing education:

- using one's regular daily job duties (e.g. a full time athletic trainer)

- traveling to another country is not, in and of itself,

- reading a textbook in and of itself

- The course titled, "Basic Spiritual Response Therapy"

The OBCE accepts all continuing education courses approved by the Federation of Chiropractic Licensing Board's PACE (Providers of Approved Continuing Education) program. The OBCE also accepts all continuing education courses or activities that meet the criteria and requirements of OAR 811-015-0025.

OBCE Policy Statement Adopted November 18, 2004 **DMV's Medically At-Risk Driver Program**

The Oregon Department of Motor Vehicles (DMV) requires medical doctors and other health care providers (such as chiropractic, naturopathic doctors, physical therapists etc.) to report drivers with severe and uncontrollable functional or cognitive impairments that impact their ability to safely operate a motor vehicle. This could result in suspension of driving privileges.

Chiropractic physicians are required to contact DMV to report a severe and uncontrollable impairment only if they are a patient's primary care provider. Otherwise the chiropractic physician must submit a report to the patient's medical doctor or other primary care provider who then will determine whether to report. A chiropractic physician may still report to DMV on a voluntary basis, if needed.

In the rare case where this may be an issue, a chiropractic physician should review the actual administrative rules, detailed information, and reporting forms found on the DMV's Web page which can be found at www.oregondmv.com (click on Information for Health Professionals).

Severe and uncon-

Functional Impairments: *vision, peripheral sensation of the extremities, strength, flexibility, motor planning and coordination. For example, a strength impairment may affect driving ability in the following manner: inability to maintain a firm grip on the steering wheel, which could compromise the ability to maintain lane position or execute turns.*

Cognitive Impairments: *attention, judgment and problem solving, reaction time, planning and sequencing, impulsivity, visuospatial, memory, lapses of consciousness or control. For example, an attention impairment may affect driving ability in the following manner: inability to switch attention between multiple objects which may endanger pedestrians, bicyclists or other motorists on the roadway.*

trollable impairments are defined as:

➤ Severe means the impairment substantially limits a person's ability to perform many daily activities, including driving.

➤ Uncontrollable means that the impairment cannot be corrected or compensated for by surgery, medication, therapy or adaptive devices.

Once someone is reported to DMV, the driver may receive a Notice of Suspension in the mail informing the driver his/her license will be suspended 5 days from the date on the notice. At that point, the driver has several options. The driver can contact DMV and

➤ Request the op-

portunity to demonstrate that he/she can still safely drive. Based on the information contained in the medical referral, the driver may also be required to provide DMV with additional medical information. The person will have to take the vision, knowledge and drive tests. The driver's license will be reinstated upon passing the required tests.

➤ Request an administrative hearing to appeal DMV's decision to suspend their driving privileges.

➤ Voluntarily give up their driving privileges by turning in their driver's license.

For additional information call the DMV Medical Program Coordinator in Salem at 503-945-5295.

Licensing and Continuing Education

By Kelly Bird

As a result of the OBCE's transition to the birth month license renewal system, I have received a large number of calls asking similar questions. If you haven't called yet, here are those questions and the answers.

Question: Am I supposed to pay my renewal fee as a result of this letter, or is there another bill coming from the Board?

Answer: Do not pay anything until AFTER you receive your official Renewal Notice and Affidavit from the Board. The February letter was an announcement of coming changes.

Question: Am I supposed to submit \$300 (regular active fee) and 20 CE (normal annual amount) in addition to the dollars and CE printed in bold on my OBCE letter?

Answer: Absolutely not. The letter is citing exactly what you are to submit during renewal.

Question: Is the next renewal in June and July, or at my next birth month?

Answer: The next renewal is in June and July 2005. EVERYONE will submit their fee and CE during June and July 2005.

Question: What is the deadline to submit the fees?

Answer: July 31, 2005.

Question: My letter tells me I "will need to submit another 20 hours" at my next birth month

renewal. I thought we were NOT supposed to submit the CE. Is this changed?

