



2022 CO 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 fifteen (15) hours of continuing education (CE) in a number of topics relative to the clinical practice of chiropractic. Ten (10) of those CE hours will be via a synchronous teleseminar (live), and five (5) hours CE shall be asynchronous (on-demand). 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, one (1) hour CE in Abuse Recognition and two (2) CE hours in CO record keeping and documentation in addition to eleven (11) CE hours of clinical chiropractic areas (e.g. neurology, radiology, etc.). 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
1 CE Hour	<p>Interesting Cases in Family Practice (212f3)</p> <p><u>Class Objectives:</u></p> <ol style="list-style-type: none">1. List common signs and symptoms of Perinephric Abscess.2. List common signs and symptoms of Adenocarcinoma of the Esophagus.3. List common signs and symptoms of Methanphetamine use and Complications.4. List common signs and symptoms of Cavernous Hemangioma.5. List common signs and symptoms of Cardiomyopathy.6. Discuss use of Zoll Lifesvest.7. List common signs and symptoms of Quinolone toxicity.	Dawn Schissel, MD – currently practices medicine in the area of Family Practice at Jordan Creek Family Medicine located at the Plaza at Jordan Creek. Dr. Schissel's undergraduate degree and Medical School degree were obtained at the University of Minnesota. Her residency was done at Broadlawns Medical Center in Des Moines. Formerly she was a Staff Physician at Broadlawns Medical Center for 14 years. Dr. Schissel is a member of the board of the Iowa Academy of Family Physicians and has won teaching awards from Des Moines University and Broadlawns Family Practice Residency Program. Her primary Professional Interests are

		Women's Health and Preventative Medicine.
2 CE Hours	<p>Strength, endurance and fitness for the general patient population</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Describe the fundamentals of physical strength, general and task (sport) specific strength. 2. List the components of fitness in general physical preparedness (GPP). 3. Define endurance, including fine motor endurance, gross motor endurance, cardiovascular endurance and metabolic endurance at the skeletal muscle and liver levels. 4. Describe general physical preparedness through patient population demographics. 5. Itemize the clinical whole-body clinical benefit of increasing general physical preparedness to the chiropractic patient. 6. List the clinical benefits and outcomes of general physical preparedness. <p>Hour One -</p> <ul style="list-style-type: none"> • Fundamentals of physical strength, general and task (sport) specific strength. • Fundamentals of fitness general physical preparedness (GPP) and endurance, including fine motor endurance, gross motor endurance, cardiovascular endurance and metabolic endurance at the skeletal muscle and liver levels <p>Hour Two -</p> <ul style="list-style-type: none"> • General physical preparedness through patient population demographics. • Whole body clinical benefit of increasing general physical preparedness to the chiropractic patient. • Clinical benefits and outcomes. 	<p>Fred Clary, DC – a world class power-lifter himself, will discuss strength, endurance and general fitness for the general patient population. Topics covered will include general physical preparedness, and how to help the chiropractic patient achieve realistic goals with an emphasis on the real-world clinical situation.</p>

3 CE Hours	Diagnostic Imaging of the Spine and Extremities	Michelle A. Mick (née Wessely), DC, DACBR, DipMEd. - Attendees
-------------------	--	---

X-Ray	<p>Class Objectives:</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>will be presented with a wide variety of diagnostic imaging case studies, with discussion including information related to clinical-imaging correlations, as well as specific imaging findings. There will also be discussion of important factors regarding imaging decision-making, technical factors/quality assurance and related topics.</p>
	<p>Imaging: Cases from Chiropractors.</p> <p>Class Objectives:</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>
1 CE Hour Boundaries	<p>Professional Boundaries: What would you do?</p> <p>Class Objectives:</p> <ol style="list-style-type: none"> 1. Define and articulate boundaries in terms of a proper doctor-patient relationship 2. Determine circumstances where boundaries may be more fluid vs non-negotiable 3. Explore and navigate various doctor-patient boundaries situations in a professional manner. 	<p>Amy Horton, DC – This course is designed to be interactive, covering different common doctor-patient scenarios, with discussion of options for handling various types of professional boundaries.</p>
1 CE Hour	<p>Recognition of Child Abuse.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Recognize physical signs of child abuse. 2. Identify behaviors associated with abused children as well as their abuser(s), enablers and other victims. 3. Recite basic methods to recognize child and dependent abuse; 	<p>Joseph Ferezy, DC</p> <p>Join Dr. Ferezy leading a class discussion as you view excerpts of a video and discuss salient points and specific state reporting requirements and procedures regarding the recognition of child abuse. This class covers physical and radiographic evidence of injury to children, social and psychological</p>

