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CHIROPRACTIC PHYSICIAN'S BOARD OF NEVADA

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NOTICE OF MEETING

DATE: Thursday, April 11, 2024 **TIME:** 8:30 a.m.

LOCATION: Zoom

Topic: Chiropractic Physicians' Board Meeting
Time: Apr 11, 2024 08:30 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us06web.zoom.us/j/89712932407?pwd=x4lYfb5bkT8ndvFjVpiOYW6Ft9YYMo.1>

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Passcode: 770451

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April 11, 2024

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

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.

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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 January 11, 2024 Board Meeting Minutes - For possible action.

Agenda Item 4 Legislative Matters – For possible action.

A. Strategies 360 – Dan Musgrove

Agenda Item 5 NCA/NCC Report – No action.

Agenda Item 6 Board Counsel Report – No action.

Agenda Item 7 Discussion and potential action regarding obtaining a Somatic EMDR Therapy Certificate – For possible action.

Agenda Item 8 Discussion and potential action relating to the discipline imposed on Michael Milman, DC in Case No. 20-07S - For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character, alleged misconduct, or professional competence of Dr. Milman)

Agenda Item 9 Hearing and deliberation in the Matter of Casey Robinson, DC, License No. B01263, Complaint No. 23-11S – For possible action (Note: The Board may go into closed session pursuant to NRS 241.030 to consider the character, alleged misconduct, or professional competence of Dr. Robinson.)

Agenda Item 10 Discussion and potential action regarding a chiropractic clinic supplying and administering Narcan/Naloxone in the event of an accidental overdose – For possible action.

Agenda Item 11 Discussion and potential action regarding applicants who misrepresent information on their application in accordance with the results of their background check– For possible action.

Agenda Item 12 Discussion and potential action regarding the Doctor of Chiropractic jurisprudence examination – For possible action.

Agenda Item 13 Discussion and potential action regarding the Chiropractic Assistant program and examinations – For possible action.

Agenda Item 14 Discussion and potential action regarding the definition of “manual therapies” that can be performed by a chiropractic assistant – For possible action

Agenda Item 15 Discussion and potential action regarding chiropractic assistants performing prescribed physiotherapy while the chiropractic physician is not present in the clinic – For possible action.

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Agenda Item 16 Discussion and potential action regarding allowing chiropractic assistants the ability to obtain a temporary certificate - For possible action.

Agenda Item 17 Discussion and potential action regarding the use of an FDA-approved electric stimulation chair or device for pelvic and bladder support as a noninvasive procedure within a chiropractic office – For possible action.

Agenda Item 18 Discussion and potential action regarding the continuing education courses taken or registered for prior to February 27, 2024 and other related topics – For possible action.

Agenda Item 19 Consideration of potential additions, deletions, and/or amendments to NRS 634 and NAC 634 – For possible action.

- | | |
|-----------------------|--------------------------|
| A. NRS 634.018 (9) | M. NAC 634.119 |
| B. NRS 634.020(2)(b) | N. NAC 634.200 |
| C. NRS 634.070 (1) | O. NAC 634.305(2) |
| D. NRS 634.070 (2) | P. NAC 634.320 |
| E. NRS 634.090 (1)(b) | Q. NAC 634.330 |
| F. NRS 634.100 (2)(b) | R. NAC 634.339 |
| G. NRS 634.100 (3) | S. NAC 634.3475(1)f) |
| H. NRS 634.125 | T. NAC 634.3475(5)(b)(2) |
| I. NRS 634.135 | U. NAC 634.357(2) |
| J. NRS 634.137 (1) | V. NAC 634.430 |
| K. NRS 634.227(1) (a) | |
| L. NRS 634.227(3) (a) | |

Agenda Item 20 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 | (Martinez) |
| B. Complaint 21-31S | (Lurie) |
| C. Complaint 22-18S | (Augustin) |
| D. Complaint 22-19S | (Lurie) |
| E. Complaint 22-21N | (Martinez) |
| F. Complaint 22-23N | (Martinez) |
| G. Complaint 23-02N | (Ingles) |
| H. Complaint 23-11S | (Ayazi) |
| I. Complaint 23-12S | (Lurie) |
| J. Complaint 23-13S | (Lurie) |
| K. Complaint 23-15S | (Nolle) |
| L. Complaint 23-16S | (Nolle) |
| M. Complaint 23-18S | (Jaeger) |
| N. Complaint 23-19S | (Canada) |
| O. Complaint 23-20S | (Jaeger) |

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- P. Complaint 23-21S (Canada)
- Q. Complaint 23-22S (Canada)
- R. Complaint 23-23S (Lurie)
- S. Complaint 23-24N (Martinez)
- T. Complaint 23-26S (Canada)
- U. Complaint 23-27S (Lurie)
- V. Complaint 23-28S (Canada)
- W. Complaint 23-31S (Ingles)
- X. Complaint 24-01S (Canada)
- Y. Complaint 24-02S (Canada)
- Z. Complaint 24-03S (Ingles)
- AA. Complaint 24-04S (Jaeger)
- BB. Complaint 24-05S (Lurie)

Agenda Item 21 FCLB/NBCE Matters – For possible action.

- A. Other FCLB/NBCE matters.

Agenda Item 22 Committee Reports

- A. Continuing Education Committee (Dr. Martinez) – For possible action.
- B. Legislative Committee (Dr. Lurie) – For possible action.
- C. Preceptorship Committee (Dr. Ingles) – For possible action.
- D. Test Committee (Dr. Canada) - 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. Approved Regulations Update – 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. Budget to Actual at February 29, 2024 – No action.
- F. Income/Expense Actual to Budget Comparison as of February 29, 2024 – No action.

Agenda Item 25 Discussion and potential action regarding policies in accordance with the revisions to regulations – For possible action.

- A. Policy 32 Continuing Education for Board Meeting Attendance
- B. Policy 33 Regular Meetings

Agenda Item 26 Discussion and potential action regarding the amendment to the contract with Numbers, Inc. and The Advantage Group – For possible action.

Agenda Item 27 Discussion and potential action regarding the Board office security system – For possible action.

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Agenda Item 28 Board Member Comments – No action.

Agenda Item 29 Public Interest Comments – No action.

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

Agenda Item 30 Adjournment – For possible action.

This agenda posted April 5, 2024 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.

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775-688-1921

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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: **April 11, 2024**

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: **April 11, 2024**

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 January 11, 2024 Board Meeting Minutes. - For possible action.**

RECOMMENDED MOTION: **Approve the minutes of the January 11, 2024 meeting as drafted.**

PRESENTED BY: **Nicole Canada, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION:

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 3

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A meeting of the Chiropractic Physicians' Board was held on Thursday, January 11, 2024 by zoom conference.

The following Board members were present at roll call:

Nicole Canada, DC, President
Xavier Martinez, DC, Vice President
Benjamin S. Lurie, DC, Board Member
Jason O. Jaeger, DC, Board Member
Adam Ingles, DC, Board Member
Christian L. Augustin, 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. Lurie led those present in the Pledge of Allegiance. Dr. Martinez stated the Purpose of the Board.

Agenda Item 1 Public Interest Comments - No action.

There were no public interest comments.

Agenda Item 2 Approval of agenda – For possible action.

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

Agenda Item 3 Approval of the November 2, 2023 Board Meeting Minutes. - For possible action.

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

Agenda Item 4 Legislative Matters – For possible action.

Mr. Musgrove, on behalf of Strategies 360, was present and shared that Ben Kieckhefer resigned from the Governor's Chief of Staff and Ryan Cherry has been appointed.

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Mr. Musgrove shared changes that have taken place at the legislature and stated that the interim subcommittees have been named

Reza R. Ayazi, Esq., Consumer Member, joined the meeting.

Agenda Item 5 Discussion and potential action regarding the Application for DC license for Marc Van Driessche, DC – For possible action. (Note: The Board may go into closed session pursuant to NRS 241.030 to consider the character alleged misconduct, or professional competence of Mr. Van Driessche)

Dr. Canada welcomed Dr. Van Driessche. Dr. Canada asked Dr. Van Driessche to discuss the discrepancies on his application. Dr. Van Driessche stated that he did not intend to mislead the Board and has never had trouble with the law. Dr. Van Driessche shared that he and his son got into a disagreement about his son cleaning his room and the police were called. In the State of Washington, when the police are called to address alleged domestic violence someone must be arrested, so he took the responsibility rather than his 18-year-old son being arrested. His son issued a letter to the State of Washington indicating that the disagreement did not involve domestic violence.

Mr. Augustin moved to approve the application. Dr. Canada seconded, for discussion.

Dr. Jaeger stated that based on previous circumstances of this nature, he cannot vote in favor. Mr. Augustin withdrew his motion and Dr. Canada withdrew her second.

Dr. Jaeger moved to deny Dr. Van Driessche's application and stated that he may reapply. Dr. Lurie seconded, and the motion passed with all in favor.

Agenda Item 6 Discussion and potential action regarding the reinstatement for DC license for Julio Olivares – For possible action. (Note: The Board may go into closed session pursuant to NRS 241.030 to consider the character, alleged misconduct, or professional competence of Mr. Olivares).

Dr. Canada welcomed Dr. Olivares. Dr. Jaeger moved to go into closed session. Dr. Martinez seconded, and the motion passed with all in favor. Dr. Canada asked Dr. Olivares to address the Board to provide pertinent information regarding his case in Oregon. Dr. Olivares provided the Board with the necessary information. Dr. Canada opened up questioning from the Board.

Dr. Jaeger moved to go back to open session. Dr. Lurie seconded, and the motion passed with all in favor.

Mr. Augustin moved to deny Dr. Olivares' application. Dr. Lurie seconded, and the motion passed with all in favor.

Agenda Item 7 Discussion and potential action relating to the discipline imposed on Michael Milman, DC in Case No. 20-07S - For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character, alleged misconduct, or professional competence of Dr. Milman)

Dr. Canada welcomed Dr. Milman and turned the agenda item over to Dr. Martinez. Dr. Martinez asked that Julie Strandberg summarize that status of Dr. Milman's practice monitoring, which was provided. Dr. Milman requested that he be dismissed from the practice monitor. Dr. Martinez recommended that the practice monitor remain in place. Dr. Jaeger moved to deny that Dr. Milman be dismissed from practice monitoring. Mr. Ayazi seconded, and the motion passed with all in favor. Dr. Martinez recused himself as the investigating board member.

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Agenda Item 8 Hearing and deliberation in the Matter of Casey Robinson, DC, License No. B01263, Complaint No. 23-11S – For possible action (Note: The Board may go into closed session pursuant to NRS 241.030 to consider the character, alleged misconduct, or professional competence of Dr. Robinson.)

Ms. Harris swore in Julie Strandberg. Mr. Ling asked questions of Julie Strandberg and during the questioning it was determined that a document issued to Dr. Robinson provided insufficient information, so this agenda item was tabled.

Agenda Item 9 PUBLIC HEARINGS: Public workshop to consider amendments to Nevada Administrative Code 634. – For possible action.

A. R114-23 Revisions to NAC 634 pursuant to Executive Order 2023-003.

Dr. Canada asked for public comment and there was none.

Dr. Jaeger made a motion to adopt the language as drafted in R114-23. Dr. Martinez seconded, and the motion passed with all in favor.

B. R115-23 Board proposed revisions to NAC 634.

Dr. Canada asked for public comment and there was none.

Dr. Jaeger made a motion to adopt the language as drafted in R115-23. Dr. Martinez seconded, and the motion passed with all in favor.

Agenda Item 10 NCA/NCC Report – No action

There was nobody from the NCA or the NCC present to report.

Agenda Item 11 Discussion and potential action regarding the current DC jurisprudence examination and potentially turning the administration of the DC jurisprudence examination over to the NBCE. – For possible action.

Dr. Canada shared that she feels that it is appropriate for the jurisprudence exam to be turned over to the NBCE. Dr. Jaeger reminded the Board that he brought this agenda item before the Board prior to serving on this body, so he will recuse himself from commenting for or against moving the exam to the NBCE, however is available for questions. Dr. Lurie reiterated that the Board continues to make motions and move things forward without determining the ultimate goal, which causes confusion to the public and to the chiropractic community. Dr. Lurie recommended that the Board form a committee to build a clear foundation of what the Board's goals are, and then make a decision. Dr. Lurie stated that a number of states do not offer a jurisprudence examination. Dr. Jaeger shared that there are 33 states that require the jurisprudence examination.

Dr. Martinez and Mr. Augustin agreed with Dr. Lurie stating that the Board decide what direction to go and then make changes.

Mr. Ling reminded the Board that the regulation requires an exam, so the regulation would need to be changed first.

Dr. Lurie moved to table this agenda item. Mr. Augustin seconded, and the motion passed with all in favor. Dr. Jaeger abstained.

Agenda Item 12 Discussion and potential action regarding questions on the Self-Inspection Form and the License Renewal Form – For possible action.

Dr. Lurie stated that he reviewed and made changes to the self-inspection form based on previous Board conversation to utilize the self-inspection only if a DC or CA has a complaint

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filed against them. Dr. Lurie also reviewed the renewal questions and added questions from the self-inspection to the DC renewal application. Mr. Augustin recommended that the attestation be worded differently. Dr. Lurie stated that he is open to any wording changes from a legal standpoint. Mr. Augustin agreed to review the questions and attestations and provide his revisions.

Dr. Lurie moved to approve the changes as noted, with the addition of Mr. Augustin's revisions to the questions and attestations. Dr. Jaeger seconded, and the motion passed with all in favor.

Agenda Item 13 Discussion and potential action regarding issues related to multi-jurisdictional practices. – For possible action.

Dr. Lurie stated that this discussion is primarily for informational purposes and asked whether a DC who owns a Physical Therapy (PT) practice is required to register the entity with the Chiropractic Physicians' Board and asked if they are required to follow the advertisement rules and regulations outlined in Chapter 634.

Mr. Ling stated that NRS 634.136 speaks to obtaining registration as a business entity that provides chiropractic services, and as described by Dr. Lurie, where the only services provided are physical therapy, this statute is not applicable. Mr. Ling also stated that in Dr. Lurie's scenario, the question would be whether the Physical Therapy Board has rules and/or regulations that require Physical Therapist's to own all or some portion of the Physical Therapy practice. From this board's standpoint there are no rules or regulations that would prohibit a DC from owning a Physical Therapy practice. Dr. Lurie then asked, if a DC owns a practice and the staff is registered with the Physical Therapy Board or any other licensing Board, is the DC allowed to direct those licensees to perform work? Mr. Ling stated no, the DC does not have the authority to direct an individual licensed by another Board, however they can refer the patient to those licensed individuals to treat that patient and are bound by their rules and regulations. A DC is only allowed to direct a chiropractic assistant. Dr. Lurie stated that the concern is a DC running a Physical Therapy practice and directing individuals licensed/registered with the Physical Therapy Board. Dr. Lurie stated that he does not know how a DC can advertise Physical Therapy, this Board has always said they cannot, however they say that they can, because they have PT's working in the clinic.

Agenda Item 14 Discussion and potential action regarding adding an attestation to the chiropractic physicians' renewal form to require that they attest to downloading or reviewing the currently available versions of NRS 634, NAC 634 and NAC 634. – For possible action.

Dr. Lurie stated that this was discussed under agenda item 12.

Agenda Item 15 Discussion and potential action regarding Board staff to provide the currently available versions of NRS 634, NAC 634 and NRS 629 to the chiropractic physicians. – For possible action.

Dr. Lurie recommended that Board staff provide NRS and NAC to DCs and CAs with renewals to ensure that they are familiar with the rules and regulations. Julie Strandberg stated that the link to NRS and NAC could be sent to the DCs and CAs via constant contact through the newsletter, during renewals and during the year when changes are made.

Dr. Lurie moved to approve that the Executive Director push the rules and regulations out to new licensees, to DCs and CAs during renewals and any changes mid-year. Dr. Ingles

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seconded, and the motion passed with all in favor.

Agenda Item 16 Discussion and potential action regarding chiropractic assistants performing prescribed physiotherapy while the chiropractic physician is not present in the clinic. – For possible action.

Dr. Lurie asked the Board their thoughts on CA's performing duties while the DC is out of the office. Dr. Lurie stated that chiropractic physicians cannot take vacations due to the lack of vacation relief doctors and are unable to find a way to manage patients, so they can get out of the office and rest their minds. Since we are changing the CA program he wanted to get the board's opinion to continue care outlined by the DC.

Dr. Lurie recommended that the Board develop a committee to identify potential modalities that can be performed on a patient when the DC is out of the office, but are available by phone. Dr. Canada recommended that a power poll be requested from the FCLB. Dr. Lurie stated that he was interested in the opinions of this Board. Dr. Ingles stated that his concern is that it would be taken advantage of. Dr. Lurie stated that framework can be set up to avoid some of those things. Mr. Augustin echoed Dr. Ingles concerns. Dr. Jaeger shared that he can appreciate many perspectives on this topic, because there is a shortage of providers. Dr. Martinez stated that he does not recall when a CA injured a patient, so he doesn't see an issue related to public safety.

Dr. Lurie stated that he will start the framework to discuss further.

Agenda Item 17 – Discussion and potential action regarding a chiropractic clinic supplying and administering Narcan/Naloxone in the event of an accidental overdose. – For possible action.

Dr. Lurie asked Mr. Ling to weigh in on whether chiropractic practices are able to supply and administer Narcan.

Dr. Lurie moved that Mr. Ling conduct research from a legal standpoint of a chiropractic practice supplying and administering of the over-the-counter medication, Narcan to an individual by a chiropractic physician or a chiropractic assistant. Mr. Ling stated that he will research and bring the information back to the next Board meeting.

Agenda Item 18 - Discussion and potential action regarding the Chiropractic Assistant program – For possible action.

Dr. Canada asked if the Board felt that the CA program should move to a registration versus a certification and Dr. Lurie stated that his preference is to move to a registration.

Dr. Jaeger shared that this dovetails on the conversation regarding the CA performing duties while the DC is out of the office and determining which direction the Board wants to go. Dr. Jaeger reminded the Board that the CA's received an exemption from being required to complete two years of radiology training since the Board required the x-ray exam.

Dr. Lurie stated that he initially answered the direct question, but agreed with Dr. Jaeger. Dr. Lurie stated that the Board needs to build a foundation on a registration and referred to the rules and regulations around the CA program in Arizona. Dr. Lurie would like to move forward with a registration process, understanding that there will be a need for a dual registration to provide an additional certification or licensure for the chiropractic assistants who will perform x-rays on patients. Dr. Lurie recommended that the CA not take an exam unless they will be performing x-rays to comply with SB130. The current CAs would be grandfathered in and be exempt from any new rules and regulations. Dr. Lurie stated that the Board currently utilizes the

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ACRRT reference guide and asked whether the NBCE recommends another reference guide? Dr. Jaeger stated that there is evidence that discusses radiology protection being obsolete and stated that there is not much direction from the NBCE. Dr. Lurie asked whether there are a number of questions that the NBCE sees as being valid toward certification? Dr. Jaeger stated that he will reach out to the NBCE and provide their response.

Mr. Ling stated that he will prepare language for the next Board meeting.

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 (Martinez)

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

B. Complaint 21-31S (Lurie)

Dr. Lurie stated that Mr. Ling has provided him with a revised Notice of Charges and this complaint will be set for hearing in the future.

C. Complaint 22-18S (Augustin)

Mr. Augustin stated that this case was reassigned from Dr. Overland and he is continuing with the investigation.

D. Complaint 22-19S (Lurie)

Dr. Lurie stated that this complaint has completely stalled by the investigation being conducted by the investigator for the Nevada State Board of Nursing. Dr. Lurie stated that for the most part, he has completed this investigation, however he is at the mercy of the Nursing Board who, in his opinion is not following their obligation to the State of Nevada. Dr. Lurie stated that the investigation for this complaint is ongoing.

E. Complaint 22-20S (Canada)

Dr. Canada stated that the complainant alleged that the DC assaulted them, however they did not seek any other medical attention. The practice has an open bay adjusting area and there was another DC in the same area who stated that the complainant did not make mention of this incident at the time of the alleged incident. Dr. Canada stated that the DC has not had any other complaints and recommended that this complaint be dismissed. Dr. Jaeger moved to dismiss Complaint 22-20S. Dr. Lurie seconded, and the motion passed with all in favor. Dr. Canada recused herself as the investigating board member.

F. Complaint 22-21N (Martinez)

Dr. Martinez stated that this is an alleged scope of practice violation and the DC has hired counsel. Mr. Ling stated that he was contacted by the attorney who indicated that he will be providing the documentation.

G. Complaint 22-23N (Martinez)

Dr. Martinez stated that this complaint is against the same DC discussed in Complaint 22-21N

H. Complaint 23-02N (Ingles)

Dr. Ingles stated that he took this case over from Dr. Overland. Records have been requested and provided by the DC. Upon receipt an additional request for records was requested, so this complaint is still under investigation.

