

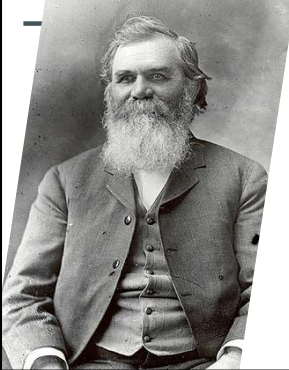
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THE "DOCTOR"

- D.D. Palmer, Metaphysical Healer from Ontario and living in Davenport, IA
- Founder of Chiropractic and Palmer College of Chiropractic (Jailed 1906)

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“A (sub)luxation of a joint, to a Chiropractor, means pressure on nerves, abnormal functions creating a lesion in some portion of the body, either in its action, or makeup.”

D.D. Palmer and B.J. Palmer

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“ONE CAUSE.....ONE CURE”

6



THE FACILITATOR

- Ronald W. Reagan: Radio announcer promoting Palmer Chiropractic.
- Palmer college owned the first commercial radio station west of the Mississippi in 1922.

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**WORLD HEALTH ORGANIZATION:
CHIROPRACTIC VERTEBRAL SUBLUXATION**

"A lesion or dysfunction in a joint or motion segment in which alignment, movement integrity and/or physiological function are altered, although contact between joint surfaces remains intact. It is essentially a functional entity, which may influence biomechanical and **neural integrity**."

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COULTER ET AL.

Manipulation and mobilization are likely to:

- Reduce pain and improve function in chronic low back pain patients.
- Manipulation has a greater effect than mobilization.
- Both therapies appear safe.
- Multimodal programs may be a promising option.

(moderate-quality evidence)

Manipulation and mobilization for treating chronic low back pain: a systematic review and meta-analysis," by D. Coarer, PhD, Cindy Crawford, BA, Eric I Hwang, DC, Howard Vernon, DC, PhD, Rahesh Khorsun, PhD, Marika Sutrop Booth, MS, Patricia M. Harman, DC, PhD. *The Spine Journal*, Volume 18, Issue 5, May 2018, Pages 864-879

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UPPER CERVICAL AND UPPER THORACIC THRUST MANIPULATION VERSUS NON-THRUST MOBILIZATION IN PATIENTS WITH MECHANICAL NECK PAIN: A MULTICENTER RANDOMIZED CLINICAL TRIAL

The combination of upper cervical and upper thoracic HVLA thrust manipulation is appreciably more effective in the short term than non-thrust mobilization in patients with mechanical neck pain

Journal of Orthopaedic & Sports Physical Therapy, Published Online January 1, 2012 Volume 42 Issue 1 Pages 5-18

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THE CHIROPRACTIC PROFESSION

- Legal in 37 countries
- Licensed Physicians: All 50 states

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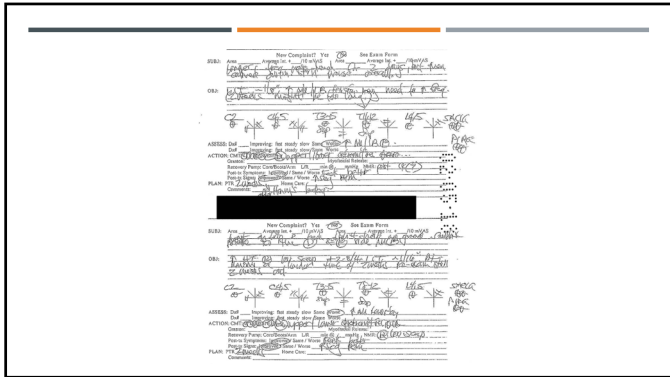
MEDICARE PART B

Medicare covers manual manipulation of the spine by a chiropractor or other qualified provider to correct a **vertebral subluxation** (when the spinal joints fail to move properly, but the contact between the joints remains intact)

