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**VIRTUAL/TELECONFERENCE  
CHIROPRACTIC EXAMINING BOARD  
Virtual, 4822 Madison Yards Way, Madison  
Contact: Tom Ryan (608) 266-2112  
October 27, 2022**

*The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions of the Board.*

**AGENDA**

**8:30 A.M.**

**OPEN SESSION – CALL TO ORDER – ROLL CALL**

- A. Adoption of Agenda (1-4)**
- B. Approval of Minutes of August 4, 2022 (5-6)**
- C. Reminders: Conflicts of Interest, Scheduling Concerns
- D. Introductions, Announcements and Recognition
- E. Administrative Matters – Discussion and Consideration**
  - 1) Department, Staff, and Board Updates
  - 2) Board Members – Term Expiration Dates
    - a. Damrow, James M. – 7/1/2023
    - b. Erlandson, Kris N. – 7/1/2025
    - c. Heffernan, Amy L. – 7/1/2025
    - d. Hendrickson, Kathleen A. – 7/1/2024
    - e. Meschefske, Daniel – 7/1/2025
    - f. Yellen-Shiring, Eugene – 7/1/2023
- F. APPEARANCE: Jennifer Garrett, Assistant Deputy Secretary, DSPE License Demonstration – Discussion and Consideration**
- G. Legislation and Policy Matters – Discussion and Consideration
- H. Administrative Rule Matters – Discussion and Consideration**
  - 1) Pending and Possible Rulemaking Projects
    - a. Rule Projects Chart (7-8)
- I. Public Agenda Request: Steven Conway, Chiropractic Society of Wisconsin – Discussion and Consideration (9-10)**
  - 1) Chir 12, Related to Nutritional Certification
  - 2) Chir 5, Related to Continuing Education (CE)

- 3) Chir 10, Related to Delegation
- 4) Chir 3, Relating to License Renewal

**J. Online CE For Renewal – Discussion and Consideration (11)**

**K. Education and Examination Matters – Discussion and Consideration**

- 1) Chiropractic Radiological Technician (CRT) Course of Study – TVG Medulla, LLC (12-29)
- 2) CE Course Application – New Sponsor Request (30-62)

**L. Board Chair Meetings and Options to Address Department Resources – Discussion and Consideration**

**M. COVID-19 – Discussion and Consideration**

**N. Discussion and Consideration of Items Added After Preparation of Agenda**

- 1) Introductions, Announcements and Recognition
- 2) Administrative Matters
- 3) Election of Officers
- 4) Appointment of Liaisons and Alternates
- 5) Delegation of Authorities
- 6) Education and Examination Matters
- 7) Credentialing Matters
- 8) Practice Matters
- 9) Legislative and Policy Matters
- 10) Administrative Rule Matters
- 11) Preceptor Approvals
- 12) Liaison Reports
- 13) Board Liaison Training and Appointment of Mentors
- 14) Informational Items
- 15) Division of Legal Services and Compliance (DLSC) Matters
- 16) Presentations of Petitions for Summary Suspension
- 17) Petitions for Designation of Hearing Examiner
- 18) Presentation of Stipulations, Final Decisions and Orders
- 19) Presentation of Proposed Final Decisions and Orders
- 20) Presentation of Interim Orders
- 21) Petitions for Re-Hearing
- 22) Petitions for Assessments
- 23) Petitions to Vacate Orders
- 24) Requests for Disciplinary Proceeding Presentations
- 25) Motions
- 26) Petitions
- 27) Appearances from Requests Received or Renewed
- 28) Speaking Engagements, Travel, or Public Relation Requests, and Reports

**O. Public Comments**

**CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).**

**P. Deliberation on Division of Legal Services and Compliance Matters**

**1) Proposed Stipulation(s), Final Decision(s) and Order(s)**

- a. 21 CHI 002 – Corey M. Van Westen, DC (**63-68**)