I. Complaint 23-10S (Jaeger)

Dr. Jaeger stated that this complaint was filed by an adult patient's parents who are

licensed medical providers in Nevada and alleged patient abandonment. Based on the investigation, Dr. Jaeger recommended that this case be dismissed.

Dr. Lurie moved to dismiss Complaint 23-10S. Dr. Martinez seconded, and the motion passed with all in favor. Dr. Jaeger recused himself as the investigating board member.

J. Complaint 23-11S (Ayazi)

Mr. Ling stated that this matter was discussed under agenda item 8 and will be heard at the next Board meeting.

K. Complaint 23-12S (Lurie)

Dr. Lurie stated that this is a record keeping complaint filed in accordance with complaint 22-19S. Dr. Lurie stated that this complaint has completely stalled by the investigation being conducted by the investigator for the Nevada State Board of Nursing. Dr. Lurie stated that for the most part, he has completed this investigation, however he is at the mercy of the Nursing Board who, in his opinion is not following their obligation to the State of Nevada. Dr. Lurie stated that the investigation is ongoing.

L. Complaint 23-13S (Lurie)

Dr. Lurie stated that this is a record keeping complaint filed in accordance with complaint 22-19S. Dr. Lurie stated that this complaint has completely stalled by the investigation being conducted by the investigator for the Nevada State Board of Nursing. Dr. Lurie stated that for the most part, he has completed this investigation, however he is at the mercy of the Nursing Board who, in his opinion is not following their obligation to the State of Nevada. Dr. Lurie stated that the investigation is ongoing.

M. Complaint 23-15S (Nolle)

Julie Strandberg stated that this complaint is still under investigation.

N. Complaint 23-16S (Nolle)

Julie Strandberg stated that this complaint is still under investigation.

O. Complaint 23-18S (Jaeger)

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

P. Complaint 23-19S (Canada)

Dr. Canada stated that the complainant alleged sexual misconduct and is under investigation.

Q. Complaint 23-20S (Jaeger)

Dr. Jaeger stated that the complainant alleged sexual misconduct. Dr. Jaeger has interviewed the patient and the DC and the DC admitted to the relationship. Dr. Jaeger is working with Mr. Ling to prepare a Settlement Agreement.

R. Complaint 23-21S (Canada)

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

S. Complaint 23-22S (Canada)

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

T. Complaint 23-23S (Lurie)

Dr. Lurie stated that this complaint is within the same bounds as 21-31S. This case will be going to hearing and suggested holding a separate meeting to conduct the hearing.

U. Complaint 23-24N (Martinez)

Dr. Martinez stated that the complainant alleged unprofessional conduct. Dr. Martinez

spoke to the complainant who indicated that they did not have any previous chiropractic experience and admits that they were not aware of how hands on the treatment would be. Dr. Martinez spoke to the DC and did not find any overtly intentional actions by the DC, however does feel that the DC could do a better job of explaining the treatment. Dr. Martinez recommended that the DC complete four hours of ethics and boundaries in addition to the 36 hours required for license renewal and recommended that the complaint be dismissed. Dr. Martinez will work with Mr. Ling to address.

V. Complaint 23-25N (Lurie)

Dr. Lurie stated that he interviewed the complainant and the DC. The complainant was looking for a specific technique, however the DC was not able to provide the technique. Dr. Lurie reviewed the patient records and did not find anything of concern. Dr. Lurie recommended that this case be dismissed. Dr. Martinez moved to dismiss Complaint 23-25N. Mr. Augustin seconded, and the motion passed with all in favor. Dr. Lurie recused himself as the investigating board member.

W. Complaint 23-26S (Canada)

Dr. Canada stated that this complaint is still under investigation and she will have additional information at the next Board meeting.

X. Complaint 23-27S (Lurie)

Dr. Lurie stated that this complaint is within the same bounds as 21-31S and will be going to a hearing.

Y. Complaint 23-28S (Canada)

Dr. Canada stated that this complaint is still under investigation and she will have additional information at the next Board meeting.

Z. Complaint 23-29S (Ingles)

Dr. Ingles stated that an attorney filed a complaint against the DC for failure to provide records in a timely manner. Dr. Ingles confirmed that the attorney has since received the records and recommended that this case be dismissed with a letter of instruction regarding releasing records. Dr. Lurie moved to dismiss Complaint 23-29S with a letter of instruction. Mr. Augustin seconded and the motion passed with all in favor. Dr. Ingles recused himself as the investigating board member.

AA. Complaint 23-31S (Ingles)

Dr. Ingles stated that the complainant alleged that the DC is in arrears with their child support order. Dr. Ingles spoke to the DC who indicated that they would make a payment and confirmation of the payment was received on January 10, 2024. Dr. Ingles stated that since the law requires that the Board receive a court order prior to the Board taking action, he recommended that the case remain open and monitored.

Mr. Augustin recommended that this case be dismissed until the complainant comes forward with an order from the Court. Mr. Ling stated that the Board would need a Court Order, ordering the Board to take specific action. Dr. Martinez recommended that Julie Strandberg confirm how the DC answered the child support question on his renewal application and report to the next Board meeting.

Agenda Item 20 Board Counsel Report – No action

Mr. Ling stated that he had nothing to report.

Agenda Item 21 FCLB/NBCE Matters – For possible action.

January 11, 2023

- A. **Reassign Selection of Board's choice for FCLB Voting Delegate at the 97th Annual Educational Congress, May 1-5, 2024 – Phoenix, AZ**
Dr. Canada stated that she would be interested in being the voting delegate. Dr. Jaeger expressed interest in being the alternate delegate. Dr. Lurie moved to approve. Mr. Ayazi seconded, and the motion passed with all in favor.
- B. **Reassign Board Member to participate in the Fall National Board Part IV Exam - November 9-10, 2024**
Dr. Canada will be attending, however there were no other Board members available to attend.
- C. **Other FCLB/NBCE matters.**
There were no other matters discussed.

Agenda Item 22 Consideration of potential additions, deletions, and/or amendments to NRS 634 and NAC 634– For possible action.

- A. **NRS 634.090 (1)(b)**
Julie Strandberg stated that it is being recommended to omit NRS 634.090 (1)(b) in the next Board bill. Dr. Lurie moved to approve as struck. Mr. Augustin seconded, and the motion passed with all in favor.
- B. **NRS 634.100 (2)(b)**
Julie Strandberg stated that this is in accordance with the examination discussion. This revision requests to change the DC jurisprudence online passing score from 90% to 75%. Dr. Lurie moved to approve as struck. Mr. Augustin seconded, and the motion passed with all in favor.

Agenda Item 23 Committee Reports

- A. **Continuing Education Committee (Dr. Martinez) – For possible action.**
Dr. Martinez stated that he had nothing to report.
- B. **Legislative Committee (To be Re-assigned) – For possible action.**
Julie Strandberg stated that there was nothing further to report.
- C. **Preceptorship Committee (Dr. Canada) – For possible action.**
Dr. Canada stated that there have been a few preceptor applications submitted.
- D. **Test Committee (Dr. Canada) - For possible action.**
Dr. Canada stated that she had nothing further to report.

Agenda Item 24 Executive Director Reports:

- A. **Status of Pending Complaints – No action.**
- B. **Status of Current Disciplinary Actions – No action.**
- C. **Legal/Investigatory Costs – No action.**
Julie Strandberg gave an overview of the executive director's reports.

Agenda Item 25 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 November 30, 2023 – No action.**
- F. **Budget to Actual at November 30, 2023 – No action.**

January 11, 2023

G. 2023 Board Audit – For possible action.

Julie Strandberg gave an overview of the financial reports and asked if there were in questions with respect to the 2023 Board audit. Dr. Lurie noted that the 2023 Board Audit was not on the action sheet in the Board packet, however Mr. Augustin confirmed that it was on the agenda. Mr. Ling stated that the agenda is the notice of record as it relates to the open meeting law. Dr. Lurie moved to approve the 2023 Board Audit based on the legal recommendation that the posting of this agenda item does not violate the open meeting law. Mr. Ayazi seconded, and the motion passed with all in favor.

Agenda Item 26 Election of Officers – For possible action

Dr. Martinez and Dr. Canada expressed their interest in running for President. A vote was taken and Dr. Canada was nominated with a 6 to 1 vote.

Dr. Lurie nominated himself for Vice President and was unanimously voted in.

Dr. Jaeger nominated himself for Secretary-Treasurer and was unanimously voted in.

Agenda Item 27 Reassignment of Committees – For possible action.

Dr. Canada asked who was interested in taking on the committees. Dr. Martinez stated that he will continue handling the Continuing Education committee. Dr. Lurie stated that he is interested in the Legislative Committee. Dr. Ingles stated that he is interested in the Preceptor Committee. Dr. Canada stated that she will continue handling the Test Committee.

Agenda Item 28 Board Member Comments. – No action.

Dr. Canada asked if there were any Board members who had comments. Dr. Lurie expressed concern with the number of outstanding complaints and stated that the Board owes the public a duty to investigate in a timely fashion. Dr. Lurie encouraged the Board to request assistance if needed, to move through the process quicker.

Dr. Jaeger reported that the NBCE can administer an open-book exam and regarding the x-ray exam, a sound exam would have 50 questions. Dr. Jaeger congratulated Dr. Ingles on his appointment to the Board and shared that it was a tough decision for him when voting for the President, because Dr. Martinez is an amazing Board Member and appreciates his input. Mr. Augustin shared his respect for Dr. Martinez, and the work he has done.

Agenda Item 29 Public Interest Comments – No action.

There were no public comments.

Agenda Item 30 Adjournment – For possible action.

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

April 11, 2024

Jason O. Jaeger
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: **April 11, 2024**

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** NCA/NCC Report – No action.

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

PRESENTED BY: **Teddy Sim, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION:

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

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
AGENDA ACTION SHEET

TITLE: **Agenda Item 6 Board Counsel Report – No action.**

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

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

MEETING DATE: **April 11, 2024**

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** Discussion and possible action regarding obtaining the Somatic EMDR Therapy Certification – For possible action.

RECOMMENDED MOTION: **No recommendation.**

PRESENTED BY: **Nicole Canada, DC/Kyrah Bacote, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION: **Dr. Kyrah Bacote requested to hold a discussion with the Board with respect to obtaining a Certification in Somatic EMDR Therapy to support the needs of patients at Nellis Air Force Base to better assist with integrating trauma stored in their bodies through of the use of mindfulness techniques and somatic therapy approaches.**

Please view attached course curriculum:

<https://www.theembodylab.com/somatic-emdr-therapy-certificate#curriculum>

Does the Board feel that this therapy is appropriate for a Nevada Chiropractic Physician?

REVIEWED BY: President Secretary Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 8 Discussion and potential action relating to the discipline imposed on Michael Milman, DC in Case No. 20-07S - For possible action. (Note: The Board may go into closed session pursuant to NRS 241 to consider the character alleged misconduct, or professional competence of Dr. Milman)

RECOMMENDED MOTION: Probation and monitoring remain in place.

PRESENTED BY: Nicole Canada, DC/Xavier Martinez, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 15 minutes

BACKGROUND INFORMATION: Following the receipt of the fifth monitoring report Dr. Milman requested to appear before the Board to request that his probation be terminated. Please see the attached monitoring report.

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

Agenda Item 8

From: [Michael Milman](#)
To: [Julie Strandberg](#)
Subject: April's Agenda
Date: Tuesday, March 5, 2024 8:35:26 PM

Dear Mrs. Julie,
I hope this email find you well!

This email is to request to be added to April's agenda to discuss termination of my probation!

Thank you so much
Dr. Michael Milman

Sent from my iPhone

Deann Conroy, J.D.
dconroy@affiliatedmonitors.com

February 28, 2024

Julie Strandberg
Executive Director
Chiropractic Physicians' Board
of Nevada

Sent to: chirobd@chirobd.nv.gov

RE: **Michael Milman, D.C.**
License No.: B1618
Case No.: 20-07S

FIFTH MONITORING REPORT
October – November – December 2023

Dear Ms. Strandberg:

Michael Milman, D.C. (Dr. Milman), retained Affiliated Monitors, Inc. (AMI) to monitor his compliance with the terms of a Findings of Fact, Conclusions of Law, and Order (Order), issued by the Chiropractic Physicians' Board of Nevada (Board) with an effective date of November 9, 2020. Dr. Milman was licensed to practice chiropractic by the Board on September 12, 2016. He was also similarly licensed in the State of California.

On December 8, 2017, Dr. Milman pled guilty to and was convicted of violating California Penal Code section 550(b)(1) for submitting false or fraudulent insurance claims or statements, which is a criminal felony conviction. The underlying facts involved several medical providers and an attorney by which billing fraud was perpetrated in personal injury actions. A full administrative hearing took place and the California Administrative Law Judge (ALJ) found that the criminal felony conviction and underlying facts merited a revoked chiropractic license for Dr. Milman. The California Board adopted the ALJ decision. On February 18, 2019, Dr. Milman's California chiropractic license was revoked.

That California criminal conviction triggers violations of the Nevada Revised Statutes and the Nevada Administrative Code. Dr. Milman failed to inform the Board of the revocation of his California chiropractic license, which is an additional violation. This Board issued the Order based upon the criminal conviction and the failure to report it to the Nevada Board.

The following report sets forth an overview of the Order, which requires a review of patient care and treatment sufficient to allow the monitor to form an opinion as to whether Dr. Milman is practicing chiropractic with reasonable skill and safety to patients. I also described the methodology used in the review, the findings for the record review, and a summary with AMI's conclusions and recommendations.

Overview of Requirements of the Order

Pursuant to the Board Order, Dr. Milman's license was placed on probation for at least five years. During probation, Dr. Milman is subject to the following monitoring requirements:

- A chiropractic physician practice monitor will be appointed and will serve as the monitor throughout the probationary period.
- The practice monitor shall be provided with a copy of the Board's Order and is expected to visit Dr. Milman's practice facilities.
- The viewing of the practice sites as well as the review of fifteen, randomly selected patient records to assure that the practice complies with all laws applicable to the practice of chiropractic in the State of Nevada.
- The practice monitor will submit quarterly reports to the Board on his or her findings.

The Orders contain other conditions, waivers, and statements of law for failure to comply.

Methodology

AMI's monitor, Ian Yamane, D.C. (Dr. Yamane) serves as the monitor in this matter. His credentials were submitted to the Board and approved. AMI proceeded with the training process for monitoring by Dr. Yamane.

Dr. Milman now resides in Nevada and is practicing at nine different sites for the franchise entitled "The Joint." It is a 100% cash-only basis for treatment. There are 11 locations in the Las Vegas valley. The company utilizes several chiropractors in the treatment of patients and has the chiropractors change locations several times during each week.

At the site visit for this review, the front office provided Dr. Yamane with a list of all patients treated by Dr. Milman for the last 90 days. From that list, while on site, Dr. Yamane made random selections for each location worked and reviewed 15 EMR records.

This monitoring report was delayed because Dr. Milman requested that the Board lift his monitoring requirement and chose not to go forward with allowing the monitor to proceed with the regularly scheduled review until he had the Board's decision. It is my understanding that the Board denied Dr. Milman's request and at that point, Dr. Milman scheduled the monitoring visit with Dr. Yamane. The following report details Dr. Yamane's findings and then provides a summary and recommendations.

Monitor's Findings

Description of Patient Records

The patient records were kept in an Electronic Medical Record (EMR). The records were organized and easily searched. Record entries contained essential information about the patient, provider, and the date of service. Emergency contact information for the patient was present in the record. The EMR also contained signed HIPAA acknowledgements.

Problem and Medication Lists

The reviewed patient records included a list of any concurrent health problems. For this review, information about the current status of each problem and how it was being addressed was not present in the records. This is backslide from the improvement seen in the last report.

Nature and History of Presenting Problem

The nature and history of each patient's presenting problem or chief complaint was documented in all of the reviewed files. The records included the nature and location of the patient's presenting symptoms. The severity of symptoms, when the symptoms began, and the event which first produced the symptoms was included in the record. It also included factors which affect the symptom occurrence or the level of severity. Additionally, how each patient's symptoms affected their daily functioning was found in the patient's records. Potentially relevant patient responses to questions about the patient's symptoms were recorded.

The record contained sufficient information about any prior treatment (including home remedies) for the presenting problem. The record included an appropriate and sufficient Review of Systems (ROS) given the nature of the patient's presenting problem.

Medical History and Updates

Patient records included appropriate and sufficient information about the patient's past medical history. Relevant details, such as dates of occurrence, nature of any treatment received, and outcome or current status were captured for each past medical history event recorded. Potentially relevant negative responses to questions about the patient's past medical history were recorded. However, no questions were asked or recorded concerning any prior mental health issues or substance abuse. There was evidence that patient medical information was reviewed, and updates were provided.

The social history taken included information about the patient's exercise and activity level, occupational activities, and illness/injury related concerns. The patient's marital status was also recorded. There was no other information recorded in social history. The family medical history did not include questions concerning genetics or addiction.

Patient history was signed by the patient who provided the information. The records demonstrated that Dr. Milman reviewed the medical history with the patient.

Diagnostic Examination

Records documenting a description of findings derived from appropriate physical examination procedures (palpation, percussion, auscultation) were present in the reviewed files. Palpation is the main evaluation method. Vitals signs were taken in the reviewed records. There were findings derived from the visual observation of the patient (problems with posture and gait) recorded in patient files. An improvement was seen as this review showed documentation of performances and results of appropriate evaluation of ranges of motion in the patient records. The recorded examination findings included narrative descriptions of significant details.

Assessments and Problem Formulation

The reviewed files contained appropriately documented formulation of assessments. SOAP notes and the "Plan" section was completed in this record review, which is a continued improvement. There was one patient who was given a knee examination, but there was no diagnosis provided.

Treatment Plan

The reviewed treatment plans identified reasonably specific treatment goals, both long-term and short-term. There was a proposed timetable for re-evaluation of the patient's progress. There was documented evidence that patients gave informed consent to the treatment. Risks and benefits of the proposed treatment were explained to the patient.

Daily/Progress Notes and Follow-up Care

Daily notes are integrated with progress notes. The title of the note is "Exam and Adjustment" when a re-evaluation is performed. They contain a description of the condition. This included recording the complaint, frequency, and pain levels. Subjective assessment tools were used. Visual observations and examination findings made by Dr. Milman were recorded. Palpatory findings and subluxations were identified.

The notes provided a sufficiently specific description of the nature of the treatment delivered. It included the duration and intensity of particular treatments. Changes in the patient's diagnosis or prognosis were recorded, which is an improvement from prior reviews.

Summary

This is the fifth monitoring report by monitor Dr. Yamane concerning practitioner Dr. Michael Milman.

Since Dr. Milman's license to practice chiropractic was placed on probation in Nevada, he has been working at a series of sites for a franchise entitled "The Joint." His schedule is random, and he can be called to work at any of the 11 sites in the Las Vegas area. "The Joint" is on a 100% cash-only basis for chiropractic care. Therefore, Dr. Yamane could not do any review of billing since no insurance companies were billed.

The patient records are placed in an electronic medical record (EMR) system. It was easy to follow and to search. It included emergency contact information and a signed HIPAA acknowledgement in each file.

Problem lists included any concurrent health problems. For this review, information about the current status of each problem and how it was being addressed was not placed in the record. This is a slide back from an improvement on prior reviews.

The nature and history of each patient's presenting problem or chief complaint was documented in all of the reviewed files. The record included an appropriate and sufficient Review of Systems (ROS) given the nature of the patient's presenting problem. Records documenting a description of findings derived from appropriate physical examination procedures (palpation, percussion, auscultation) were present. There was one patient who had knee complaints. A knee evaluation was performed, but no knee diagnosis was given.

The reviewed files contained appropriately documented formulation of assessments. This was an improvement on the last reviews.

The reviewed treatment plans identified reasonably specific treatment goals, both long-term and short-term. The notes provided a sufficiently specific description of the nature of the treatment delivered.

Please let me know if you have any questions or specific requests. The next report will be filed in April 2024.

Respectfully submitted,



Deann Conroy, J.D.
Compliance Solutions Manager

e-c: Michael Milman, D.C.
Ian Yamane, D.C.

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 9 Hearing and deliberation in the Matter of Casey Robinson, DC, License No. B01263, Complaint No. 23-11S – For possible action (Note: The Board may go into closed session pursuant to NRS 241.030 to consider the character, alleged misconduct, or professional competence of Dr. Robinson.)

RECOMMENDED MOTION: No recommended motion.

PRESENTED BY: Reza Ayazi, Esq./Louis Ling, Esq.

MEETING DATE: April 11, 2024

TIME REQUIRED: 15 minutes

BACKGROUND INFORMATION: During the review of Dr. Robinson's probation in accordance with his California Board Order it was determined that Dr. Robinson's Nevada license expired and he had performed five PPD evaluations. The Board filed a complaint against Dr. Robinson for performing PPD evaluations without a license and issued a Notice of Charges. To date, Dr. Robinson has not responded to the Board. Please see the attached documentation.

