

OBCE UPDATES MISSION STATEMENT

The OBCE updated their mission statement at their two-day September planning meeting to reflect a more positive outlook while ensuring public protection and a continued commitment to promote quality.

meet the scope of practice and fulfill the mission. This also allows the associations to be stronger by clarifying that it is the associations' role to advocate for the profession.

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New: *The mission of the Oregon Board of Chiropractic Examiners is to serve the public, regulate the practice of chiropractic, promote quality, and ensure competent ethical health care.*

Previous: *The mission of the Oregon Board of Chiropractic Examiners is to protect and benefit the public health and safety, and promote quality in the chiropractic profession.*

The OBCE's focus is on consumer protection which instills public confidence in the chiropractic profession. The Board will continue to move towards quality improvement, to be more proactive and improve professional competency to



Beginning left: Geoff Guilfooy-Facilitator, Drs. Michael Vissers, Joyce McClure, Minga Guerrero, Michael Megehee; and Michael Summers, Investigator and Jane Billings, Administrative Assistant.



Donna Dougan, OBCE Office Specialist

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President's Report

By Minga Guerrero DC

During the four plus years I've been on the OBCE, I've seen negative media coverage of two state medical boards. In both cases, the accusations were that boards 'protect the health professional above the citizen.' This kind of negative coverage can give the impression that a board is biased against the lay public. In response to this the Governor's office has stressed the importance of our role in public protection and making information available to the public.

Against this backdrop the OBCE reviewed our successes and challenges. Thanks to the insightful suggestion of one of our members, Joyce McClure DC, we expanded our September meeting to review our mission and goals. This helped

the OBCE solidify short and long term goals as well as revise its mission statement.

After review of our myriad responsibilities, the board made the decision to renew our focus on public protection and serving the

public above all things. Key outcomes we want to achieve in the year ahead include making all disciplinary orders available on our Web page, complete a review of disciplinary actions to ensure consistency, and encourage continued progress towards unity in our profession. Also, our performance measures address timely resolution of complaints and investigations.

We have decided to deemphasize our role in development of the Educational Manual. The OBCE values the dedication and work of the many doctors who gave of their time to develop the Forward and three chapters. We firmly believe the profession should continue work on the EMEBC and hope the state associations and WSCC will consider this project.

The OBCE as well as other licensing boards have jobs that are often misunderstood. Indeed, even for those of us intimately involved in the work, we must continually remind ourselves that we are not an agency involved in 'promotion of the profession' except where public service, regulation or competency issues cross into an arena that also has that outcome. Where promotion and protection cross paths, the OBCE is dedicated to serve the public.

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BackTalk is the official newsletter of the Oregon Board of Chiropractic Examiners. The Board's next meeting is January 17, 2008 in Salem. Please call the Board office for locations or look on OBCE web site at www.oregon.gov/obce

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DC lists; Record requests; Meeting coordinator; License verifications

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OBCE Updates Mission Statement CONTINUED FROM PAGE 1

Public Protection:

In addition to the Board's existing goals (expressed as Outcomes to Achieve), they have added to Public Protection: 1) Transparency and public access to information concerning licenses will be improved without being overly punitive. 2) Runners, cappers, and unethical excessive treatment will be eliminated. 3) They also reinforced their commitment to consistency in disciplinary sanctions and rehabilitation whenever possible.

Professional Competency:

The existing goals speak to access to high-quality chiropractic care, timely examinations, and maintaining competences and skills to practice safely. These were reinforced by a long list of issues for the Board to address. The Board sees increased emphasis on competency based on proficiency.

1. Existing continuing education requirements, are they adequate and meeting the Professional Competency goals? The Board will evaluate the success and effectiveness of the current CE rule.
2. The Board is deemphasizing their role in the development of practice guidelines, and the Educational Manual. They believe leadership in this area is available from



**Steve Koc
DC, WSCC
President Joe
Brimhall DC.**

professional associations, colleges, and research entities like FCER. The documents already produced by the OBCE, (OCPUG and Educational Manual chapters) did have a strong consumer protection reason for their development and will continue



Kelly Edmundson, OBCE Administrative Assistant with Dr. Megehee.



Cookie Parker-Kent, OBCE public member.

to be recognized as an OBCE resource.