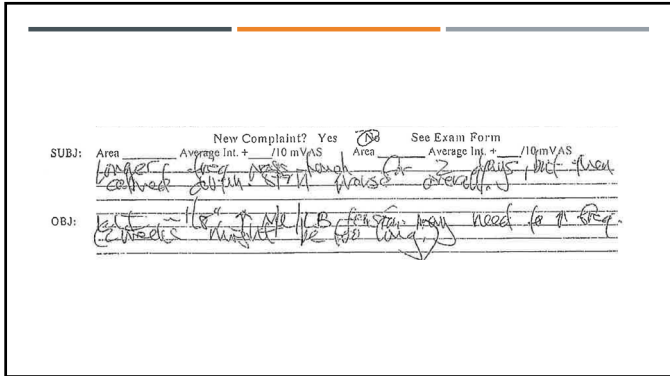
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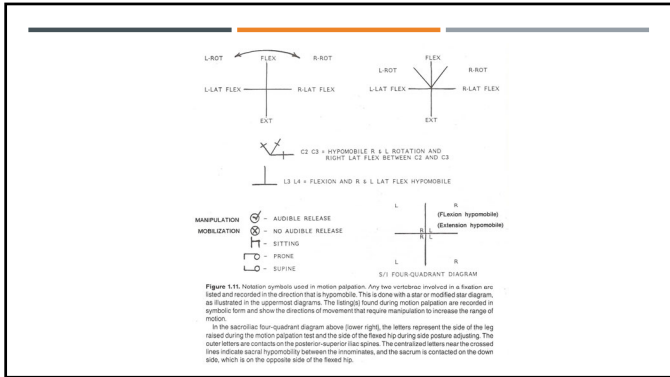
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ASSESS: Dxtl Improving: fast steady slow Sam. Worse
 Dxtl Improving: fast steady slow Same Worse
 ACTION: CMT Upper lower cervical flexion...
 Graston: Cervical Release
 Recovery Pump: Core/Backs/Arm L/R min @ 10 min NMR: post (R/S)
 Post-tx Symptoms: Improved / Same / Worse
 Post-tx Signs: Improved / Same / Worse
 PLAN: PTR 2/1/2018 Home Care: 1-2 times per week
 Comments: 1-2 times per week

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17

A detailed chiropractic chart with multiple columns for patient information, vital signs, and treatment notes. The chart includes sections for patient history, physical examination, and treatment progress.

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WHAT DO WE SEE?

- Exaggerated Complaints
 - “horrible pain radiating from the occiput to the great toe...”
- Exaggerated Visual Analog Scale numbers
- Exaggerated examination findings
- Long descriptions of orthopedic tests take from textbooks with little to no descriptions of direct patient behavior resulting from tests
- Long lists of diagnosis including Segmental and Somatic Dysfunction

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REHABILITATION



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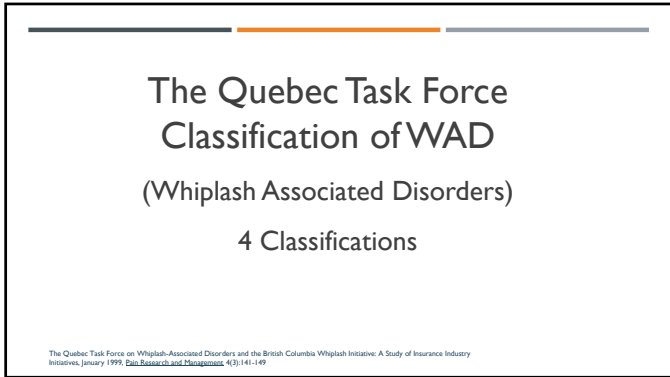
JUSTIFYING REHAB SERVICES

- Purpose for exercise instruction / activities
- List of exercises and targeted structures
 - Sets and Reps
 - Described quality of movement deficits and success
 - Progression of activities as success increases
- Start Time and End Time listed (CPT rule requirement)

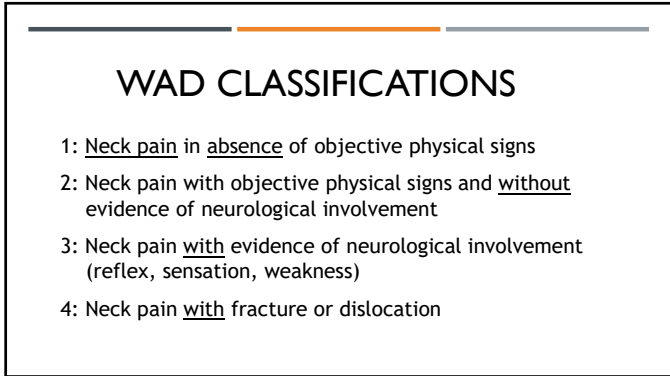
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- Mild (grade I): ≤ 6 visits over 2 weeks
- Moderate (grade II): 6 visits over 2 weeks
- Moderate (grade II): With objective functional improvement, total of up to 18 visits over 6 weeks
- Severe (grade III & auto trauma): Trial of 10 visits over 4 weeks
- Severe (grade III & auto trauma): With objective functional improvement ≤ 25 visits over 26 weeks


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COUNCIL ON CHIROPRACTIC GUIDELINES AND PRACTICE PARAMETERS

Acute/Sub/episodic – mod. to severe	Initial trial of 6-12 visits over 2-4 weeks
<small>Note: Additional 6-visit trials appropriate with clinically meaningful improvements in pain/function. Complications may influence freq./duration Additional treatment trials are allowed with 30% improvement: based on function</small>	
Chronic – episodic – mild	2-6 visits over 1-4 weeks
Chronic	6-12 visits over 2-4

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COUNCIL ON CHIROPRACTIC GUIDELINES AND PRACTICE PARAMETERS

Patients with severe pain (>7 of 10) with severe functional limitations may warrant daily treatment for up to 1 week to manage pain and improve function.