ACTION: Approved Approved w/Modifications Denied Continued

Reinstatement Application

CASEY ROBINSON - B01263

Reinstatement Details

Name

CASEY ROBINSON - B01263

Profile

CASEY ROBINSON

Registration

CASEY ROBINSON - Chiropractic Physician

Invoice

CASEY ROBINSON - 1349

Status

Approved

Submitted Date

2023-04-07

Submission Details

Declaration issues Status change requested
(reinstatement)

Approval Date

2023-04-11

Changes

Current Registration Status

Expired

Destination Registration Status

Active

Status Change Reason

I somehow neglected to send in my license
renewal amount prior to end of last year!
Need to get my license active ASAP

Certifies no Employment History to share

Additional Information

Practicing Currently?
false

State Actively Practicing

License Number

Date Granted

Expiration Date

Address of current practice

Date on which current active practice began

Date on which practicing ceased
2023-04-03

State Last Practiced
Nevada

Other State with Granted License
California

Current Status of Other Licenses
Expired

Administrative Details

Owner
Web Service

Created On
2023-04-06T00:36:34.808184Z

Created By
Web Service

Modified On
2023-04-11T22:26:57.745993Z

Modified By
Julie Strandberg

CASEY ROBINSON	CASEY ROBINSON - B01263	HEAL	No	Apr-07-2023 4:51 PM
CASEY ROBINSON	CASEY ROBINSON - B01263	Malpractice	No	Apr-07-2023 4:51 PM
CASEY ROBINSON	CASEY ROBINSON - B01263	Discipline in other state	Yes	Apr-07-2023 4:51 PM
CASEY ROBINSON	CASEY ROBINSON - B01263	Complaints or Discipline in othe...	No	Apr-07-2023 4:51 PM
CASEY ROBINSON	CASEY ROBINSON - B01263	Convicted of crime	No	Apr-07-2023 4:51 PM
CASEY ROBINSON	CASEY ROBINSON - B01263	Surrendered license	Yes	Apr-07-2023 4:51 PM
CASEY ROBINSON	CASEY ROBINSON - B01263	Arrested	Yes	Apr-07-2023 4:51 PM
CASEY ROBINSON	CASEY ROBINSON - B01263	Denied licensure	No	Apr-07-2023 4:51 PM

Reinstatement Declaration - CASEY ROBINSON

Reinstatement Declaration

Name

Reinstatement Declaration - CASEY
ROBINSON

Profile

CASEY ROBINSON

Reinstatement

CASEY ROBINSON - B01263

Declaration Details

Declaration Question

Discipline in other state

Answer

true

Answer Details

My CA chiro license was placed on 5 years
probation for the 2004 arrest for insurance
fraud since I pleaded no contest. I
surrendered my CA license in 2021.

Reinstatement Declaration - CASEY ROBINSON

Reinstatement Declaration

Name

Reinstatement Declaration - CASEY
ROBINSON

Profile

CASEY ROBINSON

Reinstatement

CASEY ROBINSON - B01263

Declaration Details

Declaration Question

Surrendered license

Answer

true

Answer Details

surrendered my CA chiro license 6 years ago because I wasn't making any money with my license and it didn't make sense to keep paying to keep it active. My license was on probation at the time as well and the CA board was insisting on very expensive requirements in order for me to complete the probationary period and so I just surrendered it.

Reinstatement Declaration - CASEY ROBINSON

Reinstatement Declaration

Name

Reinstatement Declaration - CASEY
ROBINSON

Profile

CASEY ROBINSON

Reinstatement

CASEY ROBINSON - B01263

Declaration Details

Declaration Question

Arrested

Answer

true

Answer Details

1987-arrested for tampering with an emergency vehicle, no charges filed 2000-arrested on suspicion of shoplifting, no charges ever filed 2004- arrested and charged with insurance fraud. Pleaded no contest and after doing 100 hours of community service the case was dismissed 2008- arrested on suspicion of DUI, was eventually given a citation for dry reckless driving (non alcohol related)

Unnamed

Reinstatement Attestation

Name

Profile

Reinstatement

CASEY ROBINSON - B01263

Attestation Details

Attestation

Answer

App true and correct

true

Answer Details

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.

Administrative Details

Owner

Created On

Web Service

2023-04-07T22:58:31.125620Z

Created By

Web Service

Modified On

2023-04-07T22:58:39.109952Z

Modified By

Web Service

Notice of
Hearing
&
Notice of
Charges

BEFORE THE CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

IN THE MATTER OF:)

CASEY ROBINSON, DC)

Respondent.)

Case No. 22-11S

NOTICE OF HEARING

PLEASE TAKE NOTICE that at a hearing regarding the Notice of Charges filed in the above-captioned matter to be held at the following place and time:

Thursday, April 11, 2024 commencing at 10:00 a.m.

Fairfield Inn & Suites
Mohave Room
355 E. Warm Springs Road
Las Vegas, Nevada 89119

Signed this 29th day of January, 2024.



JULIE STRANDBERG, Executive Director

CERTIFICATE OF SERVICE

I certify that I am an employee of the Chiropractic Physicians' Board of Nevada and that on this day I deposited in the United State Mail certified mail, postage prepaid and receipt requested, the attached document to:

CASEY ROBINSON, DC
4988 Mt. Almagosa Dr.
San Diego, California 92111

LING LTD.
Louis Ling
933 Gear Street
Reno, Nevada 89503

Dated this 29th day of January, 2024.



An Employee of the Chiropractic Physicians'
Board of Nevada

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Casey Robinson, DC
 4988 Almagosa Drive
 San Diego, CA 92111



9590 9402 7930 2305 7803 72

2. Article Number (Transfer from service label)

7022 3330 0002 1339 9052

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Casey Addressee

B. Received by (Printed Name) C. Date of Delivery
Robinson *2/28/24*

D. Is delivery address different from item 1? Yes No
 address below: No

CHIROPRACTIC P...
 BOARD OF NEVADA

FEB 28 2024

3. Service Type RECEIVED Priority Mail Express®
 Adult Signature Registered Mail™ Registered Mail™
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 4988 Almagosa Drive
 San Diego, CA 92111

AFFIDAVIT OF SERVICE

Case: 23-115	Court: BEFORE THE CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA	County:	Job:
Plaintiff / Petitioner: IN THE MATTER OF: CASEY ROBINSON, D.C. License No. B1263		Defendant / Respondent:	
Received by: Southwest Legal Services		For: State of Nevada Chiropractic Physicians' Board	
To be served upon: CASEY ROBINSON, D.C.			

I, Timothy W. Barrett, being duly sworn, depose and say: I am over the age of 18 years and not a party to this action, and that within the boundaries of the state where service was effected, I was authorized by law to make service of the documents and informed said person of the contents herein

Recipient Name / Address: CASEY ROBINSON, D.C., 4988 Mount Almagosa Drive, San Diego, CA 92111
Manner of Service: Personal/Individual, Feb 10, 2024, 9:25 am PST
Documents: Notice of Charges; Certificate of Service and Notice of Hearing

Additional Comments:

1) Successful Attempt: Feb 10, 2024, 9:25 am PST at 4988 Mount Almagosa Drive, San Diego, CA 92111 received by CASEY ROBINSON, D.C..

Subscribed and sworn to before me by the affiant who is personally known to me.

Timothy W. Barrett 3-4-24
 Timothy W. Barrett Date

Southwest Legal Services
 2221 Camino Del Rio South Suite 103
 San Diego, CA 92108
 619-955-7225
 ID Number: 1436
 County: San Diego

 Notary Public

 Date Commission Expires

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

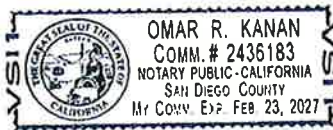
State of California
 County of San Diego

Subscribed and sworn to (or affirmed) before me on this 4th
 day of March, 2024, by Timothy W. Barrett
 proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

[Signature]

 Signature

(Seal)



1 **BEFORE THE CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA**

2
3 **IN THE MATTER OF:**)

4 **CASEY ROBINSON, DC**)

Case No. 22-11S

5)
6 **Respondent.**)
7)

NOTICE OF HEARING

8 PLEASE TAKE NOTICE that at a hearing regarding the Notice of Charges in the above-
9 captioned matter to be held at the following place and time:

10 **Thursday, April 11, 2024 commencing at 10:00 a.m.**

11 **Join Zoom Meeting**

[https://us06web.zoom.us/j/89712932407?pwd=x4lYfb5bkT8ndvFjVpiOYW6Ft9YYMo.](https://us06web.zoom.us/j/89712932407?pwd=x4lYfb5bkT8ndvFjVpiOYW6Ft9YYMo.1)

12 1

13 Meeting ID: 897 1293 2407

14 Passcode: 770451

15 One tap mobile

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17 +12532050468,,89712932407#,,,,*770451# US

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• +1 689 278 1000 US

- 1 • +1 929 205 6099 US (New York)
- 2 • +1 301 715 8592 US (Washington DC)

3 Meeting ID: 897 1293 2407
4 Passcode: 770451

5 Find your local number: <https://us06web.zoom.us/j/kV7qG1SPV>

7 Signed this 12th day of March, 2024.

8 
9
10

JULIE STRANDBERG, Executive Director

11 **CERTIFICATE OF SERVICE**

12 I certify that I am an employee of the Chiropractic Physicians' Board of Nevada and that on this
13 day I deposited in the United State Mail, postage prepaid, the attached document to:

14 CASEY ROBINSON, DC
15 4988 Mt. Almagosa Dr.
San Diego, California 89211

16 LING LTD.
17 Louis Ling
933 Gear Street
Reno, Nevada 89503

18 Dated this 12th day of March, 2024.

19 
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An Employee of the Chiropractic Physicians'
Board of Nevada

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BEFORE THE CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
CHIROPRACTIC PHYSICIANS'
BOARD OF NEVADA

DEC 05 2023

IN THE MATTER OF:)
CASEY ROBINSON, D.C.)
License No. B1263,)
Respondent.)

Case No. 23-11S

RECEIVED
RENO, NEVADA 89502

NOTICE OF CHARGES

The Chiropractic Physicians' Board of Nevada (hereinafter "the Board"), by and through its Board Counsel Louis Ling, makes the following, which shall serve as a notice of intended action pursuant to NRS 233B.121 and as a notice of charges pursuant to NRS 634.170, related to Respondent Casey Robinson, D.C. (License No. B1263). The pertinent facts and law regarding this notice of charges are as follows:

I.

On September 14, 2007, Dr. Casey Robinson became licensed as a chiropractic physician in Nevada (License No. B1263). Dr. Robinson's address of record with the Board is 500 E. Windmill Lane, Suite 115, Las Vegas, Nevada 89123.

II.

On April 7, 2023, Valerie K. Hall, Chief Administrative Officer for the Nevada Division of Industrial Relations Workers' Compensation Section, contacted by e-mail Julie Strandberg, Executive Director for the Board. Ms. Hall was seeking information regarding the status of the Nevada license of Dr. Robinson. Subsequent conversations and inquiries between Ms. Hall and Ms. Strandberg revealed that Dr. Robinson had not renewed his license in 2022, resulting in his license expiring as of January 1, 2023, and that while Dr. Robinson's license was expired, he had performed six permanent partial disability (PPD) ratings for Nevada patients who were pursuing workers compensation claims.

III.

Dr. Robinson reinstated his license online on April 11, 2023.


FIRST CHARGE

IV.

The performance of PPDs is the practice of chiropractic in Nevada, and as such, can only be performed by a Nevada chiropractic physician with a valid and active license from the Board. Pursuant to NRS 634.130(12), Dr. Robinson's license expired on January 1, 2023 when it was not timely renewed. Dr. Robinson did not have a valid and active license until April 11, 2023 when he reinstated his license through the Board's online reinstatement process. Thus, Dr. Robinson violated Nevada Revised Statutes (NRS) 634.140(1) and/or NRS 634.018(10) and/or NRS 634.018(11) and/or NRS 634.227(2) and/or Nevada Administrative Code (NAC) 634.430(1)(n). Each PPD performed by Dr. Robinson on an expired license is a separate violation of the above statutes and regulations, and pursuant to NAC 634.360(5), each may be subject to separate discipline.

WHEREFORE, the Board's Staff requests that the Board impose such discipline as it deems just, necessary, and appropriate in this matter.

Signed this 5th day of December, 2023.



LOUIS LING, Board Counsel

STATEMENT OF RESPONDENT'S RIGHTS

As the Respondent in this action, you have the following rights:

1. A hearing regarding this matter will be held no sooner than 30 days from the date of this Notice of Charges. The time and date will be made by a separate Notice of Hearing once it has been set. The intent of the hearing of this matter is to determine whether the allegations made against you in the Notice of Charges have been proven by substantial evidence, and if so, what discipline is appropriate.
2. You may appear at the hearing of this matter. You may be represented by your counsel of choice. The hearing shall be conducted at an open and public meeting of the Board and shall be conducted in conformance with NRS chapter 233B and 634 and NAC chapter 634, including your right to present testimony and evidence in support of your case and your right to cross-examine witnesses presented by Board Staff.
3. The Board shall attempt to hold your hearing at the time set, but you should be aware that the Board retains the discretion to conduct its meeting as it deems best and your case may be heard later than the time set.

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4. You may file an Answer to the Notice of Charges in this matter pursuant to NAC 634.650. To do so, you must file your Answer in writing with the Board's office within 15 days of your receipt of this Notice of Charges. Your failure to timely file an Answer to the Notice of Charges may be deemed by the Board to be an admission to the contents of the Notice of Charges.
5. You may request that the Board issue subpoenas to compel the attendance of witnesses or the production of evidence at the hearing of the matter pursuant to NRS 634.196 and NAC 634.660.
6. Should you choose not to appear at the hearing of the matter, the Board may enter a default against you and still proceed with the hearing of the matter in your absence pursuant to NAC 634.715.
7. You may seek to negotiate a settlement regarding this matter. If you desire to discuss a potential settlement of the matter, you may contact Louis Ling, Board Counsel, pursuant to the contact information contained on this Notice of Charges.

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CERTIFICATE OF SERVICE

I certify that I am an employee of the Chiropractic Physicians' Board of Nevada and that on this day I deposited in the United State Mail certified mail, postage prepaid and receipt requested, the attached document to:

CASEY ROBINSON, DC
4988 Mt. Almagosa Dr.
San Diego, California 92111

Dated this 29th day of January, 2024.


An Employee of the Chiropractic Physicians'
Board of Nevada

PPD Reports

Dr. Casey Robinson, D.C., C.I.C.E.
(Mail Correspondence Address)
4988 Mt. Almagosa Dr.
San Diego, CA 92111
(888) 213-4215

TK-0

Tax ID# 560-79-8888 Nevada License # B-01263 Email: [REDACTED]

February 27, 2023

Case Particulars:

Patient: [REDACTED]
Date of Birth: [REDACTED]
Social Security Number: [REDACTED]
Employer: [REDACTED]
Claim Number: 5012-1694-2022-0257 ✓
Date of Injury: 10-4-21
Date of Evaluation: 2-27-23
Evaluating Physician: Dr. Casey Robinson, D.C., C.I.C.E.

Claims Administrator/Insurer:

Assoc. Risk Mgmt., Inc.
Teri Kinne, Claims Specialist
800-935-0640 x104

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ASSOCIATED RISK
MANAGEMENT, INC.

PPD REPORT

I performed an evaluation of [REDACTED] left shoulder and left arm on 2-27-23 in my Las Vegas, NV office per your request. The following report contains my impairment rating recommendations for the above referenced date of injury/claim.

DESCRIPTION OF INJURY

[REDACTED] reported that he suffered an injury to his left shoulder/arm when a large, heavy plank of wood fell over and onto his shoulder/arm. He states he was subsequently hit again with another plank immediately after he was hit by the first.

MAR 21 2023

ASSOCIATED RISK
MANAGEMENT, INC.REVIEW OF MEDICAL RECORDS

- 10-4-21: C4 report indicates left scapular fracture
- 10-4-21: Initial report by Obert indicates CT left shoulder shows displaced fracture of mid body of scapula with no involvement of the joint spaces, degenerative changes of the AC joint. Shoulder X-ray normal.
- 10-8-21: Operative Report by Pietryga, MD indicates procedures performed as being ORIF left scapula.
- 10-26-21: Progress report by Ferrer, PA-C indicates left shoulder no erythema, no swelling, mild tenderness, limited motion all planes with pain. Left elbow/forearm/wrist full motion, no tenderness, normal appearance, normal strength.
- 11-8-21: Office Visit Note by Dr Hancock indicates left shoulder motion is flex-130, ER-15, IR to sacrum. He complains of hypoesthesia in the axillary nerve distribution, and more non-dermatomal hypoesthesia in the entire left upper extremity. He can weakly fire his deltoid.
- 12-14-21: Office Visit Note by Dr Hancock indicates left shoulder motion is flex-130, ER-15, IR to sacrum. He complains of hypoesthesia in the axillary nerve distribution, and more non-dermatomal hypoesthesia in the entire hand today. He can feel light touch in the axillary, median, ulnar, and radial nerve distribution although abnormal. Positive Hawkins and Neer's test. X-rays today show scapular neck fracture post ORIF, with a small frag plate and screw construct with stable appearance of likely fractured plate. Diagnosis: Impingement syndrome of left shoulder, Displaced fracture of neck of scapula left shoulder sequelae. Subacromial corticosteroid injection given today.
- 12-20-21: Initial PT Eval report by Robina, PT indicates left shoulder motion as flex-145, ext-32, abd-130, ER-45, IR-12
- 1-12-22: PT Re-eval report by Robina, PT indicates moderate tenderness at infraspinatus and teres minor, left shoulder motion as flex-165, ext-60, abd-165, ER-88, IR-65. Manual muscle testing is 3/5 all.
- 1-13-22: NCV report by Dr Germin indicates a normal study for all left upper extremity.
- 2-9-22: PT Re-Eval Report by Walker, PT indicates moderate tenderness at infraspinatus and teres minor, left shoulder motion as flex-140, ext-60, abd-110, ER-80, IR-75. Manual muscle testing is 4/5 all.

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- 4-1-22: CT scan report indicates impression of healed prior scapula fracture status post ORIF with plate and screws in place with no evidence of hardware loosening, there is a 7mm osseous fragment adjacent to the glenoid, mild degenerative change of the AC joint, minimal degenerative change of the glenohumeral joint.
- 4-1-22: MRI report indicates left shoulder moderate tendinopathy and partial thickness tearing of the insertion of the supraspinatus tendon with tear of 7mm, advanced tendinopathy and low grade partial thickness tearing of the subscapularis tendon, moderate tendinopathy of the infraspinatus tendon, advanced tendinopathy of the intra articular portion of the long biceps tendon, mild degeneration of AC joint.
- 5-5-22: Operative Report by Dr Hancock indicates procedures performed as being left shoulder rotator cuff repair, **AC joint resection (AKA distal clavicle resection)**, subacromial decompression, biceps tenodesis, extensive debridement.
- 5-27-22: PT Re-eval report by Robina, PT indicates shoulder motion as flex-125, abd-115, ER-37, IR-55
- 5-28-22: Office Visit report by Dr Hancock indicates passive motion is flex-140, ER-35, IR-L5. Sensation intact axillary, median, radial, and ulnar nerve distributions. Fires deltoid, biceps, triceps, wrist, grip.
- 7-8-22: PT Re-Eval Report by Walker, PT indicates left shoulder motion as flex-125, abd-100, ER-35, IR-65.
- 7-27-22: Office Visit Note by Dr Hancock indicates left shoulder motion is flex-160, ER-30, IR to T12. Sensation intact in the axillary, median, ulnar, and radial nerve distribution. Fires deltoid, biceps, triceps, wrist, grip.
- 8-5-22: PT Re-Eval Report by Walker, PT indicates left shoulder motion as flex-110, abd-135, ER-65, IR-50. Muscle testing results in Abd-3+/5, flex-3+/5, ER- 3+/5, and IR- 4-/5.
- 8-22-22: PT Re-Eval Report by Walker, PT indicates left shoulder motion as flex-145, abd-150, ER-70, IR-75. Muscle testing results in Abd-4+/5, flex-4+/5, ER- 4/5, and IR- 4+/5.
- 9-23-22: PT Re-Eval Report by Walker, PT indicates left shoulder motion as flex-160, abd-157, ER-75, IR-75. Muscle testing results in Abd-5-/5, flex-5-/5, ER- 5-/5, and IR- 5-/5.
- 10-25-22: PT Re-Eval Report by Walker, PT indicates left shoulder motion as flex-160, abd-158, ER-75, IR-77. Muscle testing results in Abd-5-/5, flex-5-/5, ER- 5-/5, and IR- 5-/5.
- 10-26-22: Post-op check report by Dr Hancock indicates findings of mild tenderness at greater tuberosity, motion is flex-170, abd-170,

ER-45, IR-T6. Sensation intact to light touch in all dermatomes. Fires all motor groups with good strength with 5/5 for abduction, ER, and IR. He is now stable, ratable, and at MMI

- 12-21-22: PPD rating report by Dr Shannon indicates an impairment rating of 13% WPI based on combination of motion loss and strength loss.
- 1-6-23: PPD Review report by Dr Betz points out the large discrepancy between Dr Shannon's ROM measurements and ROM measurements by the PT and by Dr Hancock, as well as Dr Shannon's failure to make mention of a possible reason for this discrepancy. Also, he notes that Dr Shannon combines motion loss with loss of strength to get her final impairment rating, which the AMA Guides states cannot be done on page 508.
- 1-13-23: Review of Medical Records and Opinion by Dr Hancock states that Dr Hancock believes there is "no clear medical explanation as to why there would be such a large decrease in documented range of motion and strength testing between my exams which were corroborated by the PT exams in comparison to the subsequent eval performed by Dr Shannon". He also states that "it may be of benefit to obtain an additional impairment rating, however, many of these exam findings are reliant on patient influence and patient effort and this may affect results".