3. Whether the OB-GYN and Minor Surgery/Proctology state exams should be optional for certification or required for all DC applicants will be explored again at a future date.
4. Are CCA licensing and education requirements adequate and should they be increased? There are national implications to this and expectations that CCAs should have more training than they presently receive.

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5. The growth of chiropractic worldwide has resulted in colleges which lack recognized accreditation. How should the OBCE address this when foreign graduates apply for licensure in Oregon?
6. Lack of billing and coding proficiency. This is a huge problem facing the profession and while more an association challenge, the OBCE as an agency is still affected by this. For example some billing excesses could be considered "upcoding" and possibly fraudulent resulting in potential violations of OBCE rules.

Professional Standards & Administrative Rules

In addition to the Board's existing goals they have added: "There will be clarity and consistency in administrative rules and standards." The Educational Manual goal has been removed from this section. Key issues identified were application of the clinical justification rule and the Examinations, Tests, Substances, Devices Procedures (ETSDP) rule.

Liaison/Communication

The existing goals speak to effective partnerships with associations, colleges, and other chiropractic stakeholders, a public educated about the OBCE

and the profession; and access to current available information on Oregon chiropractors and OBCE policies.

To this the Board is adding an urgent goal to continue 1) **A unified chiropractic presentation to the Legislature and the Public.** They noted that legislators and the Governor's office expect all chiropractic groups to work together. The unified chiropractic presentation to the Legislature and the Public that brought success in 2007 should be continued. 2) **The chiropractic profession will understand the role of the professional associations.** The purview of the OBCE is distinct and differs from that of the professional associations. (see new mission statement). Specific issues or actions identified are:

1. Promote unity within the profession, especially with respect to dealing with minority viewpoints.
2. Board committee recruitment to ensure quality participation.
3. Chiropractic professionalism and public perception, strategies for public education.
4. Educate third party payers regarding OBCE's role and their role specific to unethical behavior or treatment and insurance fraud (to stop abuse by cappers, runners and excessive treatment).
5. An OBCE Web page guide to diplomates, certificates and acronyms, for public information.
6. Interagency communication with related boards and parties of interest.

Diversity

The OBCE restated their commitment to the legislatively mandated goal that, the Oregon chiropractic profession and governing bodies will reflect the ethnic and language diversity of the Oregon public and chiropractic patient base. The challenge here is identifying concrete actions and carrying them out. This requires the interest and cooperation of all chiropractic stakeholders. Specifically, the Board discussed creating language specific publications to recruit students in strategic locations and the possibility of a scholarship program for chiropractic students.

New Fee Schedule for Copying Records

The 2007 Legislature amended the fee schedule for copies of patient records (SB 591):

- no more than \$30 for copying 10 or fewer pages,
- no more than 50 cents per page for pages 11-50 ;
- no more than 25 cents for each additional page
- An additional \$5 charge is allowed if the records are processed and mailed first class back to the requester within seven business days after the date of the request.

ETSDP Actions

EPFX/SCIO IS UNACCEPTABLE

On May 17, 2007, the OBCE determined the EPFX/SCIO device is unacceptable for use by chiropractic physicians in Oregon. They also voted to consider this device again if there is a new USA-FDA, or new USA-FDA-IRB (investigational review board) clearance.

The board is concerned about this device's biofeedback features, which appear to be more passive than active (active biofeedback being standard for chiropractic in Oregon). There is also real concern with the device's purported ability to recognize if not diagnose a huge number of conditions based on the body's response to micro current stimulation.

Following review by the ETSDP Committee, the OBCE spent numerous hours over the course of three meetings to

review this device. This is the first time since the ETSDP rule was adopted in 1995 that an "unacceptable" determination has been the result of this review. For more information concerning this decision see the OBCE's public meeting minutes for February, March and May of 2007 on the Board's web page.

Laser/Phototherapy for non-NMS

Recently the OBCE determined that a variety of low-level laser and light therapy (LLLT a.k.a phototherapy) is available to Oregon chiropractic physicians as a standard treatment for NMS conditions. (Winter 2007 BackTalk) Now the OBCE has determined that low-level laser and light therapy is standard for treatment of a variety of skin conditions and pathologies as taught at several chiropractic colleges.