WAYNE WHALEN, DC, RONALD J. FARABAUGH, DC, CHERYL HAWK, DC, PHD, LARRY WYATT, DC, MICHAEL SHEPPARD, DC, SHERYL A. WALTERS, MLS, ET AL., VOLUME 42, ISSUE 9, P.35-65, NOVEMBER 01, 2019

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COUNCIL ON CHIROPRACTIC GUIDELINES AND PRACTICE PARAMETERS

- Outcome Devices, first given as part of the initial examination and repeated twice during each treatment trial.
- 30% improvement signifies treatment validity and may justify an additional trial of care. Visit frequency should decrease with subsequent trials.
- Active care should be added to eventually replace passive care, as soon as it is safe.

WAYNE WHALEN, DC, RONALD J. FARABAUGH, DC, CHERYL HAWK, DC, PHD, LARRY WYATT, DC, MICHAEL SHEPPARD, DC, SHERYL A. WALTERS, MLS, ET AL., VOLUME 42, ISSUE 9, PAGES 450, NOVEMBER 01, 2019

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COUNCIL ON CHIROPRACTIC GUIDELINES AND PRACTICE PARAMETERS

Outcome Measuring Devices

- Oswestry (Revised) Low Back
- Back Index
- Neck Index
- Neck Disability Index
- Roland Morris Disability Questionnaire
- VAS pain diagrams
- Quadruple Visual Analogue Scale
- Bournemouth Disability Questionnaires

WAYNE WHALEN, DC, RONALD J. FARABAUGH, DC, CHERYL HAWK, DC, PHD, LARRY WYATT, DC, MICHAEL SHEPPARD, DC, SHERYL A. WALTERS, MLS, ET AL., VOLUME 42, ISSUE 9, PAGES 450, NOVEMBER 01, 2019

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VISUAL ANALOG SCALE?

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0 1 2 3 4 5 6
7 8 9 10 11 TOO PAINFUL FOR STUDIES

0 5 10

0. No pain
1. I have pain, or I itch or a bad taste in my mouth
2. I just need a Band Aid
3. This is distressing
4. My pain is terrible
5. Why is this happening to me!


6. Ow. My pain is super legit.
7. I see Jesus coming for me and I'm scared
8. This pain is disturbing, and I am dying.
9. I am definitely dying
10. I'm being mauled by a bear.
11. Blood will explode from my face

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1. **Very Mild:** Barely noticeable pain, mosquito bite. Most of the time you never think about the pain.
2. **Discomforting:** Minor pain, lightly pinching a skin fold
3. **Tolerable:** Very noticeable pain, an accidental cut, a doctor giving you an injection.
4. **Distressing:** Strong, deep pain, toothache, stubbing your toe real hard. So strong you notice the pain all the time and *cannot completely adapt*.
5. **Very Distressing:** Strong, deep, piercing pain sprained ankle, mild back pain, preoccupied with pain
6. **Intense:** Strong, deep, piercing pain, partially dominate senses, bad non-migraine headache combined with several bee stings, or a bad back pain.
7. **Very Intense:** pain completely dominates your senses average migraine headache.
8. **Utterly Horrible:** you can no longer think clearly, often undergo severe personality change, suicide is frequently contemplated and sometimes tried. Comparable to childbirth or a real bad migraine headache.
9. **Excruciating Unbearable:** you cannot tolerate pain, demand pain killers or surgery, no matter what the side effects or risk, suicide is frequent since there is no more joy in life whatsoever. Comparable to throat cancer.
10. **Unimaginable, Unspeakable:** Pain so intense you will go unconscious shortly. Most people have never experienced this level of pain. Those who have suffered a severe accident, such as a crushed hand, and lost consciousness as a result of the pain and not blood loss, have experienced level 10.