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MANAGEMENT, INC.**

MEDICAL HISTORY

- Patient denies any past injuries or accidents involving the left shoulder/arm

PHYSICAL COMPLAINTS/EFFECTS ON ADL'S

- Patient complains of motion loss, strength loss, and a sharp radiating pain down the left bicep.
- He states there is nothing wrong with his arm except for the pain that radiates down into his bicep

PHYSICAL EXAMINATION RESULTS

Age: 41 Height: 5'6" Weight: 180 lbs Body Part (s): L Shoulder/Arm

Inspection:

Inspection of left shoulder and left arm reveals no significant difference when compared to uninvolved side.

Palpation:

Moderate tenderness at AC joint.
No tenderness at shoulder or biceps insertion point.
Arm is non-tender.

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MANAGEMENT, INC.**

AROM (Greater of three measurements using a goniometer):

	Right	Left
Flex	180/180	75/180
Ext	50/40	15/40
Int rot	80/80	10/80
Ext rot	90/90	36/90
Abd	180/180	89/180
Add	30/30	20/30
Pronation	90/90	80/80
Supination	90/90	80/80

Orthopedic testing:

Shoulder stability test - neg
Empty Can test - neg
Apprehension test - neg
Drop Arm test - neg

Elbow stability lat & med - neg

Muscle Testing (using the Van Allen scale):

	Right	Left
Shoulder abduction	5/5	4/5
Shoulder flexion	5/5	4/5
Shoulder extension	5/5	5/5
Internal rotation	5/5	4/5
External rotation	5/5	4/5
Supination	5/5	5/5
Pronation	5/5	5/5
Arm flexion	5/5	5/5
Arm extension	5/5	5/5

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Reflexes (using the Wexler scale):

	R	L
C5	2/2	2/2
C6	2/2	2/2
C7	1/2	1/2

Dermatome Testing:

There is normal sensation to the left upper extremity.
He does complain, however, of pain that radiates from left shoulder into the left bicep.

DIAGNOSTIC IMPRESSION

- Status-post left shoulder arthroscopic repair and AC joint resection

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MANAGEMENT, INC.

IMPAIRMENT RATING = 8% W.P.I.

It is my opinion that [REDACTED] current left shoulder condition justifies a ratable impairment according to the AMA Guides for the Evaluation of Permanent Impairment, 5th Edition.

My exam revealed loss of motion and loss of strength. However, according to the AMA Guides book, loss of strength cannot be considered in the presence of motion loss, therefore loss of strength will not be considered here.

The medical records reveal that [REDACTED] underwent an A/C joint resection procedure on 5/5/22. An A/C joint resection is synonymous with a distal clavicle resection, and as such will be included in this rating.

****Special Note:** [REDACTED] had a previous PPD rating on 12-21-22 by Dr Shannon. During her evaluation, Dr Shannon recommended a 13% WPI rating based on motion loss combined with loss of strength.

The first issue with Dr Shannon's report is that, according to the AMA Guides, loss of strength cannot be considered for impairment in the presence of motion loss. So motion loss and strength loss never should have been combined. This was most likely just an oversight on Dr Shannon's part. Secondly, there seems to be quite a difference between the motion measurements taken by Dr Shannon as compared with the motion measurements taken by Dr Hancock on all of his reports since the surgery on 5/5/22, as well as all of the shoulder motion measurements on all of the PT reports generated after the surgery on 5/5/22. In my experience, I find that this type of situation usually indicates that either the patient had re-injured his shoulder just prior to the PPD rating performed by Dr. Shannon and neglected to mention this fact during the evaluation, or the patient was exaggerating his motion loss during the evaluation.

During my evaluation of shoulder motion on 2/27/23, I observed similar measurements to the measurements observed by Dr Shannon. Since the patient never mentioned to me any recent accidents or injuries to his shoulder, it is my estimation based on many years of experience that the very low degree motion measurements I took were the result of the patient not giving his best effort during my exam.

In that case, I am always inclined to use the last motion measurements of the orthopedic surgeon or PT's in the medical records. And since there is such a large discrepancy between theirs and my motion measurements without any valid reasoning for the discrepancy, I am confident in using the shoulder motion measurements taken by Walker, PT on 10/25/22, as I believe that these motion measurements are the closest estimation to the current actual shoulder motion.

Please note, however, that the PT did not take motion measurements for shoulder extension or shoulder adduction. In this case I feel confident in assigning a 1% UE value for both shoulder extension and shoulder adduction as I believe that [REDACTED] did qualify for some mild functional loss in these two ranges of motion, just not the moderate functional loss that I observed during my evaluation.

Finally, Dr Shannon's PPD report failed to include the distal clavicle resection procedure as part of the impairment rating. I have included it below..

For motion loss:

Using Figure 16-40, 160 degrees of flexion equates to a 1% Upper Extremity value, and **35 degrees of extension** equates to a 1% Upper Extremity value.

Using Figure 16-43, 158 degrees abduction equates to a 1% upper extremity value, and **30 degrees of adduction** equates to a 1% Upper Extremity value.

Using Figure 16-46, 77 degrees internal rotation equates to a 0% upper extremity value, and 75 degrees external rotation equates to a 0% upper extremity value.

These values for motion loss are added ($1+1+1+1=4\%$) to get a 4% total Upper Extremity value.

For A/C joint resection (distal clavicle resection) procedure:

Table 16-27 indicates a 10% Upper Extremity impairment value for a distal clavicle resection procedure.

Referring to Figure 16-1b, the 4% UE value for motion loss is combined with the 10% UE value for distal clavicle resection, resulting in a 14% UE total value. Using Table 16-3, a 14% UE value converts to an 8% Whole Person Impairment value, which is the final rating in this case.

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ASSOCIATED RISK
MANAGEMENT, INC.

CAUSATION/APPORTIONMENT

It appears that the mechanism of injury in this case is consistent with the reported injury. Additionally, [REDACTED] has not experienced any prior accident/injury to his left shoulder, so apportionment is not an issue.

AMA GUIDELINE/AGREEMENT STATEMENT

Examination findings performed in this office substantiate the examinee's subjective complaints and/or condition. It appears that a significant amount of time has passed to classify this condition as being of a permanent nature. Based on the aforementioned requirements, it is appropriate to perform an impairment rating. Every narrative section of this report was read to the examinee at the time of this evaluation for accuracy. The examinee agreed with the descriptions of injury and the areas to be evaluated. This impairment rating evaluation was performed in accordance with the AMA Guides to the Evaluation of Permanent Impairment, the 2nd printing of the 5th Edition. All measurements taken during the examination process were made with either a goniometer or inclinometer as indicated in the 5th Edition. Variations in the evaluation process, which deviate from the AMA Guides, may be present in this report. These variations are changes mandated by the Division of Industrial Relations on behalf of the State of Nevada.

Thank you for allowing me to participate in [REDACTED] evaluation. Should you have any additional questions or require any additional information, please do not hesitate to contact me directly.

Signed February 27, 2023 by:

Dr. Casey Robinson, D.C., C.I.C.E.

RECEIVED

MAR 21 2023

**ASSOCIATED RISK
MANAGEMENT, INC.**

Dr. Casey Robinson, D.C., C.I.C.E.
(Mail Correspondence Address)
4988 Mt. Almagosa Dr.
San Diego, CA 92111
(888) 213-4215

Tax ID# 560-79-8888 Nevada License # B-01263 Email: [REDACTED]

January 23, 2023

Case Particulars:

Patient: [REDACTED]
Date of Birth: [REDACTED]
Social Security Number: [REDACTED]
Employer: [REDACTED]
Claim Number: 22388K034510
Date of Injury: 2-2-22
Date of Evaluation: 1-23-23
Evaluating Physician: Dr. Casey Robinson, D.C., C.I.C.E.

Claims Administrator/Insurer:

CCMSI
Louise Garcia, claims administrator
775-828-3372

PPD REPORT

I performed an evaluation of [REDACTED] right wrist on 1-23-23 in my Las Vegas, NV office per your request. The following report contains my impairment rating recommendations for the above referenced date of injury/claim.

DESCRIPTION OF INJURY

[REDACTED] reported that he suffered a right wrist injury as a result of falling to the ground and his wrist bent backwards.

REVIEW OF MEDICAL RECORDS

- 2-3-22: Initial Progress Note by Laut, PA-C indicates right wrist motion as flex-30, ext-20, and supination 90. Tender across entire anatomic wrist and flexor digitorum compartment. Full grip 5/5. Motor and sensory intact. Impression: right wrist sprain.
- 2-14-22: Initial Progress Note by Dr. Klausner indicates right wrist motion as flex-20, ext-30, supination-90. Tender across entire anatomic wrist and moderate tenderness at flexor digitorum compartment. Mild swelling on dorsal wrist. Full grip 5/5. Motor and sensory intact. Impression: right wrist sprain.
- 2-16-22: MRI report indicates right wrist degeneration radial aspect articular disc at the radial attachment, mild capitulum joint arthritis
- 3-3-22: Progress Note by Dr. Klausner indicates right wrist motion as flex-50, ext-60, supination-90. Tender over dorsal radiolunar and scapholunate joint, tender over 1st extensor digitorum compartment. Mild induration to 1st CMC and 1st EPL tendon sheath. Mild swelling on dorsal wrist. Full grip 5/5. Motor and sensory intact. Impression: right wrist sprain.
- 3-9-22: SOAP Note by Dr Bronstein indicates tenderness at 4th dorsal compartment, tender along terminal branch of the posterior interosseous nerve, ROM is flex-20, ext-30. Diagnosis: Contusion of wrist, Superficial radial nerve lesion, sprain of wrist.
- 4-4-22: Initial Eval PT report by Viner, OT indicates wrist motion as flex-45, ext-55, pronation-85, supination-80, rad dev-15, ulnar dev-25. Grip strength is 70lbs vs 115 lbs on left.
- 4-6-22: EMG Report by Dr Diaz indicates findings of 1) moderate degree of carpal tunnel syndrome bilaterally, more on left than right 2) mod ulnar neuropathy at Guyon's canal bilat, more on left than right, 3) mild to mod cubital tunnel syndrome in right upper extremity
- 5-4-22: Re-evaluation PT report by Viner, OT indicates wrist motion as flex-53, ext-55, pronation-85, supination-80, rad dev-15, ulnar dev-30. Grip strength is 80lbs vs 118 lbs on left.
- 5-31-22: SOAP Note by Dr Bronstein indicates tenderness at 4th dorsal compartment, tender along terminal branch of the posterior interosseous nerve, ROM is flex-45, ext-60. Diagnosis: Contusion of wrist, Superficial radial nerve lesion, sprain of wrist, Pain in left wrist.
- 6-27-22: Re-evaluation PT report by Viner, OT indicates wrist motion as flex-54, ext-52, pronation-85, supination-80, rad dev-15, ulnar dev-30. Grip strength is 105lbs vs 118lbs on left.

- 7-19-22: Re-evaluation PT report by Viner, OT indicates wrist motion as flex-54, ext-52, pronation-85, supination-80, rad dev-15, ulnar dev-30. Grip strength is 90lbs vs 118lbs on left.
- 9-1-22: SOAP Note by Dr Bronstein indicates less tenderness, no signs of CRPS, good grip, ROM is flex-60, ext-60. Diagnosis: Contusion of wrist, Superficial radial nerve lesion, sprain of wrist, Pain in left wrist.
- 10-4-22: SOAP Note by Dr Truong indicates less tenderness, no signs of CRPS, good grip, ROM is flex-60, ext-60. Overall improvement from initial evaluation. Diagnosis: Contusion of wrist, Superficial radial nerve lesion, sprain of wrist, Pain in left wrist. Plan: he has achieved MMI, stable and ratable.

MEDICAL HISTORY

- Patient denies any prior injury or accident involving the right wrist

PHYSICAL COMPLAINTS/EFFECTS ON ADL'S

- Patient reports that he is capable of performing all ADL's
- Patient complains of pain when pressure/force is exerted on wrist
- Patient states that he still gets swelling in his wrist after he uses it too much

PHYSICAL EXAMINATION RESULTS

Age: 44 Height: 6'2" Weight: 290 lbs. Body Part (s): Right wrist

Inspection:

Small area of swelling at distal dorsum of forearm

Palpation:

Mild tenderness at dorsum of right wrist, no tenderness to hand

AROM (Greater of three measurements using a goniometer):

Wrist	Right	Left
Flexion	56/60	60/60
Extension	42/70	70/70
Ulnar dev.	30/30	30/30
Radial dev.	18/20	20/20

Orthopedic testing:

Phalen's - negative
Reverse Phalen's - negative
Finkelstein's - negative

Muscle Testing (using the Van Allen scale):

	R	L
Wrist flexion	5/5	5/5
Wrist extension	5/5	5/5
Pronation	5/5	5/5
Supination	5/5	5/5
Finger Abd	5/5	5/5
Finger flexion	5/5	5/5

Grip Strength:

grip strength is normal and equal bilaterally

Reflexes (using the Wexler scale):

	R	L
C5	2/2	2/2
C6	2/2	2/2
C7	1/2	1/2

Mensuration Testing:

	R	L
Forearm -	32.5cm	33.0cm

Dermatome (Pinwheel) Testing:

Normal sensory exam to light touch at right hand and fingers.

Patient complains of occasional pins and needles feeling in right hand/fingers which occurs mainly at night, but states that he can move his hand/wrist around and make it go away.

DIAGNOSTIC IMPRESSION

- Status-post right wrist sprain

IMPAIRMENT RATING = 3% W.P.I.

It is my opinion that [REDACTED] current wrist condition justifies a ratable impairment according to the AMA Guides for the Evaluation of Permanent Impairment, 5th Edition.

My exam revealed decreased motion.

Figure 16-28 indicates a 1% Upper Extremity impairment for 56 degrees of wrist flexion, and a 4% Upper Extremity impairment for 42 degrees of wrist extension.

The 4% UE value and the 1% UE value for motion loss are added for a total 5% UE value, which is then converted to a 3% Whole Person Impairment.

Since there are no other means by which impairment of the wrist can be rated in this case, the final WPI rating is 3%.

CAUSATION/APPORTIONMENT

It appears that the mechanism of injury in this case is consistent with the reported injury. Additionally, given that [REDACTED] has reportedly not experienced any previous injury or pre-existing disability/impairment in the right wrist, apportionment does not appear to be an issue in this case.

AMA GUIDELINE/AGREEMENT STATEMENT

Examination findings performed in this office substantiate the examinee's subjective complaints and/or condition. It appears that a significant amount of time has passed to classify this condition as being of a permanent nature. Based on the aforementioned requirements, it is appropriate to perform an impairment rating. Every narrative section of this report was read to the examinee at the time of this evaluation for accuracy. The examinee agreed with the descriptions of injury and the areas to be evaluated. This impairment rating evaluation was performed in accordance with the AMA Guides to the Evaluation of Permanent Impairment, the 2nd printing of the 5th Edition. All measurements taken during the examination process were made with either a goniometer or inclinometer as indicated in the 5th Edition. Variations in the evaluation process, which deviate from the AMA Guides, may be present in this report. These variations are changes mandated by the Division of Industrial Relations on behalf of the State of Nevada.

Thank you for allowing me to participate in [REDACTED] evaluation. Should you have any additional questions or require any additional information, please do not hesitate to contact me directly.

Signed January 23, 2023 by:

Dr. Casey Robinson, D.C., C.I.C.E.

Dr. Casey Robinson, D.C., C.I.C.E.

4988 Mt. Almagosa Dr.

San Diego, CA 92111

NV License # B-01263 (888) 213-4215 Email: [REDACTED]

February 27, 2023

Case Particulars:

Patient:

Date of Birth:

Social Security Number:

Employer:

Claim Number:

FWH1431

Date of Injury:

3-14-22

Date of Evaluation:

2-27-23

Evaluating Physician:

Dr. Casey Robinson, D.C., C.I.C.E.

Claims Administrator/Insurer:

Travelers

Jerilee Castrillo, claims representative

702-726-3029

PPD REPORT

I performed an evaluation of [REDACTED]' cervical spine on 2-27-23 in my Las Vegas, NV office per your request. The following report contains my impairment rating recommendations for the above referenced date of injury/claim.

DESCRIPTION OF INJURY

[REDACTED] reported that he suffered a neck injury when he banged his head into his truck while throwing tools into the back.

REVIEW OF MEDICAL RECORDS

- 3-25-22: C-4 form indicates cervical spine strain. X-ray report indicates normal cervical spine.
- 4-1-22: MRI report indicates multilevel degenerative changes worse at C3-4(moderate neuroforaminal narrowing) and C5-6(mod right and severe left neuroforaminal narrowing).
- 4-28-22: Office Visit Note by Dr. Perry indicates tender at left paraspinal muscle, radiation to left 4th and 5th digits, no spasms, Spurlings test positive, motion is flex- to chest, ext-30, rt rot-45, left rot-60, bilateral lat flex- 20. Diagnosis: cervical disc disorder, cervical radiculopathy left, strain of muscle fascia and tendon at neck level.
- 5-25-22: Operative Report by Dr Park indicates procedure performed as Cervical Transforaminal Epidural Injection.
- 7-5-22: Office Visit Note by Dr Park indicates tender at left paraspinal muscle, radiation to left 4th and 5th digits, no spasms, Spurlings test positive, motion is flex- to chest, ext-30, rt rot-45, left rot-60, bilateral lat flex- 20. Diagnosis: cervical radiculopathy left.
- 8-11-22: Office Visit report by Williams, PA-C indicates tender at left paraspinal muscle, radiation to left 4th and 5th digits, no spasms, Spurlings test positive, motion is flex- to chest, ext-30, rt rot-45, left rot-60, bilateral lat flex- 20. Diagnosis: cervical radiculopathy left, cervical disc herniation, Cervical disc disorder.
- 8-16-22: Operative report by Dr Perry indicates procedures performed as Partial inferior corpectomy C5 C6, Wide anterior decompression C5-C7, Anterior fusion C5-C7, Placement of interbody device C5-7, Placement of anterior instrumentation C5-7.
- 10-20-22: Report by Brashear, PA-C indicates that patient states he has no pain where the surgery was done but has pain below it. He also notes that his PT intentionally "cracked" his back/neck making his pain worse. Exam reveals upper extremity intact and motor and sensory function baseline. Patient is now 8 weeks post-op and doing very well. He is not having any pain(?). Follow up in 4 weeks.
- 11-17-22: Report by Swanson, PA-C indicates that patient reports significant improvement since surgery, but does not feel he is able to return to his job. X-rays today show that implants are in good position without loosening. At this time we will proceed with FCE. He will return in 4 weeks.
- There were no more medical records after 11-17-22.

MEDICAL HISTORY

- Patient reports no prior accidents or injuries to his cervical spine

PHYSICAL COMPLAINTS/EFFECTS ON ADL'S

- Patient complains of constant sharp pain and aching left side neck, constant dull ache across base of skull
- Patient also complains of constant burning sensation at upper thoracic spine just below where the fusion surgery was done
- Patient reports having difficulty sleeping at night, can't exercise or jog and is gaining weight due to inactivity, difficulty reclining and lying flat, difficulty standing/walking/sitting for extended periods due to neck pain and also lower back pain that he states only began due to lack of activity/exercise since his injury and subsequent surgery

PHYSICAL EXAMINATION RESULTS

Age: 56 Height: 6'1" Weight: 240 lbs. Body Part (s): C-spine

Inspection:

Patient actually exhibits fairly good posture even for someone his age who hasn't had cervical fusion.

Palpation:

Palpation reveals moderate tenderness at T3 spinous process. No tenderness anywhere else.