**Q. Deliberation of Items Added After Preparation of the Agenda**

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) DLSC Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petitions for Summary Suspensions
- 7) Petitions for Designation of Hearing Examiner
- 8) Proposed Stipulations, Final Decisions and Orders
- 9) Proposed Interim Orders
- 10) Administrative Warnings
- 11) Review of Administrative Warnings
- 12) Proposed Final Decisions and Orders
- 13) Matters Relating to Costs/Orders Fixing Costs
- 14) Case Closings
- 15) Board Liaison Training
- 16) Petitions for Assessments and Evaluations
- 17) Petitions to Vacate Orders
- 18) Remedial Education Cases
- 19) Motions
- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

**R. Consulting with Legal Counsel**

**RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

**S. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate**

**T. Open Session Items Noticed Above Not Completed in the Initial Open Session**

**U. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates**

**ADJOURNMENT**

**NEXT MEETING: TBD (2023)**

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MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board’s agenda, please visit the Department website at <https://dps.wi.gov>. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner

for the convenience of the parties. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer at 608-266-2112, or the Meeting Staff at 608-266-5439.

**VIRTUAL/TELECONFERENCE  
CHIROPRACTIC EXAMINING BOARD  
MEETING MINUTES  
AUGUST 4, 2022**

**PRESENT:** James Damrow, Kris Erlandson, Amy Heffernan, Kathleen Hendrickson, Daniel Meschefske, Eugene Yellen-Shiring

**STAFF:** Tom Ryan, Executive Director; Jameson Whitney, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Katlin Schwartz, Bureau Assistant; and other Department Staff

**CALL TO ORDER**

Kris Erlandson, Chairperson, called the meeting to order at 8:30 a.m. A quorum was confirmed with six (6) members present.

**ADOPTION OF AGENDA**

**MOTION:** Amy Heffernan moved, seconded by Daniel Meschefske, to adopt the Agenda as published. Motion carried unanimously.

**APPROVAL OF MINUTES OF JUNE 30, 2022**

**MOTION:** Kathleen Hendrickson moved, seconded by Daniel Meschefske, to approve the Minutes of June 30, 2022 as published. Motion carried unanimously.

**ADMINISTRATIVE RULE MATTERS**

**Preliminary Rule Draft: Chir 3 and 5, Relating to Professional Boundaries Education Requirement**

**MOTION:** Eugene Yellen-Shiring moved, seconded by James Damrow, to approve the preliminary rule draft of Chir 3 and 5, relating to Professional Boundaries Education Requirement, for posting for economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

**SPEAKING ENGAGEMENTS, TRAVEL, PUBLIC RELATION REQUESTS, AND REPORTS**

**Consideration of Attendance: NBCE Part IV Examination Administration – November 12-13, 2022**

**MOTION:** Amy Heffernan moved, seconded by Kathleen Hendrickson, to designate Kris Erlandson, as the Board's delegate, and Amy Heffernan as the Board's alternate delegate, to attend the NBCE Part IV Examination Administration on November 12-13, 2022. Motion carried unanimously.

**DELEGATION OF RATIFICATION OF EXAMINATION RESULTS AND RATIFICATION OF LICENSES AND CERTIFICATES**

**MOTION:** James Damrow moved, seconded by Kris Erlandson, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

**ADJOURNMENT**

**MOTION:** Daniel Meschefske moved, seconded by Amy Heffernan, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:28 a.m.

DRAFT

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Nilajah Hardin Administrative Rules Coordinator		<b>2) Date when request submitted:</b> 10/14/22 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> Chiropractic Examining Board			
<b>4) Meeting Date:</b> 10/27/22	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Administrative Rule Matters – Discussion and Consideration 1. Pending or Possible Rulemaking Projects a. Rule Projects Chart	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b> N/A	
<b>10) Describe the issue and action that should be addressed:</b>  Attachments: <ul style="list-style-type: none"> <li>• Rule Projects Chart</li> </ul> (Board Rule Projects can be Viewed Here if Needed: <a href="https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx">https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx</a> )			
<b>11) Authorization</b>			
		10/14/22	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date			
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**Chiropractic Examining Board  
Rule Projects (updated 10/14/22)**

