



2021 License Renewal Seminar

Topics in Clinical Chiropractic - Colorado

Using Facts, Evidence and Experience to Enhance Chiropractic Care

PURPOSE: The purpose of this seminar is to provide a total of 15 hours of continuing education (CE) in a number of topics relative to the clinical practice of chiropractic. Included will be the need for and methods to objectify the necessity for care. Evidence-based diagnostic and management considerations related to documentation, neurology, orthopedics, pediatrics, manipulation, ethics, professional boundaries, diagnostic imaging, electromyography and rehabilitation may be presented. Using a symposia format slides, video cases, and multiple presenters, this seminar will include a number of brief, concise, and clinically relevant topics.

GENERAL: The class will provide One (1) CE hour of distance education in the area of Ethics and Boundaries, Four (4) CE of distance education in the area of Radiology. Teaching methods employed will include prepared notes, PowerPoint slides, video, lecture and demonstration. All presenters meet the qualifications for faculty appointment at an accredited chiropractic college.

OUTLINE: The following pages identify the topics, who will be presenting them, and the time apportioned to each topic:

CE	Topic Objectives	Speaker (Vitae on file) Topic Synopsis
2 CE Hours	<p>Neck adjustment and stroke: Update</p> <p><u>Class Objectives:</u></p> <ol style="list-style-type: none"> 1. Outline methods used and estimations as to the incidence of cervical spinal manipulative therapy and subsequent vertebrobasilar ischemia. 2. List and describe the most common red flags for a patient “at risk” for suffering Vertebrobasilar Ischemia following cervical manipulation. 3. Recite list of scientific studies relating to laboratory testing of plasma Homocystine levels and its relationship to Vertebrobasilar Ischemia from vertebral artery dissection. 4. List examples of bias against chiropractic cited in both the popular media as well as in biomedical journals. 5. Critically review landmark articles regarding the issue of cervical manipulation and vertebrobasilar 	<p>Joseph S. Ferezy, DC – People suffer strokes following chiropractic neck adjustments. There is no profession that should require a greater depth and breadth of knowledge on all information related to this subject. Dr. Ferezy was the first chiropractor to publish correct information about this association (1988). The presentation includes:</p> <ul style="list-style-type: none"> ✓ Neck adjustment and stroke portrayed in today’s media. ✓ Anatomy and hemodynamics of the brain. ✓ The syndrome of vertebrobasilar ischemia (VBI). ✓ Patients that may be at risk for VBI. ✓ Testing VBI. ✓ Recognition of post-adjustment stroke.

	distribution ischemia.	<ul style="list-style-type: none"> ✓ Having a plan of action. ✓ New ways to potentially determine “at risk” patients.
2 CE Hours	<p>Emergency and Urgent Conditions Encountered in the Chiropractic Office</p> <p><u>Class Objectives:</u></p> <ol style="list-style-type: none"> 1. Recognize urgent conditions encountered in the chiropractic office. 2. Care for, manage and/or refer as appropriate. 3. Be prepared for an emergency. 4. Recognize and respond to a patient in shock. 5. Recognize and respond to cardiac emergencies. 6. Recognize and respond to respiratory emergencies. 7. Recognize and respond to seizures. 8. Recognize and respond to the acute abdomen. 9. Recognize and respond to diabetic emergencies. 10. Recognize and respond to environmental emergencies (Heat and cold). 11. Recognize and respond to stroke and hypertensive emergencies. 12. Recognize and respond to head injuries. 	<p>David Quist, DC - Dr. Quist is also a registered Emergency Medical Technician (EMT). Do you feel prepared to deal with a sudden, potentially life or death situations in your office? Dr. Quist will review, in detail, a number of urgent and emergency situations that may arise in chiropractic practice. A little knowledge here may save a patient’s life. As licensed physicians, we owe it to our patients, and our profession to keep current in this area.</p>