However, the Board has received legal advice that LLLT for

purely cosmetic conditions, which do not address a skin condition or pathology such as hair removal, is not within the scope of practice, and to the best of our knowledge are not currently taught in any chiropractic college course. (This could change if chiropractic colleges begin teaching in this area.)

ETSDP stands for Scope of Practice Regarding Examinations, Tests, Substances, Devices and Procedures, OAR 811-015-0070

ETSDP Rule Review

The OBCE will be reviewing the ETSDP rule at their January 17, 2008 meeting in their public session at the Board's Salem office. Some participants in the recent EPFX/SCIO review believe the Board is not interpreting this rule correctly. Anyone interested in the ETSDP rule is invited to attend and participate in this discussion.



OBCE member Steve Koc addresses April 2007 new doctors meeting.

Advertising Policy Update

The Oregon Board of Chiropractic Examiners adopted five additional policy statements regarding advertising by chiropractic physicians at their May 17, 2007 meeting. These policies are an update to the existing OBCE policy advisory on advertising issues.

1. Any advertising claims that spinal decompression/traction devices or any other medical device is a "medical breakthrough" must be supported by credible evidence.
2. Claims of superiority for medical devices such as "Non-surgical spinal decompression is the most promising disc pain treatment today" must meet the standard articulated in ORS 684.100 Section (1) (k): "The advertising of techniques or modalities to infer or imply superiority of treatment or diagnosis by the use thereof that cannot be conclusively proven to the satisfaction of the board.
3. Statements contrasting spinal decompression favorably with drugs or surgery without mentioning other kinds of chiropractic treatment are misleading to the public.

4. Use of the term "FDA approved" in reference to the FDA 510 (k) clearance process is misbranding and misleading advertising. The FDA's regulations make clear that "Submission of a premarket notification in accordance with this subpart, and a subsequent determination by the Commissioner that the device intended for introduction into commercial distribution is substantially equivalent to a device in commercial distribution before

May 28, 1976, or is substantially equivalent to a device introduced into commercial distribution after May 28, 1976, that has subsequently been reclassified into class I or II, does not in any way denote official approval of the device. Any representation that creates an impression of official approval of a device because of complying with the premarket notification regulations is misleading and constitutes misbranding."

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AG SLAPS MISLEADING ADVERTISING

June 28, 2007

Oregon Attorney General Hardy Myers filed settlement agreements with Axiom Worldwide Inc, a Florida manufacturer of spinal decompression devices and Ben Altadonna, a California chiropractor, who markets promotional services to chiropractors. The agreements resolved allegations that the companies disseminated deceptive advertisements in Oregon that were used by Oregon chiropractors. Axiom agreed to pay \$75,000 and Altadonna \$25,000 to the state's Consumer Protection and Education Fund.

"Oregon chiropractors must do their own homework before purchasing and promoting medical devices," Myers said. "Medical professionals cannot simply rely on the sellers' claims without investigating for themselves."

AG lawyers found deceptive advertising including statements that the DRX 9000 had an 86 percent success rate for the treatment, was FDA approved when the device had merely been cleared as similar to preexisting devices, and that it was a scientific and medical breakthrough that resulted from NASA discoveries when, in fact, NASA discoveries had no relationship with the device.

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Advertising Update

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5. When a statement is literally false, the (OBCE) presumes that it will cause injury to a competitor. (Cf. *Energy Four, Inc. v. Dornier Medical Sys., Inc.*, 765 F. Supp. 724, 734 (N.D. Ga. 1991))

Advertising Rule Highlights

The Oregon Doctor's Title Act and Oregon Administrative

Rule 811-015-0045 (3) requires the designation of chiropractor, chiropractic physician (or at least chiropractic) on all chiropractic advertising, "... in connection with the business or profession, on any written or printed matter, or in connection with any advertising, billboards, signs or professional notices."

Statistical claims of success prohibited in advertising by Oregon Administrative Rule 811-015-0045 (1) (b) Contains statistical or other assertions of predicted rates of success of treatment..." However, this is not meant to interfere with a doctor's communication with an individual patient when providing information about specific studies.



OBCE members Joyce McClure (standing) and Michael Vissers (seated) talk with newly licensed Oregon DCs in October 2007 in Springfield.