AROM (Greater of three measurements using a goniometer):

<u>Cervical</u>	
Flexion	20/50
Extension	3/60
R Lateral bend	20/45
L Lateral bend	22/45
R Rotation	30/80
L Rotation	30/80

Orthopedic testing:

Compression test- neg

Distraction test- neg

Shoulder depression test- negative bilaterally (NOTE: loud joint cavitations can be heard in his spine on both sides during test)

Deep Tendon Reflexes:

	R	L
C5	2/4	2/4
C6	2/4	1/4
C7	1/4	1/4

Muscle Testing (using the Van Allen scale):

	Right	Left
Shoulder abduction	5/5	5/5
Elbow flex	5/5	5/5
Elbow extension	5/5	5/5
Wrist flex	5/5	5/5
Wrist extension	5/5	5/5
Finger flex	5/5	5/5
Finger Ab/Adduction	5/5	5/5

Dermatome Testing:

Patient reports no loss of sensation to bilateral upper extremities.
Sensory testing today is normal to light touch.

Mensuration Testing:

	R	L
Forearm -	33.0cm	31.5cm

DIAGNOSTIC IMPRESSION

- Status-post cervical spine fusion x2

IMPAIRMENT RATING = 27% W.P.I.

It is my opinion that [REDACTED]' current cervical spine condition justifies a ratable impairment according to the AMA Guides for the Evaluation of Permanent Impairment, 5th Edition. It is appropriate to use the DRE method for evaluating the spine in this case.

[REDACTED] qualifies for DRE Cervical Category IV with 25% impairment of the whole person, due to undergoing a surgical arthrodesis procedure. Since [REDACTED] qualifies for an additional 2% WPI due to moderate difficulty with ADL's.

CAUSATION/APPORTIONMENT

It appears that the mechanism of injury in this case is consistent with the reported injury. Additionally, there is no need for any apportionment in this case based on [REDACTED]' medical history.

AMA GUIDELINE/AGREEMENT STATEMENT

Examination findings performed in this office substantiate the examinee's subjective complaints and/or condition. It appears that a significant amount of time has passed to classify this condition as being of a permanent nature. Based on the aforementioned requirements, it is appropriate to perform an impairment rating. Every narrative section of this report was read to the examinee at the time of this evaluation for accuracy. The examinee agreed with the descriptions of injury and the areas to be evaluated. This impairment rating evaluation was performed in accordance with the AMA Guides to the Evaluation of Permanent Impairment, the 2nd printing of the 5th Edition. All measurements taken during the examination process were made with either a goniometer or inclinometer as indicated in the 5th Edition. Variations in the evaluation process, which deviate from the AMA Guides, may be present in this report. These variations are changes mandated by the Division of Industrial Relations on behalf of the State of Nevada.

Thank you for allowing me to participate in [REDACTED] evaluation. Should you have any additional questions or require any additional information, please do not hesitate to contact me directly.

Signed February 27, 2023 by:

Dr. Casey Robinson, D.C., C.I.C.E.

Dr. Casey Robinson, D.C., C.I.C.E.
(Mail Correspondence Address)
4988 Mt. Almagosa Dr.
San Diego, CA 92111
(888) 213-4215

Tax ID# 560-79-8888 Nevada License # B-01263 Email: [REDACTED]

February 27, 2023

Case Particulars:

Patient: [REDACTED]
Date of Birth: [REDACTED]
Social Security Number: [REDACTED]
Claim Number: Y2ZC86796
Date of Injury: 1-6-22
Date of Evaluation: 2-27-23
Evaluating Physician: Dr. Casey Robinson, D.C., C.I.C.E.

Claims Administrator/Insurer:

The Hartford
Jake Runyon, Claims Specialist
463-333-5908

PPD REPORT

I performed an evaluation of [REDACTED]' right shoulder on 2-27-23 in my Las Vegas, NV office per your request. The following report contains my impairment rating recommendations for the above referenced date of injury/claim.

DESCRIPTION OF INJURY

[REDACTED] reported that he injured his right shoulder/arm when he fell from back of work truck onto trailer hitch.

REVIEW OF MEDICAL RECORDS

- 1-13-22: C-4 report indicates right shoulder/upper arm contusion. Preliminary x-rays negative.
- 1-13-22: Initial report by Dr Yang indicates right shoulder appearance normal, tender in deltoid/trapezius/lateral shoulder, full motion with pain, normal motor bilaterally, sensation intact to light touch in all dermatomes, no weakness. Assessment: Contusion of multiple sites of right shoulder and upper arm.
- 2-2-22: Progress Report by Kidwell, PA indicates right shoulder appears with ecchymosis, tender at AC/deltoid/trapezius/lateral shoulder, limited motion in all planes flex-35, abduction-20 (**last week he had full motion without hesitation**) motor strength normal, sensation intact to light touch. Assessment: sprain of right shoulder.
- 5-31-22: Orthopedic Evaluation by Dr Ashman indicates no gross deformity, no atrophy, motion is flex-175, abduction-175, IR-60, ER-60. Diminished strength with MMT. Drop Arm test - positive.
- 7-1-22: MRI report indicates full thickness tear of supraspinatus and infraspinatus tendon with retraction to the glenohumeral joint, greater than 4cm.
- 7-29-22: PT Initial Eval Report by Goforth, PT indicates right shoulder motion as flex-55, abd-50, ER-20. Ext/Int rot strength 3/5.
- 8-18-22: Orthopedic Evaluation report by Dr Ashman indicates no gross deformity, no atrophy, motion is flex-175, abduction-175, IR-60, ER-60. Diminished strength with MMT.
- 9-12-22: PT Re-Eval Report by Goforth, PT indicates right shoulder motion as flex-65, abd-60, ER-20. Ext/Int rot strength 3/5.
- 9-26-22: PT Re-Eval Report by Bales, PT indicates right shoulder motion as flex-70, abd-60, ER-20. Ext/Int rot strength 3/5.
- 11-22-22: Orthopedic Evaluation report by Dr Ashman indicates no gross deformity, no atrophy, motion is flex-175, abduction-175, IR-60, ER-60. Strength in flexion and abduction is 4-/5, strength in Int/Ext rot is 5-/5. Patient is declining surgery for his rotator cuff tear. Patient is ratable, he is at MMI.

MEDICAL HISTORY

- No prior injury involving the right arm/shoulder

PHYSICAL COMPLAINTS/EFFECTS ON ADL'S

- Patient complains of constant pain in shoulder and at the medial bicep up into his armpit. Also complains of loss of strength.

PHYSICAL EXAMINATION RESULTS

Age: 62 Height: 6'0" Weight: 175 lbs Body Part (s): R Shoulder

Inspection:

Right shoulder appears normal compared to left side. No atrophy.

Palpation:

He exhibits mild tenderness globally at anterior and posterior right shoulder.

AROM (Greater of three measurements using a goniometer):

	Right	Left
Flex	72/180	180/180
Ext	25/50	50/50
Int rot	25/80	80/80
Ext rot	45/90	90/90
Abd	90/180	180/180
Add	31/30	30/30

Muscle Testing (using the Van Allen scale):

Patient was exhibiting cogwheeling behavior and a lack of effort during manual muscle testing.

Due to there being loss of motion at the right shoulder, I did not pursue this part of the evaluation any further since loss of strength cannot be considered in the presence of motion loss anyway.

Special Testing:

Empty Can test - neg
Drop Arm test - neg
Apprehension test - neg

Reflexes (using the Wexler scale):

	R	L
C5	2/2	2/2
C6	2/2	2/2
C7	1/2	1/2

Mensuration Testing:

	R	L
Forearm-	27.5cm	27.5cm

Dermatome (2-pt discrimination) Testing:

He reports no loss of sensation in the right upper extremity.

DIAGNOSTIC IMPRESSION

- Status-post right shoulder sprain/contusion

IMPAIRMENT RATING = 11% W.P.I.

It is my opinion that [REDACTED]' current right shoulder condition justifies a ratable impairment according to the AMA Guides for the Evaluation of Permanent Impairment, 5th Edition.

My exam reveals motion loss:

Figure 16-40 equates 72 degrees of fwd flexion with a 7% upper extremity impairment value, and 25 degrees extension with a 2% upper extremity impairment value.

Figure 16-43 equates 90 degrees of abduction with a 4% upper extremity impairment value.

Figure 16-46 equates 25 degrees of internal rotation with a 4% upper extremity impairment value, and 45 degrees of external rotation with a 1% upper extremity impairment value.

The upper extremity impairment values are added (7+2+4+4+1=18) resulting in an 18% Upper Extremity value. This converts to a 11% Whole Person Impairment value using Table 16-3.

As motion loss is the only way to rate impairment in this case, the final Whole Person Impairment rating is thus 11%.

(Special Note: I compared my motion measurements to all previous motion measurements by Dr Ashman and various PT's who treated [REDACTED]. The results varied wildly, more so than I think I have ever seen. And the measurements also were consistent in their variation as well. I have no explanation for why this is. But considering that my motion measurements were very similar to prior measurements of multiple PT's, I am comfortable basing my impairment rating off of the measurements I took. Of course this necessarily means that I must ignore the motion measurements taken by Dr Ashman, especially those measurements listed on his final report dated 11-22-22.

Again, I have no explanation as to why all of the motion measurements are so wildly different. I do, however, believe that the rating I have recommended, based upon his medical history and my exam findings, is the

most accurate reflection of the state of permanent impairment in which [REDACTED] [REDACTED] currently finds himself regarding his shoulder injury.)

CAUSATION/APPORTIONMENT

It appears that the mechanism of injury in this case is consistent with the reported injury. Additionally, given that [REDACTED] has reportedly not experienced any previous injury or pre-existing disability/impairment in the right shoulder and right arm, apportionment does not appear to be an issue in this case.

AMA GUIDELINE/AGREEMENT STATEMENT

Examination findings performed in this office substantiate the examinee's subjective complaints and/or condition. It appears that a significant amount of time has passed to classify this condition as being of a permanent nature. Based on the aforementioned requirements, it is appropriate to perform an impairment rating. Every narrative section of this report was read to the examinee at the time of this evaluation for accuracy. The examinee agreed with the descriptions of injury and the areas to be evaluated. This impairment rating evaluation was performed in accordance with the AMA Guides to the Evaluation of Permanent Impairment, the 2nd printing of the 5th Edition. All measurements taken during the examination process were made with either a goniometer or inclinometer as indicated in the 5th Edition. Variations in the evaluation process, which deviate from the AMA Guides, may be present in this report. These variations are changes mandated by the Division of Industrial Relations on behalf of the State of Nevada.

Thank you for allowing me to participate in [REDACTED]' evaluation. Should you have any additional questions or require any additional information, please do not hesitate to contact me directly.

Signed February 27, 2023 by:

Dr. Casey Robinson, D.C., C.I.C.E.

From: WCClaims
Sent: 2/14/2023 4:18:59 PM
To: WCDocs
Subject: WC617-A31882

Dr. Casey Robinson, D.C., C.I.C.E.
(Mail Correspondence Address)
4988 Mt. Almagosa Dr.
San Diego, CA 92111
(888) 213-4215

Tax ID# 560-79-8888 Nevada License # B-01263 Email: [REDACTED]

January 23, 2023

Case Particulars:

Patient: [REDACTED]
Date of Birth: [REDACTED]
Social Security Number: [REDACTED]
Claim Number: WC617- A31882
Date of Injury: 8-20-22
Date of Evaluation: 1-23-23
Evaluating Physician: Dr. Casey Robinson, D.C., C.I.C.E.

Claims Administrator/Insurer:

Name: Liberty Mutual Ins.
Alicia Wilbert, Claims Examiner
Address: P.O. Box 95577
Las Vegas, NV 89193
Phone/Fax: 702-963-9650

PPD REPORT

Dear Ms. Wilbert:

I performed an evaluation of [REDACTED] left ring finger on 1-23-23 in my Las Vegas, NV office per your request. The following report contains my impairment rating recommendations for the above referenced date of injury/claim.

DESCRIPTION OF INJURY

██████████ reported that he suffered an injury to his left ring finger when he smashed his finger between two heavy pipes.

A REVIEW OF THE MEDICAL FILE

- 8-20-22: A C-4 form indicates partial amputation left 4th fingertip, tuft fracture, nail injury. X-rays indicate left 4th finger comminuted tuft fracture
- 8-20-22: Emergency report by Dr. Stirling indicates diagnosis of partial amputation left tuft 4th finger, comminuted fracture distal phalanx with laceration. Laceration was sutured. Patient was told he might lose his fingertip.
- 9-2-22: Operative Report by Dr. Jones indicates procedures performed as 1: open reduction and pinning of left ring finger distal phalanx fracture, nail bed repair of left ring finger.
- 9-15-22: SOAP note by Dr Jones indicates sensitive to light touch with 2-pt discrimination testing, no atrophy, no significant swelling.
- 10-13-22: Occupational Therapy Initial Exam by Isaac Lee, OT indicates decreased motion of the left ring finger, decreased strength of left hand.
- 11-3-22: SOAP note by Strobehn, APRN indicates sensitive to light touch with 2-pt discrimination testing, no atrophy, no significant swelling. X-rays today indicate healed distal phalanx fracture of left ring finger.
- 11-22-22: Occupational Therapy Progress Note by Nuessle, OTR indicates left ring finger MP motion as 0/85, PIP motion as 0/105, and DIP motion as 0/62. Grip and Pinch strength are equal bilaterally now as L-80/22 and R-70/24.
- 12-2-22: SOAP note by Strobehn, APRN indicates sensitive to light touch, no atrophy, no significant swelling, fingertip is mildly sensitive to palpation, good nail growth. Work full duty without restrictions. Stable and ratable.

MEDICAL HISTORY

- Non-contributory

PHYSICAL COMPLAINTS/EFFECTS ON ADL'S

- Patient states that he has no difficulty performing ADL's
- Patient complains that his finger tip is still sensitive, and that it's very hypersensitive to being hit or touched

PHYSICAL EXAMINATION RESULTS

Age: 23 Height: 5'7" Weight: 156lbs Sex: M
Body Part (s): left ring finger

Palpation/Observation:

He has scarring and slight deformity of finger tip. Mild tenderness.

AROM (Greater of three measurements using a goniometer):

Fourth digit:	R	L
MP joint-	85/90	86/90
PIP joint-	106/100	106/100
DIP joint flex-	74/70	68/70
DIP joint ext-	0/0	0/0

Sensory (2 point discrimination) testing:

Patient exhibits hypersensitivity to touch at distal fingertip.

Grip Strength testing:

Grip strength equal and normal bilaterally.

DIAGNOSTIC IMPRESSION

- Status-post laceration/fracture injury to distal left 4th digit

IMPAIRMENT RATING = 0% W.P.I.

It is my opinion that [REDACTED] condition does not justify a ratable impairment according to the AMA Guides for the Evaluation of Permanent Impairment, 5th Edition.

My exam revealed partial sensory loss at the fingertip. According to Table 16-7, partial transverse loss to both digital nerves at 10% of digit length is equal to a 3% digit impairment.

Using Table 16-1 for conversion of impairment of digits to impairment of the hand, we see that a 3% digit impairment converts to a 0% hand impairment, which of course converts to a 0% upper extremity and whole person impairment as well.

There are no other means by which to rate impairment in this case, therefore the final rating is 0% WPI.

CAUSATION/APPORTIONMENT

It appears that the mechanism of injury in this case is consistent with the reported injury. Additionally, given that [REDACTED] has reportedly not experienced any previous injury or pre-existing disability/impairment in the left hand/fingers, apportionment does not appear to be an issue in this case.

AMA GUIDELINE/AGREEMENT STATEMENT

Examination findings performed in this office substantiate the examinee's subjective complaints and/or condition. It appears that a significant amount of time has passed to classify this condition as being of a permanent nature. Based on the aforementioned requirements, it is appropriate to perform an impairment rating. Every narrative section of this report was read to the examinee at the time of this evaluation for accuracy. The examinee agreed with the descriptions of injury and the areas to be evaluated. This impairment rating evaluation was performed in accordance with the AMA Guides to the Evaluation of Permanent Impairment, the 2nd printing of the 5th Edition. All measurements taken during the examination process were made with either a goniometer or inclinometer as indicated in the 5th Edition. Variations in the evaluation process, which deviate from the AMA Guides, may be present in this report. These variations are changes mandated by the Division of Industrial Relations on behalf of the State of Nevada.

Thank you for allowing me to participate in [REDACTED] evaluation. Should you have any additional questions or require any additional information, please do not hesitate to contact me directly.

Signed January 23, 2023 by:

Dr. Casey Robinson, D.C., C.I.C.E.

Dr. Casey Robinson, D.C., C.I.C.E.
(Mail Correspondence Address)
4988 Mt. Almagosa Dr.
San Diego, CA 92111
(888) 213-4215

Tax ID# 560-79-8888 Nevada License # B-01263 Email: [REDACTED]

January 23, 2023

Case Particulars:

Patient: [REDACTED]
Date of Birth: [REDACTED]
Social Security Number: [REDACTED]
Claim Number: WC617- A31882
Date of Injury: 8-20-22
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Evaluating Physician: Dr. Casey Robinson, D.C., C.I.C.E.

Claims Administrator/Insurer:

Name: Liberty Mutual Ins.
Alicia Wilbert, Claims Examiner
Address: P.O. Box 95577
Las Vegas, NV 89193
Phone/Fax: 702-963-9650

NV01000 Review of records, testing, evaluation and report \$912.62

Total Due and Payable: \$912.62

AMA GUIDELINE/AGREEMENT STATEMENT

Examination findings performed in this office substantiate the examinee's subjective complaints and/or condition. It appears that a significant amount of time has passed to classify this condition as being of a permanent nature. Based on the aforementioned requirements, it is appropriate to perform an impairment rating. Every narrative section of this report was read to the examinee at the time of this evaluation for accuracy. The examinee agreed with the descriptions of injury and the areas to be evaluated. This impairment rating evaluation was performed in accordance with the AMA Guides to the Evaluation of Permanent Impairment, the 2nd printing of the 5th Edition. All measurements taken during the examination process were made with either a goniometer or inclinometer as indicated in the 5th Edition. Variations in the evaluation process, which deviate from the AMA Guides, may be present in this report. These variations are changes mandated by the Division of Industrial Relations on behalf of the State of Nevada.

Thank you for allowing me to participate in [REDACTED] evaluation. Should you have any additional questions or require any additional information, please do not hesitate to contact me directly.

Signed January 23, 2023 by:



Dr. Casey Robinson, D.C., C.I.C.E.

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 10** Discussion and potential action regarding a chiropractic clinic supplying and administering Narcan/Naloxone in the event of an accidental overdose - For possible action.

RECOMMENDED MOTION: **No recommendation.**

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

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **10 minutes**

BACKGROUND INFORMATION: **At the Board's January 11, 2024 meeting the Board asked that Mr. Ling research whether chiropractic physicians are allowed to administer naloxone in the form of Narcan, which is provided below.**

On March 29, 2023, the FDA announced its approval for the over-the-counter (OTC) sales of naloxone in the form of Narcan 4 mg. nasal spray. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) recommends that workplaces have a supply of Narcan 4 mg. nasal spray on hand for opioid emergencies. Because the route of administration is intranasal, it could be administered by a chiropractic physician pursuant to NRS 634.220(2).

REVIEWED BY: President Secretary Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 11 Discussion and potential action regarding applicants who misrepresent information on their applications in accordance with the results of their background check – For possible action.

RECOMMENDED MOTION: No recommendation.

PRESENTED BY: Benjamin S. Lurie, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 10 minutes

BACKGROUND INFORMATION: Currently, a CA continues with their on-the-job training under their supervising DC while waiting to appear before the Board. What are the Boards thoughts on allowing staff to order that the CA C&D until they have appeared before the Board to discuss the discrepancies on their application.

REVIEWED BY: President Secretary Executive Director

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 12 Discussion and potential action regarding the Doctor of Chiropractic jurisprudence examination – For possible action.

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Nicole Canada, DC

MEETING DATE: April 11, 2023

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION: At the Boards workshop on March 14, 2024 those present arrived at the following results:

- **Exam Options:**
 - **Omit the jurisprudence exam and require the DC to sign an Attestation that they have read and understand the applicable laws.**
 - **Open-book online or in-person**
 - **Take home test**
- **Explore outsourcing for psychometric analysis to someone other than the NBCE.**
- **Turn the administration of the DC jurisprudence examination over to the NBCE.**

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

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 13 Discussion and potential action regarding the Chiropractic Assistant program and examinations – For possible action.

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Nicole Canada, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 20 minutes

BACKGROUND INFORMATION: At its January 11, 2024 the Board asked that Mr. Ling provide revisions to NAC similar to Arizona with respect to the CA program. Please see the attached proposed language.

The following question was mentioned by the Board, but is not currently illustrated in the attached language.

Does the Board want to require that the DC sign an Attestation that they are responsible for the training of the CA?

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

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 14 Discussion and potential action regarding the definition of “manual therapies” that can be performed by a chiropractic assistant – For possible action

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Nicole Canada, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 20 minutes

BACKGROUND INFORMATION: This inquiry was received by a DC who is asking for clarification as it relates to chiropractic assistants performing manual therapies. The following therapies were provided.