Answer: No, the rule is still the same (I tried to avoid the term "submit," but failed!). Active DCs must keep their proof of continuing education in their personal files, and only submit it to the Board as a result of the random CE check (audit). During renewal you must sign the affidavit that you completed the hours and send that with your payment to the OBCE.

Question: This seems like a lot of trouble; WHY is the Board changing the renewal period?

Answer: The 2001 Legislature suggested to the Board that it research the viability of adopting a birth month renewal system in order to more evenly allocate its annual revenue. After interviewing six or more state agencies (large and small), the OBCE was convinced that the change was practical and could be done without much change to our existing process (aside from the transitional phase).

Additional Notes:

► All licenses are issued on a pre-payment basis. Remember, initially, you were not allowed to begin practice ("way back when" for some) until you paid for your license. So, on that same note, you may not practice in the future months unless you pay (i.e. \$\$ and CE) for those months.

► To transition to this new system, everyone will receive a license which will allow them to practice through their 2006 birth month.

An example: Consider an active licensee with an October birthday. The licensee receives his renewal notice from the Board by June 1.

- Between June 1 and July 31, 2005 the licensee pays the prorated \$375 fee and signs the affidavit that he completed his (25 hours) CE by the July 31 deadline.
- OBCE staff will issue the license for a period of 15 months (August 1, 2005 to October 31, 2006).
- The licensee will not renew again until just weeks prior to his 2006 birth month.

FINAL NOTE: Unless your birth month is in June or July, there will not be another official OBCE renewal during this time period. There will be 12 renewal periods all year long.

Oh, on a personal note, thanks to all of you who took the time to "contact ME" with their questions about this change. However, I have changed my telephone number as a result of the hundred of calls I received. (OK, just kidding; my number is the same, and you may still call me if you have more questions!) Call 503-378-5816, ext 22.

Chiropractic Assistant Corner

By Kelly Bird

Well, I have not received any suggestions for topics from CCAs, so I'll have to "wing it" by myself.

Might as well touch on renewal quickly. CCAs are not changing to the birth month renewal system. Renewal notices will continue to come out by June 1, 2005 and your renewals must be submitted by July 31, 2005. Remember, there is no grace period for CA renewal certification. Postmark those renewals by the deadline.

Finding CCA renewal education can be difficult. Here are a few reminder resources: Western States Chiropractic College's "NW Chiropractic Symposium" (June 4), the CAO's 2005 Convention (April 2). Check a local massage school, community college, hospital, or Red Cross chapter. You may also take online education (check www.ceuhs.com or www.chirocredit.com; both have classes that would satisfy your CCA credits). You may also obtain audio



or video tapes. Remember, if any program does not fall within the guidelines of the CE rule (OAR 811-015-0025), submit a written request to the OBCE before taking the hours.

Inquiring Minds Want to

Know: Is it professional for a CCA to use the clinic's database of patients for personal gain, such as contacts for Tupperware or Pampered Chef parties, etc. and without their direct consent? **Answer:** I took this call, and it seems that most definitely this is not professional behavior; especially considering the HIPAA violations that could exist. I believe the clinic took appropriate action and dismissed the staff personnel.

Good News Regardless of the large turnover of CCAs, 191 of you have made a profession out of your certifications. You have been certified for 5-10 years. The chiropractic physicians for whom you work are fortunate to have such dedicated employees. "You deserve a break today!" (And, I don't mean McDonalds!)

Survey Results

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► The Oregon Chiropractic Practice and Utilization Guidelines (OCPUG) has been the most widely used (73%) followed by the Mercy Conference (65%), Cervical Acceleration Deceleration (CAD) Guidelines (51%), Educational Manual for Evidence-Based Chiropractic-EMEBC (48%), Council on Chiropractic Practice (CCP) Vertebral subluxation in chiropractic practice (24%) and the International Chiropractic Association (ICA) guidelines (18%).