TAKE THE OBCE CUSTOMER SATISFACTION SURVEY: www.oregon.gov/obce

OBCE Public Protection Update

Final and Proposed actions January 1, 2007 to November 15, 2007

Final Actions

Joseph Shields DC. 90-day suspension and 12 additional CE hours on risk management and documentation/chart noting, and one year mentor program. Following interview with Licensee, the Peer Review Committee and the OBCE found Licensee did not follow the standard of care and failed to correctly assess the situation after the onset of a patient's cerebral vascular accident. Instead, he left the treatment room for several minutes, failed to contact emergency medical care even though the patient was suffering a potentially life threatening condition. This falls below the minimal standards of acceptable chiropractic practice and is a violation of ORS 684.100(1)(g)(A) and OAR 811-035-0015 and OAR 811-015-0010(1) and (2). Charts notes were found substandard in violation of 684.100(1)(g)(A) and OAR 811-015-0005(1). Licensee did not obtain an adequate history of this patient prior to performing the cervical spine manipulative procedures. There is a description of a "wry neck" in the charts but there is no history of onset, location, duration, intensity, radiculopathy, exacerbation or timing included in the chart notes. This information would be the standard of care for a patient who hadn't presented in the past eleven months such as this patient. This is a violation of ORS 684.100(1)(g)(A) and OAR 811-015-0005(1) and is unprofessional conduct in not keeping accurate records on all patients, including but not limited to legible notes, and updated treatment plans. Final Order by Default. (1/9/2007)

Lance Hatch DC. Revocation of license for participating in a trust scheme devised to conceal income from the IRS. Licensee conspired with others in the sale and promotion of the trust scheme. Licensee admitted that he caused a total tax loss to the United States of approximately \$1,055,000 which included a tax loss of \$248,000 as a result of his personal participation in the trust scheme On August 7,

2006, Licensee pled guilty and was sentenced to federal prison for 20 months and was assessed a \$10,000 fine. After release, he will be on supervision for 36 months. Violations of ORS 684.100 (1)(d), and OAR 811-035-0015. ORS 684.100(9) provides the Board with authority for revocation. Final Order by Default. (2/1/2007)

Brandy Enright, CCA applicant. Denial of license for Theft 2 misdemeanor conviction and untruthful answers on application. Violation of OAR 811-010-0110(14)(c). Final Order by Default. (2/1/2007)

Caleb J. Craig DC. Civil penalty (\$250) for practicing chiropractic prior to having a valid license. Violations of ORS 684.100 (1)(g); ORS 684.020(1) and OAR 811-035-0015(14). Stipulated Final Order. (2/13/2007)

Thomas F. Miller DC. Civil penalty (\$1,000) for failure to identify his profession as "chiropractor," "chiropractic physician," or "chiropractic" in connection with all advertising; not providing an advertised EMG demonstration and written report to the patient, and lack of clinical justification to support a referral for a MRI. Violations of the "Doctors' Title Act" ORS 676.110, OAR 811-015-0045 (2) and (3); and OAR 811-015-0010(1) (clinical justification). Stipulated Final Order (2/26/2007)

Theodore Forcum III DC. Probation for two years and anger management counseling, for slapping an employee and unprofessional conduct towards two other employee/patients. Violations of ORS 684.100 (1)(g)(A) and OAR 811-035-0015 (6). Stipulated Final Order. (3/8/2007)

Ronald A. Clifton DC. Letter of Reprimand and six hours of additional continuing education courses in record keeping and charting. Reports submitted for reimbursement misrepresented what actually occurred during the exams. Violations of ORS 684.100 (1) (g)(a) and

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OAR 811-015-0005, and OAR 811-035-0015. Stipulated Final Order. (4/11/2007)

Karen Kelsall DC. Letter of Reprimand for failure to maintain complete and accurate patient records, engaging in misleading fee collection techniques with intent to collect payment for services previously denied by altering the chart notes. Violations of ORS 684.100 (1)(g)(A) and OAR 811-015-0005(1), and OAR 811-035-0015(7), (12) and (20). Stipulated Final Order. (4/16/2007)

