

**Steve Sisolak**  
*Governor*



**Nicole Canada, DC**  
*President*  
**Xavier Martinez, DC**  
*Vice President*  
**James T. Overland Sr., DC**  
*Secretary-Treasurer*

**Morgan Rovetti, DC**  
*Member*  
**Margaret Colucci, DC**  
*Member*  
**Christian L. Augustin, Esq.**  
*Consumer Member*  
**Reza R. Ayazi, Esq.**  
*Consumer Member*  
**Julie Strandberg**  
*Executive Director*

## **CHIROPRACTIC PHYSICIAN'S BOARD OF NEVADA**

4600 Kietzke Lane, M-245 | Reno, Nevada 89502-5000  
Phone: (775) 688-1921 | Fax: (775) 688-1920  
Website: <http://chirobd.nv.gov> | Email: [chirobd@chirobd.nv.gov](mailto:chirobd@chirobd.nv.gov)

### **NOTICE OF MEETING/REGULATION WORKSHOP**

**DATE:** Thursday, October 13, 2022      **TIME:** 8:30 a.m.

**LOCATION:** Video Conference Call via Zoom

Instructions for attending conference call:

Topic: CPBN Meeting  
Time: Oct 13, 2022 08:30 AM Pacific Time (US and Canada)

Join Zoom Meeting  
<https://us06web.zoom.us/j/89974380980?pwd=ZDRwSmJuMy81bGJBaEg5WW5lSUZOZz09>

Meeting ID: 899 7438 0980  
Passcode: 833356  
One tap mobile  
+12532158782,,89974380980#,,,,\*833356# US (Tacoma)  
+13462487799,,89974380980#,,,,\*833356# US (Houston)

Dial by your location  
+1 253 215 8782 US (Tacoma)  
+1 346 248 7799 US (Houston)  
+1 669 900 6833 US (San Jose)  
+1 929 205 6099 US (New York)  
+1 301 715 8592 US (Washington DC)  
+1 312 626 6799 US (Chicago)

Meeting ID: 899 7438 0980  
Passcode: 833356  
Find your local number: <https://us06web.zoom.us/u/kcl1c6P13q>

**NOTE: ALL AGENDA ITEMS ARE FOR DISCUSSION AND FOR POSSIBLE ACTION UNLESS OTHERWISE NOTED. AGENDA ITEMS MAY BE TAKEN OUT OF ORDER,**

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**COMBINED FOR CONSIDERATION BY THE BOARD, OR PULLED OR REMOVED FROM THE AGENDA AT ANY TIME.**

**AGENDA**

Call to order - determine quorum present.

Pledge of Allegiance – Dr. Martinez

Statement of Purpose – Dr. Rovetti

**Agenda Item 1** Public Interest Comments - No action.

- A. Public Comment will be taken at the beginning and at the end of each Board meeting;
- B. Public Comment may also be taken at other such times as requested so long as the request that Public Comment be taken will not interrupt ongoing Board business;
- C. Depending on the number of individuals wishing to address the Board, a reasonable time limit may be set. The Board will not restrict comments based upon viewpoint;
- D. No action may be taken upon a matter raised during Public Comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken.
- E. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the Board may refuse to consider public comment as per NRS 233B.126.

**Agenda Item 2** Approval of agenda – For possible action.

The Board reserves the right to address items in a different order or combine two or more items to accomplish business in the most efficient manner. An item may be removed from the agenda or discussion may be delayed relating to an item at any time.

**Agenda Item 3** Approval of the July 14, 2022 Board Meeting Minutes. - For possible action.

**Agenda Item 4** Legislative Matters – For possible action.

- A. Strategies 360 – Dan Musgrove

**Agenda Item 5** - Discussion and potential action regarding the application for licensure of John Parker, DC (Note: The Board may go into closed session pursuant to NRS 241.033 to consider the character alleged character, alleged misconduct, professional competence, or physical or mental health of Dr. Parker). – For possible action.

**Agenda Item 6** NCA Report – No action

**Agenda Item 7** NCC Report – No action

**Agenda Item 8** Board Counsel Report – No action

**Agenda Item 9** Discussion and potential action regarding the question under NAC 634.430(1)(b) of when a guardian or co-guardian is acting within his or her authority to consent to having a

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minor in his or her care evaluated and treated – For possible action.

**Agenda Item 10** Discussion regarding the International Academy of Neuromusculoskeletal Medicine’s (IANM) recognition/name change of Chiropractic Orthopedists. – No action.

**Agenda Item 11** Discussion and potential action regarding the American Chiropractic Association’s efforts to support federal legislation – For possible action

**Agenda Item 12** Public Workshop: Preparation and potential revisions to the Chiropractic Assistant program. – For possible action

**Agenda Item 13** Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action.

- A. Complaint 19-12S (Rovetti)
- B. Complaint 20-01N (Rovetti)
- C. Complaint 21-03S (Canada)
- D. Complaint 21-29N (Canada)
- E. Complaint 21-31S (Colucci)
- F. Complaint 22-08S (Canada)
- G. Complaint 22-09S (Canada)
- H. Complaint 22-10S (Overland)
- I. Complaint 22-11S (Overland)
- J. Complaint 22-12S (Overland)

**Agenda Item 14** FCLB/NBCE Matters – For possible action.

- A. Overview - District I & IV Meeting
- B. Other FCLB/NBCE matters.

**Agenda Item 15** Consideration of potential additions, deletions, and/or amendments to NRS 634 and NAC 634– For possible action.

**Agenda Item 16** Discussion and potential action regarding the need for a Board lobbyist. – For possible action.

**Agenda Item 17** Discussion and potential action regarding contracting with an investigator to investigate the complaints on behalf of the Board. – For possible action.

**Agenda Item 18** Discussion and potential action regarding Board members to obtain continuing education. – For possible action.

- A. Allow CE for attendance at FCLB/NBCE conference(s).
- B. Allow CE for sitting on the Board.
- C. Allow Consumer Member-Attorney CLE for attendance at FCLB/NBCE/FARB conference(s)

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**Agenda Item 19** Discussion and potential action regarding the interpretation of NAC 634.348(2)(f) and what was intended to be authorized as “assisting the supervising licensee with an examination of a patient.” – For possible action.

**Agenda Item 20** Committee Reports

- A. Continuing Education Committee (Dr. Martinez) – For possible action.
- B. Legislative Committee (Dr. Overland) – For possible action.
- C. Preceptorship Committee (Dr. Rovetti) – For possible action.
- D. Test Committee (Dr. Canada) - For possible action.

**Agenda Item 21**– Discussion and potential action regarding a contract for audit services with Bertrand & Associates. – For possible action.

**Agenda Item 22** Discussion and potential action regarding purchasing Employee Bond-Crime coverage – For possible action.

**Agenda Item 23** Executive Director Reports:

- A. Status of Pending Complaints – No action.
- B. Status of Current Disciplinary Actions – No action.
- C. Legal/Investigatory Costs – No action.
- D. DC licenses to applicants who passed the examination from July to September 2022 – No action.
- E. CA certificates to applicants who passed the examination on September 13, 2022. – No action.
- F. Board Member Checks - No action.

**Agenda Item 24** Financial Status Reports:

- A. Current cash position & projections – No action.
- B. Accounts Receivable Summary – No action.
- C. Accounts Payable Summary – No action.
- D. Employee Accrued Compensation – No action.
- E. Income/Expense Actual to Budget Comparison as of May 31, 2022 – No action.
- F. Budget to Actual at May 31, 2022 – No action.
- G. Licensee database update – No action.

**Agenda Item 25** Discussion and potential action regarding Board member signatures on the wall certificates for chiropractic physicians and chiropractic assistants – For possible action.

**Agenda Item 26** Discussion and possible action regarding the staff evaluation and potential adjustment of financial compensation for Julie Strandberg - For possible action

**Agenda Item 27** Public Interest Comments – No action.

In accordance with NRS 241.020 Public Comment will be taken prior to the adjournment of the meeting.

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**Agenda Item 28** Adjournment – For possible action.

This agenda posted October 7, 2022 at the Chiropractic Physicians’ Board of Nevada, 4600 Kietzke Lane, Suite M245, Reno, Nevada 89502; State Library and Archives, 100 North Stewart St., Carson City, Nevada 89701; CPBN Website: <http://chirobd.nv.gov>; and Notice.nv.gov.

A request for copies of an agenda and/or a supporting document or documents may be obtained from:

Julie Strandberg, Executive Director  
Chiropractic Physicians’ Board of Nevada  
775-688-1921

by picking up the document(s), or by mailing a written request to:

Chiropractic Physicians’ Board of Nevada  
Attention: Julie Strandberg  
4600 Kietzke Lane, Suite M245  
Reno, Nevada 89502

by faxing a request to: Julie Strandberg at: Facsimile No.: 775-688-1920

or by e-mailing a request to Julie Strandberg at: [chirobd@chirobd.nv.gov](mailto:chirobd@chirobd.nv.gov)

Note: “A request for notice lapses 6 months after it is made”: NRS 241.020.3(b). Mailing a copy of the Chiropractic Physicians’ Board meeting agendas will not be continued unless a request for reinstatement on the mailing list is submitted in writing every 6 months.

The Board is in receipt of your attached continuing education certificate(s). Please be advised that the Board’s rules were revised as it relates to submitting continuing education certificates to the Board. Licensees are no longer required to submit their CE certificates to the Board unless you are notified by the Board that you were selected in the random CE audit. If you are selected, you will be notified (following the renewal period) by receipt of a mailed postcard, as well as an email following the renewal process. Board staff will no longer retain copies of continuing education certificates; however, you may upload your CE certificates during renewals. Should you upload your certificates to your record, please know that it is the responsibility of the licensee to also retain copies of their CE certificates for their records.

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 1 Public Interest Comments – No action.**

- A. Public Comment will be taken at the beginning and at the end of each Board meeting;**
- B. Public Comment may also be taken at other such times as requested so long as the request that Public Comment be taken will not interrupt ongoing Board business;**
- C. Depending on the number of individuals wishing to address the Board, a reasonable time limit may be set. The Board will not restrict comments based upon viewpoint;**
- D. No action may be taken upon a matter raised during Public Comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken.**
- E. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the Board may refuse to consider public comment as per NRS 233B.126.**

RECOMMENDED MOTION: **Non-Action item.**

PRESENTED BY: **Nicole Canada, DC**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **3 minutes per person per topic**

BACKGROUND INFORMATION: **The public may speak to the Board about any topic not on the agenda but no action may be taken.**

ACTION:  Approved  Approved w/Modifications  Denied  Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 2** Approval of Agenda – For possible action.

**The Board reserves the right to address items in a different order or combine two or more items to accomplish business in the most efficient manner. An item may be removed from the agenda or discussion may be delayed relating to an item at any time.**

RECOMMENDED MOTION: **No recommended motion.**

PRESENTED BY: **Nicole Canada, DC**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **2 minutes**

BACKGROUND INFORMATION: **Agenda items may be addressed out of order to accommodate those present.**

ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued

**Agenda Item 2**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 3 Approval of the July 14, 2022 Board Meeting Minutes. - For possible action.**

RECOMMENDED MOTION: **Approve the minutes of the July14, 2022 meeting as drafted.**

PRESENTED BY: **Nicole Canada, DC**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION:

ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued

**Agenda Item 3**

Steve Sisolak  
Governor



Nicole Canada, DC  
President  
Xavier Martinez, DC  
Vice President  
James T. Overland Sr., DC  
Secretary-Treasurer

Morgan Rovetti, DC  
Member  
Margaret Colucci, DC  
Member  
Christian L. Augustin, Esq.  
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A meeting of the Chiropractic Physicians' Board was held on Thursday, July 14, 2022 by zoom conference.

The following Board members were present at roll call:

Margaret Colucci, DC, President  
Nicole Canada, DC, Vice President  
James T. Overland Sr., DC, Secretary-Treasurer  
Christian L. Augustin, Esq., Consumer Member  
Reza R. Ayazi, Esq., Consumer Member

Also, present were Board Counsel, Louis Ling, Esq. and Executive Director, Julie Strandberg.

President, Dr. Canada determined a quorum was present and called the meeting to order.

Dr. Overland led those present in the Pledge of Allegiance. Dr. Colucci stated the Purpose of the Board.

### **Agenda Item 1 Public Interest Comments - No action.**

There were no public comments.

### **Agenda Item 2 Approval of agenda – For possible action.**

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Dr. Colucci moved to approve the agenda. Dr. Overland seconded, and the motion passed with all in favor.

### **Agenda Item 3 Approval of the April 14, 2022 Board Meeting Minutes. - For possible action.**

Dr. Overland moved to approve the April 14, 2022 Board meeting minutes. Dr. Colucci seconded, and the motion passed with all in favor.

### **Agenda Item 4 Legislative Matters – For possible action.**

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Dan Musgrove with Strategies 360 was present and stated that the primary election was held on June 14, 2022 and shared the individuals running for constitutional office, senate and assembly. Mr. Musgrove confirmed that the deadlines to submit a bill to the 2023 legislative session are August 1 and December 10. Dr. Musgrove stated that the interim committees will be wrapping up their work throughout August.

**Agenda Item 6 Discussion and potential action regarding the Matter of Michael Milman, DC (Note: The Board may go into closed session pursuant to NRS 241 to consider the character, alleged misconduct, or professional competence of Dr. Milman.) For possible action.**

Dr. Canada confirmed with Mr. Ling that the Board did not need to go into closed session. Dr. Canada stated that Dr. Michael Milman is before the Board to request that his probation be terminated. Mr. Ling shared that Dr. Milman had completed the stipulations per the November 9, 2020 Board order with the exception of probation and practice monitoring. Mr. Ling shared Dr. Milman's discipline by the California Board of Chiropractic Examiners. Mr. Ling stated that Dr. Milman has gained employment with the Joint, which activates the practice monitoring. Mr. Ling stated that he, Dr. Colucci and Julie have been working with Dr. Milman to implement the agreement for practice monitoring with Affiliated Monitors. Dr. Milman stated that the insurance fraud case in California has been dismissed and expunged and requested that he be removed from probation. Dr. Canada asked Dr. Milman why he believes the Board should terminate his probation when he hasn't satisfied the monitoring piece. Dr. Milman indicated that he did complete everything he was told to do and stated that the monitoring company has a problem, not him. Mr. Ling explained that Dr. Milman and/or the Joint provided a counter-offer to the agreement from Affiliated Monitors, however there are not any negotiations. Dr. Overland stated that the request to remove Dr. Milman's probation is pre-mature and until we obtain feedback from Affiliated Monitors the order remain as executed. Dr. Canada agreed with Dr. Overland, and stated that once the Board is in receipt of quarterly reports the Board could revisit the termination of Dr. Milman's probation. Mr. Augustin clarified that the Board order is asking for quarterly reports, which the Board has not received. Dr. Canada moved that the Board deny Dr. Milman's request to terminate his probation. Mr. Augustin seconded, and the motion passed with all in favor. Dr. Colucci recused herself as the investigating board member.

**Agenda Item 5 Discussion and potential action regarding the consideration of the NBCE taking over the chiropractic physicians jurisprudence examination – For possible action.**

Dr. Jason Jaeger was present and introduced Dr. Bruce Shotts, Vice President of test development at NBCE. Dr. Jaeger indicated that this is a follow-up to a previous discussion, asking the Board to consider turning the DC jurisprudence exam over to the NBCE to improve the psychometric analysis, the viability of the exam and remove the burden from staff. Dr. Jaeger stated that the NBCE can conduct an analysis of the current exam and bring the results back to the Board and work collaboratively to make a recommendation on the best product to bring forward at no cost to the Board. All time spent will be absorbed by the NBCE. Dr. Jaeger stated that he understands that the Board has concerns with respect to the scores not being available immediately, and confirmed that the results can be provided within a week. Dr. Jaeger stated that the NBCE can perform the same analysis on the CA exams at no cost to the Board. Dr. Overland stated that he had a previous discussion with Dr. Shotts regarding whether the NBCE could conduct an analysis of the CA exam. Dr. Shotts confirmed that the NBCE is able to conduct an

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analysis of the CA exam and provide recommendations and then the Board could decide whether to allow the NBCE to administer the CA exam. Dr. Overland recommended that the DC and CA exams be psychometrically analyzed prior to the board deciding whether to allow the NBCE to take over the administering of the exams. Dr. Jaeger confirmed that this is not a profit situation that the NBCE is trying to pursue, but a service to the board. Dr. Colucci asked what the NBCE charges for the law exam and Dr. Shotts indicated that the exams hosted on the NBCE servers are \$55.00. Dr. Colucci asked if the Board entered into a contract with the NBCE could the NBCE guarantee that the fees would not increase? Dr. Shotts stated he cannot confirm that the exam fee would not increase, however the exam fee will not increase during a contract period.

Dr. Overland made a motion that the NBCE conduct a psychometric analysis on the DC law exam and both of the CA exams and re-write the inappropriate questions to make the exam sound. Dr. Colucci seconded, and the motion passed with all in favor.

**Agenda Item 7 - Discussion and potential action regarding the application for licensure of Corazon Murillo-Lanyon, DC (Note: The Board may go into closed session pursuant to NRS 241.030 to consider the character alleged misconduct, or professional competence of Dr. Lanyon). – For possible action.**

Dr. Canada confirmed with Mr. Ling that the Board did not need to go into closed session. Dr. Canada welcomed Dr. Lanyon and asked Mr. Ling to provide an overview of Dr. Lanyon's history as it relates to her discipline with this Board and the California Board of Chiropractic Examiners. Mr. Ling referenced NRS 634.204, NRS 622A and NRS 622A.410, which are the laws that the Board is required to follow as it considers Dr. Lanyon's application for DC licensure. Mr. Ling provided Dr. Lanyon's history with the Chiropractic Physicians' Board of Nevada resulting in revocation as well as her history with the California Chiropractic Board of Examiners resulting in revocation. Dr. Canada asked Dr. Lanyon if she concurred with the statements made by Mr. Ling and she indicated that she did. Dr. Canada asked Dr. Lanyon if she would like to speak. Dr. Lanyon thanked the Board for giving her this opportunity. Dr. Lanyon stated that she believes that the California Board revoked her license after confirming that Nevada had revoked her license. Dr. Lanyon stated that she abided by all requirements of the Nevada application and feels that she has paid her dues, by completing the NBCE Part IV examination, settling the two California consumer complaints, and as far as her character she has not done anything wrong since the revocation of her California license. Dr. Lanyon stated that her revocation was not due to harming anyone, but because of the advertisement by her marketing agency. Dr. Lanyon asked that the Board give her application careful consideration and if the Board feels conditions are required, she would be happy to comply. Dr. Canada asked the Board if they had any questions. Dr. Overland asked Dr. Lanyon if she was currently practicing. Dr. Lanyon stated that she has not practiced since her license was revoked in California and is currently a healthcare consultant for doctors. Mr. Ayazi asked Dr. Lanyon if she owns Scottsdale Integrated Health Center and she stated that she is part owner. Mr. Ayazi asked Dr. Lanyon if she provided any chiropractic care for any medical disorders and Dr. Lanyon indicated that she does not, but she speaks to the patients to see if they can be a patient of Scottsdale Integrated Health Center. Mr. Ayazi asked Dr. Lanyon what type of licensure the doctors hold and she indicated that they have chiropractic physician licenses. Mr. Ayazi asked Dr. Lanyon if the chiropractic physicians are holding themselves out to treat metabolic disorders and Dr. Lanyon stated yes. Mr. Ayazi asked Dr. Lanyon if it was her belief that she can reverse and cure diabetes, and she indicated no. Mr. Ayazi asked Dr. Lanyon if it was her belief that she can cure type II diabetes

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and she stated that the body cures or heals itself from within, as well as other metabolic disorders as long as the doctor is providing the proper coaching and nutrition. Mr. Ayazi confirmed that the doctors at Scottsdale Integrated Health Center are providing chiropractic care in an effort to help the body self-heal for all sorts of diseases including metabolic diseases and diabetes type I and II and Dr. Lanyon stated type II only. Mr. Ayazi asked the Board if chiropractic care can treat type II diabetes and cure and reverse diabetes. Dr. Canada stated that in her opinion, no, however she stated that there are chiropractors that would disagree. Dr. Overland asked Dr. Lanyon if the doctors in the Scottsdale facility have advanced degrees and she indicated that they did. Dr. Lanyon stated that she is board certified from the Institute of Functional Medicine. Dr. Overland stated that many chiropractic physicians who have advanced training degrees treat metabolic disorders as well as other disorders in the body. Dr. Canada asked Dr. Lanyon if she is currently licensed in Arizona, and if she is presenting herself as a doctor and Dr. Lanyon stated that she is not licensed, and is presenting herself as a consultant. Dr. Overland asked Mr. Ling if a non-licensed doctor can own a health facility in Arizona and Mr. Ling indicated that he is not familiar with Arizona law. Dr. Lanyon stated that she confirmed with the Arizona Chiropractic Board of Examiners that an individual does not have to be a licensed practitioner to own a healthcare facility. Dr. Canada stated that her concern is that Dr. Lanyon may be practicing as a chiropractic physician with a functional medicine certification, without a valid chiropractic license in the state of Arizona. Dr. Lanyon stated that she does not practice chiropractic, and tells the patients that she is Cora Lanyon, Director of Admissions for Dr. X. Dr. Lanyon stated that as a consultant, she is able to conduct the patient's initial evaluation and take their health history, but does not recommend any type of treatment. Dr. Canada asked if any other Board members are concerned with this. Dr. Overland asked Dr. Lanyon if she has ever recommended that a patient not receive care during the consultation and she stated that she has. Dr. Lanyon said that she determines whether the patient is a good fit for the care the doctor has recommended, for example, exercise, diet, etc. and if they are not willing to follow the doctors' recommendations, she notifies the patient that they will not receive care. Dr. Overland shared Dr. Canada's concerns stating that this appears to be a slippery slope as to whether Dr. Lanyon is practicing some degree of chiropractic in Arizona. Dr. Lanyon stated that she speaks with all patients virtually and then refers them to the office where the doctor is practicing and indicated that she works with patients and doctors in outside of Arizona. Mr. Augustin asked Dr. Lanyon why her license was revoked in California. Dr. Lanyon stated that an MD filed an advertisement complaint, another complaint was for the sign on the top of her building that stated, "Diabetic Specialty Clinic," and there were two consumer complaints. Mr. Ayazi asked Dr. Lanyon if she understood that the California order identifies additional discipline, which is more than what she referred to and Dr. Lanyon stated that she did not have the order in front of her, but that is what she remembered. Mr. Augustin made a motion to deny Dr. Lanyon's application. Mr. Ayazi seconded. Dr. Overland asked if the Board would consider obtaining additional information from Arizona. Mr. Augustin withdrew his motion. Mr. Augustin amended his motion and moved to deny this application and that Dr. Lanyon may re-apply. Dr. Overland seconded, and the motion passed with all in favor. Dr. Lanyon asked what the Board was looking for and Dr. Canada recommended that Dr. Lanyon obtain the scope of work and any other necessary information from Arizona.

#### **Agenda Item 8 NCA Report – No action**

Dr. Marcia Tinberg was present and reported on behalf of the NCA. Dr. Tinberg stated that the NCA's web-site has been under construction and they have a new mailing address. Dr.

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Tinberg stated that the NCA will be holding an-person CA exam review on September 3, 2022 and will be holding a workshop discussing concussion, NTBI and PCS on September 24, 2022. Dr. Tinberg stated that the NCA is always working on membership.

**Agenda Item 10 Board Counsel Report – No action**

Mr. Ling stated that he had nothing to report.

**Agenda Item 11 PUBLIC WORKSHOP: Will begin at 9:00 a.m. at Zoom**

**<https://us06web.zoom.us/j/82200414005?pwd=QVExYnpRVmtheGFKaWJoVktPd21rQT0>**

**9 Discussion to consider amendments to Nevada Administrative Code 634. - For possible action.**

Mr. Ling provided an overview of the revisions made to NAC 634. Dr. Canada called for public comment and there was none. Dr. Overland moved to approved the revisions to NAC 634. Mr. Ayazi seconded and the motion passed with all in favor.

**Agenda Item 12 Discussion and potential action regarding the board examinations being psychometrically analyzed – For possible action.**

Dr. Overland stated that this matter was discussed under agenda item 5, so there is nothing further to discuss at this time.

**Agenda Item 13 Discussion and potential action regarding whether the Senaptec Unit falls under a chiropractic physicians' scope of practice - For possible action.**

Dr. Overland stated that following the April 14, 2022 meeting he conducted additional research on the Senaptec Unit and based on his findings this unit may be used by chiropractic physicians. Dr. Canada believes that this device falls under physiotherapy. Mr. Ayazi made a motion to add the Senaptec Unit to the list of approved physiotherapeutic equipment. Dr. Overland seconded, and the motion passed with all in favor.

**Agenda Item 14 Discussion and possible action regarding chiropractic physicians using the designation, Certified Independent Rating Specialist (CIRS) upon mandatory testing through the American Academy of Expert Medical Evaluators ( AAEME) – For possible action.**

Dr. Overland stated that the Board previously discussed and approved the use of CICE, which is the certification received through ABIME, however the Board did not address the use of CIRS, which is the certification received through AAEME. Dr. Overland made a motion to allow DCs to use CIRS. Mr. Ayazi seconded, and the motion passed with all in favor.

**Agenda Item 15 Discussion and potential action regarding Physiotherapeutic Equipment – For possible action.**

Dr. Canada stated that the list of physiotherapeutic equipment was provided for informational purposes.

**Agenda Item 16 Discussion and potential action regarding the shock wave and pulse wave being considered physiotherapeutic equipment – For possible action.**

Dr. Canada stated that these devices do fall under physiotherapeutic equipment.

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**Agenda Item 17 Discussion and potential action regarding a chiropractic physician marketing and advertising with an attorney and sharing expenses – For possible action.**

Dr. Canada stated that she is not aware of any issues with a chiropractic physician marketing and advertising with an attorney and sharing expenses. Mr. Ayazi agreed, however stated that the Bar does have some regulations as it relates to advertising. Mr. Ling stated that there are not any laws that prohibit that a chiropractic physician and an attorney market, advertise and share expenses in a joint manner.

**Agenda Item 9 NCC Report – No action**

Andrea Waller, Executive Director of the NCC was present and reported that the NCC is holding their 7<sup>th</sup> Annual Convention at the Orleans in Las Vegas, NV on November 29, 2022. Dr. Jay Greenstein and Hannah Simmons will be presenting. The NCC has the same number of members reported at the previous meeting.

**Agenda Item 18 Discussion and potential action regarding a chiropractic physician or chiropractor's assistant failing to complete the required hours of Continuing Education by December 31 – For possible action.**

Julie Strandberg explained that the Board packet included a draft of a policy to address the random continuing education (CE) audit and the failure to complete the required hours of CE by a DC and a CA. Following renewals, a query will run, randomly selecting 20% of active licensees. The selected licensees will receive a postcard at their mailing address on record with the Board as well as an email. Julie explained that if a selected licensee/CA fails to submit their CE certificate(s) within 30 days of receipt of notice they will be sent a citation and stated that the Board will need to decide the amount to fine the chiropractic physicians and the chiropractic assistants.

Dr. Canada made a motion that the DC pay \$100.00 per missing credit, not to exceed \$1,000.00 and CAs be fined \$50.00 per missing credit, not to exceed \$500.00 and be given 30 days to complete the deficient CE(s) from receipt of the citation from the Board. If a licensee or CA does not comply, they will receive a cease and desist and receive discipline. Dr. Overland seconded, but recommended that the DC not to exceed amount be more than \$1000.00. Mr. Augustin recommended that the DC not to exceed amount be \$1,500.00. Dr. Canada amended her motion to limit the DC fine to \$1,500.00. Mr. Augustin seconded, and the motion passed with all in favor.

**Agenda Item 19 Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action.**

**A. Complaint 19-12S (Rovetti)**

Dr. Rovetti was not present to report.

**B. Complaint 20-01N (Rovetti)**

Dr. Rovetti was not present to report.

**C. Complaint 21-01S (Nolle)**

Julie Strandberg stated that the DC provided the necessary documentation to thoroughly investigate this complaint and recommended that this complaint be

dismissed with a letter of instruction. Dr. Overland moved to dismiss complaint 21-01S with a letter of instruction. Mr. Augustin seconded, and the motion passed with all in favor. Dr. Colucci recused herself and stated that she must disclose and abstain from participating in this matter due to having information regarding this matter gained outside the Board's proceedings.

**D. Complaint 21-03S (Canada)**

Dr. Canada stated that this complaint is against a DC who had criminal charges brought against him and is waiting for the results of the trial.

**E. Complaint 21-29N (Canada)**

Dr. Canada stated that this complaint is still under investigation.

**F. Complaint 21-31S (Colucci)**

Dr. Colucci stated that this complaint is still under investigation.

**G. Complaint 21-32S (Overland)**

Mr. Ling stated that this complaint was against a DC for failure to provide the patient their records, the records were requested by the Board and received. The complainant indicated that the records were not accurate, however stopped cooperating with the investigation, so a letter was sent to the complainant indicating that if they did not respond the complaint would be closed. Dr. Overland stated that after reviewing the records there are issues with the DC's record keeping and recommended that this complaint be dismissed with a letter of instruction. Dr. Canada moved to dismiss complaint 21-32S with a letter of instruction. Dr. Colucci seconded, and the motion passed with all in favor. Dr. Overland recused himself as the investigating board member.