- 1.) The use of a percussive tool on a patient for 8 minutes and manual therapy is billed.**
- 2.) Pushing hard with the ultrasound wand while doing ultrasound therapy and manual therapy and ultrasound get billed.**
- 3.) Performing graston (scraping) or gua sha for 8 minutes and manual therapy gets billed.**
- 4.) Supervised trigger point therapy on a patient with their hands for 8 minutes and manual therapy gets billed.**

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

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 15 Discussion and potential action regarding chiropractic assistants performing prescribed physiotherapy while the chiropractic physician is not present in the clinic – For possible action.

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Nicole Canada, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 20 minutes

BACKGROUND INFORMATION: At the Boards workshop on March 14, 2024 those present arrived at the following results:

- **Revise the regulations to allow CA's to perform prescribed modalities while the DC is out of the office, but identify the following:**
- **Address stipulations to address public safety measures**
- **Define Supervision-i.e. telephone-remote supervision**

ACTION: _____Approved _____Approved w/Modifications _____Denied _____Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 16 Discussion and potential action regarding allowing chiropractic assistants the ability to obtain a temporary certificate - For possible action.

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Benjamin S. Lurie, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 10 minutes

BACKGROUND INFORMATION:

ACTION: _____Approved _____Approved w/Modifications _____Denied _____Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 17 Discussion and potential action regarding the use of a FDA-approved electric stimulation chair or device for pelvic and bladder support as a noninvasive procedure within a chiropractic office – For possible action.

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Benjamin S. Lurie, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 10 minutes

BACKGROUND INFORMATION: Please refer to the attached documentation.

ACTION: _____Approved _____Approved w/Modifications _____Denied _____Continued

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Live your life leak free[®]

Give up leaking.
Not laughing.



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**Preferred by
women.**

Recommended
by doctors.



Give up leaking. Not dancing.



“I love this device! I have seen marked improvements. Unbelievable!”

-Janet, Maryland

Do you leak when you laugh, sneeze, cough or exercise? Do you wear pads because you leak? If so, you likely have stress urinary incontinence. Incontinence can rob you of so many joys of life. It's hard to be confident and active when you are worrying about leaks. But there is a simple solution to get you back to living life leak free.®

The solution

ELITONE is a first of its kind device that allows non-invasive treatment of stress urinary incontinence. ELITONE uses gentle, low-frequency pulses to stimulate weakened pelvic floor muscles by doing perfectly-timed Kegels - for you. With regular use, those embarrassing leaks will go away.



“I had constant problems with incontinence. ELITONE changed my life. I now have complete control over urination again! No surprises, no worries.”

-Diana, age 66



A woman's solution to a women's issue.

Gloria Kolb is CEO of Elidah, inventor of ELITONE and mother of three. She has engineering degrees from MIT and Stanford. “I started Elidah because I wanted to help women regain control and confidence.”



Why ELITONE?

✓ Easy

ELITONE was designed to fit conveniently into your life. It only takes 20 minutes a day, is thinner than a pad, and comfortable. Wear it while you go about your normal day.



Apply



Adjust



Wear



Live

✓ Effective

See fewer leaks in just weeks. 95% of users had success with ELITONE. It's FDA-cleared and doctor-recommended.

✓ External

Wear ELITONE under your clothes, where you would put a pad, but adhered gently to your skin. Get dressed and clip the controller discreetly in your pocket or at your waistline.



“I really feel that the device made an impact. I ran 3 miles and didn't leak”

-Lesley, age 56

Buy ELITONE. Then bye, pads!

“I stopped wearing
pads completely”

-Gabrielle



Next steps

1. Visit **elitone.com** to order your ELITONE
2. Your ELITONE will be shipped directly to you
3. Begin treatment
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You do not need a prescription to buy ELITONE, but getting one may help you obtain reimbursement through your insurance provider. Visit **elitone.com** for more information.



Indication for Use: ELITONE is a non-implanted muscle stimulator designed to treat stress urinary incontinence in women. It applies stimulation to the pelvic floor muscles and surrounding tissues.

ELITONE®

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810 Main St., Suite C
Monroe, CT 06468

elitone.com
customer@elitone.com
978.435-4324

MM-1026 REV 3 7/2022

Made in USA
Patents: US 9,623,231
US 10,035,013



Dear Healthcare Provider,

Your patient has expressed interest in ELITONE or ELITONE URGE. We are providing this information to support a conversation regarding treatment options. Visit elitone.com/clinicians for additional information.

ELITONE and ELITONE URGE are **FDA-cleared external neuromodulation** devices used to contract and relax muscles to treat female urinary incontinence. They are painless, low-risk, high-benefit, clinically proven treatments that help women Regain Control, Regain Confidence®.

ELITONE®

Stress urinary incontinence (SUI)

Non-vaginal toning of the pelvic floor muscles.

4sec muscle contraction + 2sec OAB relaxation

Alternative to:

- Passive Kegel coaches
- Vaginally inserted stimulation
- Surgery

ELITONE URGE®

Urge urinary incontinence (UUI) / wet OAB

Perineal-applied neuromodulation of the pudendal nerve

6sec for OAB relaxation

Alternative to:

- Anticholinergics and Beta3 Agonists
- Implanted sacral neuromodulation
- Peripheral neurostimulation (PTNS)

Ideal for:

- Busy moms
- Working women
- Postpartum care
- Aversion to vaginal devices
- Limited access to physical therapist
- Perform Kegels incorrectly
- Chronic skin irritation from wet pads
- Adjunct to physical therapy

Easy-to-Use

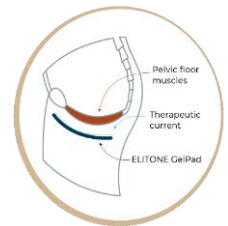
No training required. Use anywhere, anytime, while doing other tasks. This convenience drives compliance. **Use 4 times per week and see results in as few as 6 weeks.** It's easy, comfortable, and discreetly worn under clothes.



APPLY TO PERINEUM



ADJUST INTENSITY



WEAR FOR 20 MIN

Strong Clinical Results

Both ELITONE and ELITONE URGE demonstrated clinical efficacy in pragmatic clinical studies designed to reflect the “real world” use of home-use therapies.

>95%
reported fewer leaks

>70%
reduction in leaks

22 of 22
quality-of-life measures improved

85%
pad reduction with stress incontinence

<4%
returns for inefficacy

Prescribing and Insurance

A **prescription is not required**, and most women pay out of pocket, utilizing HSA/FSA or monthly payment options.

A prescription may help obtain insurance reimbursement under HCPCS code E0740 (Non-Implanted Pelvic Floor Electrical Stimulator). Typically, patients must have failed an ordered 4-week documented trial of pelvic muscle exercise training (i.e. Kegels). For more information see: elitone.com/reimbursement

Patient's Next Steps

1. Determine which ELITONE is right for you
2. Visit elitone.com/order to place order
3. ELITONE will be shipped directly to you
4. Begin treatment
5. Follow-up with your physician as necessary

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Manufactured by Elidah, Inc. Monroe, CT USA

Detailed Written Order

PATIENT INFORMATION

Patient Name: _____	Date of Birth: _____
Address: _____	Phone #: _____
_____	Email: _____
Insurance Company: _____	Group #/ID#: _____
Insured Name: _____	Insurance Phone #: _____
_____	_____
_____	_____

MEDICAL NECESSITY

Diagnosis & ICD-10 CM Code: **Device Prescribed:**

<input type="checkbox"/> N39.3 Stress Urinary Incontinence <input type="checkbox"/> N39.46 Mixed Incontinence	ELITONE Pelvic Floor Stimulator (HCPCS E0740), GelPads (HCPCS A4595)
<input type="checkbox"/> N39.41 Urge Urinary Incontinence	ELITONE URGE Pelvic Floor Stimulator (HCPCS E0740), GelPads (HCPCS A4595)

Has patient failed a structured 4 week *plan* of Pelvic Muscle Exercise (PME) training? Yes No
(REQUIRED: attach documentation of structured training showing no clinically significant improvement)**

Is patient cognitively intact? Yes No

Are the pelvic nerves intact? Yes No

Prognosis: Excellent Good Fair Poor

Date of most recent in-office visit: _____

PRESCRIPTION

I am prescribing the above device to decrease urinary leakage associated with urinary incontinence.

Length of Need: Lifetime (≥ 13 months) Other _____

Deliver To: Clinician's Facility Patient's Home*

Prescribing Physician Name: _____ NPI #: _____

Facility Address: _____

Phone #: _____ Fax #: _____

Physician Signature: _____ Date: _____

I certify that I am the physician identified in this form. I have reviewed all sections of the physician's written order. Any statement on my letterhead attached here to has been reviewed and signed by me. The patient's record contains supporting documentation which substantiates the utilization and medical necessity of the ELITONE device and physician notes will be provided to an authorized distributor upon request. I understand any falsification, omission or concealment of material fact may subject me to civil or criminal liability. *My above signature indicates my approval to ship the instrument to my patient's home and releases shipper from any liability from its use prior to proper instrument education and training.

Elidah, Inc., the maker of ELITONE, does not process insurance. Detailed Written Orders received by Elidah will be forwarded to a DME provider for processing. Elidah may maintain contact information to enable follow-up regarding completion of the order. Medical information is not retained by Elidah.

*With chart notes**, Fax: 833-830-1310 or Email: clinicians@elitone.com*

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 18 Discussion and potential action regarding the continuing education courses taken or registered for prior to February 27, 2024 and other related topics – For possible action.

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Julie Strandberg, Executive Director

MEETING DATE: April 11, 2024

TIME REQUIRED: 15 minutes

BACKGROUND INFORMATION: Following the communication, notifying the DC's, CA's and CE providers that the Board will no longer accept PACE approved courses the Board received feedback from licensees and providers.

- **The Board does not currently have any CE courses for licensees to become certified in dry needling.**
- **The Board has received one dry needling course for licensees to take the required 4 hours of continuing education.**
- **Would the Board consider approving CE courses on a biennial basis versus annually?**
- **Would the Board consider auto approval for courses from a CCE accredited chiropractic college?**

ACTION: _____Approved _____Approved w/Modifications _____Denied _____Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA
AGENDA ACTION SHEET

TITLE: **Agenda Item 19** Consideration of potential additions, deletions, and/or amendments to NRS 634 and NAC 634– For possible action.

- A. NRS 634.018 (9)
- B. NRS 634.020(2)(b)
- C. NRS 634.070 (1)
- D. NRS 634.070 (2)
- E. NRS 634.090 (1)(b)
- F. NRS 634.100 (2)(b)
- G. NRS 634.100 (3)
- H. NRS 634.125
- I. NRS 634.135
- J. NRS 634.137 (1)
- K. NRS 634.227(1) (a)
- L. NRS 634.227(3) (a)
- M. NAC 634.119
- N. NAC 634.200
- O. NAC 634.305(2)
- P. NAC 634.320
- Q. NAC 634.330
- R. NAC 634.339
- S. NAC 634.3475(1)f)
- T. NAC 634.3475(5)(b)(2)
- U. NAC 634.357(2)
- V. NAC 634.430

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

PRESENTED BY: **Nicole Canada, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **20 minutes**

BACKGROUND INFORMATION: Please refer to the attached recommended revisions to the regulations and statutes.

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

**NEVADA REVISED STATUTE
CHAPTER 634**

NRS 634.018 “Unprofessional conduct” defined. “Unprofessional conduct” means:

1. Obtaining a certificate upon fraudulent credentials or gross misrepresentation.
2. Procuring, or aiding or abetting in procuring, criminal abortion.
3. Assuring that a manifestly incurable disease can be permanently cured.
4. Advertising, by any form of public communication, a chiropractic practice:
 - (a) Using grossly improbable statements; or
 - (b) In any manner that will tend to deceive, defraud or mislead the public.

As used in this subsection, “public communication” includes, but is not limited to, communications by means of television, radio, motion pictures, Internet websites, electronic mail, social media accounts and newspapers, books, periodicals, handbills, letterhead and other printed matter.

5. Willful disobedience of the law, or of the regulations of the State Board of Health or of the Chiropractic Physicians’ Board of Nevada.

6. Conviction of any offense involving moral turpitude, or the conviction of a felony. The record of the conviction is conclusive evidence of unprofessional conduct.

7. Administering, dispensing or prescribing any controlled substance.

8. Conviction or violation of any federal or state law regulating the possession, distribution or use of any controlled substance. The record of conviction is conclusive evidence of unprofessional conduct.

9. Habitual intemperance or excessive use of alcohol or alcoholic beverages, **[marijuana]** or any controlled substance.

[We may need to add marijuana as it is now legalized similar to alcohol.]

10. Conduct unbecoming a person licensed to practice chiropractic or detrimental to the best interests of the public.

11. Violating, or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter or the regulations adopted by the Board, or any other statute or regulation pertaining to the practice of chiropractic.

12. Employing, directly or indirectly, any suspended or unlicensed practitioner in the practice of any system or mode of treating the sick or afflicted, or the aiding or abetting of any unlicensed person to practice chiropractic under this chapter.

13. Malpractice, which may be evidenced by claims of malpractice settled against a practitioner.

14. Solicitation by the licensee or the licensee's designated agent of any person who, at the time of the solicitation, is vulnerable to undue influence, including, without limitation, any person known by the licensee to have recently been involved in a motor vehicle crash, involved in a work-related accident, or injured by, or as the result of the actions of, another person. As used in this subsection:

(a) "Designated agent" means a person who renders service to a licensee on a contract basis and is not an employee of the licensee.

(b) "Solicitation" means the attempt to acquire a new patient through information obtained from a law enforcement agency, medical facility or the report of any other party, which information indicates that the potential new patient may be vulnerable to undue influence, as described in this subsection.

15. Employing, directly or indirectly, any person as a chiropractic assistant unless the person has been issued a certificate by the Board pursuant to [NRS 634.123](#), or has applied for such a certificate and is awaiting the determination of the Board concerning the application.

16. Aiding, abetting, commanding, counseling, encouraging, inducing or soliciting an insurer or other third-party payor to reduce or deny payment or reimbursement for the care or treatment of a patient, unless such action is supported by:

(a) The medical records of the patient; or

(b) An examination of the patient by the chiropractic physician taking such action.

17. Violating a lawful order of the Board, a lawful agreement with the Board, or any of the provisions of this chapter or any regulation adopted pursuant thereto.

18. Practicing below the standard of care required from a chiropractic physician or chiropractic assistant under the circumstances.

NRS 634.020 Creation; number, appointment and qualifications of members.

1. The Chiropractic Physicians' Board of Nevada, consisting of seven members appointed by the Governor, is hereby created.

2. The Governor shall appoint:

(a) Four members who are:

(1) Graduates of chiropractic schools or colleges giving a course of study embracing the following subjects: Anatomy, bacteriology, chiropractic theory and practice, diagnosis or analysis, elementary chemistry and toxicology, histology, hygiene and sanitation, obstetrics and gynecology, pathology, physiology and symptomatology;

(2) Licensed under this chapter; and

(3) Actually engaged in the practice of chiropractic in this State and who have been so engaged in this State for at least 3 years preceding their appointment.

(b) One member who represents the interests of persons or agencies that regularly provide health care to patients who are indigent, uninsured or unable to afford health care. This member may be licensed under the provisions of this chapter.

[The board may consider adding language to have the candidate verify caring for patients that are indigent, uninsured, or unable to afford health care.]

(c) Two members who are representatives of the general public. A member appointed pursuant to this paragraph must not be:

(1) A chiropractic physician or a chiropractic assistant; or

(2) The spouse or the parent or child, by blood, marriage or adoption, of a chiropractic physician or a chiropractic assistant.

3. At least two of the appointees must have had a course in physiotherapy in a school or college of chiropractic.

NRS 634.070 Licenses: Examination; prohibition on participation in preparing examination.

1. All applicants for licenses to practice chiropractic in Nevada must pass all examinations prescribed by the Board. Examinations ~~must~~ **[may]** be held at least semiannually.

2. The examinations may be written, oral, practical, demonstrative, or any combination thereof, as the Board determines to be sufficient, and must include, without limitation, the following subjects:

[The board may consider changing the word “**must**” to “**may**” contain as we are currently not testing on any of the above except - Chapter 634 of NRS and regulations of the board.]

(a) [Chapter 634](#) of NRS and regulations of the Board;

(b) The technique for taking X-rays, including the positioning of the body, and interpretation of X-rays;

(c) Chiropractic technique; and

(d) Clinical competency and case management.

[e) Chapter 629 of NRS]

[NRS 629 should be added since it is part of the Jurisprudence examination.]

3. If a member of the Board is not licensed under the provisions of this chapter, the member shall not participate in preparing any examination required by the Board.

NRS 634.090 Licenses: Qualifications of applicants.

1. An applicant must, in addition to the requirements of [NRS 634.070](#) and [634.080](#), furnish satisfactory evidence to the Board:

(a) That the applicant is of good moral character;

(b) Except as otherwise provided in subsections 3 and 6, that the applicant [~~has a high school education and~~] is a graduate from a college of chiropractic which is accredited by the Council on Chiropractic Education, or its successor organization, or an accrediting agency recognized by that organization; and

(c) Except as otherwise provided in subsection 2, that the applicant has successfully completed:

(1) Parts I, II, III and IV, and the portion relating to physiotherapy, of the examination administered by the National Board of Chiropractic Examiners, or its successor organization; or

(2) An examination that is required to graduate from a college of chiropractic which is accredited by the Council on Chiropractic Education, or its successor organization, or an accrediting agency recognized by that organization. Such an examination must be:

(I) Administered by such a college; and

(II) Approved by the Board.

2. If an applicant has actively engaged in the practice of chiropractic in another state, the District of Columbia, the Commonwealth of Puerto Rico or any other territory or possession of the United States for not less than 7 of the immediately preceding 10 years without any adverse disciplinary action taken against him or her, the applicant is only required to have successfully completed those parts of the examination administered by the National Board of Chiropractic Examiners, or its successor organization, at the time that the applicant graduated from a college of chiropractic.

3. The Board may, for good cause shown, waive the requirement for a particular applicant that the college of chiropractic from which the applicant graduated must be accredited by the Council on Chiropractic Education, or its successor organization, or an accrediting agency recognized by that organization.

4. Except as otherwise provided in subsections 5 and 6, every applicant is required to submit evidence of the successful completion of not less than 60 credit hours at an accredited college or university.

5. Any applicant who has been licensed to practice in another state, and has been in practice for not less than 5 years, is not required to comply with the provisions of subsection 4.

6. If an applicant has received his or her training and education at a school or college located in a foreign country and the course of study leading to his or her degree of doctor of chiropractic consisted of not less than 4,000 hours of instruction, the Board may, if the Board determines that such training and education is substantially equivalent to graduation from a college of chiropractic that is accredited by the Council on Chiropractic Education, or its successor organization, waive the requirement that an applicant attend or graduate from a college that is accredited by the Council on Chiropractic Education, or its successor organization, or an accrediting agency recognized by that organization.

NRS 634.100 Payment of fee for application for license or certificate; passing scores on examination; reexamination.

1. An applicant for a license to practice chiropractic in this State must pay the required fee to the Secretary of the Board before the date of the examination.

2. Except as otherwise provided in [NRS 622.090](#):

(a) For a written, closed-book examination which is administered in person by the Board, a score of 75 percent or higher in all subjects taken on the examination is a passing score.

(b) For a written, open-book examination which is administered in person by the Board or an examination that is taken online, a score of ~~90~~ [75] percent or higher in all subjects taken on the examination is a passing score.

3. If an applicant fails to pass the first examination, the applicant may take a second examination [~~within 1 year~~] **at the time of the next scheduled exam** without payment of any additional fees. Except as otherwise provided in NRS 622.090, **credit must be given on this examination for all subjects previously passed.** [consider revising if the Board is only going to offer the radiology exam.]

4. An applicant for a certificate as a chiropractic assistant must pay the required fee to the Secretary of the Board before the application may be considered.

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 supervision and control of a chiropractic physician.

[NRS 634.125 may need to be revised depending on the Board's decision with respect to agenda item 15.]

NRS 634.135 Fees.