Cheri Barry CCA. Revocation of CCA license for failure to report her felony conviction for aggravated theft on her license renewal form, unauthorized disclosure of patient health information, borrowing money from a patient, and engaging in a sexual relationship with a patient. Violations of ORS 684.100(1)(g)(A), (1)(d), OAR 811-035-0015(1)(b), (8), (11), 811-010-0110(1)(a) and (c). Final Order by Default. (5/23/2007)

Scott Olson DC. Civil Penalty (\$250) for violations of ORS 684.100(1)(j) and (k) and OAR 811-015-0045 (3) for misleading advertisement that claims superior results. Final Order by Default. (7/2/2007)

Thomas Gilliland DC. Letter of Reprimand, and 6 hour course on record keeping. Patient record keeping fell below the minimum standards in violation of ORS 684.100 (1)(g)(A); OAR 811-015-0005(1), and (1)(a). The Board finds that if a new chiropractor were to assume care for this patient, the chiropractor wouldn't have the necessary information to assure appropriate care. Final Order by Default. (7/5/2007)

Bryan Baisinger DC. Letter of Reprimand for failing to adequately and fully receive informed consent from three patients for internal adjustments. Violations of ORS 684.100 (1)(g)(A); and OAR 811-035-0005. In addition, Licensee failed to document the therapeutic services provided in the records and is in violation of OAR 811-015-0005. The patient has the right to informed consent regarding procedures, risk

and alternatives and answers to questions with respect to treatment, in terms that they can be reasonably expected to understand. (8/6/2007)

Kim MacQuarrie, CCA applicant. Condition on license to inform current and prospective chiropractic employers of her disciplinary action as a Physical Therapy Assistant. Consent Agreement. (10/24/07)

Thomas M. Shleifer, DC applicant. Denial of license. Applicant's Nevada chiropractic license was revoked in 1997, following felony conviction which involved patient care and a ring of chiropractors involved in insurance company fraud where automobile accidents were staged to collect insurance payments. The Board finds that the acts and conduct of Applicant described above violates the standards as set forth in ORS 684.100(1)(d) as a conviction of a felony or misdemeanor involving moral turpitude. In addition, being revoked in another state is cause for denial pursuant to ORS 684.100(1)(s) and (u). Specifically, ORS 684.100(1)(g) and OAR 811-035-0015 (12) allows the Board to refuse to grant a license upon a finding of unprofessional conduct including but not limited to perpetrating fraud upon patients or third party payers, relating to the practice of chiropractic. Final Order by Default. (11/6/2007)

CCA Applicants Jeanne Harrington, David Wichman, and Theresa Stein agreed to Consent Orders to inform their current and prospective chiropractic employers of their misdemeanor convictions or other specified incidents.

Other Board Actions

Philip Rodriguez (DC-Texas, dba Oregon Injury Assistance Center). Cease & Desist letter in regards to a large banner advertisement (over another chiropractic clinic) is a violation because it "induced the belief" that Dr. Rodriguez is licensed and practicing in Oregon in violation of ORS 684.015 (1)(c), and was misleading as per the Oregon Doctor's Title Act, ORS 676.100 and OBCE administrative rule 811-015-0045 (1) (a). (3/19/2007)

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Michael Hane. Cease and Desist letter to stop practicing chiropractic without a license using the "AtlasPROfilax" method of cervical (C-1) adjusting. (11/6/2007)

Proposed Actions

Case 2007-2002. Proposed Letter of Reprimand and \$2,500 Civil Penalty. During a telemarketing contact with a patient, Licensee failed to identify his profession and providing no further information was misleading to the potential patient. In addition, the script referring to the auto accident caused the patient to believe that their insurance company had requested or required the visit. The deceptive and misleading aspects of the phone contact are in violation of OAR 811-015-0045(1), (2) and (3), and the information conveyed to the patient and references to AIM only, violates the Oregon Doctors' Title Act, ORS, 676.110, and OAR 811-015-0045 (3). Submitting a 7 month pregnant women for X rays was not clinically or medically justified in violation of OAR 811-015-010 and ORS 684.100(1)(g)(A) and (B). (7/26/2007)

Case 2007-5013. Proposed DC License Suspension for neglect or refusal to pay personal income taxes from years 1999 through 2006 in violation of ORS chapter 305.385(4)(c). This statute requires the OBCE suspend a license to practice chiropractic upon notice from the Oregon Department of Revenue. (7/20/2007)

Case 2007-5014. Proposed revocation of chiropractic license for federal court conviction for fraud. Violations and authority as per ORS 684.100(1)(d), OAR 811-035-0015, ORS 684.100(1)(s), and ORS 684.100(9). (October 5, 2007)

Ranan Shahar. Case 2007-3001. OBCE has filed for a permanent injunction to prevent Shahar from practicing chiropractic without a license using the "AtlasPROfilax" method of cervical

(C-1) adjusting. (He practiced in spite of OBCE's Cease & Desist letter.) Shahar is a licensed acupuncturist from California who treated patients at the Body Mind Spirit Expo in Portland last April.