**H. Complaint 22-03S (Overland)**

Dr. Overland stated that the complainant had dual insurance coverage, which would cover all services rendered with the exception of supplements. The DC charged the patient for the services, awaiting reimbursement from the patient's insurances. The DC appropriately reimbursed the patient, so Dr. Overland recommended that this complaint be dismissed with a letter of instruction. Mr. Ayazi moved to dismiss complaint 22-03S with a letter of instruction. Dr. Canada seconded, and the motion passed with all in favor. Dr. Overland recused himself as the investigating board member.

**I. Complaint 22-06S (Overland)**

Dr. Overland stated that this is an advertising complaint against a clinic that has two chiropractic physicians. It was reported that their website indicated that they were the best chiropractors in Las Vegas and were advertising credentials that were not approved by the Board. Dr. Overland confirmed that the DC's had removed the statement indicating that they were the best and stated that the DC's indicated that they would remove the credentials until they were approved by the Board. Dr. Overland recommended that this complaint be dismissed with a letter of instruction. Mr. Ayazi moved to dismiss complaint 22-06S with a letter of instruction. Dr. Colucci seconded, and the motion passed with all in favor. Dr. Overland recused himself as the investigating board member.

**J. Complaint 22-07S (Canada)**

Dr. Canada stated that the complainant indicated that she had visited three chiropractic physician's and did not receive the treatment expected. Dr. Canada asked the complainant if the chiropractic physician's recommended other care and she said they

July 14, 2022

did, however, she had not sought out other treatment. Dr. Canada reviewed the patient's records and did not see any issues. Dr. Canada recommended that this complaint be dismissed. Dr. Overland moved to dismiss complaint 22-07S. Dr. Colucci seconded, and the motion passed with all in favor. Dr. Canada recused herself as the investigating board member.

**K. Complaint 22-08S (Canada)**

Dr. Canada stated that this is a new complaint and is under investigation.

**Agenda Item 20 FCLB/NBCE Matters – For possible action.**

**A. District I & IV Meeting – Incline Village, NV Sept. 30 – Oct. 1, 2022**

Dr. Canada asked if there was interest in attending the district meeting. Dr. Colucci recommended that since the district meeting is being held in Nevada that all Board members, staff and the Board attorney be able to attend if interested. Dr. Overland made a motion that any and all Board members may attend the district meeting in Incline Village, NV. Dr. Colucci asked if Dr. Overland would amend his motion to allow staff and the Board attorney attend. Dr. Overland amended his motion to allow staff and the Board attorney to attend. Mr. Ayazi seconded, and the motion passed with all in favor.

**B. Other FCLB/NBCE matters.**

Dr. Canada stated that the Board packet includes a memo issued by the FCLB regarding a lawsuit against them. Dr. Overland stated that this is just information to disseminate and to make the Board aware of this matter.

**Agenda Item 21 Consideration of potential additions, deletions, and/or amendments to NRS 634 and NAC 634– For possible action.**

Julie Strandberg stated that this is a standing agenda item in the event a Board member identifies a change to NRS or NAC 634.

**Agenda Item 22 Committee Reports**

**A. Continuing Education Committee (Dr. Martinez) – For possible action.**

Dr. Martinez was not present to report.

**B. Legislative Committee (Dr. Overland) – For possible action.**

Dr. Overland stated that he did not have anything further to report.

**C. Preceptorship Committee (Dr. Rovetti) – For possible action.**

Dr. Rovetti was not present to report.

**D. Test Committee (Dr. Canada) - For possible action.**

Dr. Canada stated that considering our previous conversation with the NBCE regarding the exam the workshop will be cancelled until a later time.

**Agenda Item 23 Executive Director Reports:**

**A. Status of Pending Complaints – No action.**

**B. Status of Current Disciplinary Actions – No action.**

**C. Legal/Investigatory Costs – No action.**

**D. DC licenses to applicants who passed the examination from April to June 2022 – No action.**

**E. CA certificates to applicants who passed the examination on June 15, 2022.-No action.**

Julie Strandberg gave an overview of the executive director reports.

July 14, 2022

**Agenda Item 24 Financial Status Reports:**

- A. Current cash position & projections – No action.**
- B. Accounts Receivable Summary – No action.**
- C. Accounts Payable Summary – No action.**
- D. Employee Accrued Compensation – No action.**
- E. Income/Expense Actual to Budget Comparison as of May 31, 2022 – No action.**
- F. Budget to Actual at May 31, 2022 – No action.**
- G. Annual Board Audit Update – No action**

Julie Strandberg gave an overview of the executive director reports and stated that the 2021 audit recommended that the Board consider Employee Bond-Crime coverage. Dr. Overland stated that he is in favor of this coverage as a pro-active effort to cover the Board. Mr. Ling stated that since this item was on the agenda as no action, the Board cannot make a motion today. Julie Strandberg stated that this item will be added to the next Board meeting agenda.

**Agenda Item 25 Discussion and possible action regarding the staff evaluation for Brett Canady - For possible action**

Julie Strandberg reviewed the evaluation for Brett Canady and recommended that she receive a 5% increase in her hourly wage. Mr. Augustin made a motion to approve the 5% pay increase. Dr. Overland seconded, and the motion passed with all in favor.

**Agenda Item 26 Public Interest Comments – No action.**

**In accordance with NRS 241.020 Public Comment will be taken prior to the adjournment of the meeting.**

There were no public comments.

**Agenda Item 27 Adjournment – For possible action.**

Dr. Overland moved to adjourn the meeting. Mr. Ayazi seconded, and the motion passed unanimously.

October 13, 2022

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James T. Overland Sr., DC  
Secretary-Treasurer

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 4 Legislative Matters – For possible action.**

**A. Strategies 360 – Dan Musgrove**

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Dan Musgrove**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION:

ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued

**Agenda Item 4**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 5 Discussion and potential action regarding the application for licensure of John Parker, DC (Note: The Board may go into closed session pursuant to NRS 241.033 to consider the character alleged character, alleged misconduct, professional competence, or physical or mental health of Dr. Parker). – For possible action.**

**RECOMMENDED MOTION: No recommended motion.**

**PREPARED BY: Nicole Canada, DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: Please refer to the attached documentation.**

**ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued**

**Agenda Item 5**

# John Parker, DC

Doctor of Chiropractic Degree    June 2014                      Palmer College of Chiropractic West

## **Examination:**

Dr. Parker passed Parts I-IV and PT of the National Board of Chiropractic Examiners during 2011-2016.

## **Reasons for Board Appearance:**

1. Dr. Parker answered affirmatively to question number 16 on the application:  
“Have you ever had disciplinary action brought against you by a State Board or any other governmental agency, or is there any such action now pending?”
  - Please see Dr. Parker’s explanation regarding his state of California disciplinary action.
  - Please see the California Board of Chiropractic Examiners disciplinary documentation.

## **State Licensure**

Dr. Parker’s California chiropractic license was revoked effective August 6, 2021.

- Please see the attached California verification of licensure.

The National Practitioner Data Bank and Federation of Chiropractic Licensing Boards do not reflect any disciplinary actions.

*Chiropractic Physicians’ Board of Nevada: October 13, 2022*

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# Certificate of Service and Waiver of the 21-Day Period

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**Steve Sisolak**  
*Governor*

**Nicole Canada, DC**  
*President*  
**Xavier Martinez, DC**  
*Vice President*  
**James T. Overland Sr., DC**  
*Secretary-Treasurer*



**Morgan Rovetti, DC**  
*Member*  
**Margaret Colucci, DC**  
*Member*  
**Christian L. Augustin, Esq.**  
*Consumer Member*  
**Reza R. Ayazi, Esq.**  
*Consumer Member*  
**Julie Strandberg**  
*Executive Director*

## **CHIROPRACTIC PHYSICIAN'S BOARD OF NEVADA**

4600 Kietzke Lane, M-245 | Reno, Nevada 89502-5000

Phone: (775) 688-1921 | Fax: (775) 688-1920

Website: <http://chirobd.nv.gov> | Email: [chirobd@chirobd.nv.gov](mailto:chirobd@chirobd.nv.gov)

September 16, 2022

CERTIFIED MAIL NO. 7021 2720 0003 2418 5271

John Parker, DC  
439 W. Washington Ave., #307  
Escondido, CA 92025

### **VOLUNTARY WAIVER OF STATUTORY NOTICE OF A MEETING OF THE CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

I, John Parker, understand that the Nevada Open Meeting Law (NRS 241.033) grants to me a personal right to prior written notice of the time and place of a meeting whereas the Board will consider any one or more of the following matters: my character, alleged misconduct, professional competence, or physical or mental health. I understand that the Board must consider one or more of the above matters when it reviews the Application for DC Licensure in the State of Nevada.

I know that by law the Board must give me this written notice in one of the two following ways before it is allowed to consider my request at its next scheduled meeting unless I personally choose to give up my right to receive my notice in such a way:

1. The Board must send the notice to me by certified mail at least twenty-one (21) working days before its meeting, or
2. It must deliver the notice to me personally at least (5) working days before its meeting.

I am aware that the next scheduled meeting will be held at 8:30 A.M. on Thursday, October 13, 2022 via Zoom teleconference:

Topic: CPBN Meeting  
Time: Oct 13, 2022 08:30 AM Pacific Time (US and Canada)

Join Zoom Meeting  
<https://us06web.zoom.us/j/89974380980?pwd=ZDRwSmJuMy81bGJBaEg5WW5lSUZOZz09>

Meeting ID: 899 7438 0980  
Passcode: 833356  
One tap mobile  
+12532158782,,89974380980#,,,,\*833356# US (Tacoma)  
+13462487799,,89974380980#,,,,\*833356# US (Houston)

Dial by your location  
+1 253 215 8782 US (Tacoma)  
+1 346 248 7799 US (Houston)  
+1 669 444 9171 US  
+1 669 900 6833 US (San Jose)  
+1 719 359 4580 US  
+1 929 205 6099 US (New York)  
+1 301 715 8592 US (Washington DC)  
+1 309 205 3325 US  
+1 312 626 6799 US (Chicago)  
+1 386 347 5053 US  
+1 564 217 2000 US  
+1 646 931 3860 US

Meeting ID: 899 7438 0980  
Passcode: 833356  
Find your local number: <https://us06web.zoom.us/u/kcl1c6P13q>

and I want the Board to address my Application for DC Licensure in Nevada. This waiver of rights expedites the Board's decision regarding my request, which is my wish in this matter. Therefore, I waive my rights to the notice specified by the Nevada Open Meeting Law with respect to the Board's October 13, 2022 meeting. Please sign, date and return this letter to the Board at the information above.

Signed on this 19 Day of September, 2022

By: John Parker  
John Parker, DC

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Application  
For  
Doctor of Chiropractic License

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APPLICATION FOR LICENSE AS A DOCTOR OF CHIROPRACTIC IN THE STATE OF NEVADA

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA  
4600 KIETZKE LANE, SUITE M-245  
RENO, NV 8902  
Website: Chirobd.nv.gov

CCPmt \$240005  
8/8/22  
CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AUG 05 2022

FPmt:  
8/8/22

YOU MUST ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY WILL BE REVIEWED  
L OF THIS APPLICATION. THE FEES ARE NOT REFUNDABLE. RENO, NEVADA 89502

PRINT OR TYPE:

1. FULL NAME John Parker AGE 58 SEX:  M  F  
(FIRST) (MIDDLE) (LAST)

2. ALIASES \_\_\_\_\_

3. HOME ADDRESS \_\_\_\_\_

CITY Escondido STATE CA ZIP 92025

4. MAILING ADDRESS 439 W. Washington Ave #307

CITY Escondido STATE CA ZIP 92025 WORK EMAIL \_\_\_\_\_

5. SOCIAL SECURITY NO. \_\_\_\_\_ TELEPHONE NO. (408) 202-8423

6. DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH Poland

7. ARE YOU A UNITED STATES CITIZEN? YES  NO  IF YOU ANSWERED NO ARE YOU: (PLEASE CHECK ONE OF THE FOLLOWING.)

- A QUALIFIED ALIEN (AS DEFINED IN 8 U.S.C.A. § 1641).
- A NONIMMIGRANT UNDER THE IMMIGRATION AND NATIONALITY ACT (8 U.S.C.A. § 1101 et seq).
- AN ALIEN WHO IS PAROLED INTO THE UNITED STATES UNDER 8 U.S.C.A. § 1182(d) (5) FOR LESS THAN ONE YEAR.
- A FOREIGN NATIONAL NOT PHYSICALLY PRESENT IN THE UNITED STATES.
- OTHER - PLEASE PROVIDE DETAILED EXPLANATION.

8. RESIDENT OF THE STATE OF NEVADA? No IF YES, HOW LONG? \_\_\_\_\_

9. DO YOU HAVE A NEVADA BUSINESS LICENSE? YES  NO  IF YES, PROVIDE YOUR LICENSE NUMBER \_\_\_\_\_

10. HAVE YOU EVER SERVED IN THE MILITARY? YES  NO  DATES OF SERVICE: FROM \_\_\_\_\_ TO \_\_\_\_\_  
BRANCH (ES) OF SERVICE \_\_\_\_\_

11. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE UNITED STATES AND SEPARATED FROM SUCH SERVICE UNDER CONDITIONS OTHER THAN DISHONORABLE?  YES  NO

12. HAVE YOU EVER BEEN ASSIGNED TO DUTY FOR A MINIMUM OF 6 CONTINUOUS YEARS IN THE NATIONAL GUARD OR A RESERVE COMPONENT OF THE ARMED FORCES OF THE UNITED STATES AND SEPARATED FROM SUCH SERVICE UNDER CONDITIONS OTHER THAN DISHONORABLE?  YES  NO

13. HAVE YOU EVER SERVED THE COMMISSIONED CORPS OF THE UNITED STATES PUBLIC HEALTH SERVICE OR THE COMMISSIONED CORPS OF THE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION OF THE UNITED STATES IN THE CAPACITY OF A COMMISSIONED OFFICER WHILE ON ACTIVE DUTY IN DEFENSE OF THE UNITED STATES AND SEPARATED FROM SUCH SERVICE UNDER CONDITIONS OTHER THAN DISHONORABLE?  YES  NO

14. RESIDENCE ADDRESSES FOR PAST FIVE (5) YEARS: 439 W. Washington Ave #307 Escondido, CA 92025

15. NAMES AND ADDRESSES OF ALL EMPLOYERS FOR PAST FIVE (5) YEARS: Olinger Chiropractic 1529 Grand Ave, Suite B San Marcos, CA 92078

Please read questions #16 through #18 carefully. If you have any questions please contact the Board.

16. HAVE YOU EVER HAD DISCIPLINARY ACTION BROUGHT AGAINST YOU BY A STATE BOARD OR ANY OTHER GOVERNMENTAL AGENCY, OR IS THERE ANY SUCH ACTION NOW PENDING?  YES  NO IF YES, GIVE DETAILS AND FINAL DISPOSITION:

Please see the attachment.

17. HAVE YOU EVER BEEN ARRESTED FOR OR CHARGED WITH ANY CRIME OTHER THAN A TRAFFIC VIOLATION (INCLUDE ANY DUI'S)? **NOTE: EVEN IF YOU HAVE HAD RECORDS SEALED AND YOU HAVE BEEN TOLD THAT YOUR FILE HAS BEEN CLEARED, YOU MUST REPORT THIS INFORMATION, INCLUDING JUVENILE RECORDS.**  YES  NO IF YES, GIVE DETAILS AND FINAL DISPOSITION:

18. HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION (INCLUDE ANY DUI'S)? **NOTE: EVEN IF YOU HAVE HAD RECORDS SEALED AND YOU HAVE BEEN TOLD THAT YOUR FILE HAS BEEN CLEARED, YOU MUST REPORT THIS INFORMATION, INCLUDING JUVENILE RECORDS.**  YES  NO IF YES, GIVE DETAILS AND FINAL DISPOSITION:

19. HAVE YOU EVER DEFAULTED ON A HEAL (HEALTH EDUCATION ASSISTANCE LOAN)?  YES  NO IF YES, GIVE DETAILS AND CURRENT STATUS:

20. REGARDING **CHILD SUPPORT**, MARK THE APPROPRIATE RESPONSE (**FAILURE TO MARK ONE OF THE THREE WILL RESULT IN DENIAL OF THE APPLICATION**):

- I **AM NOT** SUBJECT TO A COURT ORDER FOR THE SUPPORT OF A CHILD OR CHILDREN.
- I **AM** SUBJECT TO A COURT ORDER FOR THE SUPPORT OF ONE OR MORE CHILDREN AND **AM** IN COMPLIANCE WITH THE ORDER OR I AM IN COMPLIANCE WITH A PLAN APPROVED BY THE DISTRICT ATTORNEY OR OTHER PUBLIC AGENCY ENFORCING THE ORDER FOR THE REPAYMENT OF THE AMOUNT OWED PURSUANT TO THE ORDER.
- I **AM** SUBJECT TO A COURT ORDER FOR THE SUPPORT OF ONE OR MORE CHILDREN AND **AM NOT** IN COMPLIANCE WITH THE ORDER OR A PLAN APPROVED BY THE DISTRICT ATTORNEY OR OTHER PUBLIC AGENCY ENFORCING THE ORDER FOR THE REPAYMENT OF THE AMOUNT OWED PURSUANT TO THE ORDER.

21. REGARDING **CHILD ABUSE**, THE FOLLOWING **MUST BE READ AND INITIALED**:

**I HAVE BEEN INFORMED THAT I AM REQUIRED BY LAW TO REPORT THE ABUSE OR NEGLECT OF A CHILD TO AN AGENCY THAT PROVIDES CHILD WELFARE SERVICES OR TO A LAW ENFORCEMENT AGENCY NO LATER THAN 24 HOURS AFTER I KNEW OR HAD REASONABLE CAUSE TO BELIEVE THE CHILD HAD BEEN ABUSED OR NEGLECTED.**

*Please initial here, thereby acknowledging that you have read and understood the above information:* JP Date: 8/2/22

22. HAVE YOU EVER BEEN DRUG OR ALCOHOL DEPENDENT AND/OR ENROLLED IN A DRUG OR ALCOHOL REHABILITATION PROGRAM?

YES  NO IF YES, GIVE DETAILS: \_\_\_\_\_

23. ARE YOU CURRENTLY WORKING FOR A NEVADA LICENSED CHIROPRACTOR?  YES  NO IF YES, GIVE LICENSEE'S NAME AND ADDRESS: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_ DUTIES PERFORMED: \_\_\_\_\_

24. LIST ALL SCHOOLS ATTENDED (HIGH SCHOOL THROUGH CHIROPRACTIC COLLEGE):

NAME OF SCHOOL	DATES ATTENDED	DATE GRADUATED	DEGREE
High School GED		7/25/03	GED
Athabasca University	11/2002-08/2008		
Palmer College of Chiropractic West	09/2008-06/2014	6/13/14	Doctor of Chiropractic

25. NUMBER OF CHIROPRACTIC COLLEGE HOURS 4,868 DATE OF D.C. DEGREE 6/13/14

26. HAVE YOU PASSED NATIONAL BOARD: PART I  PART II  PART III  PART IV  PT  SPEC   
(Please select all that apply)

27. LIST ANY STATES IN WHICH YOU HAVE APPLIED FOR (WHETHER ISSUED OR NOT) AND IN WHICH YOU HAVE BEEN GRANTED CHIROPRACTIC LICENSURE:

STATE	STATUS	DATE OF ISSUANCE
California	Expired/Revoked	8/10/16

DRY NEEDLING CERTIFICATION – NOT REQUIRED FOR LICENSURE

28. HAVE YOU BEEN CERTIFIED TO PERFORM DRY NEEDLING? YES  NO  IF YES, PROVIDE THE CERTIFICATE(S) TO CONFIRM 50 HOURS OF CONTINUING EDUCATION.

**AFFIDAVIT:**

I hereby certify and verify under penalty of perjury that all of the answers and information provided in the above application is truthful and complete, and I understand that if any answer or information is found to be otherwise, I will be subject to action by the Board.

08/02/2022  
(DATE)

T. Devin Parker, D.C.  
(SIGNATURE OF APPLICANT)

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MORAL CHARACTER  
REFERENCE SHEET  
&  
PERSONAL REFERENCES

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Eileen Morse

Sun 8/22/2021 12:28 PM

To: Christina.bell@dca.ca.gov

Cc: You;

August 22, 2021

Howard and Eileen Morse

Meridian, Idaho 83646

Howard's POC Info: 1 / 858-914-6007  
Eileen's POC Info: 1 / 858-208-6868

Dear Ms. Bell,

My husband Howard and I are writing to you in regards to Case # 19104196. We lived in San Diego for 20 years and had changed chiropractors numerous times trying to locate an effective chiropractic physician that could produce results in our health. One of our priorities in life is maintaining and improving our health continually. After much frustration in finding a skilled chiropractor in San Diego County, a highly valued co-worker referred us to Dr. David R. Olinger at 1529 Grand Avenue, San Marcos, CA 92078. We were immediately impressed with his results and he became our chiropractic physician. Unfortunately, Dr. Olinger needed to take a leave from his practice due to medical reasons. At that time, we began seeing his associate Dr. John Parker in the same office and continued under his care for approximately five years. We were exceedingly impressed during this time with his chiropractic skills, his knowledge base of health, his compassionate understanding, his consistent demonstration of integrity and ethics, his timely response to scheduling appointments and discussing matters of concern all while managing the entire office during Dr. Olinger's extended absence with grace and professionalism.

During the last few months of living in San Diego, I began experiencing debilitating cervical neck pain to the point of not being able to roll over in bed without great discomfort. As we were in the process of moving out of state, Dr. Parker provided me with recommendations on how to proceed with chiropractic care. I committed to having detailed x-rays taken to determine the underlying issue when we arrived in Idaho.

While in Idaho, both my husband and I were seen extensively by four different chiropractic offices in the greater Boise area, were placed in extensive chiropractic correction programs, and spent over \$9,000 dollars. My condition worsened while my husband gained minimal improvement in his spinal

health. Fortunately, I had x-rays taken strategically along the way, and when my cervical neck situation became worse, we did not know how to proceed. We called the only chiropractor we trusted and that is Dr. Parker. He asked that we send him our x-rays for his review and we then began flying from Idaho to San Diego for treatments.

We each had treatments across several days from Dr. Parker, and the improvement in my neck was immediately noticeable and the pain was almost non-existent. Both my husband and I were beyond grateful.

We then returned to Boise and had x-rays re-taken of my neck to continue tracking the progress. When my Boise chiropractor saw the improvement he said, "That is impossible." The curve in my cervical neck was not completely restored, so my husband and I decided that our health was worth the travel from Boise to San Diego every month or two where we were achieving continual improvements.

Now that Dr. Parker is no longer able to practice chiropractic care due to false allegations, we are in a quandary where to seek qualified, effective help. Dr. Parker represents the chiropractic profession honorably, his actions consistently represent a high morale character, he is very dependable, he puts his patients first, and is beyond reproach. Dr. Parker is a true healer that values his professional skill and has a deep concern for the human frame. He is the type of physician that does not need Yelp reviews, simply the word of mouth from patient's whose lives have been transformed, and that includes my husband and I. We are beyond proud of how he has conducted his professional career and count him as the best doctor we have ever had.

We strongly recommend Dr. Parker's reinstatement of his chiropractic license. Your time and effort in reviewing this matter is deeply appreciated. If you have any questions, we would welcome your communication. Our POC information is provided above.

Warm Regards,

Eileen & Howard Morse

Wed 8/18/2021 1:22 PM  
To: Christina.bell@dca.ca.gov  
Cc: You  
To Christina Bell:

My whole family and I have been a patient of Dr. John Parkers since 2018. I was surprised and troubled to hear about his license being revoked since he has been such a help to my family and specifically my daughter. I am writing this letter to hopefully give you a fuller picture of Dr. Parker's character and intent.

The reason I went to Dr. Parker is because of how he helped my daughter get out of horrific pain that no other medical doctors or chiropractors could do. When my daughter was a senior in college she started experiencing excruciating pain in her back, so bad that she would cry herself to sleep. She has a history of migraines as well. Her pain started in her neck, went down her back, around her right side to her pelvic area in front, down her right leg and to her foot. She was referred by her primary care physician to numerous specialists. None of the specialists knew what to do except to give her pain medication. They all gave her different narcotics, none of which took away the pain. She even had exploratory surgery by a urologist trying to figure out what was going on.

At the end of the semester I took her to a medical doctor who has a more holistic approach to medicine. It was this doctor who recommended that my daughter see a chiropractor. My daughter's first chiropractor helped somewhat and her second chiropractor helped a bit more. We then heard about Dr. Parker who did adjustments that other chiropractors didn't do. The first time my daughter went to Dr. Parker she immediately felt better with that unique adjustment. I will never forget the phone call from my daughter the next day from work. She typically called during lunch, crying and asking me to pray. This time she was crying happy tears and said she felt normal again. Everything improved from the migraines to her whole body. Dr. Parker took my daughter from wanting to die to being excited about life again.

We are so grateful for Dr. Parker and his compassion for his patients and his desire to help them. Over the years he has told us how he goes for training to help others with different types of pain. He is always trying to better himself for the benefit of others. His passion to help others is undeniable.

Dr. Parker has done the myofascial adjustment, that he is in question about, on my daughter several times and an anterior rib adjustment on me about 2 times. Yes, he has to touch your breast in order to do the rib adjustment in the front, but he is very professional about it and is in no way inappropriate. He only does it when necessary and to help patients get out of pain.

It is my sincere hope that this letter is taken into consideration to reinstate Dr. Parker's chiropractic license. It would be a travesty of justice if he couldn't keep treating patients. Dr. Parker is an honorable and upright human being always putting others before himself.

Sincerely,

Julie Leposky

Wold

Fri 8/13/2021 3:40 PM

To: christina.bell@dca.ca.gov

Cc: You

Dr. John Parker, Case # 19104196, August 12, 2021.pdf  
108 KB

Dear Ms. Bell,

- Please distribute the enclosed attachment to all of the California Chiropractic Board Members and to anyone else who should legally receive this enclosed attachment.
- Please let me know that the enclosed attachment is easy to open and is readable.

Thank you for your timely response to the two bulleted requests within this email message to you.

Best regards,

Bernard Wold

August 12, 2021

Bernard Wold

Landline Phone: 951-310-4443

Email: \_\_\_\_\_

Dear California Chiropractic Board Members,

I am Bernard Wold. Regarding Case # 19104196, Dr. John Parker, I am informing you of the shock of not being allowed to have Dr. Parker meet my chiropractic needs. I have made appointments as needed with Dr. Parker since March 2017.

For about 22 years prior to meeting Dr. Parker, Dr. David Olinger met my chiropractic needs. Dr. Parker began to work as an associate with Dr. Olinger in 2016. The office location: 1529 Grand Avenue Suite B, San Marcos, CA 92078. Due to medical reasons, Dr. Olinger had to resign from his medical practice; therefore, Dr. Parker took the responsibility of many of Dr. Olinger's patients while maintaining his own growing number of patients. I have mutual trust and confidence in both Dr. Olinger and Dr. Parker.

I was raised on a farm in South Dakota. At the young age of nine, I was doing manual labor in the fields which brought forth chronic neck and back problems. I began to see a local chiropractor at age 15. Since

1975, I have gone to many chiropractors. Previous chiropractors always pressured me to come to them two or three times a week. It was not until I found Dr. Olinger and then later Dr. Parker that I experienced valid and corrective chiropractic care. Neither of these men ever insisted that I, my family members, or my friends come for a treatment unless there was the need to come.

My wife, my four children, my son-in-law, my four grandchildren, several friends, and I have benefited from the expertise of Dr. Olinger and/or Dr. Parker. On the evening of August 10, 2021, my family was personally informed that Dr. Parker had his chiropractic license revoked on August 6, 2021 due to the malicious and hidden attack by Ms. Shirley Smith who persuaded three female patients of Dr. Parker to fraudulently create lies about him.

Dr. Parker is a professional. He does not rip clothing off of patients to sexually attack them in the treatment room of the above mentioned address of this medical office. He has been accused of sexual assault while other personal are working in the same office space. He has never attacked any of his patients. Consider this reality: How could he sexually attack a patient while other patients are waiting to be treated by him and other office personnel are in the same office space? Why did these women not come out of the treatment room screaming while wearing torn clothing? The answer: No patient of Dr. Parker has ever been sexually attacked or harassed. To reiterate, Ms. Shirley Smith is the hidden author of malice against Dr. Parker. She managed to persuade three female patients of Dr. Parker to conspire against him—one patient wanting financial compensation through a fraudulent lawsuit (which to my knowledge is not even registered with the court system) and the other two patients are maliciously trying to destroy Dr. Parker's career which will, of course, negatively impact his life.

In the past, Ms. Shirley Smith, a former employee of Dr. Gary Shima, while unprovoked, verbally assaulted Dr. Parker in this medical office in the presence of Ms. Karri Riera, an additional employee of Dr. Shima, and in the presence of Dr. Shima. On a later occasion, Ms. Shirley Smith, again unprovoked, verbally and physically assaulted Dr. Parker in the presence of Dr. Shima and two of Dr. Parker's patients. Obviously, Shirley Smith is emotionally unstable since she is mentally unstable.

During the many years of Dr. Olinger, Dr. Shima, and Dr. Parker being in this medical office, my wife and I have never been comfortable with Shirley Smith—the employee of Dr. Shima. Because of her malicious behind-the-scene maneuverings with three of Dr. Parker's female patients and her verbal/physical assaults against Dr. Parker, it is now crystal clear to me that Ms. Shirley Smith is completely unstable, dangerous, vindictive, and predatory. She and her three female associates are maliciously attacking Dr. Parker. All four of these women are despicable and should be prosecuted with the end results of being severely fined and/or imprisoned to the fullest extent allowable by state and/or federal law. These accusers are devoid of valid character. Their testimonies, which the Board has in its possession or at least has access to via the police reports, are not consistent which should have made it clear to the Board Members that the case against Dr. Parker should be disregarded, removed, and dismissed.