	<p>4. Understand and implement abuse reporting criteria relevant to the state that you practice chiropractic.</p>	<p>aspects of child abuse, and a discussion of hypothetical and real situations regarding child abuse. Also discussed are legal implications for abusers, and for mandatory reporters. This class is a concise, yet broad based discussion of the horrors of child abuse and your role, as a Doctor of Chiropractic, in these cases.</p>
<p>2 CE Hours</p>	<p>Orthopedic Surgery & Joint Replacement (212f4)</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. Compare and contrast use of PRP injections for joints versus tendons. 2. Itemize criticisms of Stem Cell injections and discuss the current state of the science. 3. Contrast characterized and uncharacterized Stem Cell therapies. 4. List the relative indications for hip replacement. 5. List common hip injuries that may require surgical referral, and discuss the surgical procedure most likely to be employed. 6. List Indications for knee replacement. 7. Describe progression from normal knee to a knee with severe osteoarthritis. 8. Compare and contrast the indications and procedures for a partial knee replacement and a total knee replacement. 9. List the benefits of robotic joint replacement surgery. 10. List the rational for surgical referral for surgical treatment and possible joint replacement. 11. List common knee injuries that may require surgical referral and discuss the surgical procedure most likely to be employed. 12. Compare and contrast shoulder replacement and reverse shoulder replacement, emphasizing the relative indications for each. 13. List common shoulder injuries that may require surgical referral and discuss the 	<p>Todd Peterson, DO - is a native of Des Moines and he completed his undergraduate education at Bethel University and medical education at Des Moines University. He did his residency at Michigan State University's St. John Providence Health, where he became chief resident. He is completed his Fellowship in Adult Reconstruction at Southern Illinois University, Springfield, IL. Dr. Peterson specializes in joint replacements, sports medicine, and orthopedic trauma. He was trained in multiple approaches to the hip, including Anterior Approach Total Hip Arthroplasty. He has also been trained in robotic hip and knee replacement. His research interests include operating room efficiency, patient safety, infection control, and low-cost medical care.</p>

	<p>surgical procedure most likely to be employed.</p> <p>14. List common elbow injuries that may require surgical referral and discuss the surgical procedure most likely to be employed.</p> <p>15. List common hand and wrist injuries that may require surgical referral and discuss the surgical procedure most likely to be employed.</p>	
<p>2 CE Hours Distance Education Component</p>	<p>Colorado Record Keeping</p> <p>Class Objectives:</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 and identify ethical strategies to deal with them. 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 	<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 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>

	"paperless" office.	
2 CE Hours Distance Education Component	<p>A Primer on Coronaviruses for the Primary Care Provider</p> <p>Class Objectives:</p> <ol style="list-style-type: none"> 1. Describe the foundations of general viral structure, infections cycle, genome dynamics and public health dynamics. 2. Discuss the specifics (evolution, selection pressures, structure, infectious cycle, clinical and diagnostic human health concerns) of infections from cold causing viruses OC43, NL63, 229E and HKU1 3. Compare and contrast the deadly differences and benign similarities between the C virus first cousins : SARS-1, MERS, SARS-2 (covid-19). 4. Describe receptor affinities and physiological and clinic outcomes. 5. List ways to prevent C virus infection and other RNA infections in general. 6. Itemize methods of nutritional support and other methods to mitigate transmission and infection. 	<p>Fred Clary, DC – With all of the world buzzing about Covid-19 infections, it is essential that the practicing primary care physician have a cache of knowledge on the subject. That way, the practicing primary care physician may act and react appropriately to a variety of real-world clinical situations, as well as act as an informational resource and voice of reason for their patient population.</p> <p>Hour 1 -</p> <ul style="list-style-type: none"> • Foundations of General Viral Structure, Infections Cycle, Genome Dynamics and Public Health Dynamics • Specifics (Evolution, Selection Pressures, Structure, Infectious Cycle, Clinical and Diagnostic Human Health Concerns) of Infections from cold causing viruses OC43, NL63, 229e and HKU1 <p>Hour 2 -</p> <ul style="list-style-type: none"> • Deadly differences and benign similarities between the C Virus first cousins: SARS-1, MERS, SARS-2 (Covid-19) • Receptor affinities and physiological and clinic outcomes. • Preventing C Virus and other RNA infections. • Special emphasis on Nutrition and other mitigation methods.
1 CE Hour Distance	<p>Spinal Cord Syndromes</p> <p>Class Objectives:</p>	<p>Joseph S. Ferezy, DC – Discuss spinal cord anatomy and explain the mechanism of various spinal cord syndromes with particular attention</p>

Education Component	<ol style="list-style-type: none"> 1. Outline clinically relevant anatomical areas of the spinal cord. 2. List and describe the layers covering the spinal cord. 3. List and describe clinically relevant anatomy and function of the vascular elements of the spinal cord. 4. Describe the common clinical presenting symptoms and causes of spinal cord disease. 5. Compare and contrast the syndromes of spinal cord concussion from those of a spinal cord contusion or laceration. 	to diagnostic aspects which are important to the chiropractic physician.
----------------------------	--	--