Dismissed Complaints

For this reporting period there were findings of 14 No Statutory Violation (N.S.V.), 15 Case Closed, 17 Insufficient Evidence (I.E.). 13 Letters of Concern were issued in conjunction with I.E., Case Closed or NSV findings. There were 4 Cease & Desist letters.



Dr. Sunny Kierstyn made a spirited Peer Review presentation at the October new doctors meeting.

Administrative Rules Update

The OBCE adopted a number of administrative rule changes at their November 2007 meeting.

* **Clinical Justification, OAR 811-015-0010.** The sunset clause was removed for Section (4) language which was also amended as follows, "Evidence based outcomes management shall determine whether the frequency and duration of curative chiropractic treatment is, has been, or continues to be necessary. Outcomes management shall include both subjective or patient-driven information as well as objective provider-driven information."

* **Emergency Oxygen Training Requirements.** Very broad

language was adopted in OAR 811-010-0090 new subsection (3) stating, "A person has received training in the administration of emergency use of oxygen if the person has completed a course in emergency medical procedures that includes the use of emergency oxygen at a chiropractic college or otherwise can demonstrate familiarity with the protocols for emergency oxygen use." This implements authority granted in HB 2242 (2007).

* All references to "Limited Active" DC licenses have been changed to "Senior Active" for those DCs age 60 and over and in practice for 25 or more years.

* The CE Course Evaluation form requirement has been dropped from the CE rule.



October new doctors meeting: Benjamin Turner DC from Grants Pass talks with Julie Martin DC (and Lucie) from Coos Bay.

Workers Comp Department Notice

Important changes for Oregon Chiropractors who treat Oregon Workers' Compensation Patients

In 2007, the Oregon Legislature made changes that chiropractors may act as an attending physician for up to 60 days or 18 visits, whichever comes first, from the worker's initial visit to any chiropractor, naturopath, podiatrist, or physician assistant on the initial claim. They may also authorize time loss for up to 30 days from the date of the patient's first visit to any of these four provider types. (HB 2756)

Starting Jan. 2, 2008, chiropractors will have to certify to the director of the Oregon Department of Consumer and Business Services that they have reviewed certain educational materials before they can treat patients with Oregon workers' compensation claims. To obtain the required materials or to certify online, please visit the Workers' Compensation Division's Web site at <http://www.wcd.oregon.gov> and click on "Health Care Providers." (There are links on the OBCE website as

well.) Providers without Internet access may contact Robert Salvo, publications specialist, (503) 947-7627, to obtain the required materials. One hour CE credit allowed. (This CE does not meet the outcomes assessment requirement.)

If a chiropractor who has not certified to the director treats a patient with an Oregon workers' compensation claim on or after Jan. 2, 2008, the insurer will not have to pay for the services provided.

DC Practice Corner

To Touch or Not To Touch

The board has seen more boundary complaints in which there is lack of adequate informed consent. These involve female patients making complaints against male doctors who have examined, touched, or treated them in sensitive areas without warning or understanding what is occurring.

The patients' perceptions of what occurred caused them a lot of pain or mental anguish. They believed it might have been sexual or they just were not sure. Often the doctor believed he explained the procedure or in a few cases, got busy and either forgot or thought he had explained the procedure in a previous visit.

Here are some words of advice in the hopes of helping you avoid similar complaints.

Use extra caution and take extra time explaining procedures when it's necessary to touch sensitive areas such as, breasts, pubic

bones, coccyx, groin or any anatomical area close to these sites. In most all cases the doctor is not a sexual predator by any definition. They were just in a hurry and some men may view boundaries differently than women. Here are some explanations the doctors used when justifying their treatment procedures.