Dr. John Parker is a professional. He properly cares for each of his patients. He does not endanger any of his patients. He is **not** a sex maniac who attacks his patients whenever he has the urge to attack. He is trustworthy, kind, patient, and understanding to all of his patients.

**Concerns:**

- Under the protection of the United States of America Constitution, any legal person within the United States of America is innocent until proven guilty beyond the shadow of a doubt. Therefore, the California Chiropractic Board Members are intentionally or mistakenly violating the guidelines of the United States of America Constitution.
- Where do all of Dr. Parker's patients get valid/proper chiropractic care?
- Where does my wife, Deborah, get valid/proper chiropractic care for her neck which has a permanent structural problem from her medically-blotched neck surgery of 25 years ago? My wife again needs to see Dr. Parker as soon as possible for her neck problem. She is experiencing severe headaches.
- Where does my 19-year-old son, Joel, get valid/proper chiropractic care for his scoliosis challenge due to his past extremely rapid growth spurt? He also plays soccer on a regular basis and gets injuries. Where does he go to get his structural injuries addressed? My son currently needs to see Dr. Parker. Since Joel plays soccer he recently got his hip jammed out of place by a violent hit from an opposing soccer player. On August 15, 2021, he is trying-out for the semi-professional team that is forming in Murrieta, California. He is totally upset because he cannot perform 100 percent due to his hip being out-of-place.
- Where do my other family members and friends go for valid/proper chiropractic care?
- Where do I go for valid/proper chiropractic care for my back, my neck, my hips, my arms, my legs, and my feet? On August 6, 2021, I sprained my left ankle. I need to see Dr. Parker as soon as possible because the sprained ankle has negatively affected my neck and back.

**Reality/Alert:**

Dr. Parker has 1,500 to 2,000 patients. Several of his patients fly-in to see him from other states—including Florida. His patients are furious with your premature judgment against Dr. Parker. Dr. Parker is encouraging many of his patients to not go viral with this fiasco. Dr. Parker, I, and many others are hoping that your Board will abide by the laws of the United States of America and immediately reactivate his chiropractic license with no probationary constraints. He has been falsely accused!!! There has been no legal court proceeding to determine his standing. Until he is proven guilty beyond the shadow of a doubt (which will not happen), he has every right to be protected by the guidelines of the United States of America Constitution. He has every right within the United States of America to continue his chiropractic services until a court verdict is ultimately determined.

Dr. Parker is encouraging his patients to allow your Board to make a lawful decision in a very timely manner to keep many of his patients from going viral with this fiasco. Dr. Parker cannot control his patients from going viral, but he is encouraging them to allow your Board to quickly and justly fix this

situation. If patients go viral, I am sure that all of the current Board members will be applying for unemployment benefits in the near future.

It is **not** my intention to threaten the Board; it is my intention to make you aware of the intensity of anger/outrage from Dr. Parker's patients. I hope the Board chooses wisely and legally to avert the potential "explosion" from Dr. Parker's patients.

**Recommendations:**

- To avoid legal consequences against you, California Chiropractic Board Members, Dr. John Parker's chiropractic license should be immediately reinstated.
- Dr. John Parker should be financially reimbursed for the loss of income via his chiropractic services.
- Dr. John Parker should be financially reimbursed for the mental/emotional trauma that he has experienced and continues to experience.
- Dr. John Parker should not be held financially responsible for any administrative/legal expenses incurred through this so-called legal procedure.
- Dr. John Parker should be fully/completely exonerated of all allegations.
- Ms. Shirley Smith and her three partners-in-crime should be criminally prosecuted, fined, and/or sent to prison.
- A restraining order on behalf of Dr. John Parker should be activated against Ms. Shirley Smith and her three partners-in-crime.
- You, California Chiropractic Board Members, need to practice justice by helping to protect Dr. John Parker from people like these malicious, false accusers. If you are unwilling to protect Dr. John Parker, no reliable/trustworthy person will protect you in your possible times of trouble. Please, carefully consider and contemplate the Golden Rule taken from the Bible and spoken by Jesus Christ of which His Words continue to apply to all humanity: "Therefore, whatever you want men to do to you, do also to them, for this is the Law and the Prophets." (Matthew 7:12, NKJV)

Sincerely,

Bernard Wold

Ginny Fogelberg  
Thu 8/12/2021 2:16 PM

To:christina.bell@dca.ca.gov  
Cc:You

Dear Ms. Bell,

Below is a copy of the letter I sent to you on August 4, 2021. I haven't received a response or confirmation of the receipt of this letter. Can you please confirm the receipt of this correspondence. I would greatly appreciate it. Thank you very much.

August 4, 2021

Dear Board Members,

My name is Ginny Fogelberg. In regards to Case # 19104196, I am a chiropractic patient of Dr. John Parker and have been successfully treated by him since December 2021. I am writing to you on behalf of Dr. Parker to express my deepest sadness and exasperation as to the allegations that have been filed against him. I am 100% positive that they are false allegations and down-right lies. I have never met a more respectful, humble, trustworthy, compassionate, ethical, and skilled chiropractor, and I have been to almost 12 different ones in the past 15 years. Not a single chiropractor comes even remotely close to the results that he has with my condition.

I can't say enough good and positive things about Dr. Parker. He has exemplary character in his actions, attitudes, and behaviors. I trust him so much that I have referred him to at least 20 other people; I even have my entire family going to get adjusted on an as-needed-basis, which includes my 2 daughters, Lauren age 24, and Madeline age 27, as well as my husband and nephew. I will also mention that me and my family have had more than one conversation about Dr. Parker in our home where we have sung the praises of Dr. Parker's chiropractic skillfulness, humility, and trustworthy character. We truly feel this way. And we are all willing to testify on Dr. Parker's behalf.

One of the most effective treatments that I myself have received from Dr. Parker is the rib adjustments and the myofascial release on the front and back ribs. I have received this treatment on 3 or 4 occasions and they have pulled me out of deep, lock-up upper-body pain. The treatment involves the massage using a strong pushing and pulling motion with the palm of the hand over the rib area, which encompasses the chest, front shoulder, rib, and breast area. He has also used this technique on my upper back and back shoulder area. It has been highly effective in treating my pain and helping my body to heal. I want to also mention that Dr. Parker only mentioned this technique when I complained about specific pain I the front ribs area. When he did it the first time, I was a bit frustrated because I couldn't understand why he had never mentioned it before to me as an alternative treatment. He responded by stating that he only offers it when patients complain about specific areas of pain. Up until that moment, I had never expressed an issue with those areas.

Dr. Parker is so sought-after that he has many patients that are willing to fly into San Diego from other parts of the United States to receive his adjustments, which have been life-changing. I can vouch for that, as Dr. Parker has truly transformed my life and my health. Dr. Parker is so successful with his patients that he does not have to advertise, as word-of-mouth is all he needs. I believe his success may be resented by some people, which I believe is the core of this entire situation; coupled with the fact that he is so kind and compassionate, it may make him a target for unscrupulous individuals. I don't take these allegations lightly. I have been a victim of sexual abuse twice in my life – both at the hands of family members. So, I'm not quick to trust others. But with Dr. Parker, I honestly can say that I felt 100% comfortable and at ease with him the moment I first met him. **THERE IS NO WAY THESE WOMEN ARE TELLING THE TRUTH.** I'm just that confident. During conversations I have had with Dr. Parker regarding these allegations, I've come to be familiar with some of the details. My understanding is that Shirley Smith, who used to work for Dr. Shima in the same office that Dr. Parker currently works, has a violent and unpredictable personality. Dr. Parker claims that she has physically assaulted him on multiple occasions. He showed me a photo of the bruises he received from her aggression. Ms. Smith apparently has assaulted Dr. Shima on multiple occasions as well. Dr. Parker mentioned that he saw handwritten notes that Dr. Shima wrote about the details of Ms. Smith's attack on him. Dr. Shima was traumatized by Ms. Smith. Thank goodness, there were two eye witnesses to Dr. Shima's physical attack by Ms. Smith that are also willing to testify on Dr. Parker's behalf. I also understand that there are allegations against Ms. Smith in regards to Dr. Shima's death, whereas she has been accused of playing some part in his passing. Because Dr. Parker has witnessed Dr. Shima's interactions with Ms. Smith, it seems she has motive in seeking revenge against Dr. Parker because of his knowledge of this. In addition, apparently Ms. Smith also has a criminal record; whereas, Dr. John Parker, **DOES NOT.** I truly believe that Dr. Parker has been set up. It's no surprise that these allegations came to light during the "Me Too Movement". It most likely is where Ms. Smith and her accomplices got the idea. As someone who has been violated in the past, I find it deeply insulting and troubling that good people, like Dr. John Parker, could have their good-names and reputations tarnished by people looking to capitalize on a movement designed and intended to help true victims of sexual abuse. I've been told that the second accuser involved in these allegations as Ms. Smith's accomplice, a name that I am not privy to, is friends with Shirley Smith. Dr. Parker was also set up by Desiree Kellogg, the original attorney of the Chiropractic Board. In an effort to set Dr. Parker up, Ms. Kellogg sent her teenage daughter to Dr. Parker in hopes of entrapping him in sexual misconduct. **BUT OF COURSE, THERE WAS NO MISCONDUCT (AND NEVER HAS BEEN) ON THE PART OF DR. PARKER.** Because of this, Ms. Kellogg withdrew herself from the case and transferred the case to Lisa Miller, another attorney with the Chiropractic Board.

I've also learned that in a hearing by the Chiropractic Board last April, one of the accusers was caught in a lie under oath; and therefore, committed perjury. In addition, Dr. Parker's attorney discovered that this same accuser was raped many years ago and is still undergoing therapy for anger management. Could she be directing her misplaced anger towards Dr. Parker? Or could it be because one of the accusers made a pass at Dr. Parker, of which he politely declined, as he has a long-time girlfriend. So it seems Ms. Smith may have multiple motives.

Let's not see a good man fall, we need as many good men in this world as we can get. I'm sure you will agree. Thank you for taking the time and effort to read all of this. I know in good conscience you will make the right decision. I would also greatly appreciate if you would forward this correspondence to every and all individuals on the Chiropractic Board that will be involved in this case. Thank you very much for your time and efforts on this matter.

Respectfully,  
Ginny Fogelberg

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Dr. Parker's explanation in  
regard to Question number  
16

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August 2, 2022

John Parker D.C.

408-202-8423

To: CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

Dear Board Members,

I had my California Chiropractic license revoked because I was falsely accused and poorly represented by the lawyer that was provided by my insurance company. My lawyer failed to present several important known facts during the hearing. The Deputy Attorney General, Desiree Kellogg, who filed the accusations against me, attempted to set me up by sending her 17 year old daughter to be treated by me four days after she filed. I am innocent of the false accusations of three elderly women. My first accuser, Sharon Danner was hospitalized for a mental breakdown several years ago. She is still on antidepressant and anti-anxiety medication. Several months before the accusation, she made a pass at me and got very angry when I rejected her. My lawyer did not mention this during the hearing. My second accuser, Margaret Genova was pressured by her friend for 4 months to file a false complaint to California Chiropractic Board. That friend is Shirley Smith who worked for Dr. Shima M.D. who was subleasing office space from my boss Dr. David Olinger D.C. I learned that Shirley Smith was spreading false rumors to many of my patients. When I confronted her and asked her to stop spreading these false rumors, she assaulted me 3 times and one of those times she also battered me for which I have photographs of my bruised body. After the third assault I called my boss Dr. David Olinger D.C. who was dying of cancer, and told him about those 3 assaults. He called Dr. Shima and told him that he and Shirley Smith have to move out immediately. In fact, I wanted to leave this toxic and dangerous environment about 2 years before these accusations were made. However, I could not leave Dr. Olinger's practice because I was under a contract with him as he was the sponsor for my green card at the time. I received my green card a few months after the false accusations were made and orchestrated by Shirley Smith.

My lawyer didn't bring any of this up during the Board Hearings. I told my lawyer that dozens of character witnesses wanted to testify on my behalf. He only wanted one and finally agreed to only two character witnesses. Several times I requested a new lawyer but I was denied by my insurance company. Since I lost my license I have consulted with 15-20 lawyers. Most of them told me that I had poor representation and advised me to file a lawsuit against my insurance company and my lawyer. They also told me that my lawyer had a responsibility to appeal the board's decision within 30 days and he failed to do that.

The police and District Attorney did not believe my three accusers. No criminal charges were filed because the statements by these women were conflicting and contradictory. The third accuser Sabrina Vicars was caught committing perjury during the board hearings. In addition, it was discovered that she was raped decades ago and is still going through therapy/anger management. She hid this information from everyone and the administrative law judge never mentioned any of this in her proposed decision. Because administrative law judge did not

mention this in her proposed decision, the California Chiropractic Board members were not aware of this when making their decision.

My chiropractic expert witness testified that anterior rib treatment is taught in chiropractic colleges and is used by many chiropractors, including my boss Dr. David Olinger, D.C. He emphasized that I have not violated any California Codes and regulations and I should not be subject to a disciplinary action. Also, California Chiropractic Board's expert witness falsified his resume and it was pointed out that as a result he could lose his license. Again, administrative Law Judge did not mention this in her proposed decision. My expert witness stated that the Board's expert witness was looking for every possible opportunity to find fault with me. Within 2 weeks of revocation of my license many of my extremely upset patients have written letters/emails to California Chiropractic Board defending me and stating that I always explain every procedure in detail and always seek patient's permission.

Sincerely,

Dr. John Parker, D.C.

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State of California Board of  
Chiropractic Examiners  
Verification of Licensure

&

State of California Board of  
Chiropractic Examiners Board  
Actions

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
 DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS  
 1625 N. Market Blvd., Suite N-327, Sacramento, CA 95834  
 P (916) 263-5355 | Toll-Free (866) 543-1311 | F (916) 327-0039 | www.chiro.ca.gov



CHIROPRACTIC PHYSICIANS'  
 BOARD OF NEVADA

**LICENSE VERIFICATION**

SEP 15 2022

RECEIVED  
 RENO, NEVADA 89502

JOHN PARKER, DC )  
 License Number: DC 33671 )  
 \_\_\_\_\_ )

I hereby certify that I am the Licensing Technician for the Board of Chiropractic Examiners.

Further, I hereby certify that the records of the Board of Chiropractic Examiners show that on **August 10, 2016**, the Board issued license number **DC 33671** to **John Parker** and the address of record is **1529 Grand Avenue, #B, San Marcos, CA 92078**.

Further, I hereby certify that the records of the Board of Chiropractic Examiners show that **prior disciplinary action** has been taken against said license in a **Proposed Decision, case No. AC2020-1238** and said license was **revoked on August 6, 2021**.

Witness My Hand and Seal of the  
 State Board of Chiropractic Examiners  
 This **22<sup>nd</sup>** day of **August 2022**.

**State Board Seal**

*Susan Glover-Smith*  
 \_\_\_\_\_  
 Susan Glover-Smith, Office Technician



\*Enclosure

SEP 15 2022

RECEIVED  
RENO, NEVADA 89502

**BEFORE THE  
BOARD OF CHIROPRACTIC EXAMINERS  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**JOHN PARKER  
1529 Grand Avenue, #B  
San Marcos, CA 92078**

Chiropractor License No. DC 33671,

Respondent.

Case No. AC 2020-1238

**DECISION AND ORDER**

The attached Proposed Decision of the Administrative Law Judge is adopted by the Board of Chiropractic Examiners, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on August 6, 2021.

IT IS SO ORDERED this July 7, 2021.

  
\_\_\_\_\_  
DIONNE MCCLAIN, D.C.

**BOARD CHAIR**  
Board of Chiropractic Examiners  
Department of Consumer Affairs

**BEFORE THE  
BOARD OF CHIROPRACTIC EXAMINERS  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation against:**

**JOHN PARKER, Respondent**

**Chiropractic License No. DC 33671**

**Agency Case No. AC 2020-1238**

**OAH No. 2020090540**

**PROPOSED DECISION**

Irina Tentser, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on April 13, 14, and 15, 2021.

Lisa Miller, Deputy Attorney General, represented Robert Puleo (Complainant), Executive Officer of the Board of Chiropractic Examiners, Department of Consumer Affairs (Board).

Brian L. Hoffman and Jack D. Wolfe, Attorneys, represented John Parker (Respondent), who was present throughout the hearing.

Testimonial and documentary evidence was received. The record was closed and the matter was submitted for decision on April 15, 2021.<sup>1</sup>

## **SUMMARY**

Complainant seeks to discipline Respondent's chiropractor license based on his alleged unprofessional conduct in his treatment and medical records of three patients constituting gross negligence; repeated negligent acts; incompetence; failure to record required patient information and diagnoses; acts of sexual abuse and/or misconduct; and conduct endangering the health, welfare, or safety of the public. Respondent's evidence at hearing was insufficient to establish rehabilitation or mitigation. As a result, public protection requires the revocation of Respondent's chiropractor license.

## **FACTUAL FINDINGS**

### **Jurisdictional Matters**

1. Complainant filed the Accusation in this matter in his official capacity.
2. Respondent timely filed a notice of defense, and this hearing took place.

All jurisdictional requirements have been met.

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<sup>1</sup> The ALJ issued a protective order placing medical records under seal concurrently with the issuance of this Decision. In addition, the ALJ redacted confidential personal information whenever present in the exhibits, including dates of birth.

3. Respondent was licensed by the Board to practice chiropractic in California, holding license number DC 33671. The license was in full force and effect at all times relevant to the charges brought in the Accusation. Respondent was first licensed on August 10, 2016. Respondent's license was scheduled to expire on April 30, 2021. There was no evidence of prior license discipline submitted at hearing.

### **Background**

4. Respondent is a chiropractor who practices at the chiropractic office of Dr. David R. Olinger in San Marcos, California. Respondent began working for Dr. Olinger in 2016. After Dr. Olinger's health declined, Respondent took over his practice. In 2019, Respondent had close to 1,000 patients, with 400 of his own and others inherited from Dr. Olinger.

5. The crux of this case are allegations that Respondent, while providing treatment to three female patients, M.G., S.D., and S.V.,<sup>2</sup> engaged in sexual misconduct, touching them in an inappropriate manner. There are also allegations of medical record deficiencies as to the three patients.

6. Two of the patients in question, S.V. and S.D., came in separately to the San Diego County Sheriff's Department to file sexual battery reports against Respondent, alleging that Respondent touched them inappropriately in their breast area during treatment. They subsequently filed Board consumer complaints against Respondent. The third patient, M.G., initially filed a complaint with the Board against Respondent making the same allegations, and she was subsequently interviewed as part of the police investigation against Respondent, also filing a sexual battery report.

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<sup>2</sup> The patients' initials are used to protect their privacy.

Each of the complaints was made independently by the patients. None of the patients knew each other at the time their respective complaints were filed.

7. All three patients prepared written statements regarding their experiences with Respondent, were interviewed by police, and testified in this matter.

8. Respondent denied the patients' allegations of sexual misconduct. He maintained that his manipulation of the patients' chest areas was necessary for treatment, involving the chiropractic treatment techniques of anterior rib adjustment and myofascial release of the chest. According to Respondent's statement to the police, he has been performing myofascial release of the chest as a chiropractic technique since December 2017.

9. The Board investigated the allegations of the patients in conjunction with the police investigation. In February 2020, the District Attorney declined to file criminal charges against Respondent based on the sexual battery reports of the patients. The Board referred the matter for expert review, and thereafter Complainant filed the Accusation alleging six causes for discipline against Respondent's license, including sexual misconduct, gross negligence, repeated negligent acts, incompetence, failure to record required patient information and diagnoses, and conduct that has endangered the health, safety, or welfare of the public.

10. The facts set forth below regarding Respondent's sexual misconduct were established by the credible testimony of patients S.D., S.V., and M.G., and corroborated by the medical records of S.D. and S.V. M.G.'s medical records were not submitted into evidence by either party.

## **Sexual Misconduct**

### **PATIENT M.G.**

11. M.G. is a woman in her sixties who has received chiropractic services with various chiropractors over the past 30 years.

12. On November 26, 2018, M.G. started chiropractic treatment with Respondent for vertigo and lower back pain. The first visit started with Respondent taking M.G. to an exam room where he had her stand in front of a mirror to check alignment. Respondent then had M.G. lie down on the adjusting table where he proceeded to adjust her.

13. During that visit, Respondent told M.G. that he needed to adjust her ribs and did so over her shirt, saying that the best way to adjust the ribs is under the shirt, over the bra. Respondent told M.G. to think about if she would be okay being adjusted with his hand under her shirt directly on her chest skin and let him know at their next appointment if M.G. was okay with that type of contact.

14. M.G. told Respondent she would think about it. However, she thought it odd and unnecessary for Respondent to need to go under a woman's shirt for chiropractic treatment.

15. After Respondent adjusted M.G.'s ribs he pressed on them to see if there was any pain. One small spot had some discomfort as he pressed on it. Respondent told M.G. that he would need to go under her shirt now, during the first visit, to adjust it properly.

16. Without asking for her consent, Respondent pulled up M.G.'s shirt and put his hands under her shirt, over her bra, and ran his hands up and down her

sternum with adjusting motions. As Respondent moved his hands up and down, he touched about half of the inner part of M.G.'s breasts, seemingly trying to look away from M.G.'s chest while he was making the motions.

17. M.G. was uncomfortable with this type of adjustment. She was confused why Respondent needed to do it under her shirt, why he did it without permission, and why he did it without another person being in the room. M.G. trusted that this was a genuine form of treatment based on Respondent's claims during the visit that few chiropractors were good at adjusting, he was one of the ones that does this type of chiropractic adjustment, and this is how he adjusts everyone's ribs.

18. Subsequently, M.G. had six additional appointments with Respondent, on December 3, 9, 12, 2018, and January 4 and 18, 2019. Each time, Respondent did the same type of rib adjustment under her shirt without asking her permission, directly on the skin of her chest, in the same manner. At every visit, Respondent told M.G. repeatedly that few chiropractors were as good at adjusting as him, talking and repeating himself constantly.

19. M.G. did not tell Respondent to stop doing the adjustments under her shirt and on her skin during any of her visits. Because her vertigo and back pain had significantly improved, she trusted that Respondent's adjustment techniques were genuine.

20. During M.G.'s seventh and last appointment, on January 18, 2019, Respondent told M.G. that he had adjusted at least two women in a better way than he had previously and that it helped relieve pain and align ribs better than his current method. M.G. did not go to Respondent for rib pain, did not have rib pain, and had no problems with her ribs. She only had discomfort in one spot if Respondent pushed on

it. She never requested that Respondent perform either the anterior rib adjustment and/or a myofascial release of her chest area.

21. Respondent told M.G. to perform this new technique he needed to get under her bra. Respondent told M.G. that maybe he would try this at her next appointment and to think about it. M.G. was shocked and did not respond. Respondent continued to talk, telling M.G. about other women he had adjusted in this way.

22. After Respondent was done adjusting her and had adjusted her ribs in the usual way of going under her shirt and over her bra, M.G. stood in front of the mirror for Respondent to check her alignment again, as was typical at the end of an adjustment. M.G. had pain in her upper left chest area by her shoulder which she did not have when she first came for her adjustment. She told Respondent about it and he told her he needed to adjust that area.

23. At Respondent's request, M.G. lay back down on the table on her back. Respondent pulled up her shirt and bra, fully exposing her breasts, and started the technique he had told her about at the start of the session. Respondent did not ask M.G. if he could pull up her shirt and bra and expose her breasts. M.G. did not provide permission for Respondent to expose her breasts or to perform this technique. M.G. was confused and in shock. Respondent looked directly at her breasts for much of the time.

24. During M.G.'s last visit Respondent's hand movements were different from prior adjustments. Instead of staying near the center of her chest, as he had during previous adjustments, he pressed firmly on her sternum/rib area out to the other part of her chest, over the upper part of her breasts above her nipples to her

sides. Respondent then ran his hands firmly down M.G.'s chest, from her clavicle area downward on both sides, over her breasts and nipples.

25. While doing this Respondent paused several times to talk about what a great chiropractor he was while M.G. lay with her breasts fully exposed. Respondent stared at M.G.'s breasts the entire time he was talking. M.G. was frozen and did not know what to do. After the third time Respondent ran his hands over her breasts and nipples, M.G. grabbed and pulled down her bra and shirt while Respondent continued to talk and stare at her breasts.

26. Respondent's actions left M.G. confused. She did not know what to do so she stood up to leave. M.G. paid for the appointment and left as fast as she could. As M.G. left, she was in tears, feeling violated and sick over her experience with Respondent. She cried all the way home and for some time after, M.G. felt depressed and isolated.

27. During the three years prior to her treatment with Respondent, M.G. had issues with her left breast and it had been monitored closely by thermography. Respondent did not ask M.G. if she had any breast issues that putting pressure on her breasts could affect. For two weeks after Respondent exposed and placed pressure on her breasts, M.G. had pain in her breasts, especially the left one.

28. After her last appointment, M.G. had trouble sleeping. She confided her experience to her sisters and one sister suggested M.G. write down what happened. Two days after her last appointment, on January 20, 2019, M.G. documented her experiences with Respondent. (Exhibit 9.) She also thought about reporting Respondent's conduct to the police. On February 4, 2019, M.G. reported Respondent's conduct to her doctor, Dr. Shima. He was a doctor in Dr. Olinger's and Respondent's

practice and had referred M.G. to Respondent for chiropractic care. (Dr. Shima left the practice soon after M.G. reported Respondent's conduct to him.) After M.G.'s with Dr. Shima, M.G. believed Respondent had been instructed to stop exposing women's chests during chiropractic treatment, so M.G. did not report Respondent's conduct to police.

29. However, M.G.'s experiences with Respondent left her traumatized, unsettled and disturbed. She had a hard time coping with it, sought counseling, and felt she had to do something to prevent another patient going through the same experience with Respondent. On April 26, 2019, M.G. filed a consumer complaint with the Board against Respondent detailing her experiences. (Exhibit 8.)

30. On May 14, 2019, the Board notified the police about M.G.'s complaint. M.G. was subsequently interviewed by police as part of their ongoing investigation of Respondent. (Exhibit 11, pp. AGO-130-AGO-134.) She was the third of Respondent's patients to report similar experiences of having Respondent inappropriately touch them under their blouses multiple times and ultimately expose their breasts during the patients' last appointments.

31. M.G. credibly denied at hearing that she had, as Respondent suggested, psychological issues which prevented her from clearly perceiving whether Respondent's conduct was appropriate.

#### **PATIENT S.V.**

32. S.V. is a woman in her sixties who has received chiropractic services with various chiropractors since 1987.

33. In 2015, S.V. was referred by her dentist to Dr. Olinger for chiropractic treatment. S.V. began seeing Dr. Olinger on an as needed basis and was satisfied with his techniques. She saw Dr. Olinger 10 to 12 times. After Dr. Olinger became ill, she started seeing Respondent, who was covering Dr. Olinger's patients.

34. As of 2019, S.V. had seen Respondent about 10 times. During her appointments with Respondent, S.V. would get chiropractic adjustments/alignments on her whole body to be balanced, assist with her naturopathic dental work, and for maintenance.

35. S.V. recalled three incidents when Respondent touched her inappropriately while providing chiropractic treatment. Only Respondent and S.V. were present in the treatment room during their appointments.

36. S.V. was unsure of the exact dates of the first two occasions when Respondent briefly touched her breasts. The first occurred in approximately late summer/early fall 2018. The second time was in late fall 2018.

37. The first time Respondent touched S.V.'s breasts, he briefly put his hand underneath her shirt and bra, placing his hand between her breasts. S.V. stopped him. After she stopped him, Respondent asked her, "Isn't this what Dr. Olinger did?" (Exhibit 11, p. AGO-107.) S.V. responded that it was not. Respondent then explained about the breastbones and how they move. He pressed on her breastbone, and S.V. felt tenderness. S.V. had no complaints of chest or pectoral pain, but since she felt tenderness when Respondent pressed on the bone, she accepted his explanation.

38. The second time Respondent touched S.V.'s breasts, he quickly pushed on her chest. S.V. could not recall if this action was under or over her clothing; she thought it was underneath her top, but over her bra.

39. The third and final time Respondent touched S.V.'s breasts occurred during S.V.'s last appointment with Respondent. On January 23, 2019, S.V. went in for her appointment with Respondent. As was typical of her appointment, she was first placed in a dark room alone where she lay on her back on a warm, mechanized roller bed for about 15 minutes.

40. From there Respondent took S.V. to a treatment room across the hallway. S.V. told Respondent about some foot soreness and pain she was experiencing due to an auto accident in 2018. S.V. had previously worn a foot boot that caused sciatica. She asked Respondent to work on her foot as he had in prior appointments.

41. S.V. stood facing a full-length mirror with Respondent standing behind her. She reported discomfort in her neck and shoulder blade area. She did not report any issues with her ribs or chest. Respondent looked at her and explained what she needed aligned. S.V. then moved to the treatment table. She began by lying on the table facedown. S.V. was wearing a zip up, hooded sweatshirt. Respondent asked her if she had any clothing on under the sweatshirt. S.V. responded that she did, and Respondent had her remove her sweatshirt because it was dense. S.V. was left wearing a long black sleeve black top, a black tank top, a black underwire bra, black yoga pants, and a pair of black socks.

42. Respondent proceeded to manipulate, align and adjust her joints up and down the entire backside of her body. At one point, Respondent performed a technique on her hips by sitting on one side of her buttocks. He used his weight to adjust her hip/buttock area. Respondent did this on both sides of her buttocks. S.V. was unfamiliar with this technique, but it did result in some release for her.