2 CE	<p>Colorado Record Keeping</p> <p><u>Class Objectives:</u></p> <ol style="list-style-type: none"> 1. List the various governing bodies and organizations which may impose requirements on your record keeping of the patient’s health chart. 2. Describe various types of patient encounters and levels of documentation, and determine how to properly document each encounter. 3. Identify key components of the office entry forms and relate the importance of follow up and systems review. 4. Comprehend and explain ethical dilemmas which may arise in practice 	<p>Joseph S. Ferezy, DC - “If you did not chart it, it was not done”. Time and time again we hear this, but are your patient’s health chart that complete? The medical record is second in importance only to the actual care of the patient. It is designed to remind you of the salient points of your patient’s case, but also to be used and often relied upon by other physicians who may be otherwise unfamiliar with your patient. Further the health record is used by third parties such as insurers to determine benefit qualifications, the legal system for things such as injury and disability claims, and by the</p>
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	<p>and identify ethical strategies to deal with them.</p> <ol style="list-style-type: none"> 5. Compare and contrast various outcome assessment instruments, describe the importance of these tools and properly use and score various outcome assessment instruments. 6. Recite tests traditionally thought of as objective and tests traditionally thought of as subjective in the context of reliability and validity. 7. Define the characteristics of a good outcome assessment tool, and be able to properly implement it in clinical practice. 8. List the minimal record keeping requirements in the state or province in which you practice. 9. Compare and contrast the various types of electronic health records available. 10. Itemize the requirements of a “paperless” office. 	<p>government in eligibility for various state & federal programs such as medical assistance and social security disability. Your health record may also be used in civil and criminal cases as it constitutes a legal record of the patient’s health and whereabouts at a period in time. Your notes may be used as official documents in cases of malpractice, disability, boundary violation, and other legal disputes. This class will explain what should be documented in every patient encounter, and why. It will also review various forms of electronic medical records and discuss strengths and weaknesses of each form.</p>
<p>4 CE X-Ray</p> <p>DISTANCE EDUCATION COMPONENT</p>	<p><i>Imaging: Cases from Chiropractors.</i></p> <p><u>Class Objectives:</u></p> <ol style="list-style-type: none"> 1. List the most common plain film studies performed by doctors of chiropractic. 2. Identify common normal anatomical structures and variant anatomy common on plain film radiography. 3. Identify most commonly seen pathological findings on plain film radiographs. 	<p>Michelle A. Mick (née Wessely), DC, DACBR, DipMED. - The majority of patients who seek the services of a doctor of chiropractic have a complaint of spinal pain. This class will review the basics of plain film radiology by demonstrating unusual but non-pathologic common plain film findings, from those that are potentially pathological.</p>
	<p><i>Imaging: Cases from Chiropractors.</i></p> <p><u>Class Objectives:</u></p> <ol style="list-style-type: none"> 1. Recognize and identify anatomical and pathological findings on plain film and advanced imaging studies of chiropractic patients. 2. List differential diagnoses associated with various advanced imaging studies of chiropractic patients. 3. Categorize image types and options. 4. Differentiate various non-pathologic advanced imaging findings from those that may be pathologic. 	<p>Michelle A. Mick (née Wessely), DC, DACBR, DipMED. – Many patients who seek the services of a doctor of chiropractic ultimately have imaging studies performed. This class will review imaging studies that ultimately contributed to the proper diagnosis of a chiropractic patient. Non-pathologic findings will be differentiated from those that are potentially pathological.</p>

<p>1 CE Boundaries</p> <p>DISTANCE EDUCATION COMPONENT</p>	<p><i>Professional Boundaries: What would you do?</i></p> <p><u>Class Objectives:</u></p> <ol style="list-style-type: none"> 1. Appreciate and articulate aspects of a proper doctor-patient relationship; 2. Define various professional boundaries; and understand the need to respect them; 3. Explore ethical issues pertaining to the practice of chiropractic. 	<p>Amy Horton, DC – this is an interactive, presentation covering situations in professional boundaries. The class will consist of a series of slides that depict situations that might challenge professional boundaries. An open discussion between the class and Dr. Horton is encouraged.</p>
<p>2 CE</p>	<p><i>Panel Discussion: Cases in Neurology</i></p> <p><u>Objectives:</u></p> <ol style="list-style-type: none"> 1. Articulate the key components of a proper history and examination. 2. Gain insight into statements made by a patient during the history process. 3. List available diagnostic tests and discuss rational for the use of each. 4. Use deductive reasoning to properly weigh possible diagnostic possibilities. 5. Itemize rational for performing and ordering diagnostic testing. 6. Consider various approaches to conservative therapy. 	<p>Moderated by Joseph Ferezy, DC</p> <p>Panelists: David Quist, DC; Lou Freedman, DC. Real, hypothetical and attendee encounters with chiropractic patients will be presented. A panel of practicing and academic chiropractors will comment on the cases as they unfold. Class participation will be emphasized.</p>
<p>2 CE</p>	<p><i>Neurodegeneration</i></p> <p><u>Objectives:</u></p> <ol style="list-style-type: none"> 1. Define neurodegeneration. 2. Describe the mechanism of neurodegeneration in diseases such as Parkinson's disease, Alzheimer's disease, multiple sclerosis and amyotrophic lateral sclerosis. 3. List scientific literature suggesting that these processes can be slowed down or even reversed with nutritional support. 4. Discuss the biochemical pathways that may be involved in neurodegeneration. 5. List nutritional therapeutics that may be beneficial in the treatment of neurodegeneration. 	<p>Jon J. Lozier, DC - Many of the mechanisms behind diseases such as Parkinson's disease, Alzheimer's disease, and even multiple sclerosis and amyotrophic lateral sclerosis are becoming more clearly understood. Further, there is good and scientific literature suggesting that these processes can be slowed down or even reversed in some cases by way of nutritional support. This lecture lays out the case for Neurodegeneration due to oxidative damage, discusses biochemical pathways that may be involved, and suggests nutritional therapeutics.</p>