1. **"I told the patient I needed to touch her pelvic bones" when in fact he palpated her pubic bone.** The patient may not understand that touching pelvic bones are the same as the pubic area. Demonstrate either on yourself or a chart/model before touching the patient. Most women do not want to be touched near the labia without full explanation.
2. **"I told the patient I needed to adjust the coccyx."** Patients may not know the exact location of the coccyx. Use a model.
3. **"I told the patient they had scar tissue in their breast**

and I needed to loosen it up." If the patient complains that the 'loosening up' is painful, ask them if they want you to stop. **DO NOT** guilt trip a patient by telling them, *"You need this, just breathe and it'll be over soon."* If they ask you to stop this means they have revoked consent to treat. Some patients can't take the pain of a procedure. Women may feel abused if the doctor doesn't respect their request to stop treatment. They may not voice a request to stop more than once. **ONCE** is enough.

Please use extra sensitivity if you wish to treat anatomical sites that could reasonably be considered 'personal' by a group of your peers and by a patient. *It is essential to obtain informed consent in terms the patient can understand. Document, document, document.*

You may also consider having a female staff person join you during the examination and treatment.

Public Member Opening

One OBCE public member position is currently under consideration by the Governor for appointment. Kevin Shuba from Salem has resigned due to the press of his law practice. Board terms are for three years. The appointment is subject to confirmation by the State Senate. The Executive Appointments Interest Form is available from the Governor's Appointment's Office by calling 503-378-3123, or from their web page at: <http://www.oregon.gov/Gov/boards.shtml>

Applicants from south of Salem and Southern Oregon are especially encouraged to apply. For more information contact Dave McTeague, Ex. Dir. at 503-378-5816 ext. 23

Chiropractic Assistant Corner

By Kelly Edmundson

Seasons Greetings! I would like to remind you of two very useful documents. The rules which regulate your profession, are Oregon Administrative Rule (OAR) Chapter 811-010-0110 for Certified Chiropractic Assistants and the Board's Guide to Policies and Practice Questions (P&P). You may obtain both documents from the Board or view them from our website (www.oregon.gov/obce).

From the P&P, you'll find that "any trained person" (not only a "certified" CA) may perform the following:

- Perform postural screenings under the on-site supervision of a chiropractor (but only a Chiropractor may interpret the information)
- Clarify initial patient intake history, which includes recording height, weight, blood pressure, temperature, and pulse rate.
- Check patient's body fat percentage.

And still more to discover in the P&P is Kinesio Taping, Reiki and range of motion testing....

On a "regulatory" note, did you know that subsection (7) of 811-010-0110 states, "The scope of practice doesn't include performing physical examinations, taking initial histories, taking X-rays, interpretation of postural screening, doing manual muscle testing or performing osseous adjustments or manipulations." Of course, if a certified CA also maintains a limited x-ray permit from the Board of

Radiologic Technologists, there is no violation of the rule to take X-rays. The CCAs scope DOES include performing hydrotherapy, physiotherapy and electrotherapy under the direct (onsite) supervision of a chiropractic physician.

Take a peek at one of these documents. Many of your questions can be answered by simply referring to them or feel free to contact me as well. If I cannot answer your question, I am most happy to find the one who can. Contact Kelly at 503-378-5816 ext 22.



Dr. Martin Mack from Central Point, a new Oregon DC with Jane Billings, OBCE Administrative Assistant, at the October new doctors meeting.

Policy & Practice Questions

Question: *As a massage therapist, I was involved with a clinic that did both chiropractic and biomedical acupuncture. The pain relief and functional benefits were very impressive. Since this is dry-needling based on a biomechanical model and not TCM, is there a possibility of getting this in our scope of practice in Oregon? Oregon DC.*

Answer: The Board has previously interpreted “dry needling” as “acupuncture” or breaking the skin for a therapeutic purpose, both of which are outside the scope of chiropractic practice in Oregon. The acupuncture association would likely be strongly opposed. Scope of practice issues like this would have to be addressed through legislation. This would have to be a priority for the professional associations who represent chiropractic in the Legislature.