1. The Board may charge and collect fees not to exceed:

For an application for a license to practice chiropractic.....	\$200.00
For an examination for a license to practice chiropractic.....	200.00
For an application for, and the issuance of, a certificate as a chiropractic assistant or radiologic chiropractic assistant	100.00
For an examination for a certificate as a radiologic chiropractic assistant.....	100.00
For the issuance of a license to practice chiropractic.....	300.00
For the biennial renewal of a license to practice chiropractic.....	1,000.00
For the biennial renewal of an inactive license to practice chiropractic.....	300.00
For the biennial renewal of a certificate as a chiropractic assistant.....	200.00
For the restoration to active status of an inactive license to practice chiropractic.....	300.00
For reinstating a license to practice chiropractic which has expired pursuant to <u>NRS 634.130</u> or has been suspended.....	500.00
For reinstating a certificate as a chiropractic assistant which has expired pursuant to <u>NRS 634.130</u> or has been suspended.....	100.00

For a review of any subject on the examination.....	25.00
For the issuance of a duplicate license or for changing the name on a license..	35.00
For written verification of licensure or issuance of a certificate of good standing.....	25.00
For providing a list of persons who are licensed to practice chiropractic to a person who is not licensed to practice chiropractic.....	25.00
For providing a list of persons who were licensed to practice chiropractic following the most recent examination of the Board to a person who is not licensed to practice chiropractic.....	10.00
For a set of mailing labels containing the names and addresses of the persons who are licensed to practice chiropractic in this State.....	35.00
For providing a copy of the statutes, regulations and other rules governing the practice of chiropractic in this State to a person who is not licensed to practice chiropractic..	25.00
For each page of a list of continuing education courses that have been approved by the Board.....	50
For an application to a preceptor program offered by the Board to graduates of chiropractic schools or colleges.....	35.00
For an application for a student or chiropractic physician to participate in the preceptor program established by the Board pursuant to NRS 634.137	35.00
For a review by the Board of a course offered [by a chiropractic school or college or a course of continuing education in chiropractic] pursuant to NAC 634.3668 and 634.385	50.00

2. In addition to the fees set forth in subsection 1, the Board may charge and collect reasonable and necessary fees for the expedited processing of a request or for any other incidental service it provides.

3. For a check or other method of payment made payable to the Board or tendered to the Board that is returned to the Board or otherwise dishonored upon presentation for payment, the Board shall assess and collect a fee in the amount established by the State Controller pursuant to [NRS 353C.115](#).

NRS 634.137 Establishment; regulations.

1. The Board shall establish a preceptor program to provide supervised clinical experience to students enrolled in colleges of chiropractic **[which is accredited by the Council on Chiropractic Education, or its successor organization, or an accrediting agency recognized by that organization.]**

[The board may consider adding “accredited” college of chiropractic, possibly within the US territory? Accredited International schools?]

2. The Board shall adopt regulations to carry out the preceptor program required by this section. The regulations must include, without limitation:

- (a) The application procedure for participation in the preceptor program;

(b) Eligibility requirements for students which are in addition to the requirements set forth in [NRS 634.1375](#);

(c) The form, content and provisions required for a preceptor agreement between a student and a chiropractic physician; and

(d) Eligibility requirements for the approval of a chiropractic physician to serve as a preceptor which are in addition to the requirements set forth in [NRS 634.1379](#).

(Added to NRS by [2011, 912](#))

NRS 634.227 Unlawful acts; penalties.

1. A person who:

(a) Presents to the Board as his or her own the diploma, license, **[certificate]** or credentials of another;

[The board may consider adding “certificate” to this NRS.]

(b) Gives false or forged evidence of any kind to the Board; or

(c) Practices chiropractic under a false or assumed name or falsely personates another licensee, is guilty of a misdemeanor.

2. Except as otherwise provided in [NRS 634.105](#), [634.117](#) and [634.1375](#), a person who does not hold a license issued pursuant to this chapter and:

(a) Practices chiropractic in this State;

(b) Holds himself or herself out as a chiropractic physician;

(c) Uses any combination, variation or abbreviation of the terms “chiropractor,” “chiropractic” or “chiropractic physician” as a professional or commercial representation; or

(d) Uses any means which directly or indirectly conveys to another person the impression that he or she is qualified or licensed to practice chiropractic,

Ê is guilty of a category D felony and shall be punished as provided in [NRS 193.130](#), unless a greater penalty is provided pursuant to [NRS 200.830](#) or [200.840](#).

3. In addition to any other penalty prescribed by law, if the Board determines that a person has committed any act described in subsection 2, the Board may:

(a) Issue and serve on the person an order to cease and desist until the person obtains from the Board the proper license or certificate or otherwise demonstrates that he or she is no longer in violation of subsection 2. An order to cease and desist must include a telephone number, **[email address, mailing address or fax]** with which the person may contact the Board.

[The board may consider adding more than one form of communication such as an email address, mailing address or fax.]

(b) Issue a citation to the person. A citation issued pursuant to this paragraph must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of this paragraph. Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. To appeal a citation, the person must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the citation.

(c) Assess against the person an administrative fine of not more than \$5,000.

(d) Impose any combination of the penalties set forth in paragraphs (a), (b) and (c).

4. A person who owns or operates a business entity that offers chiropractic services:

(a) Which is not registered with the Board pursuant to [NRS 634.136](#); or

(b) For which a chiropractic physician who is not licensed pursuant to this chapter engages in the practice of chiropractic,
is guilty of a category D felony and shall be punished as provided in [NRS 193.130](#).

NEVADA ADMINISTRATIVE
CODE

CHAPTER 634

NEVADA ADMINISTRATIVE CODE
CHAPTER 634

NAC 634.119 “Direct supervision” defined. ([NRS 634.030](#))

[May need to redefine “Direct supervision” based on the Boards decision to Agenda Item 15.]

“Direct supervision” means that the supervising licensee or licensed provider of health care, as appropriate, is actually present in the chiropractic facility during the period of supervision.

(Added to NAC by Chiropractic Physicians’ Bd. by R030-98, eff. 9-10-98)

“License” is defined in NAC 634, however “Certificate” is not defined. (See revisions to NAC)

[Add] NAC 634.XXX “Certificate” defined. (NRS 634.030) “Certificate” means a chiropractic assistant who is certified by the Board pursuant to chapter 634 of NRS.

NAC 634.200 Amount; reduction or waiver of fee for renewal of license or certificate; nonrefundable. ([NRS 634.030](#), [634.115](#), [634.130](#), [634.135](#))

1. Except as otherwise provided in subsection 2, the Board will charge and collect the following fees:

For an application for a license to practice chiropractic.....	\$200.00
For an examination for a license to practice chiropractic.....	125.00
For an application for, and the issuance of, a certificate as a chiropractic assistant or radiologic chiropractic assistant	100.00
For an application for a temporary license to practice chiropractic pursuant to NRS 634.115	50.00
For an examination for a certificate as a radiologic chiropractic assistant.....	75.00
For the issuance of a license to practice chiropractic.....	225.00
For the issuance of a temporary license to practice chiropractic pursuant to NRS 634.115	50.00
For the biennial renewal of an active license to practice chiropractic.....	700.00
For the biennial renewal of an inactive license to practice chiropractic.....	250.00
For the biennial renewal of a certificate as a chiropractic assistant.....	120.00
For the restoration to active status of an inactive license to practice Chiropractic.....	300.00
For reinstating a license to practice chiropractic which has been suspended or revoked.....	500.00
For reinstating a certificate as a chiropractic assistant which has been suspended or revoked.....	70.00
For reinstating an inactive license to practice chiropractic which has been suspended or revoked.....	200.00
For a review of any subject on the examination.....	25.00
For the issuance of a duplicate license or certificate or for changing the name on a license or certificate.....	35.00
For written verification of licensure or issuance of a certificate of good standing.....	25.00

For providing a list of persons who are licensed to practice chiropractic to a person who is not licensed to practice chiropractic.....	25.00
For providing a list of persons who were licensed to practice chiropractic following the most recent examination of the Board to a person who is not licensed to practice chiropractic.....	10.00
For a set of mailing labels containing the names and addresses of the persons who are licensed to practice chiropractic in this State.....	35.00
For a check which is made payable to the Board that is dishonored upon presentation for payment.....	25.00
For providing a copy of the statutes, regulations and other rules governing the practice of chiropractic in this State.....	25.00
For a review by the Board of a course offered [by a chiropractic school or college or a course of continuing education in chiropractic] pursuant to NAC 634.3668 and 634.385.....	50.00

R114-23 Sec. 3 NAC 634.305 is hereby amended to read as follows:

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

[If the board moves to continue the certification program or adopt a registration program, the board shall keep the examination portion for radiology and consider leaving a passing score of 75% or higher and decide whether to have an open or closed exam or have the exam administered by an outside agency for psychometric testing.]

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 [~~for a score of at least 90 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 *or open-book* examination ~~[or a score of at least 90 percent for an open book examination]~~ the first time he or she takes the examination, the applicant may retake the examination ~~[within 1 year]~~ *at the time of the next scheduled exam* without payment of an additional fee.

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 *or open-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 *or open book* examination ~~or a score of at least 90 percent for an open book examination.]~~

8. 6. 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.

Ê 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 634.320 Authorized persons in waiting area; conduct of applicant. ([NRS 634.030](#))

[The board may consider changing this regulation for *“In-Person”* testing, as candidates testing online do not follow the existing regulations.]

During the examination of applicants for licensing as chiropractic physicians or for certification as chiropractic assistants, only members of the Board, testing consultants, examination proctors, applicants and persons requested by the Board will be allowed in the waiting area for applicants or in the room in which the examination is given. An applicant may not:

1. Communicate with any person while he or she is in the waiting area, halls or restrooms;
2. Leave the waiting area without the permission of a member of the Board, a testing consultant or an examination proctor; or
3. Bring any electronic device, unless the electronic device is approved by the Executive Director of the Board, or any written or recorded material relating to the practice of chiropractic into the examination facility.

[Bd. of Chiropractic Exam'rs, Art. XV § 1, eff. 8-27-76; A 11-28-79]—(NAC A 7-29-88; A by Chiropractic Physicians' Bd. by R030-98, 9-10-98; R101-08, 12-17-2008; R064-17, 2-27-2018)

NAC 634.330 Cheating by applicants. ([NRS 634.030](#))

[The board may consider adding a review of the allegation of cheating prior to automatically not permit a testing candidate to stop providing services. Possibly have the test committee review the facts, and present to their findings to the board. This may also eliminate any bias of only one individual stating that a candidate may be cheating.]

Any applicant who is found to be cheating during an examination:

1. Will be required to leave immediately;
2. Shall immediately cease providing clinical services in a chiropractic practice and may not provide clinical services in a chiropractic practice for 2 years after the date of the examination from which he or she was dismissed;

3. Will not be permitted to take an examination for 2 years after the date of the examination from which he or she was dismissed; and

4. Must file a new application after the passage of the 2-year period described in subsections 2 and 3 before he or she will be permitted to take the examination again.

[Bd. of Chiropractic Exam'rs, Art. XV § 2, eff. 8-27-76; A 11-28-79]—(NAC A 7-29-88; A by Chiropractic Physicians' Bd. by R150-13, 3-28-2014)

Preceptor Program

[May need to add the following based on the Boards decision to Agenda Item 15: If the doctor of chiropractic is out of the office and has a preceptor in their clinic, the preceptor would NOT be allowed to carry out chiropractic adjustments or manipulations, however could assist with active and or passive rehabilitation. This is a matter of public safety by not allowing the student/preceptor to adjust without direct supervision.]

NAC 634.339 Duties of preceptor; scope of authorized activities of student. ([NRS 634.030](#), [634.137](#))

1. In supervising a student who is participating in the preceptor program, a preceptor:

(a) Shall ensure that the student is exposed to and, within the discretion of the preceptor and except as otherwise provided in subsection 2, is allowed to perform all aspects of chiropractic as practiced by the preceptor;

(b) Shall assume all responsibility and liability for all acts performed by the student;

(c) Shall notify the Board within 15 business days after the termination of the student's participation in the preceptor program; and

(d) Shall not supervise more than one student.

2. A student who participates in the preceptor program shall not:

(a) Diagnose the condition of a patient without the written concurrence of the preceptor, which must be documented in the health care record of the patient.

(b) Establish a plan of treatment or prognosis for a patient without the written concurrence of the preceptor, which:

(1) Must be documented in the health care record of the patient; and

(2) May occur before or after the student has commenced treatment of the patient.

(c) Perform any service except at the direction of and under the direct supervision of the preceptor.

(d) Practice chiropractic more than 40 hours during any week in which the student participates in the preceptor program.

(e) Bill independently of the preceptor for any service rendered.

(Added to NAC by Chiropractic Physicians' Bd. by R004-12, eff. 11-1-2012; A by R010-17, 12-19-2017)

Chiropractic Assistants

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. [The board may consider adding “Legal Partner” as well as keeping “spouse.”]

(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 **oral or** 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)

[The Board may consider adding the term “oral.”]

NAC 634.357 Adherence to standards of practice; duties to recognize and respond to emergencies and demonstrate professionalism. ([NRS 634.030](#))

[Discussion regarding the fact that CA's may not be trained to respond to emergencies arising in the course of chiropractic procedures. This may be above their education and may potentially cause more harm to an alleged emergency chiropractic health issue. The Board exam DOES NOT test CA's on these emergencies. We may want the CA to be trained in basic CPR and require a copy of the card on file with the board or the employer. We can also add this questions to our renewal forms or initial applications and make it a requirement.]

A chiropractic assistant shall:

1. Adhere to the ethical and legal standards of professional practice for chiropractic physicians;
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 634.430 Unprofessional conduct: Interpretation of statutory phrase. ([NRS 634.018](#), [634.030](#))

[Discuss potential revisions to potentially be more specific with respect to Sexual misconduct.]

(c) "Sexual misconduct" means:

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

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

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

(4) The use by a licensee 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.

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

(d) “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 licensee for the purpose of arousing or gratifying the sexual desire of either the licensee or the patient.

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20 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 (Martinez)
- B. Complaint 21-31S (Lurie)
- C. Complaint 22-18S (Augustin)
- D. Complaint 22-19S (Lurie)
- E. Complaint 22-21N (Martinez)
- F. Complaint 22-23N (Martinez)
- G. Complaint 23-02N (Ingles)
- H. Complaint 23-11S (Ayazi)
- I. Complaint 23-12S (Lurie)
- J. Complaint 23-13S (Lurie)
- K. Complaint 23-15S (Nolle)
- L. Complaint 23-16S (Nolle)
- M. Complaint 23-18S (Jaeger)
- N. Complaint 23-19S (Canada)
- O. Complaint 23-20S (Jaeger)
- P. Complaint 23-21S (Canada)
- Q. Complaint 23-22S (Canada)
- R. Complaint 23-23S (Lurie)
- S. Complaint 23-24N (Martinez)
- T. Complaint 23-26S (Canada)
- U. Complaint 23-27S (Lurie)
- V. Complaint 23-28S (Canada)
- W. Complaint 23-31S (Ingles)
- X. Complaint 24-01S (Canada)
- Y. Complaint 24-02S (Canada)
- Z. Complaint 24-03S (Ingles)
- AA. Complaint 24-04S (Jaeger)
- BB. Complaint 24-05S (Lurie)

RECOMMENDED MOTION: **No recommended motion.**

PRESENTED BY: **Nicole Canada, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **60 minutes**

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20A 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. Martinez)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Xavier Martinez, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged unprofessional conduct.

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

Agenda Item 20A

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20B 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 21-31S (Dr. Lurie)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Benjamin S. Lurie, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged unprofessional conduct.

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

Agenda Item 20B

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 20C** 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 22-18S (Mr. Augustin)

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Christian L. Augustin, Esq.**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **3 minutes**

BACKGROUND INFORMATION: **The complainant alleged a violation of NAC 634.348 Performance of ancillary services.**

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 20D** 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 22-19S (Dr. Lurie)

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Benjamin S. Lurie, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **3 minutes**

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

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

Agenda Item 20D

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 20E** 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 22-21N (Dr. Martinez)

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Xavier Martinez, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **3 minutes**

BACKGROUND INFORMATION: **The complainant alleged that the chiropractic physician is working outside the scope of chiropractic.**

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 20E

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20F 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 22-23N (Dr. Martinez)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Xavier Martinez, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged that the chiropractic physician is working outside the scope of chiropractic.

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 20F

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20G 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 23-02S (Dr. Ingles)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Adam L. Ingles, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged unprofessional conduct.

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

Agenda Item 20G

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 20H** 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 23-11S (Mr. Ayazi)

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Reza R. Ayazi, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **3 minutes**

BACKGROUND INFORMATION: **This complaint was filed at the recommendation of the Board at its July 13, 2023 meeting following discussion regarding Dr. Robinson completing PPD reports without an active license. The attached Notice of Charges and Notice of Hearing were hand-delivered via courier on March 4, 2024 and certified mail on February 28, 2024. The confirmation of receipt is attached. To date, the Board has not received a response from Dr. Robinson.**

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 20H

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 20I** 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 23-12S (Dr. Lurie)

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Benjamin S. Lurie, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **3 minutes**

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

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

Agenda Item 20I

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 20J** 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 23-13S (Dr. Lurie)

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Benjamin S. Lurie, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **3 minutes**

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

ACTION: Approved Approved w/Modifications Denied Continued

Agenda Item 20J

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 20K** 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:

K. Complaint 23-15S (Dr. Nolle)

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Jack Nolle, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **3 minutes**

BACKGROUND INFORMATION: **The complainant alleged improper billing.**

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

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 20L** 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:

L. Complaint 23-16S (Dr. Nolle)

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Jack Nolle, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **3 minutes**

BACKGROUND INFORMATION: **The complainant alleged improper billing.**

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

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20M 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:

M. Complaint 23-18S (Dr. Jaeger)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Jason O. Jaeger, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged unprofessional conduct.

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

Agenda Item 20M

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20N 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:

N. Complaint 23-19S (Dr. Canada)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Nicole Canada, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged sexual misconduct.

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

Agenda Item 20N

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 200 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:

O. Complaint 23-20S (Dr. Jaeger)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Jason O. Jaeger, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged sexual misconduct.

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

Agenda Item 200

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20P 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:

P. Complaint 23-21S (Dr. Canada)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Nicole Canada, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged malpractice.

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

Agenda Item 20P

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20Q 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:

Q. Complaint 23-22S (Dr. Canada)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Nicole Canada, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged malpractice.

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

Agenda Item 20Q

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20R 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:

R. Complaint 23-23S (Dr. Lurie)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Benjamin S. Lurie, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged unprofessional conduct.

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

Agenda Item 20R

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 20S** 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:

S. Complaint 23-24N (Dr. Martinez)

RECOMMENDED MOTION: **Recommend Dismissal with a Letter of Instruction.**

PREPARED BY: **Xavier Martinez, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **3 minutes**

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

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

Agenda Item 20S

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20T 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:

T. Complaint 23-26S (Dr. Canada)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Nicole Canada, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged unprofessional conduct.

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

Agenda Item 20T

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20U 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:

U. Complaint 23-27S (Dr. Lurie)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Benjamin S. Lurie, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged unprofessional conduct.

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

Agenda Item 20U

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20V 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:

V. Complaint 23-28S (Dr. Canada)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Nicole Canada, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged malpractice.

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

Agenda Item 20V

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20W 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:

W. Complaint 23-31S (Dr. Ingles)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Adam L. Ingles, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged that the chiropractic physician failed to release patient records in a timely manner.

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20X 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:

X. Complaint 24-01S (Dr. Canada)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Nicole Canada, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged malpractice.

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

Agenda Item 20X

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20Y 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:

Y. Complaint 24-02S (Dr. Canada)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Nicole Canada, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged malpractice.

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

Agenda Item 20Y

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 20Z** 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:

Z. Complaint 24-03S (Dr. Ingles)

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Adam L. Ingles, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **3 minutes**

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

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

Agenda Item 20Z

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20AA 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:

AA. Complaint 24-04S (Dr. Jaeger)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Jason O. Jaeger, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged unprofessional conduct.

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

Agenda Item 20AA

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 20BB 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:

BB. Complaint 24-05S (Dr. Lurie)

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Benjamin S. Lurie, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 3 minutes

BACKGROUND INFORMATION: The complainant alleged unprofessional conduct.