► The OBCE should continue to assist with development of the Educational Manual for Evidence-Based Chiropractic (EMEBC) (51% in favor to 23% opposed, 26% Don't Know). Overall, perception of the OBCE's performance on Prof. Standards/Recommendations has improved to 53% Excellent/

**OCPUG, Mercy
and CAD**

**Continue with
Educational Manual**

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OBCE Public Protection Update

Final and Proposed actions May 29, 2004 to February 4, 2005

FINAL ACTIONS

Stephen Liston DC. Stipulated Final Order. \$5,000 civil penalty for unlicensed practice of chiropractic during the performance of independent medical examinations in Oregon. Dr. Liston has since changed his inactive Oregon DC license to active status. Violations of ORS 684.100 (1) (g), 684.020 (1) and OAR 811-035-0015(14). (8/15/2004)

Latisha Nicole Henderson, CCA. Stipulated Final Order. Condition on License. Under the provisions of ORS 684.100 (1)(d) and ORS 670.280, licensee must disclose conviction history to any and all prospective chiropractic employers. (8/24/2004)

Pamela Johnson DC. Stipulated Final Order. One month license suspension (September 15, 2004 to October 15, 2004), two-year probation with conditions, counseling, chaperone provisions, mentoring plan, and NBCE Ethics and Professional Boundaries Exam. Permanent restriction on the license is that chiropractic patients may not be professional counseling clients (doctor is dual licensed as a professional counselor) and counseling clients may not be chiropractic patients. Licensee's practice of Neuro-Emotional Technique (NET) with chiropractic patients must stay within the chiropractic scope of practice and not be a professional form of psychotherapy as practiced by counseling, social workers, psychology or psychiatric professions. Violations of ORS 684.100(1)(g)(A) and, OAR 811-035-0015(1)(a) related to boundary issues. (9/17/04)

Donald Hayes DC, Applicant. Stipulated Final Order provides applicant may receive his Oregon license after passing NBCE Special Purposes Examination for

Chiropractic (SPEC), and upon receiving license will be placed on probation for five years, may not practice in a multi-disciplinary setting during probation, must fully disclose he is a Doctor of Chiropractic, not a Medical Doctor, agrees to abide by the Oregon Doctor's Title Act, will submit advertising for pre-approval by the Board and will complete 10 hours of continuing education on ethics. The Notice of Proposed Denial of License Application alleged violations of ORS 684.100 (1)(d), ORS 684.040 (2)(a), OAR 811-010-0055 (3), and OAR 811-035-0015. Applicant has a misdemeanor conviction (now expunged) in California which resulted in the surrender of his chiropractic license. On August 25, 2004 California reinstated applicant's license. Applicant contends no violations of Oregon law have occurred. (11/4/04)

Carl Bonofiglio DC. Final Order, Letter of Concern. Licensee caused charges to be deducted from credit card without patient's authorization. Violations of ORS 684.100 (1)(g)(A); OAR 811-035-0015 (7), OAR 811-015-0000 (2) and (5), ORS 165.055 and ORS 165.074 (11/9/04)

Seth Goldstein DC. Stipulated Final Order, \$250 Civil Penalty. Licensee signed affidavit attesting to completion of twenty hours of continuing education, before CE was taken. Licensee admits that he did not complete the required continuing education (14 _ hours short of the required 20 hours) and gave reasons due to injuries sustained in a car accident. Violations of ORS 684.092, OAR 811-015-0025, and OAR 811-035-0015 (12). Licensee agreed to submit the 14.5 CE hours due within the next 30 days and provide all continuing education verification information at the next license renewal in 2005. (12/21/04)

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Public Protection Update

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Kelly Sutton, CCA. Stipulated Final Order, \$250 Civil Penalty. Licensee signed affidavit attesting to completion of six hours of continuing education. Licensee sent a letter of explanation to the OBCE stating that she had sent in her renewal forms before she actually attended the CE class. The class she was scheduled to attend was subsequently cancelled. Violation of OAR 811-010-0110(14)(b) for falsifying an affidavit and violation of 811-010-0110 (10)(b) not completing the required amount of CE for renewal. Licensee agrees to submit all original verifications of attendance showing completion of at least six hours of continuing education with her 2005 license renewal fee and affidavit. (12/30/04)