Question: *May a Chiropractor licensed in Oregon practice Rolfing® structural integration under the Chiropractic license?*

Answer: Yes. (ORS 684.010) Rolfing is a form of massage therapy albeit one that requires additional training, massage therapy is commonly provided by chiropractic physicians as part of chiropractic health care. Massage is both taught at chiropractic colleges and is a physiotherapy modality, both of which are recognized by ORS 684.010 (2) (a) & (b).

Question: *Can DCs provide x-rays for acupuncturists?*

Answer: Yes, as far as the OBCE is concerned. L.Ac.'s may differentially diagnose and provide a broad range of treatments related to acupuncture and Chinese/oriental medicine.

Question (from insurance claims rep.): *Can a chiropractor treat a family member as a patient who has been in a MVA?*

Answer: Yes, there is no prohibition on DCs treating family members.

Question: *Can chiropractic assistants perform colonic therapy?*

Answer: No.

Question: *Does a course on Rapid Eye Technology (RET) procedure qualify for CE?*

Answer: No. RET is not well-researched or scientifically substantiated. The sponsors of this technique were offered the opportunity to provide additional studies, but no information was forthcoming.



Drs. Steve Koc, David Corll (Peer Review chair), Minga Guerrero and Jane Billings (staff) at April new doctors meeting.

Licensing & Continuing Education

By Kelly Edmundson



**THIS ARTICLE IS A
MUST READ!**

*** JANUARY 1, 2008
DEADLINE is LOOMING ***

Chiropractic Physicians have **TWO** different continuing education requirements to complete by **January 1, 2008**

The first requirement was established in April 2005. The Board of Chiropractic Examiners established a mandate to complete **Two Hours of CE** covering "Evidence-Based Outcomes Management." Note: Reading chapters of the Educational Manual for Evidence-Based Chiropractic *does NOT* meet the requirement.

Visit the OBCE's website for more information about what course content meets the criteria http://www.oregon.gov/OBCE/pdfs/Outcomes_Assess_CE.pdf



Your 2008 License Renewal Notice / Continuing Education Affidavit will be asking whether you have completed these requirements.

NOTE: "NEW" LICENSEES have a slightly different deadline than January 1, 2008.

If you were NOT licensed at the time these requirements were established, the Board's policy is that your two hours of "Evidence-Based Outcomes Management" are to be completed at your first license renewal, and the pain management hours are to be completed no later than your second license renewal.

The second requirement was established in January of 2006, almost two years ago. The State of Oregon Pain Commission created a CE requirement for Oregon health-related licensed professionals, including Doctors of Chiropractic. The Pain Commission requires seven hours total education addressing pain management. The breakdown is as follows:

Six of the seven hours may be completed by seminar, video or online education, PLUS the remaining One hour is a **mandatory online course**

Again, visit the OBCE website for more information to complete these mandatory hours. http://www.oregon.gov/OBCE/cont_ed.shtml (View the information under "Required Continuing Education") There are links to programs.

BackTalk

Newly Licensed DCs

1/10/07 through 11/19/07

Susan E. Addison
Brent W. Apgar
Amanda S. Armington
Jacob M. Bell
Tony Bennett
Jennifer L. Broucker
Amber D. Brooks
Jason C. Brown
Matthew J. Cacka
Senh K. Chang
Michelle K. Chard
John C. Chlebowski
Kevin F. Colling
Jennifer L. Cunha
James T. Deering
Clinton W. Demaris
Shaun M. Doll
Brandon S. Duncan
Lisa A. Fitzwilliams
Geoffrey L. Geness
MaryAnn Geness
Charles B. Goldston
Anthony L. Green

Brian L. Grimwood
David C. Herrin
Rebecca R. Higginson
Anna M. Hodgen
Jeremy S. Holbrook
Anna E. Holbrook
Joel A. Ingersoll
Heidi M. Janosek
David L. Junkin
Emily T. Kiberd
Lisa A. Kouzes
Ann M. Lauzon
Suzana R. Levy
Michael T. LoGiudice
Parker B. Mah
Kevin J. Martin
Julie A. Martin
Lauren E. McCabe
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Barry D. Shulak
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Jeffrey S. Taylor
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Thomas A. Velickoff
Kenneth L. Wecker
Walter S. Wiese
Presten E. Witherspoon
Waikwong Yeung
Christopher J. Zander
Marina Zare



BackTalk

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