<b>Clearinghouse Rule Number</b>	<b>Scope #</b>	<b>Scope Expiration</b>	<b>Code Chapter Affected</b>	<b>Relating clause</b>	<b>Current Stage</b>	<b>Next Step</b>
Not Assigned Yet	019-22	09/14/2024	Chir 3 and 5	Professional Boundaries Education Requirements	Clearinghouse Review Until 11/02/2022	Public Hearing Anticipated for Next Available Meeting
19-100	061-17	N/A	Chir 12	Nutritional Counseling Certification	Submission of Germane Modification to the Legislature by 11/01/2022	Legislative Review After 01/03/2023



**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Katlin Schwartz, Bureau Assistant on behalf of Steven Conway, Chiropractic Society of Wisconsin		<b>2) Date when request submitted:</b> 10/19/2022 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> Chiropractic Examining Board			
<b>4) Meeting Date:</b> 10/27/2022	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Public Agenda Request: Steven Conway, Chiropractic Society of Wisconsin 1) Chir 12, Related to Nutritional Certification 2) Chir 5, Related to Continuing Education (CE) 3) Chir 10, Related to Delegation 4) Chir 3, Relating to License Renewal	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if applicable:</b> N/A	
<b>10) Describe the issue and action that should be addressed:</b>  Item added per the request of Dr. Erlandson. The Board should review the request from Steven Conway for changes to the Board's Rules. Dr. Conway will address his request with the Board.			
<b>11) Authorization</b>			
Katlin Schwartz		10/19/2022	
Signature of person making this request		Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
<b>Directions for including supporting documents:</b> 1. This form should be saved with any other documents submitted to the <a href="#">Agenda Items</a> folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

October 19, 2022

To: Chiropractic Board of Examiners

From: Chiropractic Society of Wisconsin

Re: Requested rule changes

The CSW is requesting the Chiropractic Board of Examiners consider the following proposed rule changes:

1. Chir Rule 12 related to nutritional certification
  - a. The CSW is requesting that all language associated with ACT 253 be incorporated into Chir 12.
  - b. The CSW is also requesting that all language associated with CE application language be removed. This is a repeat request from the CSW. The applicable statutes do not require or even associate the nutritional certification process with the CE language found in Chir 5. The current language was improperly inserted by prior board members to essentially limit competition and conflate CE requirements with certification requirements.
  - c. Recommendations include removing at least 12.03(1)(c)(d)(f), 2(a)(4),(7) and 12.03(3) and 12.03(4), 12.04(20, (3) and (4).
2. Chir Rule 5 related to CE
  - a. Incorporate language associated with ACT 253.
  - b. Modify the new online language to reflect 4 hrs of sync programs and 4 hrs of on-demand programs as originally agreed upon
    - i. Modify the language for applications to allow on-demand type programs.
  - c. Remove the entirety of Chir 5.05 as it is unnecessary, anti-competitive and favors a single state chiropractic organization.
  - d. Draft language to clarify 5.04(2)
  - e. Consider including language that would allow up to 10 CE credits to rollover to the new biennium.
  - f. Clarify 5.01(1)(d)
3. Chir rule 10 related to delegation
  1. Modify language found in 10.015 with the following:
    - i. Change requirement for the initial required overview from 12-6 hours
      1. Change 10.015(1) pre-requisite therapeutic overview course from 4 to 2 hrs
      2. Change 10.015(1)(a)(1) from 4hrs to 2 hrs
      3. Change 10.015(1)(a)(2) from 4hrs to 2 hrs
    - b. Modify language found in 10.02(3)(7) from 24hrs to 12hrs
4. Chir rule 3
  - a. Remove the language associated with the requirement for CPR training.
    - i. Statutes required AED, but we have not found language in 446 related to CPR requirements.
    - ii. Remove 3.02(1)(d) and 3.09
  - b. Modify 3.06 with the following changes or remove the requirement to state "chiropractor" after using "Dr.":
    - i. A licensee shall use the suffix "D.C." or "Chiropractor" immediately following his or her surname for proper identification. The title "Doctor" or "Dr." may be used if "Chiropractor" is used following the name.