JACK HARICH OF THE INTERNATIONAL PUDENDAL NEUROPATHY ASSOCIATION. [HTTP://WWW.PUDENDALHOPE.INFO/NODE/18](http://www.pudendalhope.info/node/18)

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 **NECK PAIN GRADING SYSTEM AND TREATMENT RECOMMENDATIONS**

Grade I: No structural pathology and no minor interference with ADLs
Patient education, ROM Exercise, multimodal care, manipulation or mobilization

Grade II: No structural pathology; with major interference with ADLs
Same as above + consider (NSAIDs)

Grade III: No major structural pathology; with neurologic signs
Same as above + reassurance, return to work and normal activities, self-care advice), Consider strengthening exercise

Grade IV: Signs and symptoms of major structural pathology
Refer to an appropriate provider
Do not offer a cervical collar.

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IAIME Annual Conference
Las Vegas: January 2023

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CROFT WHIPLASH TREATMENT GUIDELINES

Grade	Daily	3x/wk	2x/wk	1x/wk	1x/mo	TD	TN
Grade I	1 wk	1-2 wk	2-3 wk	<4	*	<10 wk	<21
Grade II	1 wk	<4 wk	<4 wk	<4 wk	<4 mo	<20 wk	<33
Grade III	1-2 wk	<10 wk	<10 wk	<10 wk	<6 mo	<56 wk	<76
Grade IV	2-3 wk	<16 wk	12 wk	<20 wk	**	**	**
Grade V	Surgical stabilizatio necessary - chiropractic care is post surgical						

TD = Treatment Duration * possible follow-up at one month
TN = Treatment Number ** may require permanent monthly or prn care

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Overutilization:

- Responsible for 1/3 of US health care costs
- \$750 billion of \$2.6 trillion in 2012

Wikipedia

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- 60 – 100+ chiropractic visits: no improvement and no end in sight
- Multiple surgeries on an extremely arthritic shoulder
- Over prescribing opioids
- Over prescribing supplements with dubious reported value
- Mandatory Chiropractic Maintenance
- Catastrophizing a patient's condition
- Etc.

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- CAUSES OF OVERTREATMENT**
- Physicians want to please patients
 - Fear of litigation
 - Overhead costs
 - Patients want a fix (treatment, prescription, etc.)
 - Tests ordered out of fear of malpractice allegations
 - Physician profiting from modalities and tests (imaging)
 - Greed

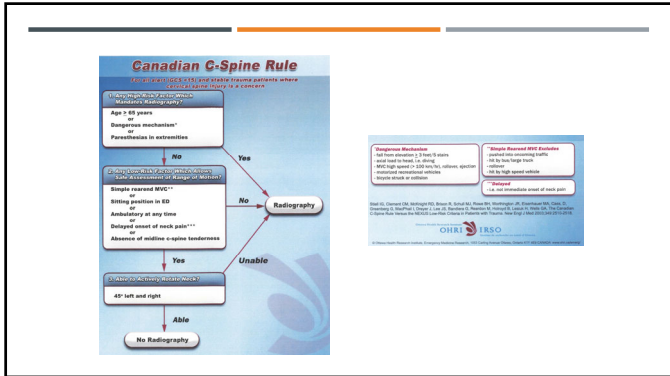
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WHAT IS CATASTROPHIZING.....



- Catastrophizing: irrational thinking an injury or illness is worse than it is. Patients who catastrophize expect the worst possible outcome. It is associated with pain intensity, psychological distress, and pain-related disability.
- Who Benefits?
- It harms patients

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**X-Ray Reports
Are Required!**

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Thank You!

IAIME
 INTERNATIONAL ACADEMY
 OF INDEPENDENT MEDICAL EVALUATORS



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Additional Articles of Interest:

- Hidalgo, Benjamin, et al. "The efficacy of manual therapy and exercise for treating non-specific neck pain: A systematic review." *Journal of back and musculoskeletal rehabilitation* 30.6 (2017): 1149-1169.
- Lyu, Heather, et al. "Over-treatment in the United States: Paid one 12.3 (2017): w18181870.
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Additional Articles Continued:

- Wayne Whalen, DC, Ronald J. Faraibagh, DC, Cheryl Hawk, DC, PhD, Larry Wyatt, DC, Michael Sheppard, DC, Sheryl A. Walters, M.L.S., et al. *Basic Practice Recommendations for Chiropractic Management of Patients With Neck Pain*. VOLUME 42, ISSUE 9, PG. 650, NOVEMBER 01, 2019
- Foels, Ronald J., and J. Michael Meeke. "Functional rating index: a new valid and reliable instrument to measure the magnitude of clinical change in spinal conditions." *Spine* 26.1 (2001): 78-87.
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