David J. Shipley DC ND. Stipulated Final Order. \$7,500 civil penalty for unlicensed practice of chiropractic during the performance of independent medical examinations in Oregon and advertising violations. Violations of ORS 684.015 (a), (c), (d) and ORS 684.100 (1) (j). Dr. Shipley also signed an agreement with the Oregon Department of Justice to not violate Oregon's Unlawful Trade Practices Act. He is not a licensed chiropractor in Oregon, however, he does hold a Washington chiropractic license and an Oregon naturopathic license. (1/6/05)

Mauro A. Civica DC, Stipulated Final Order. 90 day suspension to begin 2-15-2005. Seven-year probation with conditions begins over with new effective date. Probation conditions include continued counseling and annual compliance polygraph tests. Violations of previous Stipulated Final Order signed December 14, 2001, and ORS 684.100(1)(g)(A) and, OAR 811-035-0015(23) for failing to have a board-approved chaperone present at all times when treating female patients. Per-

manent restrictions on license continued: may not massage female patients and may not perform coccyxgeal or vaginal adjustments. (1/18/05)

NEW ACTIONS

Nicholas Crane, Case # 2002-5011, Stipulated Final Order. Former licensee agrees to surrender license and that no application for an Oregon chiropractic license will be made in the future. First Amended Proposed Notice issued 8-23-2004 proposed to place revocation action on record. (OBCE has continuing jurisdiction even though Mr. Crane's chiropractic license has lapsed). Violations of ORS 684.100 (1) (g) (A); OAR 811-035-0015 (1) (a) & (11) , and 811-35-0005 (2) (informed consent).

DISMISSED COMPLAINTS

During this reporting period the OBCE made a determination of insufficient evidence (I.E.) on 26 cases; no statutory violation on 9 cases, and case closed on 4 cases.

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BackTalk

Survey Results

CONTINUED FROM PAGE 11

Good from 43% in 1999.

► Health Promotion, Wellness and Maintenance Care led with 50 doctors stating possible interest in participating on an Educational Manual seed panel; followed by Outcome measures, Frequency and Duration of Care (48), and Physical Examination (40). Another 206 doctors expressed interest in Delphi (by mail) chapter reviews.

► CE is the top choice for chiropractors to stay current with chiropractic research and science, but other sources are important too:

Category	Top Choice	Ranked 1, 2, or 3.
Continuing Education seminars	52%	20%
Professional Journals (please list)	23%	15%
Individual research	7%	15%
Association publications	6%	15%
Discussions with other chiropractic doctors	5%	18%
Other: (please list)	4%	4%
Published clinical practice guidelines	2%	14%

Health and wellness lead list

DCs stay current with CE, professional journals

► Of the 384 Oregon chiropractors completing the survey, association membership breaks down as follows (44 belong to more than one association):

- 30.7% American Chiropractic Association
- 25.5% Chiropractic Association of Oregon
- 4.4% International Chiropractic Association
- 6.3% Oregon Doctors of Chiropractic
- 44.5% Unaffiliated/Other

Association membership breakdown

► Survey Responders profile:

Years in Practice						
0 to 5	6 to 10	11 to 15	16 to 20	21 to 25	25 to 30	Over 30
87	49	51	70	78	35	14

Zip Codes							
970**	971**	972**	973**	974**	975**	976**-979**	Other/no response
61	24	103	34	40	30	47	45

Survey responders representative of Oregon chiropractors

Male 75%, Female 25%; 90% carry malpractice insurance, 93% have an email address, 37% have attended the OBCE's new doctor meetings.

BackTalk



CAO President Vern Saboe testifies before the OBCE in favor of the proposed rule changes at their November 18, 2004, meeting in Eugene.

New CE Requirements

The Board is now requiring 2 CE hours related to "Evidence-Based Outcomes Management" as a result of recent amendments to OAR 811-015-0010 (Clinical Justification). These two hours may be taken any time from now until January 1, 2008.