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

<b>1) Name and Title of Person Submitting the Request:</b>  <b>Jameson Whitney, Board Counsel</b>		<b>2) Date When Request Submitted:</b> <b>10/18/22</b> <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
<b>3) Name of Board, Committee, Council, Sections:</b> Chiropractic Examining Board			
<b>4) Meeting Date:</b> <b>10/27/22</b>	<b>5) Attachments:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b>  Online CE for renewal—discussion and consideration	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <input type="checkbox"/> Yes ( <u>Fill out Board Appearance Request</u> ) <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>	
<b>10) Describe the issue and action that should be addressed:</b>  The Board will address the question of how the current rules affecting online continuing education will affect the deferred CE requirement from the 2018-2020 renewal.			
<b>11) Signature of person making this request</b> Jameson Whitney		<b>Authorization</b>	<b>Date</b> 10/18/22
<b>Supervisor (if required)</b>		<b>Date</b>	
<b>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</b> <b>Date</b>			
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Peter Schramm, Licensing Examination Specialist		<b>2) Date when request submitted:</b> 10/11/2022 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
<b>3) Name of Board, Committee, Council, Sections:</b> Chiropractic Examining Board			
<b>4) Meeting Date:</b> 10/27/2022	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> CRT Course of Study – TVG Medulla, LLC	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>	
<b>10) Describe the issue and action that should be addressed:</b> Evaluate CRT Course of Study application; make motion to approve or deny			
<b>11) Authorization</b>			
Pete Schramm		10/11/2022	
<b>Signature of person making this request</b>		<b>Date</b>	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935  
FAX #: (608) 266-2602  
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way  
Madison, WI 53705  
E-Mail: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## REQUEST FOR APPROVAL OF A CHIROPRACTIC RADIOLOGICAL TECHNICIAN or CHIROPRACTIC TECHNICIAN PRE-CERTIFICATION COURSE OF STUDY

Completion of this form is required for all providers applying for approval of a Chiropractic Technician or Chiropractic Radiological Technician pre-certification course of study. You must submit a proposal of the course of study with this form which will be used by the Chiropractic Examining Board to determine whether to approve the course of study.

Chiropractic Technician/Chiropractic Radiological Technician pre-certification course of study information:

School/Provider Name: TVG-Medulla, LLC.  
Street Address: 2625 Butterfield Rd Ste. 301N  
City, State, Zip Code: Oakbrook, IL 60523  
School/Provider Administrator: Michael Fergus .DC, DACBR RMSK  
Contact Telephone: 630-410-1774  
Contact Email Address: Michael.Fergus@medulla.com

\*Please attach the written course of study proposal including course outline, description/rationale, measured outcomes, instructor qualifications, etc.

You will be contacted if additional information is required. If the course of study is approved by the Chiropractic Examining Board, the school/provider is required to inform the Department in advance of any changes to the course of study or instructor qualifications to determine if the change will require review for re-approval.

NOTE: You may make no plans for admission of students or release publicity until you have received notice in writing from the Department that the chiropractic radiological technician or chiropractic technician course of study has been approved.



Signature of CT or CRT Educational Program Administrator

9-9-2022

Date



### Chiropractic Radiology (CRT) Certification Course

The CRT training program will consist of **3** 16-hour weekends, for a total of **48-hours**. This will satisfy the legal requirement for a chiropractic technician to perform X-Rays. Every candidate will be required to attend every session and pass a written final examination by 70%. Upon completion of the program and successfully passing the examination, a certificate of completion will be awarded.

The following topics will be addressed during the course and tested on:

1. Introduction to x-ray technology and history
2. Discussion of the use of x-ray imaging in clinical practice, including indications and contraindications
3. Medicolegal issues involving imaging
4. Physics of x-rays
5. Radiation biophysics and safety protocols
6. Introduction to x-ray Equipment and operation
7. X-Ray Exposure Factors
8. Imaging Processing – from conventional to digital
9. Quality Assurance and Assessment
10. Introductory Anatomy
11. Radiographic Positioning
  - a. Spinal Technique
  - b. Upper Extremity Technique
  - c. Lower Extremity Technique
12. Patient Interaction/Professionalism
13. Emergency Procedure Review

Every portion of the covered material will be tested in a written format. A passing score of 70% is required to be considered successful in the completion of the course.