43. After completing this portion of the appointment, S.V. turned over and lay on her back on the table. Respondent adjusted her neck. At some point, Respondent had S.V. sit up on the table with her feet dangling down. Respondent adjusted her shoulder blades and did various adjustments while S.V. extended her arms to her side and above her head.

44. At the conclusion of these adjustments, S.V. believed they were done and began to get off the table. Respondent, however, instructed S.V. to lie back down. S.V. could not recall why Respondent asked her to lie back down. According to S.V., Respondent's demeanor changed. S.V. was apprehensive because on two prior occasions Respondent had touched her breasts.

45. Without prior explanation as to what he was doing and without obtaining consent from S.V., Respondent grabbed S.V.'s shirts and shoved them along with her bra up towards her head. S.V. was wearing a wired bra and the underwire put pressure on her throat and was jabbing her neck.

46. S.V. was fearful and realized that what Respondent was doing was not appropriate. However, she did not tell Respondent to stop. S.V. recalls not thinking clearly and not feeling safe. S.V. pulled Respondent's hand away and lowered her clothing to cover herself.

47. Respondent again shoved the bra and top back up and S.V.'s breast came out of the bra. S.V. believed she was in danger with the bra poking her throat. She sat up and pulled her bra down. Respondent asked her what she was doing. S.V. responded she was removing her bra because she had a tank top on. She then pulled off her long sleeve shirt and removed her bra. S.V. remained in her tank top.

48. When S.V. lay back down, Respondent pulled her tank top up exposing her breasts again. S.V. relented. Respondent had S.V. put her arms out to her side, like a "T." According to S.V., Respondent appeared to try and keep what he was doing medical and explained about muscles and bones on the chest.

49. Respondent used his bare hands on S.V.'s breasts and moved his hands across her breasts, touching her from her neck down to her waist, including going over her breasts from the center to the sides of her chest. Respondent never stopped or lingered with his hands over S.V.'s breasts.

50. S.V. observed that Respondent did not seem like himself, and she felt that she just needed to stay still and then get out. Once Respondent was done, S.V. recalled that she shut down. She did not say anything to Respondent when he was touching her breasts because she felt that she needed to get out of the situation safely.

51. Before leaving, S.V. mentioned to Respondent again that she had foot pain and he quickly worked on her foot. At the conclusion of the appointment, Respondent and S.V. went back to the full-length mirror, where Respondent checked to make sure she was balanced. As S.V. was leaving the office, she saw Dr. Olinger. She was happy and relieved to see him and spoke with him briefly about his health. She then paid for her appointment and left the office.

52. After their last appointment, S.V. continued to doubt that Respondent's actions in exposing and rubbing her chest area were medically necessary for her chiropractic care. As a result, that evening she looked up a video showing the technique Respondent had said he was using during the appointment. The video

showed the technique, myofascial release of the chest, being performed on a man over his shirt. The video validated S.V.'s feeling that Respondent had acted inappropriately.

53. Initially, S.V. did not tell anyone about her experience. On January 25, 2019, she called various crisis places for help and shared her experience with a friend who encouraged her to call the police or go to urgent care. S.V. went to a Kaiser Permanente clinic, and the doctor to whom she related her experience contacted police.

54. On January 25, 2019, S.V. filed a complaint with the police against Respondent. On January 29, 2019, S.V. prepared a written statement detailing her experience with Respondent. In her statement, among other things, S.V. described that Respondent ran his hands over a portion of her inner left and right breast during the January 23, 2019 appointment. (Exhibit 6.) During her February 20, 2020 police interview, S.V. also stated that Respondent touched her breasts while he ran his hands over her breasts during the appointment. At hearing, S.V. described Respondent touching of her breasts as a "caress." While S.V. had not previously described the touching as a caress, she confirmed that Respondent touched her breasts, and not just the outer areas of her breasts during the January 23, 2019 appointment.

55. S.V. has sought anxiety treatment with a counselor due to her experience with Respondent, which she described as "harrowing" and "shocking." In addition to reporting Respondent's actions to police, she filed a consumer complaint with the Board. S.V. is also pursuing a civil action against Respondent for monetary damages.

56. S.V. credibly denied, as suggested by Respondent, that she had experienced past traumatic sexual events that impacted her ability to discern whether Respondent's conduct was appropriate.

## **PATIENT S.D.**

57. S.D. is a woman in her sixties who has received chiropractic services from approximately three to four chiropractors during the past 20 years.

58. From June 2017 through January 2019, S.D. was Respondent's patient. S.D. began seeing Respondent on her sister's recommendation. She sought chiropractic services from Respondent for lower back pain and hip pain. When she first started seeing him, she was using a cane and had a lot of pain in her left leg.

59. After S.D.'s doctor could not find anything wrong with her leg, Respondent opined that S.D.'s pain was caused by scar tissue that had built up over time. S.D. initially had weekly appointments with Respondent. Her leg pain subsided, and she was able to stop using the cane. S.D. attributes her improvement to Respondent's chiropractic adjustments. S.D. continued to see Respondent and receive chiropractic adjustments to ensure that the pain in her leg did not return. She and Respondent were always alone in the room when he did chiropractic adjustments.

60. On January 12, 2019, S.D. had an appointment with Respondent. Respondent's girlfriend was in the front office, but she was not in the treatment room with Respondent and S.D. The first thing Respondent did at the appointment was to place S.D. on a table with rollers and heat. After about 20 minutes, S.D. went to another room with a chiropractic table. As was usual before adjustments, Respondent checked her posture. S.D.'s left shoulder and right hip were higher than the other side, like every time before her chiropractic adjustments with Respondent.

61. Respondent told S.D. about another woman who had recently come in with issues in her ribs. According to Respondent, the patient had hurt her ribs while lifting weights and could hardly breathe. Respondent described for S.D. what he did to

fix the patient's problem. He demonstrated the treatment on his body by massaging himself, including putting his hand over his breast area. S.D. did not say anything in response, thinking that on a woman, Respondent's demonstrated massage would touch the breasts.

62. After describing the technique, Respondent followed the sequence of chiropractic adjustments he normally performed on S.D. First, S.D. lay on her stomach while Respondent did adjustments of her spine and hips. She then turned on her side while Respondent performed adjustments. Finally, S.D. lay on her back while Respondent performed traction of her neck by putting a towel at the back of her neck and twisting around her chin, pulling hard. After that, Respondent pulled on S.D.'s legs to adjust her hips and pushed her knee up to her chest.

63. Without explaining what he was doing and/or obtaining S.D.'s consent, Respondent then pulled up her shirt and bra, exposing her breasts to adjust her ribs. S.D. was shocked and froze. She lay there and softly told Respondent not to do that. Because Respondent was talking the whole time, S.D. did not know whether he heard her telling him to stop and ignored her request. S.D. could not speak after telling Respondent to stop. She let Respondent work on her ribs, rationalizing to herself that Respondent was a doctor and maybe needed to adjust her ribs by exposing her breasts. She followed Respondent's instructions, including putting her arms out to a "T," which Respondent told her would stretch her ribs more. This "T" position further exposed S.D.'s breasts to Respondent, which she did not like.

64. After Respondent was done, he pulled S.D.'s bra and shirt back down. She mentioned to Respondent that there was some residual pain. Unexpectedly, Respondent again pulled up her bra and shirt without first asking her for consent.

Respondent then did more adjustments to her ribs. Respondent again pulled down her clothes and asked if the pain was gone.

65. Respondent did not touch or grope her breasts during the January 12, 2019 appointment.

66. The pain was gone, but S.D. was emotionally confused. She did not like what Respondent had done in pulling up her bra and shirt twice during one appointment without first obtaining her consent. She was humiliated by having Respondent see her half-naked and felt violated. She rationalized Respondent's behavior, believing that because he was a doctor, he knew what needed to be done during the appointment.

67. The experience left S.D. numb and confused. She did not know what to think and was conflicted. On the one hand, she thought Respondent believed he needed to expose her breasts to adjust her ribs. On the other hand, S.D. felt extremely uncomfortable being half-naked in front of a man.

68. As the appointment ended, Respondent continued to talk, describing to S.D. that some chiropractors do adjustments in the open where anyone who is in the office can see what they are doing. According to S.D., Respondent said something to the effect that he does not like doing chiropractic adjustments in the open because sometimes it is important to have privacy. Respondent then concluded the appointment by measuring S.D. again, as he did at the end of every appointment. S.D.'s shoulders and hips were now aligned.

69. S.D. paid for the appointment, made another appointment, and left. She subsequently cancelled her appointment and refused to go back to Respondent because she no longer trusted him. She struggled with what Respondent had done

during the appointment and was confused. As she thought about what happened, she became increasingly upset and kept thinking about how embarrassed and shocked she had felt at having her breasts exposed by Respondent. She believed that they had a professional relationship and that Respondent had taken advantage of her by his inappropriate conduct on January 12, 2019.

70. After taking additional time to think about what happened during her January 12, 2019 appointment and relating her experience with Respondent to friends, who confirmed S.D.'s belief that Respondent exposing her breasts during the appointment was inappropriate, S.D. decided to report Respondent's conduct to police to protect other women with whom Respondent may act similarly inappropriately with in the future.

71. On January 24, 2019, S.D. filed a police report against Respondent. On January 30, 2019, S.D. prepared and provided a written statement to police regarding her experience with Respondent. (Exhibit 7.)

72. During her police interview and in her written statement S.D. related that Respondent had, at several appointments prior to the last one on January 12, 2019, gone beneath her shirt and bra to perform techniques. Specifically, after first adjusting her ribs through her shirt, Respondent one day put his hand under her shirt and bra to make the same rib adjustment. S.D. could not recall the date this first happened but was sure it happened on other visits as well, at least two or three times. S.D. found Respondent's actions of going under her shirt and bra to do adjustments extremely uncomfortable. However, she accepted Respondent's explanation that he could not safely adjust her ribs over her clothes because he could break or bruise her ribs.

73. S.D. could not recall whether Respondent explained what he was going to do prior to going under her shirt and bra to do adjustments. She believed he just went under her shirt and bra and adjusted her ribs without obtaining prior consent. S.D. wanted to say something to Respondent about how his actions made her uncomfortable but was too fearful to make her feelings known to Respondent.

74. S.D. testified at hearing that she did not recall telling Respondent that she had rib pain and/or requesting that Respondent perform either the anterior rib adjustment and/or the myofascial release of the chest at any time she was being treated by Respondent. Rather, Respondent performed the techniques of his own volition and did not ask prior permission from S.D. before touching her under her shirt and bra during appointments or exposing her breasts during the final January 12, 2019 appointment.

75. S.D.'s experience with Respondent left her stressed, humiliated and upset, and she wished that it had not happened to her. She credibly denied Respondent's claims that she made a pass at Respondent which he rejected and that her complaint against him was based on an unrequited crush on Respondent. She further credibly denied that she had a prior mental breakdown that caused her to be unable to clearly perceive whether Respondent's conduct was inappropriate.

#### **RESPONDENT'S EVIDENCE – SEXUAL MISCONDUCT**

76. At hearing, Respondent denied all allegations of sexual misconduct by patients M.G., S.V., and S.D. He insisted that the patients all provided informed consent to having their breasts exposed while he performed myofascial release of the chest and provided informed consent when he did anterior rib adjustment underneath their shirts and bras. He denied touching any of the patients' breasts and/or nipples.

Respondent testified that he felt sorry for the patients because he could no longer help them with their chiropractic issues. Respondent attributed the patients' claims of sexual misconduct against him on past trauma they had experienced in their lives which he asserted caused the patients psychological issues. He claimed that the patients' psychological issues caused them to falsely perceive that the legitimate chiropractic techniques of anterior rib adjustment and/or myofascial release of the chest which he performed constituted inappropriate sexual misconduct. Respondent testified that, he, unlike the patients who made claims against him, had never undergone any psychological treatment. Respondent's assertions that the patients' alleged psychological issues caused them to falsely perceive their experiences with Respondent lack credibility as they are self-serving and speculative.

77. On July 18, 2019, Respondent was interviewed, with his counsel present, by police. The police invited the Board's investigator to observe the interview without Respondent's knowledge. Respondent's hearing testimony was consistent with his statements to police during his interview, as more fully described below.

78. During the police interview, Respondent stated that if someone, men or women, complains of front rib pain, he normally adjusts on the skin under the bra. Respondent stated that he would not need to pull up their shirt. He adjusts under the clothes with their hands extended out to their sides so the tissue is stretched. His hands are close to their sternum. This is an anterior rib adjustment.

79. According to Respondent, if patients complain pain is still present there is another technique, called a myofascial technique, he can perform.

80. When police confronted Respondent with the fact that M.G. did not see Respondent for rib pain, but for vertigo and lower back pain, Respondent stated that

she did complain of rib pain in some visits including on the January 18, 2019 final visit. Respondent provided police with M.G.'s medical records to corroborate his assertions. M.G.'s medical records were not submitted into evidence at the hearing in this matter. (Evid. Code, § 412.) Accordingly, Respondent's self-serving and uncorroborated statement that M.G. complained of pain in the chest area prior to him performing myofascial release with her breasts bare on January 18, 2019 is viewed with distrust and given no weight.

81. Respondent admitted to adjusting M.G.'s front ribs on December 3, 9, 12, 2018 and on January 4 and 18, 2019, using the anterior rib adjustment technique. According to Respondent, on all the adjustments prior to January 18, 2019, M.G. had no further complaints of pain after the adjustments. On January 18, 2019, after the adjustment, Respondent asserted that M.G. still reported pain. Respondent told police he did not want to thrust harder for fear of breaking her ribs.

82. Respondent stated he told M.G. he could do a soft tissue technique also referred to as myofascial release, explaining to M.G. he could not just go under her shirt, but would need traction and she would be required to breathe out on every move. According to Respondent, he needed to do this to spread the ribs because the technique involved stretching the tissue due to the ribs being jammed on top of each other. Respondent insisted he informed M.G. that this technique would be done under her shirt and bra and advised M.G. she would need to lift her shirt and bra up and extend her arms.

83. Respondent claimed he informed M.G. her breasts would be exposed when he performed the myofascial release. According to Respondent, he notates this technique on patient records by writing, "fascial release ok." Respondent described that he notates the patient's consent before performing the technique and obtains

verbal acknowledgement from the patient he can perform the technique prior to performing it on the patient. After the technique is performed on the patient, he again asks the patient if the procedure was acceptable. He then notates the patient was ok with the technique by circling the "ok." Respondent told police that if a patient does not consent to the technique, he notes it in the comment section. However, according to Respondent, he has never had a patient not provide consent to the technique.

84. Respondent asserted that the technique cannot be performed over the clothing because the ribs would break; with the tissue needing to be stretched without any resistance from clothing, oil, lotion, etc. The myofascial release technique is performed between the breasts on the sternum all the way to the lower ribs. Respondent learned the technique at chiropractic college and through seminars. Respondent reported to police he does not like to do myofascial release because it is too time consuming; he would rather just adjust joints.

85. Respondent insisted M.G. consented to the myofascial release technique and that M.G. lifted her shirt and bra to expose her bare breasts. Respondent claimed he did not help her lift her shirt and bra and did not touch her breasts and nipples at any point.

86. Respondent described that when he performed myofascial release, he preferred to have the patient move their shirt and bra up towards their neck area rather than have the patient remove their shirt and bra because the patient would be more exposed with the latter method and he wanted to get the technique done as quickly as possible. According to Respondent, M.G. consented to the myofascial technique with her bare breasts both before and after it was completed and reported that her pain was gone.

87. Respondent told police that he received no sexual gratification from performing the myofascial release technique. He stated that all the women who came forward to file complaints against him were older, and he was married.

88. Respondent asserted that he helped M.G. with her vertigo and adjusted her neck. He reported that M.G. was pleased with her adjustments and told Respondent that he was better than her prior chiropractor. Respondent described to police that M.G. had hugged him about three times over the course of being seen by him.

89. Respondent told police that he had performed the myofascial release technique on a couple of dozen patients, both men and women. He did not start performing the technique until December 2017 when he took over for Dr. Olinger's patients. He asserted that it was the patients who requested the myofascial release technique; he did not initiate the technique with patients. About two-thirds of the dozen patients he had performed the myofascial technique on were women. Respondent stated he had no complaints about the technique. He had no staff and no assistant in the room while performing the technique. Respondent stated to police that in the future he would stick to doing adjustments and not do soft tissue techniques and that he would hire a massage therapist to do soft tissue work.

90. As of the date of hearing, Respondent continues to perform soft tissue techniques, such as myofascial release on female patients while their breasts are exposed. Two female patients, one in her twenties and one in her thirties, who testified at hearing in support of Respondent's continued licensure described Respondent recently performing the myofascial chest release technique alone with them in the treatment room with their breasts exposed.

91. Respondent told police it was not possible for him to have touched the complaining patients' nipples during the procedure. He admitted that there was an occasion with a different patient that he accidentally touched her nipple under her bra during a rib adjustment. However, he apologized, and the patient was okay. This occurred during the rib thrusting and not myofascial release. When asked by police why he doesn't drape his patients' breasts when performing myofascial release, Respondent stated that he does not even look at the breast, focusing on where his hand is going.

92. Respondent stated his patients lift their own shirts; he does not lift their shirts or bra, but instead asks them to do it. During his police interview, Respondent again insisted that all three women provided permission for him to perform myofascial release.

93. With regard to S.V.'s last appointment, Respondent stated she complained of rib pain. Respondent explained he did not want to thrust any harder to adjust her ribs for fear of breaking them. Respondent told her he could perform myofascial release, explaining that her breasts would be exposed during the procedure. According to Respondent, S.V. consented to the procedure.

94. With regard to S.D.'s last appointment, Respondent asserts that S.D. complained of pain on the right side of her chest. Respondent asserted he explained the myofascial release procedure, including exposing her breasts during the procedure, and S.D. gave her consent. He then performed the technique and S.D. was okay with it after he performed it.

95. Respondent described that after S.D.'s last appointment, Respondent was scheduling her next appointment at the front counter, where his wife was present that

day. Respondent's wife had retrieved S.D.'s bill and gave it to her. Respondent reported to police and testified at hearing that S.D. looked at his wife like she wanted to kill her and "looked like a crazy person."

96. Respondent described to police that during his initial intake questionnaire with S.D., he had noted that S.D. had taken medication for depression and anxiety. He reported to police and testified at hearing that he believed the fact that S.D. had an alleged mental breakdown and made a pass at him in March 2018 may be why she was making claims of sexual battery against him.

97. To support his claims that he did not engage in sexual misconduct with the patients, Respondent stated that they were old, and he did not find them sexually appealing. Respondent described S.D. as "unattractive" and "obese with bad hygiene." (Exhibit 11, p. AGO-116.)

98. Two of Respondent's female patients, E.L. and N.P., testified in support of Respondent's continued licensure. E.L. (25 years old) and N.P. (32 years old) have been Respondent's patients since 2018 and 2019, respectively. They both testified that Respondent recently performed the myofascial release of the chest technique on them several times after obtaining informed consent and that he had them lift their own clothing to bare their breasts. Although their testimony confirms Respondent's continued use of the myofascial release of the chest technique, their testimony is afforded no weight to disprove the allegations of sexual misconduct in other instances with patients M.G., S.V., and S.D. were true. E.L.'s testimony is afforded little evidentiary weight based on her lack of first-hand knowledge of what occurred during Respondent's appointments with M.G., S.V. and S.D. Further, her representation that her positive opinion of Respondent would be unaffected if Respondent engaged in sexual misconduct against the patients demonstrates unequivocal bias in

Respondent's favor and a lack of understanding of the severity of a situation of a medical care provider engaging in sexual misconduct towards patients.

### **CREDIBILITY FINDINGS – SEXUAL MISCONDUCT**

99. Patients M.G., S.V., and S.D. credibly testified at hearing regarding their experiences with Respondent. Their testimony was consistent with prior contemporaneous written statements and statements to police. M.G., S.V., and S.D. testified resolutely, and without any indication of evasiveness or desire to exact retribution upon Respondent.

100. The patients' credible testimony provides sufficient clear and convincing independent evidence to establish that Respondent's actions during their appointments.

101. In addition, S.V.'s and S.D.'s medical records corroborate their testimony and prior statements. Respondent's claims of informed consent and justifiable chiropractic treatments are unsupported by S.V.'s and S.D.'s medical records. Anterior rib adjustment and myofascial release are legitimate chiropractic techniques. (Exhibits 13, N-P.) However, in this case, the clear and convincing evidence established that Respondent performed those techniques on S.V., S.D., and M.G. without their prior consent, shoving up their shirts and bras and exposing and touching the breasts of M.G. and S.V. Respondent cannot provide a reasonable medical justification for his inappropriate actions. A finding of sexual misconduct does not require that Respondent found the patients he violated attractive and/or was sexually aroused during his inappropriate conduct.

102. Respondent's claims that the patients asked for him to perform the myofascial release technique, provided informed consent to the myofascial release

technique with their breasts exposed, provided informed consent for him to perform anterior rib adjustments under their shirts and bras, pulled up their own shirts and bras, and approved the myofascial release technique with their breasts bare are simply not credible based on the weight of the consistent statements of M.G., S.V., and S.D. to the contrary.

103. Respondent, without obtaining informed consent, inappropriately touched M.G. under her blouse multiple times and on January 18, 2019 exposed her breasts, staring at her breasts, and touching her breasts and nipples under the guise of legitimate chiropractic treatment.

104. Respondent, without obtaining informed consent, inappropriately touched S.V. under her blouse twice, each time touching her breasts. On January 23, 2019, Respondent exposed her breasts twice and touched her breasts under the guise of legitimate chiropractic treatment.

105. Respondent, without obtaining informed consent, inappropriately touched S.D. several times under her blouse and bra. On January 12, 2019, Respondent exposed her breasts twice under the guise of legitimate chiropractic treatment.

106. Respondent's argument that he is a victim of the excesses of the "Me Too" movement is unsupported by the credible evidence.

### **Standard of Care**

107. There was conflicting expert testimony presented at hearing to establish the standard of care for the treatment of the patients in this case and regarding whether Respondent violated that standard of care. Both expert witnesses were qualified to testify as experts regarding the standard of care in this case. Any

additional weight given to one expert's testimony over the other's was based on the content of their testimony and bases for their opinions, as set forth more fully below.

108. Complainant alleges Respondent's medical records for patient M.G. were incomplete and illegible. However, Complainant failed to submit into evidence the medical records upon which the Board's expert based his report and opinion regarding the deficiencies in M.G.'s patient records. (Exhibit 15; Evid. Code, §412.) The law does not accord to an expert's opinion the same degree of credence or integrity as it does the data underlying the opinion. (*County of Sacramento v. Workers' Comp. Appeals Bd.* (2013) 215 Cal.App.4th 785.) As a result, insufficient clear and convincing evidence was presented to support a finding that the Respondent's patient medical records for M.G. were incomplete and illegible. Accordingly, Complainant failed to establish cause to discipline Respondent's license for alleged unprofessional conduct (including gross negligence, repeated negligent acts, incompetence, failure to record required patient information and diagnoses, and conduct which endangered the health, safety or welfare of the public) based on any deficiencies in M.G.'s patient medical records.

#### **Expert Testimony of Board Expert, Christopher R. Greene, D.C.**

109. Christopher R. Greene, D.C., has been a practicing licensed chiropractor in California for over 30 years. He also holds a chiropractic license in Colorado. Dr. Greene routinely acts as a practice monitor for the Board. Since 1988, Dr. Greene has served as a U.S. Department of Transportation Certified Medical Examiner. He has testified as an expert in various civil matters. Dr. Greene's primary chiropractic experience is in private practice. From 1989 through 2007, he worked as a chiropractor at Corona Hills Chiropractic in Corona, California. From 2007 through the date of hearing, when in Colorado, he works as chiropractor at his own office, Dr. Greene Chiropractic in Durango, Colorado. From 2018 through the date of hearing, Dr. Greene

has worked at "The Joint," located in Lakewood, California, providing chiropractic care to the public.

110. Dr. Green holds memberships in several chiropractic associations and is a member of the American Academy of Professional Coders. He erroneously indicated on his curriculum vitae that he had been a "Diplomate" at the National Board of Chiropractic Examiners in 1988. Dr. Greene's error was inadvertent and did not constitute an intentional misrepresentation of his qualification in this matter. Accordingly, the error has no bearing on the credibility of his expert opinion in this matter.

111. Dr. Greene was retained by the Board to provide expert review and evaluation in this matter regarding the complaints against Respondent.

112. Dr. Greene testified in a convincing and credible manner at hearing in support of his report findings as to S.V. and S.D. (Exhibit 14.)<sup>3</sup> Dr. Greene's report findings and testimony included opinions that Respondent violated additional Regulations which were alleged in the Accusation. Accordingly, this Decision is limited to Dr. Greene's expert opinions which pertain to the allegations contained in the Accusation.<sup>4</sup>

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<sup>3</sup> Dr. Greene's report (i.e., Exhibit 15) and opinions as to Respondent's conduct with reference to patient M.G. are addressed in this Decision based on her statements and testimony and not on her medical records, which were not submitted into evidence by either party.

<sup>4</sup> Testimonial and documentary evidence of Respondent's billing practices was submitted during hearing. This Decision, however, does not address the expert's

113. In sum, Dr. Greene opined that Respondent engaged in unprofessional conduct in that he was grossly negligent, engaged in repeated negligent acts, committed incompetent acts, failed to record required patient information, committed sexual misconduct with S.V., S.D., and M.G., and engaged in conduct which endangered the health, safety, and welfare of the public.

114. Specifically, Dr. Greene opined that Respondent routinely violated California Code of Regulations, title 16 (Regulations), sections 317, subdivisions (a), (b), (c), and 318, subdivision (a). The failures of Respondent to support his clinical methods through the utilization of accepted standards in documenting the evaluation, management, and treatment of S.D. and S.V., in Dr. Greene's opinion, drew into question the reliability of the medical records and constituted acts of incompetence.

115. Further, Dr. Greene's review of the condition referred to as "Anterior Rib" and the modality known as myofascial release demonstrated that S.D. and S.V.'s patient records did not provide a basis for this diagnosis or procedure. In addition, Dr. Greene opined that because the literature provided by Respondent discussing the application of myofascial release did not support exposing the breasts of female patients in the way performed by Respondent, his actions were not only inconsistent with clinical norms, but were, in fact, contrary to recommended practices to maintain patient privacy.

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opinions regarding whether Respondent's use of ICD-10 billing codes violated the standard of care because the Accusation does not contain allegations related to Respondent's billing practices, and the evidence, therefore, is not relevant to the findings herein.

116. Dr. Greene opined that performing an unwarranted procedure, exposing, and contacting the breasts of female patients not only intensified an already vulnerable situation, but violated doctor-patient trust. Ultimately, Dr. Greene asserted that Respondent's actions in performing the anterior rib treatment and myofascial release as described in S.V. and S.D.'s medical records, and in the testimony of S.V., S.D., and M.G., were neither supported by the symptoms or history reported by the patients, nor the findings and diagnoses in the chart notes.

117. Dr. Green testified that, viewing the evidence in a light most favorable to Respondent, absent a clinical rationale for exposing the breasts of S.D. on January 12, 2019, Respondent conduct constituted sexual misconduct and/or sexual abuse. Similarly, Dr. Greene opined that, absent a clinical rationale for exposing and touching the breasts of S.V. on January 23, 2019, and M.G. on January 18, 2019, Respondent's conduct constituted as sexual misconduct and/or sexual abuse, both violations of Regulations section 316, subdivision (c).

### **MEDICAL RECORDS – STANDARD OF CARE**

118. Dr. Greene opined that the standard of care when reviewing medical records requires that: (1) the record must be legible to someone other than the documenting physician or staff; (2) the date of service, name of patient, and name of provider must appear on each page; and (3) the documentation should support the nature of the visit and the medical necessity of the services rendered.

119. Dr. Greene explained that the medical record is how a healthcare provider communicates the assessment, management, and treatment of a patient, beginning with the initial visit and culminating with the discharge and/or release from active care. The medical record consists of two core elements: a) initial visit: history

and examination (E/M) and b) subsequent visits: progress notes (in SOAP format – Subjective and Objective findings, Analysis, and Plan for treatment). According to Dr. Greene each component of the medical record has required parts for clear and concise communication of the patient's condition and any treatment rendered. Properly documenting the history, examination, and subsequent visits in progress notes is critically important, and the duty of every chiropractor pursuant to Regulations, section 318. Accordingly, Dr. Green asserted that attention to detail is a prerequisite to ensure the reliability of the medical record.

### **S.V. Medical Records**

#### **History and Examination**

120. Dr. Greene reviewed the medical patient records for S.V. (Exhibit 10.) Based on his review as measured against the standard of care, Dr. Greene opined that Respondent violated the standard of care by failing to record a clear history, including the four elements of chief complaints (CC), history of present illnesses (HPI), review of systems (ROS), and personal, family, and social history (PFSH). Specifically, neither the symptom nor consultation pages of S.V.'s medical records show indication Respondent questioned S.V. regarding any of the information contained within. In addition, neither page was annotated with the date of service, name of patient, or name of the provider.

121. With regard to Respondent's April 18, 2018 examination of S.V., Dr. Greene opined that the examination was severely lacking and void of essential clinical data necessary for the proper diagnosis and management of her condition. Based on Dr. Greene's review, these deficiencies are severe and fail to meet the standard of care.

122. The basis for Dr. Greene's opinion on the examinations' deficiencies are as follows: Question #1 of the Consultation form asks, "What is the problem?" S.V.

answers with, "Jaw Alignment: Dr. Marvin adjusting bite guard, L shoulder & neck, Psoriatic Arthritis, Bilateral Carpal Tunnel." Additional symptoms on the Symptom sheet include right shoulder arthritis, pain in forearm, hands and fingers, swollen and sore joints in the fingers, arthritis of the fingers, cramps in the toes, fatigue/run-down, loss of hearing/ringing in ears, head feels heavy." (Exhibit 14, p. AGO-209.)