ACTION: _____Approved _____Approved w/Modifications _____Denied _____Continued

Agenda Item 20BB

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 21 FCLB/NBCE Matters – For possible action.**

A. Other FCLB/NBCE matters.

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Nicole Canada, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION:

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

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 22 Committee Reports**

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

RECOMMENDED MOTION: **No recommended motion.**

PREPARED BY: **Nicole Canada, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **15 minutes**

BACKGROUND INFORMATION:

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. Approved Regulations Update – No action.**

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

PREPARED BY: **Julie Strandberg, Executive Director**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **5 minutes**

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

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

-					
19-12S	9/18/2019	Martinez	Alleged unprofessional conduct	Pending Court Case	
21-31S	11/8/2021	Lurie	Alleged unprofessional conduct	Under Investigation	
22-18N	12/1/2022	Augustin	Alleged unprofessional conduct	Under Investigation	
22-19S	12/1/2022	Lurie	Alleged Unprofessional Conduct	Under Investigation	
22-21N	12/14/2022	Martinez	Allegedly practicing outside the scope of chiropractic	Under Investigation	
22-23N	12/15/2022	Martinez	Allegedly practicing outside the scope of chiropractic	Under Investigation	
23-02N	1/18/2023	Ingles	Alleged Unprofessional Conduct	Under Investigation	
23-11S	7/17/2023	Ayazi	Allegedly practicing without a valid license	Under Investigation	
23-12S	7/19/2023	Lurie	Alleged unprofessional conduct	Under Investigation	
23-13S	7/19/2023	Lurie	Alleged unprofessional conduct	Under Investigation	
23-15S	8/17/2023	Nolle	Alleged billing fraud	Under Investigation	
23-16S	9/6/2023	Nolle	Alleged billing fraud	Under Investigation	
23-18S	9/26/2023	Jaeger	Alleged unprofessional conduct	Under Investigation	
23-19S	9/28/2023	Canada	Alleged unprofessional conduct	Under Investigation	
23-20S	10/4/2023	Jaeger	Alleged unprofessional conduct	Under Investigation	
23-21S	10/24/2023	Canada	Alleged malpractice	Under Investigation	

23-22S	11/1/2023	Canada	Alleged unprofessional conduct	Under Investigation
23-23S	11/6/2023	Lurie	Alleged unprofessional conduct	Under Investigation
23-24N	11/8/2023	Martinez	Alleged unprofessional conduct	Recommend Dismissal with Letter of Instruction
23-26S	11/11/2023	Canada	Alleged unprofessional conduct	Under Investigation
23-27S	11/13/2023	Lurie	Alleged unprofessional conduct	Under Investigation
23-28S	11/15/2023	Canada	Alleged unprofessional conduct	Under Investigation
23-31S	12/7/2023	Ingles	Alleged failure to comply with child support.	Under Investigation
24-01S	1/20/2024	Canada	Alleged false advertising	Under Investigation
24-02S	1/25/2024	Canada	Alleged unprofessional conduct	Under Investigation
24-03S	3/8/2024	Ingles	Alleged unprofessional conduct.	Under Investigation
24-04S	3/14/2024	Jaeger	Alleged unprofessional conduct	Under Investigation
24-05S	3/22/2024	Lurie	Alleged unprofessional conduct	Under Investigation
DORMANT COMPLAINTS:				
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 April 11, 2024

Disciplinary Action with Probation

1. Casey D. Robinson, DC, License No. B1263

Dr. Robinson was granted a Nevada license on September 14, 2007 under the condition that he comply with all the terms and conditions of his Agreement on Conditions for Licensure with California and monitoring of his practice by Board-appointed Compliance Monitor. 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, which was addressed at the June 4, 2011 meeting and a new Agreed Settlement was approved by this Board to extend his probation for another five years concurrent with and under the same terms and conditions as his settlement agreement with California.

Pursuant to the attached California Board order Dr. Robinson voluntarily surrendered his license effective June 26, 2021. Confirmation was received from the California Board that Dr. Robinson satisfied the terms his California Order with the exception of receiving a passing score on the California law exam.

April 2023 it was realized that Dr. Robinson was practicing with an expired license. A Notice of Charges was issued to Dr. Robinson, however there has been no response.

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. The Board is in receipt of the 5th practice monitoring report, which appeared with agenda item 9.**

Disciplinary Action

3. Mark Taylor, DC, License No. B000460

On February 22, 2023 Dr. Mark Taylor entered into Findings of Fact, Conclusions of Law, and Order with the Board. Dr. Taylor was ordered to pay a total fine of \$5,000 (\$1,250 per violation) and pay the Board's fees and costs in the amount of \$3,220.23, both within 60 days of the effective date of this order. Dr. Taylor's license was put in inactive status unless and until Dr. Taylor chooses to reactivate his license, at which time he is required to appear before the Board. Dr. Taylor agreed to pay \$500.00 per month until the amount is paid in full. To date, Dr. Taylor has paid **\$1,000.00** towards the Board costs.

Probation Only

4. 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

5. 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 \$12,571.00. Dr. Raines is in compliance with the terms of the Order.**

CHIROPRACTIC PHYSICIANS' BOARD
Legal/Investigatory Costs

Costs Incurred		Year-To-Date Fiscal Year 2024
Advantage Group		1,890.44
Attorney General		1,236.69
Total		3,127.13
Costs Reimbursed	Amount Paid	Amount Owed
James Overland Jr., DC	\$ 23,470.98	\$ 23,406.38
Mark Taylor, DC	\$ 1,000.00	\$ 2,220.23
Totals	\$ 23,470.98	\$ 23,406.38
Other Outstanding Items:	Received	Pending Transfer to Treasurer/Other
Francis Raines, DC	\$ 7,429.00	\$ 12,571.00
James Overland Jr., DC	\$ -	\$ 7,000.00
Mark Taylor, DC	\$ -	\$ 5,000.00
	\$ 7,429.00	\$ 19,571.00

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. Budget to Actual at February 29, 2024 – No action.**
- F. Income/Expense Actual to Budget Comparison as of February 29, 2024 – No action.**

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

PREPARED BY: **Julie Strandberg, Executive Director**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **5 minutes**

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

ACTION: Approved Approved w/Modifications Denied Continued

**CHIROPRACTIC PHYSICIANS' BOARD
BANK BALANCE REPORT
As of February 29, 2024**

AGENDA ITEM 24A

CHECKING ACCOUNT	16,353
SAVINGS ACCOUNT	739,983
Paypal	4,275
Total Cash Balance on 2/29/2024	760,611

ACCOUNTS RECEIVABLE SUMMARY AS OF February 29, 2024

A/R	
Fines	24,721
Cost Reimbursements	26,877
Total A/R	51,598

ACCOUNTS PAYABLE SUMMARY AS OF February 29, 2024

State Treasurer - Fines collected/payable	7,279
Total Accounts Payable	7,279

Extraordinary Items

***Employee Accrued Compensation as of February 29, 2024**

	Vacation Hours	Sick-Leave Hours
Julie Standberg	50	1,376
Brett Canady	-	0

Chiropractic Physicians' Board of Nevada
Income/Expense Report To Budget - ACCRUAL BASIS
For the Period Ending February 29, 2024

AGENDA ITEM 24E

	v Actual July 1, 2023 through February 29, 2024	Budget FY 06/30/24	Variance
Revenue			
License & Fees	167,925	262,610	94,685
Application & Fees	31,380	39,280	7,900
Interest/Gain Loss on Invest	690	-	(690)
Exam Fees	12,944	14,375	1,431
Reinstatement Fees	3,810	1,650	(2,160)
Miscellaneous	9,118	10,130	1,013
Reimbursement Income	-	15,220	15,220
TOTAL REVENUE	225,867	343,265	117,398
Expenses			
Background Checks	7,103	9,744	2,641
Banking / Paypal Expenses	4,962	3,503	(1,459)
Dues & Registration	3,305	7,029	3,724
Equipment Repair	-	-	-
COMPUTER: Equipment/Software/Websites	6,698	13,478	6,780
Insurance	1,048	326	(722)
Legal & Professional	35,226	75,920	40,694
Operating Supplies	1,113	1,890	777
Printing & Copying	1,849	2,767	918
Postage	1,942	3,734	1,792
Casual Labor - Clerical	-	2,000	2,000
Personnel			
Office Salaries	90,579	141,105	50,526
Board Salaries	3,194	4,200	1,006
Board Meeting Expense	769	1,841	1,072
Workman's Compensation	15	815	800
Retirement - PERS	20,211	25,925	5,714
Employee Insurance - PEBP	14,377	20,856	6,479
Unemployment	259	276	18
Medicare	1,314	1,812	498
PTO Adjustment	(1,520)	-	1,520
Payroll Processing	102	-	(102)
Rent	9,089	14,952	5,863
Telephone	2,081	1,836	(245)
Travel			
In State	1,372	6,000	4,628
Out State	3,955	8,000	4,045
TOTAL EXPENSES	209,044	348,009	138,965
NET INCOME	16,823	(4,744)	(21,567)

Chiropractic Physicians' Board of Nevada
Income/Expense Report To Budget - ACCRUAL BASIS
For the Period Ending February 29, 2024

AGENDA ITEM 24F

	(Over) / Under Budget	Actual July 1, 2023 through February 29, 2024	Actual July 1, 2022 through February 29, 2023	Variance FY24 to FY23
Revenue				
License & Fees	94,685	167,925	182,748	14,822
Application & Fees	7,900	31,380	31,910	530
Interest/Gain Loss on Invest	(690)	690	474	(216)
Exam Fees	1,431	12,944	9,695	(3,249)
Reinstatement Fees	(2,160)	3,810	5,210	1,400
Miscellaneous	1,013	9,118	12,429	3,312
Reimbursement Income	15,220	-	(801)	(801)
TOTAL REVENUE	117,398	225,867	241,665	15,798
Expenses				
Background Checks	2,641	7,103	6,271	(833)
Banking Expenses	(1,459)	4,962	11,541	6,578
Dues & Registration	3,724	3,305	3,130	(176)
Equipment Repair		-		-
COMPUTER: Equipment/Software/Websites	6,780	6,698	13,751	7,053
Insurance	(722)	1,048	1,915	868
Legal & Professional	40,694	35,226	45,400	10,173
Operating Supplies	777	1,113	1,321	208
Printing & Copying	918	1,849	1,733	(116)
Postage	1,792	1,942	3,069	1,127
Casual Labor - Clerical	2,000	-	-	-
Personnel				
Office Salaries	50,526	90,579	83,260	(7,319)
Board Salaries	1,006	3,194	2,550	(644)
Board Meeting Expense	1,072	769	854	85
Workman's Compensation	800	15	(435)	(450)
Retirement - PERS	5,714	20,211	16,349	(3,862)
Employee Insurance - PEBP	6,479	14,377	13,670	(707)
Unemployment	18	259	184	(75)
Medicare	498	1,314	1,207	(107)
PTO Adjustment	1,520	(1,520)	(853)	666
Payroll Processing	(102)	102	86	(16)
Rent	5,863	9,089	11,338	2,249
Telephone	(245)	2,081	2,052	(29)
Travel				
In State	4,628	1,372	2,919	1,546
Out State	4,045	3,955	-	(3,955)
TOTAL EXPENSES	138,965	209,044	221,309	12,265
NET INCOME	(21,567)	16,823	20,355	3,533

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 25 Discussion and potential action regarding policies in accordance with the revisions to regulations – For possible action.

- A. Policy 32 Continuing Education for Board Meeting Attendance**
- B. Policy 33 Regular Meetings**

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Nicole Canada, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION: Please refer to the attached two policies for review and approval.

ACTION: Approved Approved w/Modifications Denied Continued

Chiropractic Physicians' Board of Nevada
POLICY MANUAL



Regular meetings of the Board will be held at its principal office or at any other place and time as the Board may specify.

April 11, 2024

Motion:

Second:

Passed:

Chiropractic Physicians' Board of Nevada
POLICY MANUAL

The Board will award up to four (4) hours of continuing education credit, not to exceed 4 hours per calendar year to Chiropractic Physicians and Chiropractic Assistants who attend a regularly scheduled Board meeting.

I. Meetings

The Board meeting schedule can be found on the Board's website at

<https://chirobd.nv.gov> under Meetings.

II. Attendance Confirmation

- a. Zoom Meeting – Attendee must log into the zoom meeting using their full name. The attendee will be asked at the beginning of the meeting to state their full name for the record and must remain on camera for the time they are attending the meeting.
- b. In-Person Meeting – Attendee must write their full name on the sign in sheet and will be asked to state their full name for the record at the beginning of the meeting.

April 11, 2024

Motion:

Second:

Passed:

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 26 Discussion and potential action regarding the amendment to the contract with Numbers, Inc. and The Advantage Group – For possible action.

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Nicole Canada, DC

MEETING DATE: April 11, 2024

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION: Please refer to the attached contract amendments between the CPBN and Numbers, Inc. and the CPBN and The Advantage Group.

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:	Chiropractic Physicians' Board of Nevada
Address:	4600 Kietzke Lane, Suite M245
City, State, Zip Code:	Reno, NV 89502
Contact:	Julie Strandberg
Phone:	775-688-1923
Fax:	775-688-1920
Email:	chirobd@chirobd.nv.gov

Contractor Name:	Numbers, Inc.
Address:	1285 Baring Boulevard #309
City, State, Zip Code:	Sparks, NV 89434
Contact:	Carol Woods
Phone:	775-742-2962
Fax:	
Email:	Carolwoods94123@yahoo.com

1. **AMENDMENTS.** For and in consideration of mutual promises and other valuable consideration, all provisions of the original Contract dated February 17, 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 to provide ongoing bookkeeping and payroll services. This amendment extends the termination date from February 17, 2021 to June 30, 2028 and the maximum amount from \$16,800.00 to \$50,400 due to the continued need for these services.

B. Current Contract Language:

1. **CONTRACT TERM.** This Contract shall be effective as noted below, unless sooner terminated by either party as specified in *Section 7, Contract Termination*. Contracts requiring approval of the Nevada Board of Examiners or the Clerk of the Board are not effective until such approval has occurred, however, after such approval, the effective date will be the date noted below.

Effective from:	02/17/2021	To:	06/30/2024
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4. **CONSIDERATION.** The parties agree that Contractor will provide the services specified in *Section 3, Scope of Work* at a cost as noted below:

CETS #:	
Solicitation #:	

\$1,800.00	per	Quarter
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Total Contract or installments payable at:	Quarterly
--	-----------

Total Contract Not to Exceed:	\$16,800.00
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C. Amended Contract Language:

- CONTRACT TERM.** This Contract shall be effective as noted below, unless sooner terminated by either party as specified in *Section 7, Contract Termination*. Contracts requiring approval of the Nevada Board of Examiners or the Clerk of the Board are not effective until such approval has occurred, however, after such approval, the effective date will be the date noted below.

Effective from:	7/1/2024	To:	06/30/2028
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- CONSIDERATION.** The parties agree that Contractor will provide the services specified in *Section 3, Scope of Work* at a cost as noted below:

\$2,100.00	per	Quarter
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Total Contract or installments payable at:	Quarterly
--	-----------

Total Contract Not to Exceed:	\$50,400.00
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- INCORPORATED DOCUMENTS.** Exhibit A (original Contract) is attached hereto, incorporated by reference herein and made a part of this amended contract.
- 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.

February 20, 2024

Julie Strandberg
Executive Director
Chiropractic Physicians' Board of Nevada
Via email: chirobd@chirobd.nv.gov

Dear Julie,

As we discussed, here is a proposed agreement for bookkeeping and payroll services for the Board.

Proposed Services:

Services to include:

- Manage semi-monthly payroll process for 2 employees, to ensure staff is appropriately paid and government deposits / reports are done as required.
- Manage benefits payroll deductions and file reports as required. This would include PERS and PEBP.
- Enter expenditures into QuickBooks. Support for all amounts to be provided, and bills paid via online billpay
- Enter deposits into QuickBooks. Weekly deposit spreadsheets to be provided, as well as a login to Authorize.net allowing download of credit card transactions.
- Review and reconcile all cash accounts monthly.
- Produce quarterly financial reports for management and board review.
- Assist in annual budget production as needed.
- Track and reconcile board assets, both fixed and current.
- Track and reconcile board liabilities, both long term and current. This includes calculation of deferred income.
- Work with auditors and provide backup for all activity as requested.
- Manage annual compliance requirements as needed – such as audit support, W-2s, 1099s, and the annual report to the SoS.

Fee Structure:

Services would be \$700/month, paid quarterly during the first month of the quarter.

Please let me know if you have any questions.

Sincerely,



Carol Woods, President

CETS #:	
Solicitation #:	

AMENDMENT # 01

TO CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR

Between the State of Nevada
Acting By and Through Its

Agency Name:	Chiropractic Physicians' Board of Nevada
Address:	4600 Kietzke Lane, Suite M245
City, State, Zip Code:	Reno, NV 89502
Contact:	Julie Strandberg
Phone:	775-688-1923
Fax:	775-688-1920
Email:	chirobd@chirobd.nv.gov

Contractor Name:	The Advantage Group
Address:	59 Damonte Ranch Pkwy., Ste. B504
City, State, Zip Code:	Reno, NV 89521
Contact:	Taco Prins
Phone:	775-829-1777
Fax:	
Email:	tprins@tagnv.com

1. **AMENDMENTS.** For and in consideration of mutual promises and other valuable consideration, all provisions of the original Contract dated February 26, 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 to provide ongoing investigation services. This amendment extends the termination date from June 30, 2024 to June 30, 2028 and the maximum amount from \$40,000.00 to \$92,000 due to the continued need for these services.

B. Current Contract Language:

1. **CONTRACT TERM.** This Contract shall be effective as noted below, unless sooner terminated by either party as specified in *Section 7, Contract Termination*. Contracts requiring approval of the Nevada Board of Examiners or the Clerk of the Board are not effective until such approval has occurred, however, after such approval, the effective date will be the date noted below.

Effective from:	02/26/2021	To:	06/30/2024
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4. **CONSIDERATION.** The parties agree that Contractor will provide the services specified in *Section 3, Scope of Work* at a cost as noted below:

CETS #:	
Solicitation #:	

\$65.00	per	Hour
---------	-----	------

Total Contract or installments payable at:	Hourly
--	--------

Total Contract Not to Exceed:	\$20,000.00
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C. Amended Contract Language:

1. **CONTRACT TERM.** This Contract shall be effective as noted below, unless sooner terminated by either party as specified in *Section 7, Contract Termination*. Contracts requiring approval of the Nevada Board of Examiners or the Clerk of the Board are not effective until such approval has occurred, however, after such approval, the effective date will be the date noted below.

Effective from:	7/1/2024	To:	06/30/2028
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2. **CONSIDERATION.** The parties agree that Contractor will provide the services specified in *Section 3, Scope of Work* at a cost as noted below:

\$75.00	per	Hour
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Total Contract or installments payable at:	Hourly
--	--------

Total Contract Not to Exceed:	\$40,000.00
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3. **INCORPORATED DOCUMENTS.** Exhibit A (original Contract) is attached hereto, incorporated by reference herein and made a part of this amended contract.
4. **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.

CETS #:	
Solicitation #:	

Independent Contractor's Signature

Date

Independent Contractor's Title

State of Nevada Authorized Signature

Date

Title

State of Nevada Authorized Signature

Date

Title

State of Nevada Authorized Signature

Date

Title

APPROVED BY BOARD OF EXAMINERS

Signature – Board of Examiners

On: _____

Date

Approved as to form by:

Deputy Attorney General for Attorney General

On: _____

Date

THE ADVANTAGE GROUP

AN INVESTIGATIVE & CONSULTING FIRM
SERVING ALL OF NEVADA SINCE 1993

April 5, 2024

Julie Strandberg, Executive Director
Chiropractic Physicians' Board of Nevada
4600 Kietzke Lane, Suite M245
Reno, NV 89502-5000
Telephone: 775-688-1921

Re: Contract Quote

Dear Director Strandberg,

Thank you for selecting The Advantage Group to continue to provide investigative services to the Chiropractic Physicians' Board of Nevada. We have the requisite experience to provide an excellent product that has the high level of inquiry, accuracy, diligence and integrity required by Board. These investigations can be completed in nearly every jurisdiction in Nevada.

Our confidential investigative hourly rate to the Board is \$75.00 per hour and mileage at the standard IRS mileage rate published annually (\$.67/mile for 2024). Our projected cost to complete investigations requested by the Board for the upcoming several years is up to 800 hours for total of \$60,000.00.

We appreciate your time and consideration and look forward to continuing to provide ongoing investigative services as required by the Chiropractic Physicians' Board. Should you have any questions, requests, or if you need any additional information, please feel free to contact me (775) 829-1777.

Respectfully,



Taco Prins
President
The Advantage Group

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: Agenda Item 27 Discussion and potential action regarding the Board office security system – For possible action.

RECOMMENDED MOTION: No recommended motion.

PREPARED BY: Nicole Canada, DC/Julie Strandberg, Executive Director

MEETING DATE: April 11, 2024

TIME REQUIRED: 5 minutes

BACKGROUND INFORMATION: The Board installed a Vivint security system in 2017 since the Board office stores physical DC and CA files, which contain confidential information. The system has since failed and the cost to have a technician look at the existing system or replace the system was not cost effective. As of May 2022, Kietzke Properties installed automatic locks on the exterior doors of the building. The doors are locked from 6:00 p.m. to 6:00 a.m. and locked on the weekends. I doesn't seem necessary to pay for additional security at this time.

ACTION: _____Approved _____Approved w/Modifications _____Denied _____Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 28 Board Member Comments – For possible action**

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

PREPARED BY: **Nicole Canada, DC**

MEETING DATE: **April 11, 2024**

TIME REQUIRED: **5 minutes**

BACKGROUND INFORMATION: **Are there any Board members who would like to comment on Board business?**

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

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 29 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: **April 11, 2024**

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

BACKGROUND INFORMATION:

ACTION: Approved Approved w/Modifications Denied Continued

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

AGENDA ACTION SHEET

TITLE: **Agenda Item 30** Adjournment – For possible action

RECOMMENDED MOTION: **Adjourn the meeting.**

PRESENTED BY: **Nicole Canada, DC**

MEETING DATE: **April 11, 2024**

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