Continuing Education courses that meet the general criteria for "Evidence-Based Outcomes Management" for the two-hour requirement should:

► Identify "outcomes management" tools appropriate for curative chiropractic treatment. This should include both subjective

See story on Clinical Justification Amendments on Pages 1 and 3

or patient-driven information as well as objective or provider-driven information.

► Identify and present the evidence that supports use of these tools, and comment on the strength of this evidence.

► Present methods or protocols for use of these outcomes management tools, including documentation that carries substance, offers specific treatment approaches, and proves or not the need for ongoing care.

Examples of patient driven outcome management tools include Self Reporting Psychometric Questionnaires; such as the Revised Oswestry Low Back Questionnaire, Rolland-Morris, and Neck Disability Index, etc. These patient-driven tools provide a quantitative assessment of the patient's activity intolerance or disabilities. The Pain Drawing provides a qualitative assessment, the Visual Analog Scale, and the Numerical Pain Rating Box examples of patient driven tools that provide a quantitative assessment of the patient's current level of pain.

Examples of objective provider driven outcome management tools include physical examination procedures and physical performance testing. Physical examination procedures may include static and/or dynamic palpatory findings, ranges of motion via inclinometers and/or goniometers, functional radiology, various functional chiropractic signs tests and maneuvers, and instrumentation such as the tissue compliance meter or algometer. Physical performance testing may include measuring of specific muscle groups for strength and flexibility and comparing the results with normative data tables.

Also required by January 1, 2008 is seven hours of pain management CE (including a one hour online course which can be found at <http://www.oregonpain.org/Presentation.aspx>)

BackTalk

Newly Licensed DCs

10/23/03 through 3/10/05

Jason G Ablett
Lauren M Aklinski
Hans Christian M Andersen
Glen J Asti
Prabhjot K Bains
Dennis O Beasley II
Christopher R Bess
Wendy A Blymyer
Aaron M Bolesta
Scot D Bowles
Maurice N Cephus II
Janell S Chandler
Deborah A Cherachanko
John E Cherveney
James S Christy
Nicholas D Cline
Thomas K Clunie
Sarah M Colby
Jared L Dance
Douglas J Davies
Deborah K Davis
Kristine M Dearborn
Bradley E Ellisor
Azad M Farr
Lori B Fish
Randall L Fish
Chelsea Foster
Jayson G Frisch
Erik W Gilbertson
Joel M Goldman
Kamala R Griffith
Jason D Gutches

Evan M Gwilliam
James M Hall II
William J Hanlan
Bryan C Hansen
Brandon L Hatch
Aaron M Herbert
Sean O Herrin
Charity G Hess
Jennifer L Holcomb
Claudia M Holderegger
Ann L IZard
Allen M Hutcheson
William A Jackson
Robert T Johnson
John C Johnson
Farshad Kanji
Shelley D Kasprick
Laura J Kerr
Ross C Keys
Chad D Lambert
Kelly M Lange
Jason G Lanning
Jeff M Lauren
Leigh F Lenz
Dane A Lockhart Borman
Karen A MacKay
Mark C Marien
James R Marion
Anthony D Marrone
Jacob I May
Rebecca L McCormick
Paige Y Miho

Tory D Naugle
Patti A Neelans
Raymond Negus
Brian E Nelson
Travis L Nyberg
Jennifer L Nyberg
Scott V Olson
Shannon M Owen
Nathan C Pool
Mary X Psaromatis
Gilbert G Rebolledo
Eric S Reed
Dwight E Reid
Sean E Robins
Sadie O Rutter
Troy W Saling
Michael A Sasnow
Rebecca R Schacker
Adrienne E Sciberras
Kelsey A Shontz
Eryka L Simonson
Kenneth R Simpson
Robert J Tallman
Mario J Tomaino
David L Trommler
Kenneth S Turner
Rodney P Walton
Natasha R Williams
Julia L Wilson
Christian E Wissinger
Athena C Zahn
Christian R Zyweck

BackTalk

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Chiropractic Examiners
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