123. Based on S.V.'s documented complaints, Dr. Greene opined certain orthopedic and neurologic tests are expected to be conducted, some of which are listed, titled "CERVICAL SPINE EXAM." (Exhibit 14, p. AGO-209.) However, Dr. Greene noted that many of these tests and assessments (e.g., palpation, deep tendon reflexes, shoulder range of motion) are left blank. Dr. Greene was confounded when Respondent circles the diagnosis "Thoracic Outlet Syndrome," yet leaving the section titled "TOS Testing" on the same page unmarked. According to Dr. Greene, of further concern is the presence of a second CERVICAL SPINE EXAM sheet, dated July 7, 2018. On this page, Dr. Greene notes the space "Date of Injury" is marked June 21, 2018 and the comments section states, "Pt to bring auto injury Hx form for next (illegible)." (*Ibid.*) Dr. Greene noted that S.V. may have been involved in a motor vehicle crash following the initial April 4, 2018 visit, but in the absence of supporting documentation this is unknown. Dr. Greene opined that the lack of continuity between S.V.'s history, examination, and diagnosis calls into question Respondent's clinical thought process and competency. In addition, Dr. Greene noted that Respondent's failure to record S.V.'s height and weight is a violation Regulations, section 318, subdivision (a)(2).

### **Diagnosis and Treatment Plan**

124. Dr. Greene opined that Respondent's April 4, 2018 initial diagnosis of S.V. failed to meet the standard of care because it lacked specificity. Dr. Greene described that Respondent's diagnoses of S.V. included "Sprain Strain: Mod," "Impingement

Syndrome," and "Intersegmental Dysfunction." (Exhibit 14, pp. AGO-209-AGO-210.) Dr. Greene opined that circling "Mod" without further description in the phrase "Sprain Strain: Mod," does not constitute a diagnosis because Strain and Sprain are distinct diagnoses. In addition, no regions of either strain or sprain are specified (e.g., cervical spine).

125. As to the notation of "Impingement Syndrome," Dr. Greene described that this is a partial description lacking specificity of what anatomical part is impinged. By neglecting specificity of the impinged anatomical structure and laterality, Dr. Greene opined that this diagnosis failed to meet the standard of care. (Exhibit 14, p. AGO-210.)

126. For the diagnostic notation of "Intersegmental Dysfunction," Dr. Green opined that because the description neglected a spinal region (e.g., Segmental and somatic dysfunction of cervical region), the diagnosis failed to meet the standard of care. (Exhibit 14, p. AGO-210.)

127. Dr. Greene opined that Respondent's July 17, 2018 re-examination and diagnosis of S.V. also failed to meet the standard of care because it lacked specificity. Dr. Greene described that Respondent's diagnoses of S.V. included "Sprain Strain: *Sev*," "Thoracic Outlet Syndrome," "Impingement Syndrome," and "Intersegmental Dysfunction." (Exhibit 14, pp. AGO-210-AGO-211.) Dr. Greene opined that circling "*Sev*" without further description in the phrase "Sprain Strain: *Sev*," does not constitute a diagnosis because Strain and Sprain are distinct diagnoses. In addition, no regions of either strain or sprain are specified (e.g., cervical spine). Further, based on the possibility of post-traumatic injuries secondary to S.V.'s motor vehicle crash on July 17, 2018, Dr. Greene opined that these omissions were even more concerning.

128. For the diagnosis of "Thoracic Outlet Syndrome," Dr. Greene noted that although Thoracic Outlet Syndrome is a listed diagnosis, the section of the Cervical Spine Exam labelled "TOS Testing" in the medical records is left blank. (Exhibit 14, p. AGO-211.) In addition, the section for recording shoulder range of motion is also left blank. As a result, Dr. Greene opined that the diagnosis of Thoracic Outlet Syndrome is unsubstantiated due to the lack of supporting orthopedic tests and/or other diagnostics, thereby failing to meet the standard of care.

129. Dr. Greene opined that the diagnosis of "Impingement Syndrome" was unwarranted and failed to meet the standard of care because the medical records neglected specificity of the impinged anatomical structure and laterality by the description and absence of clinical rationale. (Exhibit 14, p. AGO-211.) The diagnoses of "Intersegmental Dysfunction" also failed to meet the standard of care based on the neglected specification of a spinal region. (*Id.*)

130. Dr. Greene opined that S.V.'s medical records were also inaccurate and incomplete, failing to meet the standard of care. Dr. Green described the treatment plan as the chiropractor's "road map" charting the course to a resolution of the patient's chief complaints. Consequently, a complete treatment plan contains: 1) frequency of care, 2) duration of care, 3) level of care (e.g., what type -spinal manipulation, therapy/modalities) and expected benefits (e.g., how the therapy/modality will make the patient's condition better), and 4) objective measures to assess treatment effectiveness (e.g., how it has improved the patient's condition (functional improvement)).

131. Dr. Greene noted that Respondent utilizes a pre-printed examination form that has three sections addressing the treatment plan. The first two are labelled,

"GOALS OF TREATMENT" and "PLAN" and the third part outlining level of care is found in the section "DIAGNOSES" (center column). (Exhibit 12, p. AGO-212.)

132. Dr. Greene noted that, for the April 3 and July 17, 2018 dates of service, no entries are made for either "GOALS OF TREATMENT" or "PLAN" and both are left blank. (Exhibit 12, p. AGO-212.) Dr. Greene noted that although selected modalities and types of "Manipulation" (CMT) are recorded in the center column of the "DIAGNOSES," without an explanation as to clinical benefit, these entries are incomplete. As a result, Dr. Greene opined that Respondent failed to provide a complete treatment plan for S.V., thereby failing to meet the standard of care. (*Ibid.*)

#### **Progress Notes – S.V. and S.D.**

133. Dr. Greene explained that progress notes should include four headings of Subjective, Objective, Assessment, and Plan (e.g., SOAP). These four parts create a record that should reflect the patient's subjective complaints, the doctor's objective findings, an assessment commenting on the effectiveness of treatment, thus confirming the current diagnosis, and a recounting of the specific care planned. Chiropractors are tasked with addressing each condition (diagnosed area) with its own specific SOAP entry in every progress note.

134. Dr. Greene opined that for all dates of service recorded in the progress notes for both S.V. and S.D., Respondent failed to record the required elements necessary to convey the management and treatment of their conditions thereby violating the standard of care. (Exhibit 14, pp. AGO-219-AGO-220.)

135. Respondent utilized a pre-printed Progress Note with numerous abbreviated entries consistent with the SOAP format. (Exhibit 14, p. AGO-219.) Dr. Greene described that while forms like this allow for expedience, they present pitfalls

in certain circumstances resulting in substandard documentation. Dr. Greene opined that the progress notes of S.V. and S.D. contained the following deficiencies: failure to specify anatomical regions relative to subjective complaints (i.e., pain reported but no indication where); illegible entries (i.e., haphazard circling of multiple and partial responses); incomplete entries on every date of service; and cloning, which is the repetition of entries over a span of dates with no variation. (Exhibit 14, pp. AGO-219-AGO-220.)

136. Dr. Greene described cloning as "a red-flag signaling poor case management and/or lack of genuine encounters." (Exhibit 14, p. AGO-219.) He opined Respondent's charting of parts titled "Ortho," "Neuro," "Dx," and "See" in the Comments section of the progress notes revealed inconsistencies. For example, for the "Ortho" and "Neuro" listed options, including NC-No Change, Res.-Resolving, and WNL-Within Normal Limits, Respondent recorded "WNL" for every encounter in the progress notes for both S.V. and S.D. Dr. Greene opined that this entry indicates that no positive orthopedic or neurological findings were present at any point throughout the totality of each patient's care beyond the evaluations at the start of treatment. Dr. Greene opined that this is atypical and if accurate draws into question the need for care.

## **S.D. Medical Records**

### **History and Evaluation**

137. Dr. Greene reviewed the medical patient records for S.D. (Exhibit 10.) Based on his review as measured against the standard of care, Dr. Greene opined that S.D.'s records satisfy the required elements for a complete history. However, based on S.D.'s reported history, Dr. Greene opined that the extent and nature of S.D.'s history

required further inquiry by Respondent. Yet no such entries by Respondent are present in the records. For example, S.D. indicates recent x-rays were taken of her spine. A records request for the x-rays and other pertinent medical information is therefore warranted, but no such documentation is present. Based on the nature and extent of the omissions, Dr. Greene opined that the medical record history violates the standard of care. (Exhibit 14, p.AGO-213.)

138. Dr. Greene opined that the medical examination record of S.D. on June 17, 2017 is severely lacking and void of essential clinical data necessary for the proper diagnosis and management of her condition. The basis of his opinion was that S.D. presented for a chief complaint of hip and low back pain which began around April 2017 and worsened progressively causing absence from work on May 2, 2017, including use of a cane to assist in walking.

139. Respondent used an examination form titled "CERVICAL SPINE EXAM" to record findings from the June 10, 2017 initial exam. However, Dr. Greene noted that the form contains no pre-printed orthopedic or neurologic tests specific to the low back or hip. In addition, no manual entries are present for tests specifically assessing the hip and low back (lumbar spine).

140. Dr. Greene describes that the space for recording tenderness is marked as "-1" but no reference is made regarding what part of the body this relates to. (Exhibit 14, p. AGO-214.) Further, there is a lack of findings in the medical records consistent with the degree of hip pain as reported by S.D. For example, Dr. Greene notes that although descriptors of "Posture," "Antalgia," and "Tonicity" are present on the exam form, none are marked, which is inconsistent with the expected findings of a patient requiring the aid of a walking cane. (Exhibit 14, pp. AGO-214-AGO-215.)

141. Based on S.D. reporting the sensations of pins and needles in the fingers and fingers going to sleep on the SYMPTOMS form, a physical examination including a neurological assessment is warranted. However, despite the reported symptoms, the indicated exam sections are left blank, leading Dr. Greene to reasonably determine that Respondent failed to perform these tests.

142. Dr. Greene opined that Respondent's June 10, 2017<sup>5</sup> examination of S.D. was not consistent with S.D.'s reported chief complaints. The absence of any testing relevant to the primary complaint of low back and hip pain failed, in Dr. Greene's estimation, to meet the standard of care. Similarly, the failure to perform neurologic tests considering complaints of pins and needles of the fingers was equally deficient in Dr. Greene's estimation. In addition, Dr. Greene noted that Respondent's failure to record S.D.'s height and weight is a violation Regulations, section 318.

### **Diagnosis and Treatment Plan**

143. Dr. Greene opined that Respondent's diagnoses of S.D. failed to meet the standard of care because they lacked specificity. Dr. Greene described that Respondent's diagnoses of S.D. included "Sprain Strain: Sev," "Myofascial Pain Syndrome," "Thoracic Outlet Syndrome," "Impingement Syndrome," and "Intersegmental Dysfunction." (Exhibit 14, pp. AGO-215-AGO-216.) Dr. Greene opined that circling "Sev" without further description in the phrase "Sprain Strain: Sev," does

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<sup>5</sup> The reference to 2019 instead of 2017 and to June 17 rather than June 10 in the expert's report are found to be typographical errors based on S.D.'s medical records. (Exhibit 12, p. AGO-180 and Exhibit 14, p. AGO-215.)

not constitute a diagnosis because Strain and Sprain are distinct diagnoses. In addition, no regions of either strain or sprain are specified (e.g., left hip).

144. For the diagnosis of "Myofascial Pain Syndrome," Dr. Greene opined that because this diagnosis does not denote a specific region or body part, it was incumbent on Respondent to provide support by use of identifying the source of pain through examination findings. According to Dr. Greene, although the CERVICAL SPINE EXAM form utilized by Respondent lists Trigger Points as a finding along with illustrations to indicate location, no such entries are recorded in S.D.'s medical records. Consequently, Dr. Greene opined that there is no clinical support for this diagnosis, and the diagnosis is therefore unwarranted and fails to meet the standard of care.

145. Dr. Greene opined that the "Thoracic Outlet Syndrome" diagnosis was unsubstantiated due to the lack of supporting orthopedic tests and/or other diagnostics. For example, the section of the CERVICAL SPINE EXAM labelled "TOS TESTING" is left blank as is the section for recording shoulder range of motion. Therefore, the diagnosis is unwarranted and fails to meet the standard of care.

146. As to the notation of "Impingement Syndrome," Dr. Greene described that this is a partial description lacking specificity of what anatomical part is impinged. By neglecting specificity of the impinged anatomical structure and laterality, Dr. Greene opined that this diagnosis failed to meet the standard of care. (Exhibit 14, p. AGO-216.)

147. For the diagnostic notation of "Intersegmental Dysfunction," Dr. Green opined that because the description neglected a spinal region (e.g., Segmental and somatic dysfunction of cervical region), the diagnosis failed to meet the standard of care. (Exhibit 14, p. AGO-217.)

148. Dr. Greene opined that Respondent's treatment plan for S.D. was incomplete because the CERVICAL SPINE EXAM dated June 10, 2017 showed no entries for either "GOALS OF TREATMENT" or "PLAN." While selected modalities and types of "Manipulation" were recorded in the center column of the "DIAGNOSES," without an explanation as to clinical benefit, Dr. Greene opined these entries were incomplete and failed to meet the standard of care. (Exhibit 14, p. AGO-217.)

#### **ANTERIOR RIB/MYOFASCIAL RELEASE**

149. Dr. Greene reviewed the treatment rendered by Respondent to S.D. on January 12, 2019 and S.V. on January 23, 2019 to evaluate the patients' complaints of sexual impropriety. The goal of his expert opinion was to determine if Respondent's actions on those dates in providing chiropractic treatment to S.D. and S.V., respectively, were consistent with medically necessary or clinically appropriate care. In evaluating whether those standards were satisfied, Dr. Greene based his opinion on his review of the patient records of S.D. and S.V. (Exhibit 14, p. AGO-225.)

150. Because both instances in question centered on the procedures utilized in treating what Respondent described as "front rib pain," Dr. Greene first examined the etiology of common conditions associated with this type of complaint and/or findings. Second, Dr. Greene reviewed case management considerations. Third, Dr. Greene explored treatment options including myofascial release and special circumstances surrounding these techniques. After establishing these criteria, Dr. Greene examined the patient records of S.D. and S.V. to determine compliance with professional standards. On this basis, Dr. Greene opined that a sound conclusion could be drawn regarding medically necessary/clinically appropriate care versus sexual abuse.

151. Dr. Greene reviewed the explanation provided by Respondent to police during his interview in which he described a regimen he employed to treat complaints of "front rib pain." Respondent's treatment consisted of Adjustments/Chiropractic Manipulative Technique (CMT) of the front (anterior) ribs where they join at the sternum. The second type of treatment necessary when CMT cannot be used due to risk of rib fracture, according to Respondent, is myofascial release, which cannot be performed over the top of clothing because the patient's ribs would break. Dr. Greene noted that Respondent stated during his police interview that the risk of fracture and need for stretching the tissues without resistance from clothing are reasons for patients to remove all garments that would interfere with this procedure.

152. Dr. Greene analyzed the two articles Respondent provided to police to support his claims that his care of S.D. and S.V. was legitimate, The Anterior Rib Cage, Dynamic Chiropractic, Vol.25, Issue 16 Heller, 2007 (Heller) and Elevated Rib Cage, unknown source. According to Dr. Greene, the Heller article pertains to what the author describes as untreated or unassessed subluxation patterns, specifically those of anterior ribs. (Exhibit 14, pp. AGO-225-AGO-226.) Heller provides two case studies as examples who have unrelenting pain with distinct patterns over the chest. The second case's chief complaint of thoracic pain was related to a motor vehicle accident. Dr. Greene noted the Heller article explains how thoracic spine in combination with rib subluxation can result in chest pain or shortness of breath. The article, Dr. Greene describes, "stresses the need for a differential diagnosis to include cardiac problems and gastroesophageal reflux." (*Id.* at p. AGO-226.) CMT of the anterior ribs, Heller describes, should be limited to low force techniques and/or instrument adjustments (i.e., Activator) and can be augmented with myofascial release methods with tenderness being assessed both pre- and post-treatment as the preferred indicator of condition status.

153. Dr. Greene opined that the second article, Elevated Rib Cage, is of little value in supporting Respondent's treatment of S.D. or S.V. The basis of Dr. Greene's opinion is that the article focused primarily on symptomology of coughing and wheezing, which did not appear in S.V. and S.D.'s medical records.

154. Dr. Greene also reviewed the text Differential Diagnosis and Management for the Chiropractor: Protocols and Algorithms, Fifth Edition by Thomas A. Souza, D.C. (Souza) to further examine the issue of anterior ribs and the associated chest pain for which Respondent based the relevant treatment. (Exhibit 14, p. AGO-226.) Based on his analysis of Souza in the context of S.D. and S.V.'s reported complaints, Dr. Greene opined that Respondent took none of the precautionary measures described by Heller and Souza to rule out the possibility of a cardiac cause. In addition, Dr. Greene noted that both patients had complicating factors that required further investigation prior to treatment for front rib pain. However, neither patient record showed any such investigation by Respondent. Dr. Greene therefore opined that Respondent's failure to weigh these considerations considering the severity of such possible co-morbidities placed S.V.'s and S.D.'s health at risk, in violation of Regulations, section 317, subdivisions (c) and (e).

155. Dr. Greene opined that after ruling out a cardiac condition and taking into consideration other causes of front rib/chest pain, an appropriate physical examination should be conducted. To identify the source and mechanism of the front rib pain, two structures are evaluated: 1) the ribs and their attachments to the sternum, and 2) the associated muscles. The three likely causes of pain include: 1) inflammation, 2) subluxation/hypomobility, and 3) myofascial adhesion. (Exhibit 14, p. AGO-228.)

156. Dr. Greene noted that progress notes for both S.D. and S.V. for the relevant dates of January 12, 2019 and January 23, 2019 contain no examination

findings to support the need for rib CMT nor myofascial release of the chest. For example, although the human body illustration for both progress notes has markings on the chest region there is no description in the notes as to the significance of these entries. Dr. Greene therefore opined that the documentation for these dates contain neither the diagnosis that warrants Respondent's treatment (i.e., segmental dysfunction rib cage and/or costochondritis) nor any other diagnosis indicating a front rib pain condition. (Exhibit 14, p. AGO-228.) As a result, Dr. Greene opined that Respondent's documentation does not support the need for anterior rib CMT nor myofascial release of the chest, in violation of Regulations, section 317, subdivision (d).

157. Dr. Greene noted that for every date of service recorded in the progress notes for S.D. and S.V., Respondent indicated an Activator as being used under the heading of "Manipulation." According to Dr. Greene, Activator adjustments are distinct in that an instrument is used to make adjustments. However, because neither patient mentioned instrument adjustments in written statements, their police interviews, and/or at hearing, Dr. Greene concluded that the medical records are inaccurate in reporting Activator. Dr. Greene opined that the conflict further erodes the reliability of the medical records of both patients, which was a problem inherent to Respondent's documentation. (Exhibit 14, p. AGO-230.)

158. Dr. Greene described myofascial release as a broad term that encompasses numerous techniques aimed at reducing restrictions within muscle and fascia. The procedures, according to Dr. Greene, require special considerations because they can be uncomfortable and require patients to disrobe. Dr. Greene opined that providers should take additional measures to minimize the drawbacks associated with treating patients who must disrobe including a thorough explanation of the condition, treatment, and after-care as well as draping and/or garments (e.g., sports bra) when

administering the treatment. Dr. Greene referenced the text Myofascial Release: Hands-On Guides for Therapists by Ruth Duncan as a resource that showed numerous examples of methods to maintain patient privacy while treating affected regions of the chest. (Exhibit 14, p. AGO-230.) In addition, Dr. Greene described that the text Fascial Release for Structural Balance, Earls & Myers, showed techniques isolating the intercostal region demonstrated on female patients who are clothed. (*Id.*) None of the texts reviewed by Dr. Greene suggested that complete removal of clothing is required when treating the fascia.

159. Accordingly, Dr. Greene opined that Respondent's claims that myofascial release cannot be performed properly unless the patient's chest is exposed was unsupported by literature specific to the topic of myofascial release and was demonstrably false.

160. Dr. Greene described that the line between sexual abuse in which the chiropractor violates the patient's trust and legitimate treatment is sensitive and is made clear by establishing medical necessity. There are four elements of medical necessity: 1) a subjective complaint (patient driven), 2) objective findings (exam driven), 3) a diagnosis (doctor thinking), and 4) a plan of care (treatment).

161. Dr. Greene based his opinion of whether sexual abuse was present in Respondent's interaction with S.D. on January 12, 2019, and S.V. on January 23, 2019, on an analysis of whether medical necessity is sufficiently documented on the respective dates of service and consistent with the overall patient history. In Dr. Greene's opinion, after establishing an understanding of front rib pain based on etiology, diagnosis and treatment, a final review of the patient records demonstrated that Respondent's actions in exposing and touching the breasts of S.D. and S.V. was neither medically necessary nor clinically appropriate. (Exhibit 14, p. 232.) Further, Dr.

Greene opined that Respondent's methodology of exposing the breasts of female patients while performing myofascial release was unsupported by the literature. Dr. Greene therefore opined that Respondent's conduct constituted sexual abuse of S.D. and S.V. in violation of Regulations, section 316, subdivision (c). (Exhibits 14 and 15.)

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162. At hearing, Dr. Greene opined that Respondent's claims that the patients' medical records support that he obtained informed consent from S.D. and S.V. prior to performing myofascial release with their breasts exposed on January 12, 2019 and January 23, 2019 was baseless. Specifically, Dr. Greene opined that the notation "fascial release ok" with the "ok" circled, without further explanation of what Respondent treatment performed was vague. Therefore, the notation did not constitute documentation that Respondent obtained the patients' informed consent prior to or after performing the methodology.

163. Given Dr. Green's credible testimony, Respondent's claims that female patients who came in complaining of vertigo, lower back pain, foot pain, and hip pain required anterior rib adjustment under their shirts and bras and for him to expose their breasts for chest myofascial release, and in the cases of M.G. and S.V., to touch their breasts, are clearly contravened by the record in this matter. There is no therapeutic reason for Respondent's conduct. Respondent's conduct constitutes an extreme departure from the standard of care. Such conduct by a chiropractor to a patient also endangers the emotional health, safety, and welfare of the patient, as was more than sufficiently established by the anguish displayed by the patients at the hearing, which took place more than two years after the sexual contact. The patients in question were subjected to inappropriate sexual misconduct by Respondent that continues to negatively impact their lives.

164. Dr. Green's credible testimony established that Respondent's conduct towards M.G., S.V., and S.D. constitutes sexual misconduct, unprofessional conduct through acts of gross negligence, repeated negligent acts, incompetence, and constituted conduct that endangered the health, safety, and welfare of the public.

### **Expert Testimony of Respondent's Expert, Wayne Martin Whalen, D.C.**

165. Respondent presented the expert testimony of Wayne Martin Whalen, D.C., and Dr. Whalen's expert report to support his claims. (Exhibit J.) Dr. Whalen holds an active chiropractor license in California and an inactive chiropractor license in Hawaii. Dr. Whalen is a nationally recognized expert who has served as the Clinical Director of Whalen Chiropractic and practiced as a chiropractor in Santee, California since 1988. He frequently provides expert testimony in primarily civil matters and has served as an expert in two criminal trials. He previously testified at least twice as an expert for the Board in an administrative hearing.

166. Dr. Whalen served as President of the California Chiropractic Association from 1999 to 2000. He served as an expert for the Board of Chiropractic Examiners since approximately 2008, and he has co-authored several Best Practices guidelines published in peer-reviewed literature, including guidelines pertaining to neck pain, low back pain, and chronic pain, among others. He was also Chair of the Council on Chiropractic Guidelines and Practice Parameters (now the Clinical Compass) and remains an Emeritus Chair for that organization, which is charged with developing "Best Practice" standards for the chiropractic profession.

167. Dr. Whalen's education includes completion of the Diplomate Program in Chiropractic Neurology and Chiropractic Rehabilitation. In addition, he is certified by the American Chiropractic Academy of Neurology.

168. Dr. Whalen currently holds professional volunteer positions at the following organizations: Emeritus Representative for the Council on Chiropractic Guidelines and Practice Parameters; Appointed Expert Consultant for the California Board of Chiropractic Examiners; Workers Compensation Research Institute California Compscope Advisory Committee; and Peer Reviewer, Journal of Chiropractic Medicine. Dr. Whalen has also co-authored several articles in various Chiropractic publications related to chiropractic care and best practices. (Exhibit K, p.0002.)

169. As more fully detailed below, Dr. Whalen's expert testimony in this case is less convincing than that of Dr. Greene.

170. Dr. Whalen challenged the validity of Dr. Greene's findings that Respondent's medical records and documentation for patients S.V. and S.D. violated the standard of care. According to Dr. Whalen, Dr. Greene's opinion should be rejected because it was based on the standard of "best practices," rather than "standard of care." In sum, he asserted that because chiropractors similarly situated have notoriously deficient medical records and that there is a "low bar" for satisfying the standard of care in the chiropractic professional community, Respondent's medical records, though admittedly insufficient, do not violate the standard of care. (Exhibit J, pp. 0003-0004.) Dr. Whalen further unconvincingly justified the admitted deficiencies of Respondent's records by asserting that because S.V. and S.D. were cash patients and, therefore, there was no expectation that the records would be submitted to an insurance carrier (or another third party), the incomplete records were sufficient and met the standard of care.

171. Dr. Whalen's opinion Dr. Greene applied "best practices," rather than the standard of care in the industry and that the deficiencies in the records are acceptable because all chiropractors similarly situated keep deficient records is unconvincing. The

regulations governing chiropractic care are clear in what requirements govern chiropractic care. The suggestion that practitioners routinely violate the regulations and, consequently, that those violations constitute the standard of care in the industry lacks foundation and is not persuasive.

172. Dr. Whalen concedes that Respondent neglected to list S.V.'s height and weight in the medical records.

173. Dr. Whalen opines that the issue of whether Respondent diagnosed Thoracic Outlet Syndrome is moot because Respondent was not planning to submit his medical records to any other party and that it was common practice for doctors to list working diagnoses (i.e., possible or probable diagnoses), which satisfied the standard of care. He further opined that of the other medical record diagnostic deficiencies described by Dr. Greene should be discounted because Dr. Greene was espousing an "unrealistic" standard of care that the "majority of D.C.'s would not meet," and, therefore cannot be considered the standard of care. (Exhibit J, p. 0005.) Accordingly, despite acknowledging the omission of S.V.'s height and weight from the medical records, Dr. Whalen opined that Respondent did not engage in unprofessional conduct through repeated negligent acts or insufficient patient records in violation of Regulations sections 317; subdivision (b), and 318, subdivision (a). (Exhibit J, p. 0005.)

174. In analyzing whether Respondent's anterior rib adjustments and myofascial release was warranted by S.V.'s and S.D.'s complaints, Dr. Whalen opined that Dr. Greene's analysis of the Heller article was incomplete. According to Dr. Whalen, because Dr. Greene did not address the portion of the article in which Dr. Heller describes a patient with persistent upper back pain which had been unresponsive to prior treatment efforts, anterior rib adjustment could be justified in patients complaining of midback pain. In Dr. Whalen's opinion, patients with recurrent

posterior rib pain or midback pain often have undiagnosed anterior rib dysfunction or pectoral muscle fascial involvement. (Exhibit J, p. 0005-0006.)

175. Dr. Whalen agreed with Dr. Greene's assessment of Dr. Souza's article. In the article, Dr. Souza advised that absent a clear history of musculoskeletal pain, a cardiac cause should be assumed until proven otherwise. However, Dr. Whalen summarily dismissed Dr. Greene's opinion that Respondent violated Regulations, section 317, subdivisions (c) and (e), by failing to first rule out possible angina before performing an anterior chest adjustment. The basis for his opinion was that S.V. and S.D. were not having a significant degree of anterior chest pain and did not have cardiac conditions. The medical basis for Dr. Whalen's opinion of S.V. and S.D.'s medical condition was conclusory and unsupported by corroborating evidence.

176. Dr. Whalen disagreed with Dr. Greene's opinion that S.V. and S.D.'s medical records did not contain support for Respondent's use of the techniques of anterior rib CMT or myofascial release of the chest. According to Dr. Whalen, Respondent's notations on the anatomical drawings in the medical records indicated chest pain and the patients may have been unaware of the pain until palpated by Respondent because they may have been asymptomatic. Dr. Whalen's therefore opined that there was no violation of Regulation, section 317. Dr. Whalen's opinion is speculative and, is therefore, unconvincing.

177. Dr. Whalen acknowledged that S.V. and S.D.'s medical records are inaccurate because they reference Activator adjusting instrument use versus manual manipulation. However, he minimized the acknowledged medical record inconsistency as irrelevant because Respondent was using a global fee and was not trying to bill for that service.

178. Dr. Whalen opined that Respondent's statement to police that myofascial release cannot be properly performed unless the patient's chest is exposed was not false, as Dr. Greene opined. (Exhibit J, p. 0006.) To support his opinion, Dr. Whalen inferred that Respondent did not mean what he was quoted as stating during his police interview but meant to say that myofascial release cannot be properly done without skin-to-skin contact. Dr. Whalen agreed with the latter inferred interpretation. In expressing the foregoing opinion, Dr. Whalen accepted the truthfulness of Respondent's (now disproven) assertion that he did not pull up S.V. and S.D.'s shirts and bras, but had the patients remove their own garments.

179. Dr. Whalen strongly disagreed with Dr. Greene's opinion that Respondent violated Regulations, section 316, subdivision (c), and engaged in sexual misconduct. According to Dr. Whalen, the absence of documentation of medical necessity for performing myofascial release on patients S.D. and S.V. did not correlate to Dr. Greene's conclusion that Respondent engaged in sexual abuse of the patients. Dr. Whalen's opinion simplifies Dr. Greene's conclusion on this point, ignoring the thorough analysis Dr. Greene provided before he determined that Respondent had engaged in sexual misconduct.

180. Ultimately, Dr. Whalen opinions are undermined by the evidence of his bias towards Respondent. It is the material from which expert opinion is fashioned and the reasoning of the expert in reaching his conclusion that is important. (*In re marriage of Battenburg* (1994) 28 Cal.App.4th 1338, 1345.) "[T]he weight to be given to the opinion of an expert depends on the reasons he assigns to support that opinion.' [Citation]; [sic] its value ' " 'rests upon the material from which his opinion is fashioned and the reasoning by which he progresses from his material to his conclusion . . . . ' " ' [Citation.] Such an opinion is no better than the reasons given for it [citation], . . ."

(*White v. State of California* (1971) 21 Cal.App.3d 738, 759-760; see also *Richard v. Scott* (1978) 79 Cal.App.3d 57, 63-64.)

181. Expert witnesses normally testify concerning the bases for their opinions, and the court may require the experts to state the bases before giving their opinion. (See Evid. Code, § 802.) An expert's opinion, even if uncontradicted, may be rejected if the reasons given for it are unsound. (*Kastner v. Los Angeles Metropolitan Transit Authority* (1965) 63 Cal.2d 52, 58; *Griffith v. County of Los Angeles* (1968) 267 Cal.App.2d 837, 847.) Specifically, Dr. Whalen testified that he believes the patients in this case lied in stating that Respondent touched them inappropriately and did not obtain informed consent prior to performing adjustments under their shirts and bras and exposing their breasts. Dr. Whalen testified that he believed Respondent's claims of innocence over the patients. When asked why he had formed that opinion, Dr. Whalen testified that he "can't imagine" that Respondent would have exposed the breasts of his patients to perform myofascial release of the chest without obtaining their informed consent.

182. Dr. Whalen's subjective evaluation of the parties' credibility undermines the reliability of his expert opinions. Expert opinion may be evaluated by examining the reasons and factual data upon which the expert's opinions are based. (*Griffith v. County of Los Angeles* (1968) 267 Cal.App.2d 837, 847.) Dr. Whalen's underlying belief that Respondent's version of events is accurate is contrary to the credible evidence. Accordingly, Dr. Whalen's unfounded acceptance of Respondent's innocence in this matter and rejection of the patients' accounts as a basis for his opinions demonstrates that his opinions are based on fallacy rather than fact. As such, the opinions of Dr. Greene, based in objective reason and analysis, are more convincing and afforded more evidentiary weight in this matter.

183. In addition, Dr. Whalen's opinions that S.D. and S.V.'s medical records complied with the standard of care were not arrived solely by reviewing the records. Rather, Dr. Whalen admitted that he discussed the meaning of Respondent's medical record notations with Respondent as part of his analysis of whether the records satisfied the standard of care for chiropractors. For example, Dr. Whalen admitted that his arrived at his opinion that S.D. and S.V. had provided informed consent on January 12, 2019 and January 23, 2019 to having myofascial release of the chest with their breasts exposed only after Respondent explained the meaning of his notation "fascial release ok" and the circling of "ok" in the patients' medical records.

184. Accordingly, because Dr. Whalen utilized Respondent's input to interpret S.V. and S.D.'s medical records and did not arrive at his opinions independent of Respondent's explanation of those records, Dr. Greene's opinion that Respondent's medical records did not satisfy the standard of care because they violate the basic tenet that the record must be legible to someone other than the documenting physician or staff is afforded more evidentiary weight than that of Dr. Whalen that Respondent's patient medical records for S.V. and S.D. satisfy the standard of care.

### **Additional Findings**

185. Respondent was 18 years old when he moved to Canada from Poland. In Canada, he was the victim of a violent assault by five men that almost resulted in his death. Respondent's injuries were so severe that it caused him to take a decade off from his university studies.

186. After the attack, Respondent lived in pain and temporarily went blind in his right eye. Late in his life, Respondent returned to school to complete his education. In 2008, he earned a Bachelor of Science degree in Pre-Medical from Athabasca

University in Calgary. In 2014, he graduated with a Doctors Chiropractic Degree from Palmer College of Chiropractic West in San Jose, California. In 2015, he earned a master's degree in Acupuncture and Oriental Medicine from South Baylo University in Anaheim, California.

187. Between 2014 and 2015, he completed his Palmer College of Chiropractic Post Graduate Preceptorship at the office of Dr. Olinger. From 2016 to the present, Respondent has worked as an Associate Doctor at Dr. Olinger's Chiropractic office.

188. In December 2017, Respondent assumed the care of Dr. Olinger's patients during the latter's medical leave. His workload increased by approximately 40 percent. During the January 2019 period when patients S.V., S.D. and M.G. filed their complaints, Respondent was seeing about 1,000 patients a month. On average, he saw 20 patients a day.

189. Respondent insisted at hearing that he never performed skin-on-skin adjustments without obtaining informed consent from patients. While Respondent adamantly maintains he obtained informed consent and did not touch M.G. and S.V.'s breasts during adjustments, the evidence is clear that he did not obtain informed consent from M.G., S.V. and S.D. prior to making anterior rib adjustments and exposing their breasts during myofascial release of the chest adjustment and that he touched M.G. and S.V.'s breasts during the adjustments.

190. In the absence of medical necessity and clinical documentation and based on the patients' credible accounts of their experiences, Respondent's conduct constitutes sexual misconduct. However, Respondent is credible in his assertions that he did not intend to sexually abuse these patients.

191. Respondent high-volume practice and his loquaciousness during his appointments with the patients interfered with his ability to clearly recollect whether he explained the need for the invasive adjustments he utilized with the patients and obtained their consent prior to performing the adjustments. He demonstrated a careless, dismissive, and insensitive attitude towards these female patients that left them traumatized.

192. Respondent provided little assurance at hearing that he understood the gravity of his conduct.

193. Two of Respondent's current patients who testified at hearing asserted that his chiropractic services were effective and that his care helped the conditions for which they sought chiropractic treatment. Respondent is clearly a passionate and dedicated professional who seeks to help his patients to the best of his knowledge. However, he lacks a basic understanding of the time and care necessary to ensure informed consent prior to adjusting sensitive areas of a female patient's body. As a result, his grossly negligent treatment of female patients reasonably left them feeling violated.

194. Respondent offered no evidence of rehabilitation. Respondent did not acknowledge or express remorse for his conduct. Respondent was not empathetic about his patients, attributing their complaints against him on the patients alleged psychological issues.

195. Respondent has had no complaints leveled against him since 2019. He testified that he has been haunted by the allegations against him, is sorry, and believes that the matter is based on a "misunderstanding."

## **Costs**

196. The Board incurred \$23,870 in prosecution costs and \$7,832 in investigative costs in this matter, totaling \$31,702. Based on the complexity of the factual and legal issues presented in this case, the costs are reasonable.

197. Except as set forth in this Decision, all other allegations in the Accusation and all other contentions by the parties lack merit or constitute surplusage.

## **LEGAL CONCLUSIONS**

### **Burden and Standard of Proof**

1. The burden of proof in this disciplinary action of a professional license is on Complainant to establish that discipline is warranted by clear and convincing evidence to a reasonable degree of certainty. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, at 855-856.)

### **Jurisdiction**

2. The Board is vested with authority pursuant to the California Chiropractic Act (Act).<sup>6</sup> Business and Professions Code (Code) section 1000-10, subdivision (a) provides that the Board may by rule or regulation adopt, amend or repeal rules of professional conduct appropriate to the establishment and maintenance of a high standard of professional service and the protection of the public. The regulations

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<sup>6</sup> The Act is not part of the Business and Professions Code. The Act's provisions, however, are set forth in the Code, as sections 1000-1 to 1000-20.

adopted by the Board appear in California Code of Regulations, title 16, section 300, et seq.

3. Code section 1000-10, subdivision (b), of the Act provides: "The board may refuse to grant, or may suspend or revoke, a license to practice chiropractic in this state, or may place the licensee upon probation or issue a reprimand to him, for violation of the rules and regulations adopted by board in accordance with this act, or for any cause specified in this act. . . ."

4. California Code of Regulations, title 16 (Regulations), section 355.1 states:

The suspension, expiration, or forfeiture by operation of law of a license issued by the board, or its suspension, or forfeiture by order of the board or by order of a court of law, or its surrender without the written consent of the board shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

### **Applicable Statutes and Regulations**

5. Regulations, section 316, subdivision ( c), states:

The commission of any act of sexual abuse, sexual misconduct, or sexual relations by a licensee with a patient,

client, customer or employee is unprofessional conduct and cause for disciplinary action. This conduct is substantially related to the qualifications, functions, or duties of a chiropractic license. This section shall not apply to sexual contact between a licensed chiropractor and his or her spouse or person in an equivalent domestic relationship when that chiropractor provides professional treatment.

6. Regulations, section 317, states in relevant part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct which has been brought to its attention, or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct includes, but is not limited to, the following:

(a) Gross negligence;

(b) Repeated negligent acts;

(c) Incompetence; [1] . . . [1]

(e) Any conduct which has endangered the health, welfare, or safety of the public. [1] . . . [1]

(m) Violating or attempting to violate, directly or indirectly, or assisting in or abetting in the violation of, or conspiring to violate any provision or term of the Act or the regulations adopted by the board thereunder; [1] . . . [1]

7. Regulations, section 318, subdivision (a) states:

Chiropractic Patient Records. Each licensed chiropractor is required to maintain all active and inactive chiropractic patient records for five years from the date of the doctor's last treatment of the patient unless state or federal laws require a longer period of retention. Active chiropractic records are all chiropractic records of patients treated within the last 12 months. Chiropractic patient records shall be classified as inactive when there has elapsed a period of more than 12 months since the date of the last patient treatment.

All chiropractic patient records shall be available to any representative of the Board upon presentation of patient's written consent or a valid legal order. Active chiropractic patient records shall be immediately available to any representative of the Board at the chiropractic office where the patient has been or is being treated.

Inactive chiropractic patient records shall be available upon ten days notice to any representative of the Board. The location of said inactive records shall be reported immediately upon request.

Active and inactive chiropractic patient records must include all of the following:

(1) Patient's full name, date of birth, and social security number (if available);

(2) Patient gender, height and weight. An estimated height and weight is acceptable where the physical condition of the patient prevents actual measurement;

(3) Patient history, complaint, diagnosis/analysis, and treatment must be signed by the primary treating doctor. Thereafter, any treatment rendered by any other doctor must be signed or initialed by said doctor;

(4) Signature of patient;

(5) Date of each and every patient visit;

(6) All chiropractic X-rays, or evidence of the transfer of said X-rays;

(7) Signed written informed consent as specified in Section 319.1.

8. Regulations, section 319.1 states:

(a) A licensed doctor of chiropractic shall verbally and in writing inform each patient of the material risks of proposed care. "Material" shall be defined as a procedure inherently involving known risk of serious bodily harm. The chiropractor shall obtain the patient's written informed

consent prior to initiating clinical care. The signed written consent shall become part of the patient's record.

(b) A violation of this section constitutes unprofessional conduct and may subject the licensee to disciplinary action.

### **Causes for Discipline**

9. Cause exists to discipline Respondent's license based on his violation of Code section 1000-10 in conjunction with Regulations, section 317, subdivision (a), in that Respondent engaged in unprofessional conduct by committing gross negligence, as set forth in Factual Findings 10-75, 99-106, 112-164, 172, 180-184, and 189-190.

10. Cause exists to discipline Respondent's license based on his violation of Code section 1000-10 in conjunction with Regulations, section 317, subdivision (b), in that Respondent engaged in unprofessional conduct by committing repeated negligent acts, as set forth in Factual Findings 10-75, 99-106, 112-164, 172, 180-184, and 189-190.

11. Cause exists to discipline Respondent's license based on his violation of Code section 1000-10 in conjunction with Regulations, section 317, subdivision (c), in that Respondent engaged in unprofessional conduct by committing incompetent acts, as set forth in Factual Findings 10-75, 99-106, 112-164, 172, 180-184, and 189-190.

12. Cause exists to discipline Respondent's license based on his violation of Code section 1000-10 in conjunction with Regulations, sections 317, subdivision (m), and 318, subdivision (a), in that Respondent engaged in unprofessional conduct by failing to record required patient information and diagnoses for patients S.V. and S.D., as set forth in Factual Findings 121-148, 172-184.

13. Cause exists to discipline Respondent's license based on his violation of Code section 1000-10 in conjunction with Regulations, section 316, subdivision (c), in that Respondent engaged in unprofessional conduct by committing acts of sexual misconduct, as set forth in Factual Findings 10-75, 99-106, 112-164, 172, 180-184, and 189-190.

14. Complainant presented insufficient evidence to establish, through clear and convincing evidence, cause to discipline Respondent's license based on allegations of unprofessional conduct related to M.G.'s medical records. Accordingly, cause was not established that Respondent violated Code section 1000-10 in conjunction with Regulations, sections 317, subdivisions (a), (b), (c), (e), and (m), and 318, subdivision (a), as set forth in Factual Finding 10, 108, and 112.

### **Appropriate Discipline**

15. The patients' independent detailed accounts of their experience with Respondent reveal a pattern of disturbing behavior. Each patient sought treatment from Respondent for issues that did not involve chest or rib pain. Despite the lack of a medical diagnosis to necessitate or justify Respondent's use of either an anterior rib adjustment or a myofascial release technique, however, the techniques were implemented by Respondent, without prior informed consent, on an intimate portion of the patient's body, the breasts. Respondent's conduct involved a progressive invasive arc. First, Respondent went under the patients' shirts and bras to perform anterior rib adjustments on several occasions without obtaining informed consent. Then, he introduced the myofascial release technique while baring their chests and, in the case of M.G. and S.V., touching their breasts, without obtaining informed consent. Respondent demonstrated a lack of sensitivity towards patients M.G., S.V., and S.D. in conducting manual adjustments that were unwarranted and in an invasive and

exploitive manner. In doing so, he abused the doctor-patient trust relationship and violated these female patients. Respondent arrogantly refused to take responsibility for his violations, and he provided little assurance at hearing that he understood the gravity of his conduct. As a result, Respondent remains an unsafe practitioner.

16. All evidence submitted in mitigation and rehabilitation has been considered. The Board's disciplinary guidelines entitled "Disciplinary Guidelines" [Rev. October 21, 2004] are relevant to establish appropriate discipline in this matter. Sexual misconduct constitutes a Level V Category violation for which the Board's disciplinary guidelines call for a penalty of revocation. Based on the circumstances, public protection requires revocation of Respondent's license. Respondent continues to deny all responsibility. Accordingly, there is no reasonable basis to impose discipline other than revocation in this matter.

### **Costs**

17. Regulations, section 317.5, subdivision (a), states, in pertinent part:

In any order in resolution of a disciplinary proceeding before the Board of Chiropractic Examiners, the board. may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the Chiropractic Initiative Act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

18. Section 317.5, which became effective July 29, 1996, has been found to be a legitimate exercise of the Board's rule making authority. (*Oraren v. State Bd. Of Chiropractic Examiners* (1999) 77 Cal.App.4th 258, 261-263.)

19. The reasonable costs of investigation and enforcement of this matter are \$31,702. In *Zuckerman v. State Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, the Supreme Court set forth four factors to be considered to ensure a Board's authority to assess reasonable costs does not deter meritorious claims: (1) Whether the licensee used the hearing process to obtain dismissal of other charges or a reduction in the severity of the discipline imposed; (2) whether the licensee had a "subjective" good faith belief in the merits of his position; (3) whether the licensee raised a "colorable challenge" to the proposed discipline; and (4) whether the licensee has the financial ability to make payments. Applying the *Zuckerman* factors, including Complainant's failure to establish claims related to M.G.'s medical records, the costs are reduced by a third, to \$21,134. Further, based on the loss of Respondent's license and its negative impact on Respondent's ability to generate a livelihood, Respondents will be required to pay the Board's costs only if he chooses to reapply for licensure in the future.

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## ORDER

1. Respondent John Parker's license No. DC 33671 is revoked. Respondent shall relinquish his wall license and pocket renewal license to the Board or its designee within ten (10) days of the effective date of this Decision.

2. Respondent shall reimburse the Board for its investigation and prosecution costs in the amount of \$21,134 upon reapplication for licensure.

DATE: 05/17/2021

*Irina Tentser*

Irina Tentser

Administrative Law Judge

Office of Administrative Hearings

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 6 NCA Report – No action.**

RECOMMENDED MOTION: **Non-Action Item.**

PRESENTED BY: **TBA**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION:

ACTION:  Approved  Approved w/Modifications  Denied  Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 7** NCC Report – No action

RECOMMENDED MOTION: **Non-Action Item.**

PRESENTED BY: **TBA**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION:

ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued

**Agenda Item 7**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 8 Board Counsel Report – No action.**

RECOMMENDED MOTION: **Non-Action Item.**

PRESENTED BY: **Louis Ling, Esq.**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION:

ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued

**Agenda Item 8**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 9 Discussion and potential action regarding the question under NAC 634.430(1)(b) of when a guardian or co-guardian is acting within his or her authority to consent to having a minor in his or her care evaluated and treated – For possible action.**

**RECOMMENDED MOTION: No recommended motion.**

**PREPARED BY: Nicole Canada, DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 3 minutes**

**BACKGROUND INFORMATION:**

NAC 634.430 Unprofessional conduct: Interpretation of statutory phrase. ([NRS 634.018](#), [634.030](#))

**1. As used in subsection 10 of [NRS 634.018](#), the Board will interpret the phrase “conduct unbecoming a person licensed to practice chiropractic or detrimental to the best interests of the public” to include, without limitation:**

**(a) Engaging in or soliciting sexual misconduct.**

**(b) Performing any chiropractic service on a patient who is under the age of 18 years without first obtaining the consent of the parent or legal guardian of that patient if the consent is required pursuant to [NRS 129.030](#)**

**ACTION: \_\_\_\_\_Approved \_\_\_\_\_Approved w/Modifications \_\_\_\_\_Denied \_\_\_\_\_Continued**

**Agenda Item 9**

# Legal Guardianship

Last updated 9-1-2022

1. Does the chiropractic physician or office staff in your state confirm that an individual signing as the legal guardian for the treatment of a minor is truly the legal guardian? If so, what is the process in place to confirm?
2. Does your state provide language in your laws, regulations, policies and/or procedures?

Jurisdiction	Q1	Q2
Alabama		
Alaska		
Ariona		
Arkansas	Cannot say all do, but some do.	This policy/procedure is not referenced in chiropractic laws, rules, policies or procedures.
California	The California Initiative Act and Rule and Regulations do not address this.	
Colorado		
Connecticut		
Delaware		
District of Columbia	there is no Board regulation or policy on it.	See attached.
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		
Indiana		
Iowa		
Kansas		
Kentucky		
Louisina	No laws or rules address this issue.	
Maine	Unknown	No
Maryland		
Massachusetts		
Michigan		
Minnesota	Not under the Chiropractic Practice Act/laws	Not under the Chiropractic Practice Act/laws
Mississippi		
Missouri		
Montanta		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York	No, there is no confirmation process in New York State for chiropractors or office staff to confirm an individual signing as the legal guardian for the treatment of a minor is the true legal guardian. If there is concern they should contact law enforcement.	No
North Carolina	Not by statute or rule though some may have their own procedures.	No
North Dakota		
Ohio		
Oklahoma	This is not in the current Practice Act in Oklahoma	No.
Oregon		
Pennsylvania		
Rhode Island		
South Carolina		
South Dakota	To my knowledge, there isn't a specific process in place to confirm this in South Dakota.	There isn't any language in chiropractic laws, regulations or policies/procedures.

Tennessee	
Texas	
Utah	This is not specified in Utah's practice act/rule
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	I do not know. There are no regulations or policies from the Wyoming Board on this.

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 10 Discussion and potential action regarding the International Academy of Neuromusculoskeletal Medicine's (IANM) recognition/name change of Chiropractic Orthopedists. –No action**

**RECOMMENDED MOTION: No recommended motion.**

**PREPARED BY: James T. Overland, Sr., DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: Please see attached documents noting the name change.**

**ACTION: \_\_\_\_\_Approved \_\_\_\_\_Approved w/Modifications \_\_\_\_\_Denied \_\_\_\_\_Continued**

**Agenda Item 10**



# International Academy of Neuromusculoskeletal Medicine

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## Recognition Of The Academy Certification And D.A.C.O. Designation By The American Chiropractic Association

WHEREAS, during our general CCO membership meeting, April 16th, 2005 the following motion was made and carried:

“We the members of the Council on Chiropractic Orthopedics (CCO) ask the American Chiropractic Association (ACA) & CCO to recognize the “Chiropractic Orthopedic Certification Examination” leading to the D.A.C.O. designation as administered by The Academy of Chiropractic Orthopedists (Academy), and in cooperation with the Inter-organization coalition consisting of the Academy, American College of Chiropractic Orthopedists (ACCO), and CCO.” Therefore, be it

RESOLVED, that the ACA House of Delegates recognize the Chiropractic Orthopedic Certification Examination leading to the D.A.C.O. designation as administered by The Academy of Chiropractic Orthopedists (Academy), and in cooperation with the Inter-organization coalition consisting of the Academy, American College of Chiropractic Orthopedists (ACCO), and CCO. Be it further,

RESOLVED, that this recognition is retroactive to April 1st of 2004. Be it further,

RESOLVED, that the ACA will notify the appropriate state licensing and regulatory agencies and the chiropractic colleges regarding this change in ACA policy.

This resolution was received by the Academy of Chiropractic Orthopedists on December 8, 2005 in a letter from the ACA Legal Affairs and signed by Jamie Mulligan.



August 16, 2022

Nevada Board of Chiropractic Examiners

4600 Kietzke LN.

Reno, NV 89502

RE: International Academy of Neuromusculoskeletal Medicine (**IANMM**)

Academy of Chiropractic Orthopedists (**ACO**)

American Board of Chiropractic Orthopedists (**ABCO**)

Dear Board Secretary,

The purpose of this letter is to clear up confusion regarding board specialization with chiropractic orthopedics, and neuromusculoskeletal medicine.

In the mid-2000s, the **ABCO** ceased functioning. It was replaced by the **ACO** in 2004 as the Diplomate examination board. (<https://ianmmmedicine.org/wp-content/uploads/2022/05/ACA-Letter.pdf>) The Academy was recognized by the American Chiropractic Association in 2005.

In 2019 the **ACO** changed its name to the **IANMM**, but the functions remained the same. (<https://ianmmmedicine.org/name-change/>) The **IANMM** is the point source verification (PSV) and the current Diplomate certifying organization for the

chiropractic and neuromusculoskeletal board certified doctor of chiropractic. All **DABCO, DACO** and **DIANM** certificates are recognized here as one and the same to those inquiring, and are supported by the **IANM**. If a doctor is not current with their "Maintenance of Certificate" (MOC) the inquiring entity is notified of the doctor's status.

If you have any further questions, do not hesitate to contact the **IANM**.

Sincerely,



J.R. Brandt DC, MS, DIANM

Past President

Executive Director

International Academy of Neuromusculoskeletal Medicine

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 11 Discussion and potential action regarding the American Chiropractic Associations efforts to support federal legislation – For possible action**

**RECOMMENDED MOTION: No recommended motion.**

**PREPARED BY: Nicole Canada, DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION:** The attached letter was received from the American Chiropractic Association asking for the board's support of the Chiropractic Medicare Coverage Modernization Act, HR 2654 in the U.S. House of Representatives and S. 4042 in the U.S. Senate. This legislation will undue 50 years limited Medicare beneficiary access to services provided by doctors of chiropractic.

**ACTION:**  Approved  Approved w/Modifications  Denied  Continued



1701 Clarendon Blvd    T E L    703 276 8800  
Suite 200    F A X    703 243 2593  
Arlington, VA 22209    W E B    acatoday.org



July 18, 2022

Dr. Margaret Colucci

Chiropractic Physicians' Board of Nevada  
4600 Kietzke Lane, Suite M245  
Reno, NV 89502-5000  
Via Email: [chirobd@chirobd.nv.gov](mailto:chirobd@chirobd.nv.gov)

Dear President Colucci and Fellow Board Members,

As you may be aware, the American Chiropractic Association (ACA) is leading efforts to support federal legislation that provides full access to, and coverage of, services provided by chiropractors for beneficiaries in federal health insurance programs. Current efforts are focused on garnering support of two bills in Congress, H.R. 2654, and S. 4042, commonly referred to as the Chiropractic Medicare Coverage Modernization Act. These bills would remove barriers to care and support Medicare beneficiaries.

There are several reasons this legislation was introduced, but among the most important is one related to a primary function of state regulatory agencies: **promoting public safety and protecting the public from harm.**

need for a coordinated  
and well-articulated policy that encompasses not only supply reduction but also the demand for  
opioids and the related harms stemming from their use. The Commission urged that the U.S.  
Department of Health and Human Services (HHS) take further action in the areas

There is a growing body of research demonstrating a significant reduction in the utilization of opioids and associated risks in populations that have robust access to chiropractic benefits. A January 2022 study in the journal *Chiropractic Manipulative Therapies* states: **“The adjusted risk of filling an opioid prescription within 365 days of initial visit was 56% lower among recipients of chiropractic care as compared to non-recipients. Conclusions: Among older Medicare beneficiaries with spinal pain, use of chiropractic care is associated with significantly lower risk of filling an opioid prescription.”**

A December 2021 study in the journal *Spine* states: **“Among older adults who initiated long-term care of chronic low back pain with opioids, the rate of adverse drug events was substantially higher than those who initially chose spinal manipulation. Adverse drug events were more than 42 times higher with an initial choice of Opioid Analgesic Therapy (OAT) versus an initial choice of Spinal Manipulative Therapy (SMT).”** In addition, a 2022 study in *Spine* found that **“the risk of escalated care is 2.5 times greater when care for back pain is initiated with opioid analgesic therapy versus spinal manipulative therapy (SMT).”**

Since 1972, Medicare has arbitrarily limited seniors’ access to most services doctors of chiropractic (DCs) are allowed to provide. This limitation has persisted for a half century with no scientific or valid policy basis. Members of state chiropractic licensing boards should understand that DCs are currently not allowed to furnish their patients with existing covered Medicare services that fall within their state scopes of practice. This artificial limitation restricts chiropractors from providing patients continuity of care as they age into Medicare, putting beneficiaries at a distinct health disadvantage.

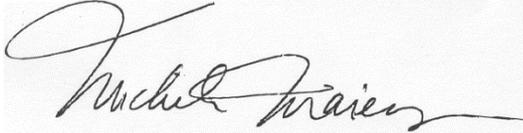
It is important to note that Medicare policy ignores appropriate state licensing authority established by state statute and regulated by state chiropractic examining boards. Doctors of chiropractic are licensed in all 50 states as portal-of-entry providers who treat the “whole body” and whose scope of practice, as defined by state law in every state, allows for the provisioning of a broad range of services. As you are aware, a typical state scope recognizes the ability and training of DCs to examine, diagnose, treat, and refer.

The Chiropractic Medicare Coverage Modernization Act, H.R. 2654, and S. 4042 will allow Medicare beneficiaries access to the chiropractic profession’s broad-based, non-drug approach to pain management, which includes manual manipulation of the spine and extremities, evaluation and management services, diagnostic imaging, and utilization of other non-drug approaches. **As you can see from the above studies, access to chiropractic services has become an important strategy in national efforts to stem the epidemic of prescription opioid overuse and abuse.**

Positive evidence-based outcome and cost-effectiveness studies demonstrate greater patient satisfaction, with better results, lower costs, fewer adverse events, fewer opioid prescriptions, fewer imaging studies, fewer hospitalizations, and fewer surgeries. Linked below are two documents which provide numerous studies in further support of these findings.

ACA is dedicated to seeing this legislation become law in support of Medicare beneficiaries to ensure they have the option of seeing a chiropractor for care and to ensure that care will be covered. **To that end, ACA is encouraging members of state chiropractic examining boards, individually or as a body, to reach out to and inform members of their state congressional delegations that their support of legislation that provides Medicare beneficiaries full access to the services of a chiropractor will improve guideline-concordant care resulting in improved public safety with reduced potential for harm.**

Sincerely,

A handwritten signature in black ink, appearing to read "Michele Maiers", is written over a light gray rectangular background.

Michele Maiers, DC, MPH, PhD  
President

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**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 12 Public Workshop: Preparation and potential revisions to the Chiropractic Assistant program. – For possible action**

**POTENTIAL MOTION: No recommendation.**

**PRESENTED BY: Nicole Canada, DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 15 minutes**

**BACKGROUND INFORMATION: Please see NRS and NAC attached as it relates to the CA program. The highlighted areas address the need for potential revision based on Board conversation.**

**ACTION: \_\_\_\_\_Approved \_\_\_\_\_Approved w/Modifications \_\_\_\_\_Denied \_\_\_\_\_Continued**

**CHIROPRACTIC ASSISTANTS**  
**Nevada Revised Statutes**

**NRS 634.123 Chiropractic assistant: Qualification; certification; supervision.**

1. The Board may issue a certificate to a properly qualified applicant to perform ancillary services relating to chiropractic, other than chiropractic adjustment, under the supervision of a chiropractor. The Board shall specify the formal training, including at least [REDACTED] or [REDACTED], which such an applicant must have completed before the Board awards the applicant a certificate as a Chiropractic assistant.

2. An application for the issuance of a certificate as a Chiropractic assistant must include all information required to complete the application.

(Added to NRS by [1981, 1150](#); A [1997, 2131](#); [2005, 2730, 2807](#))

**NRS 634.125 Chiropractic assistant: Authorized services.** A Chiropractic assistant may perform such ancillary services relating to chiropractic as he or she is authorized to perform under the terms of a certificate issued by the Board. Those services must be rendered under the [REDACTED].

(Added to NRS by [1981, 1150](#))

**NRS 634.127 Chiropractic assistant: Limitation on number supervised by chiropractor.** No chiropractor may supervise more than four Chiropractic assistants at the same time.

(Added to NRS by [1981, 1150](#); A [1991, 2084](#); [2001, 6](#))

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**CHIROPRACTIC ASSISTANTS**  
**Nevada Administrative Code**

**NAC 634.305 Examination for certification as Chiropractic assistant; passing score; failure to pass; failure to appear. ([NRS 634.030](#))**

1. At least once each year, the Board will administer an examination to applicants for a certificate as a Chiropractic assistant.

2. The examination will consist of the following subjects, including, without limitation:

(a) Radiographic technology, protection, quality control and positioning of the patient;

(b) Ancillary procedures and applications relating to chiropractic; and

(c) The provisions of NRS and NAC that are related to the practice of chiropractic.

3. An applicant who receives a score of at least 75 percent for a closed-book examination or a score of at least [REDACTED] percent for an open-book examination is entitled to a certificate as a Chiropractic assistant.

4. If an applicant fails to receive a score of at least 75 percent for a closed-book examination or a score of at least [REDACTED] percent for an open-book examination the first time he or she takes the examination, the applicant may [REDACTED]

5. If an applicant who receives training and employment as a Chiropractic assistant trainee pursuant to subparagraph (2) of paragraph (a) of subsection 2 of [NAC 634.355](#) fails to receive a score of at least 75 percent for a closed-book examination or a score of at least 90 percent for an open-book examination after two attempts and wishes to continue working as a Chiropractic assistant trainee, the supervising licensee must, within 30 days after the date of the notice from the Board of the results of the examination, submit a plan for additional training to the Board. The chair of the test committee will:

(a) Approve or deny the plan; and

(b) Determine whether the Chiropractic assistant trainee may continue working as a Chiropractic assistant trainee.

6. If, pursuant to paragraph (b) of subsection 5, the chair of the test committee determines that a Chiropractic assistant trainee may continue working as a Chiropractic assistant trainee, the Chiropractic assistant trainee may continue working as a Chiropractic assistant trainee if he or she:

(a) Pursuant to [NAC 634.350](#), submits a new application for a certificate as a Chiropractic assistant and pays the required fee; and

(b) Provides the chair of the test committee with proof that the Chiropractic assistant trainee is enrolled in an educational course in a subject described in subsection 2.

7. If a Chiropractic assistant trainee who has submitted an application pursuant to paragraph (a) of subsection 6 fails to receive a score of at least 75 percent for a closed-book examination or a score of at least 90 percent for an open-book examination after two attempts, the Chiropractic assistant trainee shall not work as a Chiropractic assistant trainee until the Chiropractic assistant trainee has received a score of at least 75 percent for a closed-book examination or a score of at least 90 percent for an open-book examination.

8. An applicant for a certificate as a Chiropractic assistant who fails on two occasions to appear for an examination that he or she has been scheduled to take:

(a) Shall be deemed to have withdrawn his or her application;

(b) Forfeits any application fees paid to the Board; and

(c) Must, if he or she has been receiving training and employment as a Chiropractic assistant trainee pursuant to subparagraph (2) of paragraph (a) of subsection 2 of [NAC 634.355](#), cease working as a Chiropractic assistant trainee.

↪ If the applicant applies thereafter for a certificate, the applicant must establish eligibility for the certificate in accordance with the provisions of this chapter and [chapter 634](#) of NRS.

9. As used in this section, “chair of the test committee” means the member of the Board who is assigned by the Board to serve as the chair of the committee that is created by the Board to administer an examination to applicants for a certificate as a Chiropractic assistant.

(Added to NAC by Bd. of Chiropractic Exam'rs, eff. 5-13-82; A 1-31-94; A by Chiropractic Physicians' Bd. by R030-98, 9-10-98; R095-03, 10-22-2003; R014-10, 5-5-2011; R064-17, 2-27-2018)

**NAC 634.3475 “Detrimental to the best interests of the public” interpreted. ([NRS 634.030](#))**

1. As used in subsection 10 of [NRS 634.018](#), the Board will interpret the phrase “detrimental to the best interests of the public” as applied to a Chiropractic assistant to include, without limitation:

- (a) Unlawful disclosure of information about a patient.
- (b) Willful or careless disregard for the health, welfare or safety of patients, regardless of whether proof of actual injury is established.
- (c) Engaging in any conduct or verbal behavior that is inappropriately sexual with or towards a current patient.
- (d) Engaging in any conduct or verbal behavior that is sexually or racially demeaning or offensive with or towards a current patient.
- (e) Engaging in or soliciting sexual misconduct.
- (f) Engaging with a patient in a romantic or dating relationship unless the patient is the spouse of the Chiropractic assistant.
- (g) Use of protected or privileged information obtained from a patient to the detriment of the patient.
- (h) Performing services which the Chiropractic assistant is not authorized to perform under the terms of a certificate issued by the Board as provided by [NRS 634.125](#).
- (i) Billing or charging a patient for the services of the Chiropractic assistant.
- (j) Intentionally causing physical or emotional injury to a patient.
- (k) Aiding, abetting or assisting any person in violating any provision of this chapter or [chapter 634](#) of NRS.
- (l) Engaging in fraudulent or deceitful conduct in the capacity of a Chiropractic assistant.
- (m) Obtaining any certificate through fraud, misrepresentation or deceit.
- (n) Impersonating an applicant or acting as a proxy for the applicant in any examination.
- (o) Disclosing the contents of an examination given by the Board or soliciting, accepting or compiling information regarding the contents of an examination before, during or after the administration of an examination given by the Board.
- (p) Failing to provide the Board or its agents with any documents lawfully requested by the Board, whether by subpoena or otherwise.
- (q) Failing to cooperate fully with the Board during the course of an investigation.

(r) Claiming or making representations of the attainment of any academic degree or award not actually received.

(s) Disobeying an order of the Board.

(t) Splitting fees or giving or receiving a commission in the referral of patients for services.

(u) The suspension or revocation of a license or certificate or other disciplinary action taken by another state against the Chiropractic assistant based on a license or certificate issued by that state for an act that would constitute grounds for disciplinary action in this State. A certified copy of the suspension, revocation or other disciplinary action taken by another state against the Chiropractic assistant based on a license or certificate issued by that state is conclusive evidence of that action.

(v) Performing a task for which the Chiropractic assistant has not been trained or which the Chiropractic assistant is not clinically competent to perform.

2. A supervising licensee is responsible for all of the acts performed by a Chiropractic assistant whom he or she supervises. A supervising licensee may be subject to disciplinary action for any violations of law or regulation committed by his or her Chiropractic assistant.

3. A supervising licensee shall notify the Board in writing of any dismissal of a Chiropractic assistant for cause within 10 days after the dismissal.

4. A patient's consent to, initiation of or participation in sexual behavior or involvement in a romantic or dating relationship with a Chiropractic assistant does not excuse the conduct of the Chiropractic assistant.

5. As used in this section:

(a) "Sexual misconduct" means:

(1) Sexual relations between a Chiropractic assistant and a patient, regardless of whether the patient initiated or consented to those sexual relations.

(2) Conduct by a Chiropractic assistant, in regard to a patient, that is sexual in nature, sexually suggestive or sexually demeaning to the patient.

(3) The commission by a Chiropractic assistant of one or more of the offenses defined in [NRS 200.368](#), [200.730](#), [201.210](#) and [201.220](#).

(4) The use by a Chiropractic assistant of deception, misrepresentation or force for the purpose of engaging in sexual conduct with a patient in:

(I) A clinical setting; or

(II) A setting that is used ordinarily for the provision of chiropractic services.

↪ The term does not include sexual conduct or sexual relations that take place between a Chiropractic assistant and his or her spouse or between a Chiropractic assistant and a person who was a patient after the Chiropractic assistant-patient relationship has been terminated for a reasonable time.

(b) "Sexual relations" means:

(1) Sexual intercourse.

(2) Any touching of sexual or other intimate parts of a person or causing such person to touch the sexual or other intimate parts of the Chiropractic assistant for the purpose of arousing or gratifying the sexual desire of either the Chiropractic assistant or the patient.

(Added to NAC by Chiropractic Physicians' Bd. by R150-13, eff. 3-28-2014)

**NAC 634.348 Performance of ancillary services. ([NRS 634.030](#), [634.125](#))**

1. A person who desires to perform ancillary services must obtain a certificate as a Chiropractic assistant.

2. A person who holds a certificate as a Chiropractic assistant may perform ancillary services, including, without limitation:

- (a) Administering to patients by means of **physiotherapeutic equipment**;
- (b) Taking and developing radiographs;
- (c) Assisting with the education of a patient concerning his or her health;
- (d) Assisting a patient with exercise or rehabilitation activities;
- (e) Taking the history of the health of a patient; and
- (f) **Assisting the supervising licensee with an examination of a patient.**

3. **A person who holds a certificate as a Chiropractic assistant may take and develop radiographs only after the supervising licensee has:**

- (a) **Determined that radiographs are appropriate for the patient; and**
- (b) **Ordered the person to take and develop radiographs for the patient.**

(Added to NAC by Chiropractic Physicians' Bd. by R030-98, eff. 9-10-98; A by R095-03, 10-22-2003; R101-08, 12-17-2008; R150-13, 3-28-2014)

**NAC 634.350 Application for certification: Filing; requirements; expiration; waiver of requirements. ([NRS 634.030](#), [634.123](#))**

1. An applicant for a certificate as a Chiropractic assistant must file an application with the Board on a form furnished by the Board and pay the required fee within **15** days after the date on which the applicant has begun performing duties as a Chiropractic assistant. An applicant who has not begun performing duties as a Chiropractic assistant may file an application at any time after completing his or her formal training required pursuant to [NRS 634.123](#).

2. The application must set forth:

- (a) The date of the application.
- (b) The applicant's date and place of birth and two personal references based upon 5 years' acquaintance.
- (c) The applicant's name, age, social security number, sex and current residence.
- (d) The name and mailing address of the applicant's current employer, if any.
- (e) If applicable, the date on which he or she was hired to perform the duties of a Chiropractic assistant.

(f) Whether or not the applicant has ever applied for certification as a Chiropractic assistant in another state. If the applicant has so applied, he or she must state when and where he or she applied and the result of that application.

(g) If the applicant has been certified in another state, whether any proceeding to discharge, dismiss or discipline him or her or other similar proceeding has ever been instituted against him or her and the disposition of each such proceeding.

(h) **Any other documentation.**

3. An application expires after **1 year**.

4. For good cause shown, the Board may, at its discretion, waive one or more of the requirements of this section.

(Added to NAC by Bd. of Chiropractic Exam'rs, eff. 5-13-82; A 11-23-93; A by Chiropractic Physicians' Bd. by R030-98, 9-10-98; R095-03, 10-22-2003; R034-05, 10-31-2005; R101-08, 12-17-2008)

**NAC 634.355 Certification: Additional requirements; waiver of requirements. (NRS 634.030, 634.123)**

1. An applicant for a certificate as a Chiropractic assistant must, in addition to fulfilling the requirements of [NAC 634.350](#), furnish evidence satisfactory to the Board that he or she:

(a) Is 18 years of age or older; and

(b) Has received a score of at least 75 percent for a closed-book examination or a score of at least **90** percent for an **open-book** examination administered by the Board on the provisions of NRS and NAC that are related to the practice of chiropractic.

2. In addition to the requirements set forth in subsection 1 and [NAC 634.350](#), an applicant for a certificate as a Chiropractic assistant must furnish evidence satisfactory to the Board that he or she:

(a) Satisfies one of the following:

(1) Is certified as a Chiropractic assistant by a program for Chiropractic assistants that is approved by the Board; or

(2) Has had **6** months of full-time, or **12** months of part-time, training and employment as a Chiropractic assistant trainee from a licensee.

(b) Has received a score of at least 75 percent for a closed-book examination or a score of at least **90** percent for an open-book examination for certification required pursuant to [NAC 634.305](#).

3. **Evidence of an applicant's completion of approved training pursuant to subparagraph (2) of paragraph (a) of subsection 2 must consist of a certification by each licensee who supervised the work and training of the applicant.**

4. The Board may, at its discretion:

(a) Waive one or more of the requirements of this section for good cause shown.

(b) Upon receipt from an applicant of documentation demonstrating that the applicant has received additional formal training, education or experience, grant the

applicant credit toward fulfilling the requirements of subparagraph (2) of paragraph (a) of subsection 2.

(Added to NAC by Bd. of Chiropractic Exam'rs, eff. 5-13-82; A 7-29-88; 1-31-94; A by Chiropractic Physicians' Bd. by R030-98, 9-10-98; R095-03, 10-22-2003; R034-05, 10-31-2005; R101-08, 12-17-2008; R150-13, 3-28-2014; R064-17, 2-27-2018)

**NAC 634.357 Adherence to standards of practice; duties to recognize and respond to emergencies and demonstrate professionalism. ([NRS 634.030](#))** A Chiropractic assistant shall:

1. Adhere to the ethical and legal standards of professional practice for chiropractors;
2. Recognize and respond to emergencies arising in the course of chiropractic procedures; and
3. Demonstrate characteristics of professionalism.

(Added to NAC by Chiropractic Physicians' Bd. by R150-13, eff. 3-28-2014)

**NAC 634.360 Employment and training as Chiropractic assistant trainee. ([NRS 634.030](#), [634.123](#))**

1. A person may not be employed and trained for more than **15** days as a Chiropractic assistant trainee for the purposes of satisfying subparagraph (2) of paragraph (a) of subsection 2 of [NAC 634.355](#) unless the person, within the first **15** days during which he or she performs any duties as a Chiropractic assistant trainee, applies to the Board by submitting a form provided by the Board.

2. Except as otherwise provided in subsection 3, an applicant for a certificate as a Chiropractic assistant who completes training pursuant to subparagraph (2) of paragraph (a) of subsection 2 of [NAC 634.355](#) shall, upon the completion of the training:

- (a) Apply to the Board to sit for the next scheduled examination; and
- (b) Submit the fees required by the Board pursuant to [NAC 634.200](#).

3. **For good cause shown, the Board may, at its discretion, extend the training period of a Chiropractic assistant trainee and authorize the trainee to take a later scheduled examination.**

(Added to NAC by Bd. of Chiropractic Exam'rs, eff. 11-23-93; A by Chiropractic Physicians' Bd. by R030-98, 9-10-98; R095-03, 10-22-2003; R034-05, 10-31-2005; R101-08, 12-17-2008)

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 13 Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action.**

**RECOMMENDED MOTION: No recommended motion.**

**PRESENTED BY: Nicole Canada, DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 30 minutes**

- A. Complaint 19-12S (Rovetti)**
- B. Complaint 20-01N (Rovetti)**
- C. Complaint 21-03S (Canada)**
- D. Complaint 21-29N (Canada)**
- E. Complaint 21-31S (Colucci)**
- F. Complaint 22-08S (Canada)**
- G. Complaint 22-09S (Canada)**
- H. Complaint 22-10S (Overland)**
- I. Complaint 22-11S (Overland)**
- J. Complaint 22-12S (Overland)**

**ACTION: \_\_\_\_\_Approved \_\_\_\_\_Approved w/Modifications \_\_\_\_\_Denied \_\_\_\_\_Continued**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 13A Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**A. Complaint 19-12S (Dr. Rovetti)**

**RECOMMENDED MOTION: No recommended motion.**

**PREPARED BY: Morgan Rovetti, DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 3 minutes**

**BACKGROUND INFORMATION: The complainant alleged unprofessional conduct.**

**ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued**

**Agenda Item 13A**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 13B** Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

**B. Complaint 20-01N (Dr. Rovetti)**

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Morgan Rovetti, DC**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **3 minutes**

BACKGROUND INFORMATION: **The complainant alleged unprofessional conduct.**

ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued

**Agenda Item 13B**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 13C** Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

**C. Complaint 21-03S (Dr. Canada)**

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Nicole Canada, DC**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **3 minutes**

BACKGROUND INFORMATION: **This complaint is pending the results of the criminal lawsuit.**

ACTION:  Approved  Approved w/Modifications  Denied  Continued

**Agenda Item 13C**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 13D** Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

**D. Complaint 21-29N (Dr. Canada)**

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Nicole Canada, DC**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **3 minutes**

BACKGROUND INFORMATION: **The complainant alleged unprofessional conduct.**

ACTION:  Approved  Approved w/Modifications  Denied  Continued

**Agenda Item 13D**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 13E** Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:

**E. Complaint 21-31S (Dr. Colucci)**

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Margaret Colucci, DC**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **3 minutes**

BACKGROUND INFORMATION: **The complainant alleged unprofessional conduct.**

ACTION:  Approved  Approved w/Modifications  Denied  Continued

**Agenda Item 13E**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 13F Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**F. Complaint 22-08S (Dr. Canada)**

**RECOMMENDED MOTION: No recommended motion.**

**PREPARED BY: Nicole Canada, DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 3 minutes**

**BACKGROUND INFORMATION: The complainant alleged that the chiropractor was negligent in their treatment and allegedly working outside the scope of chiropractic.**

**ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued**

**Agenda Item 13F**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 13G Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**G. Complaint 22-09S (Dr. Canada)**

**RECOMMENDED MOTION: Recommend dismissal for lack of jurisdiction.**

**PREPARED BY: Nicole Canada, DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 3 minutes**

**BACKGROUND INFORMATION: The complainant submitted documentation, which appeared to be a civil litigation dispute and did not involve the DC's acts as a chiropractic physician.**

**ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued**

**Agenda Item 13G**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 13H Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**H. Complaint 22-10S (Dr. Canada)**

**RECOMMENDED MOTION: Recommend dismissal.**

**PREPARED BY: James T. Overland, Sr., DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 3 minutes**

**BACKGROUND INFORMATION: This complaint was from the alleged mother of a minor who was treated by a chiropractic physician with a consent signed by the individuals aunt.**

**ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued**

**Agenda Item 13H**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 13I Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**I. Complaint 22-11S (Dr. Overland)**

**RECOMMENDED MOTION: No recommended motion.**

**PREPARED BY: James T. Overland Sr., DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 3 minutes**

**BACKGROUND INFORMATION: The complainant alleged that the licensed massage therapist was performing chiropractic.**

**ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued**

**Agenda Item 13I**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 13J Status report regarding anonymous profiles of possible disciplinary actions. Board action will be limited to either dismissing the matter if the Board determines there is no violation, it has no jurisdiction over the subject, or providing direction to pursue the matter further – For possible action:**

**J. Complaint 22-12S (Dr. Overland)**

**RECOMMENDED MOTION: No recommended motion.**

**PREPARED BY: James T. Overland Sr., DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 3 minutes**

**BACKGROUND INFORMATION: The complainant alleged that the licensed massage therapist was performing chiropractic.**

**ACTION:  Approved  Approved w/Modifications  Denied  Continued**

**Agenda Item 13J**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 14 FCLB/NBCE Matters – For possible action.**

- A. Overview -District I & IV Meeting**
- B. Other FCLB/NBCE matters.**

RECOMMENDED MOTION: **No recommended motion.**

PRESENTED BY: **Nicole Canada, DC**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **15 minutes**

BACKGROUND INFORMATION: **Dr. Overland and Dr. Canada were in attendance at the District I & IV meeting held at the Hyatt, Incline Village, NV.**

ACTION: \_\_\_\_\_Approved \_\_\_\_\_Approved w/Modifications \_\_\_\_\_Denied \_\_\_\_\_Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 15 Consideration of potential additions, deletions, and/or amendments to NRS 634 and NAC 634– For possible action.**

RECOMMENDED MOTION: **No recommended motion.**

PRESENTED BY: **Nicole Canada, DC**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **15 minutes**

BACKGROUND INFORMATION:

ACTION:  Approved  Approved w/Modifications  Denied  Continued

**Agenda Item 15**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 16 Discussion and potential action regarding the need for a Board lobbyist. – For possible action.**

**RECOMMENDED MOTION: No recommended motion.**

**PREPARED BY: Nicole Canada, DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 15 minutes**

**BACKGROUND INFORMATION: This topic was discussed during the FCLB district meeting. Other states indicated that they do not contract with a lobbyist.**

**ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 17 Discussion and potential action regarding contracting with an investigator to investigate the complaints on behalf of the Board. – For possible action.**

**RECOMMENDED MOTION: No recommended motion.**

**PREPARED BY: Nicole Canada, DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 15 minutes**

**BACKGROUND INFORMATION: This topic was discussed during the FCLB district meeting. There were comments from other states with respect to appropriateness of Board members investigating their own profession.**

**ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 18 Discussion and potential action regarding Board members to obtain continuing education. – For possible action.**

- A. Allow CE for attendance at FCLB/NBCE conference(s).
- B. Allow CE for sitting on the Board.
- C. Allow Consumer Member(s)/Attorney CLE for attendance at FCLB/NBCE/FARB conference(s)

**RECOMMENDED MOTION: No recommended motion.**

**PREPARED BY: Nicole Canada, DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 15 minutes**

**BACKGROUND INFORMATION: This topic was discussed during the FCLB district meeting. Some states allow its Board members to obtain CE for attending FCLB/NBCE conferences and for sitting on the Board. It was also mentioned that this Board could apply for CLE through the BAR for an attorney's attendance at FCLB, NBCE and FARB conferences.**

**ACTION: \_\_\_\_\_Approved \_\_\_\_\_Approved w/Modifications \_\_\_\_\_Denied \_\_\_\_\_Continued**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 19 Discussion and potential action regarding the interpretation of NAC 634.348(2)(f) and what was intended to be authorized as “assisting the supervising licensee with an examination of a patient.” – For possible action.**

**RECOMMENDED MOTION: No recommended motion.**

**PREPARED BY: Nicole Canada, DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 15 minutes**

**BACKGROUND INFORMATION: This agenda item was requested by an active DC who is inquiring whether an examination of a patient may be performed by the chiropractic assistant pursuant to NAC 634.348(2)(f) as long as the DC is in the office.**

**ACTION:  Approved  Approved w/Modifications  Denied  Continued**

**NAC 634.348 Performance of ancillary services. (NRS 634.030, 634.125)**

1. A person who desires to perform ancillary services must obtain a certificate as a chiropractor's assistant.

2. A person who holds a certificate as a chiropractor's assistant may perform ancillary services, including, without limitation:

- (a) Administering to patients by means of physiotherapeutic equipment;
- (b) Taking and developing radiographs;
- (c) Assisting with the education of a patient concerning his or her health;
- (d) Assisting a patient with exercise or rehabilitation activities;
- (e) Taking the history of the health of a patient; and
- (f) Assisting the supervising licensee with an examination of a patient.

3. A person who holds a certificate as a chiropractor's assistant may take and develop radiographs only after the supervising licensee has:

- (a) Determined that radiographs are appropriate for the patient; and
- (b) Ordered the person to take and develop radiographs for the patient.

(Added to NAC by Chiropractic Physicians' Bd. by R030-98, eff. 9-10-98; A by R095-03, 10-22-2003; R101-08, 12-17-2008; R150-13, 3-28-2014)

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 20 Committee Reports**

- A. Continuing Education Committee (Dr. Martinez) – For possible action.**
- B. Legislative Committee (Dr. Overland) – For possible action.**
- C. Preceptorship Committee (Dr. Rovetti) – For possible action.**
- D. Test Committee (Dr. Canada) - For possible action.**

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Nicole Canada, DC**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **15 minutes**

BACKGROUND INFORMATION:

ACTION:  Approved  Approved w/Modifications  Denied  Continued

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 21 Discussion and potential action regarding a contract for audit services with Bertrand & Associates. – For possible action.**

**RECOMMENDED MOTION: Approve the amendment to the existing contract with Bertrand & Associates.**

**PREPARED BY: Julie Strandberg**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 15 minutes**

**BACKGROUND INFORMATION: Pursuant to NRS 218G.400 the Board is required to be audited by December 1<sup>st</sup> each year. The audit is provided to the Legislative Council Bureau and the Governor's Office of Finance. Please see the attached 1<sup>st</sup> amendment, which extends the term to December 31, 2025 and the total contract amount to \$31,400.00 to the existing contract for audit services with Bertrand & Associates.**

**ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued**

|                 |  |
|-----------------|--|
| CETS #:         |  |
| Solicitation #: |  |

**AMENDMENT # 01**

**TO CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR**

Between the State of Nevada  
Acting By and Through Its

|                        |                                                                           |
|------------------------|---------------------------------------------------------------------------|
| Agency Name:           | <b>Chiropractic Physicians' Board of Nevada</b>                           |
| Address:               | <b>4600 Kietzke Lane, Suite M245</b>                                      |
| City, State, Zip Code: | <b>Reno, NV 89502</b>                                                     |
| Contact:               | <b>Julie Strandberg</b>                                                   |
| Phone:                 | <b>(775) 688-1923</b>                                                     |
| Fax:                   | <b>(775) 688-1920</b>                                                     |
| Email:                 | <a href="mailto:chirobd@chirobd.nv.gov"><b>chirobd@chirobd.nv.gov</b></a> |

|                        |                                                                             |
|------------------------|-----------------------------------------------------------------------------|
| Contractor Name:       | <b>Bertrand &amp; Associates, LLC</b>                                       |
| Address:               | <b>777 E. Williams St., Suite 206</b>                                       |
| City, State, Zip Code: | <b>Carson City, NV</b>                                                      |
| Contact:               | <b>Michael Bertrand</b>                                                     |
| Phone:                 | <b>(775) 882-8892</b>                                                       |
| Fax:                   | <b>(775) 562-2667</b>                                                       |
| Email:                 | <a href="mailto:michael@bertrandcpa.com"><b>michael@bertrandcpa.com</b></a> |

1. **AMENDMENTS.** For and in consideration of mutual promises and other valuable consideration, all provisions of the original Contract dated 02/21/2021, attached hereto as Exhibit A, remain in full force and effect with the exception of the following:

**A. Provide a brief explanation for contract amendment.**

This is the first amendment to the original contract which provides audit services on an annual basis. This amendment extends the termination date from December 31, 2022 to December 31, 2025 and the maximum amount from \$12,800 to \$31,400.00 due to the continued need for these services.

**B. Current Contract Language:**

**3. CONTRACT TERM.** This Contract shall be effective as noted below, unless sooner terminated by either party as specified in *Section 10, Contract Termination*. Contract is subject to Board of Examiners' approval (anticipated to be Date March 2021 ).

|                 |                        |          |                        |
|-----------------|------------------------|----------|------------------------|
| Effective from: | Date February 21, 2021 | Through: | Date December 31, 2022 |
|-----------------|------------------------|----------|------------------------|

|                        |  |
|------------------------|--|
| <b>CETS #:</b>         |  |
| <b>Solicitation #:</b> |  |

**6. CONSIDERATION.** The parties agree that Contractor will provide the services specified in *Section 5, Incorporated Documents* at a cost as noted below:

|            |     |      |
|------------|-----|------|
| \$6,100.00 | per | Year |
|------------|-----|------|

|                                            |  |
|--------------------------------------------|--|
| Total Contract or installments payable at: |  |
|--------------------------------------------|--|

|                               |             |
|-------------------------------|-------------|
| Total Contract Not to Exceed: | \$12,800.00 |
|-------------------------------|-------------|

**C. Amended Contract Language:**

**3. CONTRACT TERM.** This Contract shall be effective as noted below, unless sooner terminated by either party as specified in *Section 10, Contract Termination*. Contract is subject to Board of Examiners' approval (anticipated to be Date ).

|                 |                        |          |                        |
|-----------------|------------------------|----------|------------------------|
| Effective from: | Date February 21, 2021 | Through: | Date December 31, 2025 |
|-----------------|------------------------|----------|------------------------|

**6. CONSIDERATION.** The parties agree that Contractor will provide the services specified in *Section 5, Incorporated Documents* at a cost as noted below:

|            |     |      |
|------------|-----|------|
| \$6,200.00 | per | Year |
|------------|-----|------|

|                                            |  |
|--------------------------------------------|--|
| Total Contract or installments payable at: |  |
|--------------------------------------------|--|

|                               |             |
|-------------------------------|-------------|
| Total Contract Not to Exceed: | \$31,400.00 |
|-------------------------------|-------------|

2. **INCORPORATED DOCUMENTS.** Exhibit A (original Contract) is attached hereto, incorporated by reference herein and made a part of this amended contract.
3. **REQUIRED APPROVAL.** This amendment to the original Contract shall not become effective until and unless approved by the Nevada State Board of Examiners.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to the original contract to be signed and intend to be legally bound thereby.



August 23, 2022

Julie Strandberg, Executive Director  
Chiropractic Physicians' Board of Nevada  
4600 Kietzke Lane, Suite M245  
Reno, NV 89502

777 E. William St Suite 206  
Carson City, NV 89701  
Tel 775.882.8892  
Fax 775.562.2667

**RE: Proposal and engagement letter for June 30, 2023, 2024 and 2025 audits**

Dear Ms. Strandberg:

We are pleased to propose and if accepted, confirm our understanding of the services we are to provide Chiropractic Physicians' Board of Nevada (Board) for the year ended June 30, 2023. We will audit the statement of net assets, statement of revenues, expenses, statement of changes in fund net assets and statement of cash flows of the Board as of June 30, 2023. This proposal and engagement letter will be for the audit of the years ended June 30, 2023, 2024, and 2025.

Accounting standards generally accepted in the United States provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to accompany the Board's basic financial statements. As per your request, we will not include an MD & A or the GASB 75 adjustments and disclosures which will result in a modification of our report letter. GASB 68 requires supplementary schedules (RSI) and as part of our engagement, we will apply certain limited procedures to the Board's RSI. These limited procedures will consist principally of inquiries of the PERS actuary's report regarding the methods of measurement and presentation, which management is responsible for affirming to us in its representation letter. Unless we encounter problems with the presentation of the RSI or with procedures relating to it, we will disclaim an opinion on it. The following RSI is required by generally accepted accounting principles and will be subjected to certain limited procedures and not be audited (GASB 68) or not be included.

1. Management's Discussion and Analysis. (not included)
2. GASB 68 required supplementary schedules
3. GASB 75 supplementary schedules. (not included)

**Audit Objective**

The objective of our audit is the expression of opinions as to whether your basic financial statements are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit will be conducted in accordance with U.S. generally accepted auditing standards and will include tests of the accounting records and other procedures we consider necessary to enable us to express such an opinion. If our opinions on the financial statements are other than unqualified, we will fully discuss the reasons with you in advance.

We anticipate a qualified opinion as a new accounting standard known as GASB 75 will not be applied as the Public Employees Benefits Program (PEBP) will not provide the needed actuarial information and it is our understanding that the Board will not seek to incur the expense to hire an actuarial consultant. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or to issue a report as a result of this engagement.

### **Management Responsibilities**

Management is responsible for establishing and maintaining internal controls, including monitoring ongoing activities; for the selection and application of accounting principles; and for the fair presentation in the financial statements of the respective financial position of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the Nevada Association of Counties and the respective changes in financial position and where applicable, cash flows, in conformity with U.S. generally accepted accounting principles. Management is responsible for the basic financial statements and all accompanying information as well as all representations contained therein. You are also responsible for management decisions and functions; for designating an individual with suitable skill, knowledge, or experience to oversee our financial statement preparation services and any other non-attest services we provide; and for evaluating the adequacy and results of those services and accepting responsibility for them.

Management is responsible for making all financial records and related information available to us and for the accuracy and completeness of that information. Management is responsible for adjusting the financial statements to correct material misstatements and for confirming to us in the representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud or illegal acts affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud or illegal acts could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the entity complies with applicable laws and regulations.

### **Audit Procedures—Internal Control**

Our audit will include obtaining an understanding of the government and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards.

### **Audit Procedures—Compliance**

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the Board's compliance with the provisions of applicable laws, regulations, contracts, and agreements. However, the objective of our audit will not be to provide an opinion on overall compliance, and we will not express such an opinion.

### **Audit Procedures-General**

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts and may include tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, creditors, and financial institutions. We will request written representations from your attorneys as part of the engagement, and they may bill you for responding to this Inquiry. At the conclusion of our audit, we will also require certain written representations from you about the financial statements and related matters.

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. We will plan and perform the audit to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity.

Because an audit is designed to provide reasonable, but not absolute, assurance and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements may exist and not be detected by us. In addition, an audit is not designed to detect immaterial misstatements, or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform you of any material errors and any fraudulent financial reporting or misappropriation of assets that come to our attention. We will also inform you of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

### **Other Services**

We will assist you in the preparation of the notes to the financial statements and the adjustment for the GASB 68 pension liability and related notes which will primarily be derived from the actuary's report. We will also assist with footnote preparation. These are non-attest services that we will provide. We will prepare the services in accordance with applicable professional standards. You are responsible to oversee this service and have competent staff to review our work performed and evaluate the adequacy and results of this service. We may discover corrections to the financial statements that we may not propose that you record and will review those with you or your staff. You agree that you will accept responsibility for these services.

### **Engagement Administration, Fees, and Other**

Michael Bertrand is the engagement partner and is responsible for supervising the engagement and signing the report. Our retention policy is to retain audit work papers for seven years after

the close of the audited year. We understand that your employees will prepare all cash or other confirmations and schedules we request and will locate any documents selected by us for testing.

We expect to begin our audit on approximately July 25, 2023 and to issue our reports no later than December 1, 2023. Our fee for these services will be at our standard hourly rates plus out-of-pocket costs (such as increased insurance coverage you may require, report reproduction, word processing, postage, travel, copies, etc.) and expect the fee to be \$6,200. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination.

The above fee is based on anticipated cooperation from your personnel and in their providing requested information timely and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary; we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

We appreciate the opportunity to be of service to the Board and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Very truly yours,



Michael J. Bertrand  
Bertrand & Associates, LLC

**RESPONSE:**

This letter correctly sets forth the understanding of the Board

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 22 - Discussion and potential action regarding the board purchasing Employee Bond-Crime Insurance coverage – For possible action.**

**POTENTIAL MOTION: No recommended motion.**

**PRESENTED BY: James T. Overland Sr., DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 15 minutes**

**BACKGROUND INFORMATION: This is being discussed due to a recommendation from the Boards auditor.**

**Colonial**

| <b>Coverage</b>  | <b>Per Year</b> | <b>Per 3-Years</b> |
|------------------|-----------------|--------------------|
| <b>\$200,000</b> | <b>\$362.55</b> | <b>\$1,033.27</b>  |
| <b>\$250,000</b> | <b>\$402.68</b> | <b>\$1,147.64</b>  |

**Brunswick - \$2,000 deductible**

| <b>Coverage</b>  | <b>Per Year</b> | <b>Per 3-Years</b> |
|------------------|-----------------|--------------------|
| <b>\$400,000</b> | <b>\$755.00</b> | <b>\$2,265.00</b>  |

**ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 23 Executive Director Reports:**

- A. Status of Pending Complaints – No action.**
- B. Status of Current Disciplinary Actions – No action.**
- C. Legal/Investigatory Costs – No action.**
- D. DC licenses to applicants who passed the examination from July 2022 through September 2022– No action.**
- E. CA certificates to applicants who passed their in-person or on-line examinations taken September 13, 2022 – No action.**
- F. Board Member Checks – No action.**

**RECOMMENDED MOTION: Non-Action Item.**

**PREPARED BY: Julie Strandberg, Executive Director**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 5 minutes**

**BACKGROUND INFORMATION: Please see the attached list of chiropractic physicians licensed from July through September 2022 and the list of CA applicants who passed their examinations on September 13, 2022.**

**CA On-Line & In-Person = 76% Certified**

**CA Exam – 91% passed**

**Law Exam – 75% passed**

**ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued**

|                            |                |          |                                                                                   |                                                                                              |  |
|----------------------------|----------------|----------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|
| 19-12S                     | 9/18/2019      | Rovetti  | Alleged unprofessional conduct                                                    | Pending Court Case                                                                           |  |
| 20-01N                     | Staff: Updates | Rovetti  | Alleged unprofessional conduct-practicing below the standards of care/malpractice | Under investigation                                                                          |  |
| 21-03S                     | 3/26/2021      | Canada   | DC misrepresented license reinstatement questions.                                | Pending Criminal Case                                                                        |  |
| 21-29N                     | 10/14/2021     | Canada   | Alleged unprofessional conduct                                                    | Under Investigation                                                                          |  |
| 21-31S                     | 11/8/2021      | Colucci  | Alleged unprofessional conduct                                                    | Under Investigation                                                                          |  |
| 22-08S                     | 7/7/2022       | Canada   | Alleged practicing outside the scope of chiropractic                              | Under Investigation                                                                          |  |
| 22-09S                     | 7/13/2022      | Canada   | Alleged unprofessional conduct                                                    | Dismiss                                                                                      |  |
| 22-10S                     | 7/26/2022      | Overland | Alleged unprofessional conduct.                                                   | Dismiss                                                                                      |  |
| 22-11S                     | 10/4/2022      | Overland | Licensed Massage Therapist alleged to be performing chiropractic                  | Under Investigation                                                                          |  |
| 22-12S                     | 10/4/2022      | Overland | Licensed Massage Therapist alleged to be performing chiropractic                  | Under Investigation                                                                          |  |
| <b>DORMANT COMPLAINTS:</b> |                |          |                                                                                   |                                                                                              |  |
| 11-23S                     | 11/7/2011      |          | Unredeemable "nsf" check written on Doctor's business account                     | To be held in abeyance; to be addressed if the licensee requests reinstatement in the future |  |
| 13-23N                     | 9/30/2013      |          | Possible malpractice                                                              | To be held in abeyance; to be addressed if the licensee requests reinstatement in the future |  |
| 18-03S                     | 2/20/2018      |          | Alleged unlicensed practice                                                       | Will be addressed if this individual reappears in Nevada.                                    |  |

**STATUS OF CURRENT DISCIPLINARY ACTIONS at July 14, 2022**

**Disciplinary Action with Probation**

**1. Casey D. Robinson, DC, License No. B1263**

Dr. Robinson was granted a license on September 14, 2007 under the condition that he comply with all of the terms and conditions of his Agreement on Conditions for Licensure with California and monitoring of his practice by Board-appointed Compliance Monitor, Dr. Jeff Andrews. Dr. Robinson's 5-year probation with California commenced on February 14, 2006. He was required to reimburse the California Board's costs of \$3,103.75 and serve 4 hours per month of community service for 2-1/2 years of his probation. It was subsequently determined that Dr. Robinson did not comply with the terms and conditions of his agreement with California. This was addressed at the June 4, 2011 meeting and a new Agreed Settlement was approved that extends his probation for another five years concurrent with and under the same terms and conditions as his settlement agreement with California. **Dr. Robinson was placed in tolling status effective November 18, 2015 and has a five-year tolling limit. Dr. Robinson is current and in compliance with the terms and conditions of his California probation per the California Board. Effective June 26, 2021 Dr. Robinson surrendered his California license. This Board has confirmed that Dr. Robinson satisfied his California order with the exception of passing the law exam and completing his probation period and will revise the Nevada Board order and bring it to the next meeting.**

**2. Michael Milman, DC, License No. B01618**

On October 15, 2020 Dr. Michael Milman entered into Findings of Fact, Conclusions of Law, and Order with the Board. Dr. Milman will be on probation for five years with a practice monitor who will assure compliance with the terms and conditions of the Order. Dr. Milman was ordered to pay the Board's attorney fees and costs incurred in the investigation and prosecution of this matter totaling \$1,380.00. Dr. Milman must take and pass the Ethics & Boundaries Assessment. Dr. Milman shall maintain malpractice insurance, obtain and maintain all applicable business licensure, whether state, county, or city. Dr, Milman shall not bill any insurances, but work on a cash basis only and cannot accept personal injury cases. **Dr. Milman has satisfied all requirements of his Board order, however will remain on probation until November 9, 2025. On April 22, 2022 Dr. Milman began employment with the Joint and effective August 26, 2022 has started practice monitoring through Affiliated Monitors.**

**Probation Only**

**3. Todd Gardner, DC, License No. B00495**

On October 28, 2021 Dr. Gardner appeared before the Board and was granted his license on probation with conditions. Dr. Gardner shall take and pass the Substance Abuse section of the Ethics & Boundaries Examination, any violations of the court's probationary terms shall constitute a violation of the probation under which Dr. Gardner's license was granted, contract with the Professional Recovery Network who will provide quarterly reports to the Board, Dr. Gardner must provide a quarterly email to the Executive Director reporting his status and Dr. Gardner must report any and all violations of this probation to the Board no later than three days after the violation occurs. Dr. Gardner has taken and passed the Substance Abuse section of the Ethics & Boundaries Examination. **Dr. Gardner will be monitored and meet monthly with Mark Chase with the Professional Recovery Program. Reports are attached. Dr. Gardner will remain on probation until February 24, 2025.**

**Disciplinary Actions with No Probation**

**4. Francis Raines, DC, License No. B0187**

Under the March 12, 2013 Board Order, Dr. Raines shall be monitored by the Investigating Board Member, a chiropractic physician, and a mental health monitor for 24 months from the date he begins practicing, which occurred on December 8, 2015. Dr. Raines' wife is serving as the business and financial manager and is currently the only employee. Dr. Raines was ordered to pay a fine in the amount of \$20,000.00 and has been making monthly payments of \$75.00 per month since May 30, 2013 and continues to do so. **The current balance is \$13,321.00. Dr. Raines is in compliance with the terms of the Order.**

PRN AFTERCARE REPORT/NARRATIVE  
July 31, 2022

This letter is to verify that **Todd Gardener** has complied with all the requirements outlined in the agreement he entered with PRN and subsequently approved by the Chiropractic Physicians Board of Nevada.

- This report covers the period from **July 1, 2022**, to **July 31, 2022**.
- Todd's initial diagnosis was problematic alcohol usage.
- Per his treatment plan, Todd meets with me monthly for personal counseling and attends weekly peer support. Todd has maintained a positive and grateful attitude during our work together. Dr. Gardener attends AA meetings regularly and meets weekly with his sponsor.
- No psychosocial or significant stressors are concerning regarding his recovery. I am impressed that Todd has made self-care a central theme in his recovery program. Todd's attitude is one of gratefulness, and it is filled with positivity about life.
- The State of Nevada is handling random UAs. Todd has tested negative for all psychotropics.
- Dr. Todd Gardener is psychologically fit to practice as a medical professional.

Don't hesitate to contact me with any additional questions or concerns. I can be reached at (702) 335-9943 or prnmark@pm.me.

Best Regards,

*Mark Chase*

Mark Chase, MA, MBA  
Doctoral Candidate-Neuropsychology  
LCADC (NV 02479-I), CPC (NV CI697), CSAT-I  
Clinical Program Director

PRN  
7465 W Lake Mead Blvd., Suite 224  
Las Vegas, NV 89128  
(702) 562-1230

PRN AFTERCARE REPORT/NARRATIVE  
September 30, 2022

This letter is to verify that **Todd Gardener** has complied with all the requirements outlined in the agreement he entered with PRN and subsequently approved by the Chiropractic Physicians Board of Nevada.

- This report covers **September 1, 2022, to September 30, 2022.**
- Todd's initial diagnosis was problematic alcohol usage.
- Per his treatment plan, Todd meets with me monthly for personal counseling and attends weekly peer support. Todd has maintained a positive and grateful attitude during our work together. Dr. Gardener attends AA meetings regularly and meets weekly with his sponsor.
- No psychosocial or significant stressors are concerning regarding his recovery. Todd's attitude is one of gratefulness, and it is filled with positivity about life. A recent ankle injury has posed difficulties for him, but he is staying positive despite most likely having surgery soon.
- The State of Nevada is handling random UAs. Todd has tested negative for all psychotropics.
- Dr. Todd Gardener is psychologically fit to practice as a medical professional.

Don't hesitate to contact me with any additional questions or concerns. I can be reached at (702) 335-9943 or prnmark@pm.me.

Best Regards,

*Mark Chase*

Mark Chase, MA, MBA  
Doctoral Candidate-Neuropsychology  
LCADC (NV 02479-I), CPC (NV CI697), CSAT-I  
Clinical Program Director

PRN  
7473 W Lake Mead Blvd., Suite 213  
Las Vegas, NV 89128  
(702) 562-1230

## CHIROPRACTIC PHYSICIANS' BOARD

### Legal/Investigatory Costs

| <b>Costs Incurred</b>           | August to Date      | Year-To-Date<br>Fiscal Year 2022       |
|---------------------------------|---------------------|----------------------------------------|
| Advantage Group                 | 262.88              | 2,076.13                               |
| Attorney General                | -                   | 138.93                                 |
| <b>Total</b>                    | <u>262.88</u>       | <u>2,215.06</u>                        |
|                                 |                     |                                        |
| <b>Costs Reimbursed</b>         | Amount Paid         | Amount Owed                            |
| James Overland Jr., DC          | \$ 17,070.98        | \$ 29,806.38                           |
| <b>Totals</b>                   | <u>\$ 17,070.98</u> | <u>\$ 29,806.38</u>                    |
|                                 |                     |                                        |
| <b>Other Outstanding Items:</b> | Received            | Pending Transfer<br>to Treasurer/Other |
| Francis Raines, DC              | \$ 6,679.00         | \$ 13,321.00                           |
| James Overland Jr., DC          | \$ -                | \$ 7,000.00                            |
|                                 | <u>\$ 6,679.00</u>  | <u>\$ 20,321.00</u>                    |

**Licensed Chiropractic Physicians'**

**July**

James Wallace Cox III, DC  
Phillip Joseph Hamilton, DC

**August**

Carl Lawrence Dimailig, DC  
James Robert Haakenson, DC  
Patrick Robert Kim  
Jeffrey Stephen Midgley  
Emily Faith Richter-Kirk  
Ashley Nicole Ruff  
James Andrew Stanley

**September**

Stuart Cherk-Mun Hui, DC

**Certified Chiropractic Assistants**  
**Effective September 13, 2022**

|                    |           |           |          |              |           |
|--------------------|-----------|-----------|----------|--------------|-----------|
| Alatorre           | Arleene   | Gonzalez  | Angie    | Pedro Pedro  | Gricelda  |
| Alcantar           | Mariela   | Gonzalez  | Ilse     | Peralta      | Marjourie |
| Cappucci           | Alexandra | Guerrero  | Emanuel  | Rodriguez    | Laysa     |
| Chung              | Kalen     | Hoskins   | Brady    | Rodriguez    | Vanessa   |
| De La Cruz-Fuentes | Arianni   | Hunt      | Tyler    | Rodriguez    | Marisol   |
| Dowling            | Amanda    | Lapena    | Reinalyn | Sanchez      | Karla     |
| Elenburg           | Jaime     | Lopez     | Michelle | Simons       | Jamie     |
| Estrellas          | Jennifer  | McCormick | Nicole   | Sosa-Pedraza | Leticia   |
| Flores-Garcia      | Cintia    | Miller    | Jessica  | Thomas       | Ashlyn    |
| Flores-Ibarra      | Jessica   | Nevarez   | Brianna  | Young        | Monique   |
| Garcia             | Andrea    | Olimberio | Shane    |              |           |
| Garcia             | Roxana    | Ortega    | Sabrina  |              |           |

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 24 Financial Status Reports:**

- A. Current cash position & projections – No action.**
- B. Accounts Receivable Summary – No action.**
- C. Accounts Payable Summary – No action.**
- D. Employee Accrued Compensation – No action.**
- E. Income/Expense Actual to Budget Comparison – No action.**
- F. Budget to Actual – No action.**
- G. Licensee database update – No action**

RECOMMENDED MOTION: **Non-Action Item.**

PREPARED BY: **Julie Strandberg, Executive Director**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION:

ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued

**CHIROPRACTIC PHYSICIANS' BOARD  
BANK BALANCE REPORT  
As of August 31, 2022**

**AGENDA ITEM 24A**

|                                 |              |
|---------------------------------|--------------|
| CHECKING ACCOUNT                | 12,882.17    |
| SAVINGS ACCOUNT                 | 617,276.01   |
| SAVINGS ACCOUNT - Restricted    | 0.00         |
| Paypal                          | 30.00        |
| Total Cash Balance @ 05/31/2020 | \$630,188.18 |

**ACCOUNTS RECEIVABLE SUMMARY AS OF August 31, 2022**

**AGENDA ITEM 24B**

|                     |             |
|---------------------|-------------|
| A/R                 |             |
| Fines               | 20,321.00   |
| Cost Reimbursements | 31,306.00   |
| Total A/R           | \$51,627.00 |

**ACCOUNTS PAYABLE SUMMARY  
As of August 31, 2022**

**AGENDA ITEM 24C**

|                                           |             |
|-------------------------------------------|-------------|
| State Treasurer - Fines collected/payable | 6,679.00    |
| <br>                                      |             |
| Total Accounts Payable                    | \$ 6,679.00 |

**Extraordinary Items**

**AGENDA ITEM 24D**

**\*Employee Accrued Compensation as of 8/31/2022**

|                 | Vacation Hours | Sick-Leave Hours | Comp-Time Hours |
|-----------------|----------------|------------------|-----------------|
| Julie Standberg | 37.11          | 1,236.28         | -               |
| Brett Canady    | -              | -                | -               |
|                 |                |                  |                 |

Chiropractic Physicians' Board of Nevada  
Income/Expense Report To Budget - ACCRUAL BASIS  
For the Period Ending August 31, 2022

AGENDA ITEM 24E

|                                        | v Actual July 1 thru Aug 31,<br>2022 | Budget FY<br>06/30/23 | Variance        |
|----------------------------------------|--------------------------------------|-----------------------|-----------------|
| <b>Revenue</b>                         |                                      |                       |                 |
| License & Fees                         | 48,575                               | 263,941               | 215,366         |
| Application & Fees                     | 8,365                                | 47,810                | 39,445          |
| Interest/Gain Loss on Invest           | 67                                   | -                     | (67)            |
| Exam Fees                              | 650                                  | 16,667                | 16,017          |
| Reinstatement Fees                     | 140                                  | 7,500                 | 7,360           |
| Miscellaneous                          | 2,327                                | 10,130                | 7,803           |
| Reimbursement Income                   | 750                                  | 7,500                 | 6,750           |
| <b>TOTAL REVENUE</b>                   | <b>60,874</b>                        | <b>353,548</b>        | <b>292,674</b>  |
| <b>Expenses</b>                        |                                      |                       |                 |
| Background Checks                      | 2,926                                | 9,744                 | 6,818           |
| Banking / Paypal Expenses              | 731                                  | 10,513                | 9,782           |
| Dues & Registration                    | 1,803                                | 6,553                 | 4,750           |
| Equipment Repair                       | -                                    | -                     | -               |
| COMPUTER: Equipment/Software/Websites  | 2,765                                | 16,676                | 13,911          |
| Insurance                              | -                                    | 876                   | 876             |
| Legal & Professional                   | 9,062                                | 79,205                | 70,143          |
| Operating Supplies                     | 558                                  | 1,953                 | 1,395           |
| Printing & Copying                     | 224                                  | 2,880                 | 2,656           |
| Postage                                | 158                                  | 3,934                 | 3,776           |
| Casual Labor - Clerical                | -                                    | 2,000                 | 2,000           |
| Personnel                              | -                                    | -                     | -               |
| Office Salaries                        | 20,705                               | 132,885               | 112,180         |
| Board Salaries                         | 750                                  | 4,200                 | 3,450           |
| Board Meeting Expense                  | 15                                   | 1,480                 | 1,465           |
| Workman's Compensation                 | -                                    | 1,600                 | 1,600           |
| Retirement - PERS                      | 4,093                                | 37,920                | 33,827          |
| Employee Insurance - PEBP              | 3,244                                | 20,075                | 16,831          |
| Unemployment                           | 19                                   | 1,000                 | 981             |
| Medicare                               | 300                                  | 1,740                 | 1,440           |
| Payroll Processing                     | 19                                   | 548                   | 529             |
| Rent                                   | 2,456                                | 15,216                | 12,760          |
| Telephone                              | 502                                  | 1,843                 | 1,341           |
| Travel                                 | -                                    | -                     | -               |
| In State                               | 1,138                                | 6,400                 | 5,262           |
| Out State                              | -                                    | 8,000                 | 8,000           |
| <b>TOTAL EXPENSES</b>                  | <b>51,468</b>                        | <b>367,241</b>        | <b>315,773</b>  |
| <b>NET RESULT</b>                      | <b>9,406</b>                         | <b>(13,693)</b>       | <b>(23,099)</b> |
| <b>BEGINNING CASH BALANCE 07/01/22</b> | <b>665,662</b>                       |                       |                 |
| <b>NET OPERATING RESULT</b>            | <b>675,068</b>                       |                       |                 |

Chiropractic Physicians' Board of Nevada  
Income/Expense Report To Budget - ACCRUAL BASIS  
For the Period Ending August 31, 2022

**AGENDA ITEM 24E**

|                                        | (Over) / Under<br>Budget | Actual July 1 thru<br>Aug 31, 2022 | Actual July 1 thru<br>Aug 31, 2022 | Variance FY23<br>to FY22 |
|----------------------------------------|--------------------------|------------------------------------|------------------------------------|--------------------------|
| <b>Revenue</b>                         |                          |                                    |                                    |                          |
| License & Fees                         | 215,366                  | 48,575                             | 3,225                              | (45,350)                 |
| Application & Fees                     | 39,445                   | 8,365                              | 7,260                              | (1,105)                  |
| Interest/Gain Loss on Invest           | (67)                     | 67                                 | 18                                 | (49)                     |
| Exam Fees                              | 16,017                   | 650                                | 1,600                              | 950                      |
| Reinstatement Fees                     | 7,360                    | 140                                | 800                                | 660                      |
| Miscellaneous                          | 7,803                    | 2,327                              | 2,622                              | 295                      |
| Reimbursement Income                   | 6,750                    | 750                                | 150                                | (600)                    |
| <b>TOTAL REVENUE</b>                   | <b>292,674</b>           | <b>60,874</b>                      | <b>15,675</b>                      | <b>(45,199)</b>          |
| <b>Expenses</b>                        |                          |                                    |                                    |                          |
| Background Checks                      | 6,818                    | 2,926                              | 1,280                              | (1,646)                  |
| Banking Expenses                       | 9,782                    | 731                                | 704                                | (27)                     |
| Dues & Registration                    | 4,750                    | 1,803                              | 3,083                              | 1,280                    |
| Equipment Repair                       | -                        | -                                  | -                                  | -                        |
| COMPUTER: Equipment/Software/Websites  | 13,911                   | 2,765                              | 2,810                              | 45                       |
| Insurance                              | 876                      | -                                  | -                                  | -                        |
| Legal & Professional                   | 70,143                   | 9,062                              | 11,214                             | 2,152                    |
| Operating Supplies                     | 1,395                    | 558                                | 753                                | 195                      |
| Printing & Copying                     | 2,656                    | 224                                | 447                                | 223                      |
| Postage                                | 3,776                    | 158                                | 176                                | 18                       |
| Casual Labor - Clerical                | 2,000                    | -                                  | -                                  | -                        |
| Personnel                              | -                        | -                                  | -                                  | -                        |
| Office Salaries                        | 112,180                  | 20,705                             | 20,664                             | (41)                     |
| Board Salaries                         | 3,450                    | 750                                | 900                                | 150                      |
| Board Meeting Expense                  | 1,465                    | 15                                 | 30                                 | 15                       |
| Workman's Compensation                 | 1,600                    | -                                  | 625                                | 625                      |
| Retirement - PERS                      | 33,827                   | 4,093                              | 4,081                              | (12)                     |
| Employee Insurance - PEBP              | 16,831                   | 3,244                              | 3,356                              | 112                      |
| Unemployment                           | 981                      | 19                                 | 37                                 | 18                       |
| Medicare                               | 1,440                    | 300                                | 300                                | -                        |
| Payroll Processing                     | 529                      | 19                                 | 4                                  | (15)                     |
| Rent                                   | 12,760                   | 2,456                              | 2,403                              | (53)                     |
| Telephone                              | 1,341                    | 502                                | 307                                | (195)                    |
| Travel                                 | -                        | -                                  | -                                  | -                        |
| In State                               | 5,262                    | 1,138                              | -                                  | (1,138)                  |
| Out State                              | 8,000                    | -                                  | 1,244                              | 1,244                    |
| <b>TOTAL EXPENSES</b>                  | <b>315,773</b>           | <b>51,468</b>                      | <b>54,418</b>                      | <b>2,950</b>             |
| <b>NET RESULT</b>                      | <b>(23,099)</b>          | <b>9,406</b>                       | <b>(38,743)</b>                    |                          |
| <b>BEGINNING CASH BALANCE 07/01/22</b> |                          | 665,662                            |                                    |                          |
| <b>NET OPERATING RESULT</b>            |                          | <b>675,068</b>                     |                                    |                          |

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 25 - Discussion and potential action regarding Board member signatures on the wall certificates for chiropractic physicians and chiropractic assistants – For possible action.**

**POTENTIAL MOTION: Approve to either allow the Board members signatures be stamped on the wall certificates or allow Board members to pre-sign the wall certificates prior to the names being printed.**

**PRESENTED BY: Nicole Canada, DC**

**MEETING DATE: October 13, 2022**

**TIME REQUIRED: 15 minutes**

**BACKGROUND INFORMATION: Due to the time it takes to pass the wall certificates from Board member to Board member it would be much more efficient if the Board signatures could either be stamped or pre-signed to avoid the delay of the licensee receiving their wall certificate.**

**ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

**TITLE: Agenda Item 26 Discussion and possible action regarding the staff evaluation and potential adjustment of financial compensation for Julie Strandberg - For possible action**

RECOMMENDED MOTION: **No recommended motion.**

PRESENTED BY: **James Overland, DC**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION:

ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued

**Agenda Item 26**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 27 Public Interest Comments – No action**

**This portion of the meeting is open to the public to speak on any topic and may be limited to 3 minutes**

RECOMMENDED MOTION: **Non-Action item.**

PREPARED BY: **Nicole Canada, DC**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **3 minutes per person per topic**

BACKGROUND INFORMATION:

ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued

**Agenda Item 27**

**CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

**AGENDA ACTION SHEET**

TITLE: **Agenda Item 28** Adjournment – For possible action

RECOMMENDED MOTION: **Adjourn the meeting.**

PRESENTED BY: **Nicole Canada, DC**

MEETING DATE: **October 13, 2022**

TIME REQUIRED: **2 minutes**

BACKGROUND INFORMATION: **The meeting should be formally adjourned when all matters on the agenda have been addressed.**

ACTION: \_\_\_\_\_ Approved \_\_\_\_\_ Approved w/Modifications \_\_\_\_\_ Denied \_\_\_\_\_ Continued

**Agenda Item 28**