**EDUCATION**

<b>National College of Chiropractic</b> Doctor of Chiropractic	<b>Lombard, IL</b> April, 1998
<b>National College of Chiropractic</b> Bachelor of Science in Human Biology	<b>Lombard, IL</b> June, 1996
<b>Loyola University Chicago</b> Bachelor of Science in Psychology	<b>Chicago, IL</b> June, 1994

**RESIDENCY AND ROTATIONS**

<b>National-Lincoln School of Post Graduate Education</b> Completion of Diagnostic Imaging Residency	<b>Lombard, IL</b> 1999 - 2001
<b>Rocky Mountain Chiropractic Radiology Center</b> I completed an extended rotation at the imaging center	<b>Denver, CO</b> June, 2000
<b>Resurrection Hospital</b> I spent weekly informal shadowing in the imaging department throughout the second half of my residency	<b>Chicago, IL</b> 2000 - 2001
<b>Vision MRI &amp; CT Center</b> I spent frequent sessions shadowing the staff chiropractic radiologist on staff	<b>Oakbrook Terrace, IL</b> 1999 - 2001
<b>Edgewater Hospital</b> I spent weekly informal shadowing in the imaging department throughout the first half of my residency	<b>Chicago, IL</b> 1999 - 2000

**CONTINUING EDUCATION**

<b>McKenzie Method of Mechanical Diagnosis and Therapy Part B – The Cervical and Thoracic Spine</b> <i>Brian McClenahan, PT, OCS, Dip. MDT, FAAOMPT</i> <i>Joshua Kidd, PT, DPT, OCS, Dip. MDT, CSCS, FAAOMPT</i>	<b>Online Program</b> February, 2021
<b>McKenzie Method of Mechanical Diagnosis and Therapy Part A – The Lumbar Spine</b> <i>Jane Borgehammar, PT, OCS, Dip. MDT, FAAOMPT</i>	<b>Lombard, IL</b> December, 2020

<b>Musculoskeletal Ultrasound</b> <i>Randy Moore, DC, RDMS, RMSK</i>	<b>Lombard, IL</b> January 2020
I was involved in a small group training session with focusing on updated techniques of scanning the musculoskeletal system.	
<i>Thomas Clark, DC, RVT, RMSK</i> I spent intensive sessions focusing on learning every aspect of diagnostic ultrasound of the musculoskeletal system.	2013 - 2019
<b>ACCR – Annual Workshop</b> Mark Anderson, MD	<b>Portland, OR</b> October, 2018
“Imaging of Osteoporosis and Its Complications”	
“Tip of the Iceberg: Little Fracture that Mean Big Trouble”	
“Shoulder Prostheses”	
“Spine Trauma Workshop”	
“MRI of the Knee: What the Surgeon Wants to Know”	
<b>ACCR – Annual Workshop</b> Mark Murphey, MD	<b>Minneapolis, MN</b> October, 2017
<b>ACCR – Annual Workshop</b> Don Resnick, MD, Brian Howard, MD Tim Mick, DC, DACBR	<b>St. Louis, IL</b> September, 2016
<b>“Radiculopathy and Low Back Pain: Natural History and Value of Imaging”</b> Michael Modic, MD	<b>Rosemont, IL</b> October, 2015
<b>“Clinical and Imaging Considerations:</b> Michael Modic, MD	<b>Rosemont, IL</b> October, 2015
<b>“Spinal Marrow Changes and Infections”</b> Michael Modic, MD	<b>Rosemont, IL</b> October, 2015
<b>“Lumbar Surgical Intervention and the Post-Operative Spine”</b> Michael Modic, MD	<b>Rosemont, IL</b> October, 2015
<b>“Fusion Imaging of the Spine: Current Concepts”</b> Brian Mullin, MD	<b>Minneapolis, MN</b> September, 2014
<b>“Imaging of Spinal Pain Generators”</b> Brian Mullin, MD	<b>Minneapolis, MN</b> September, 2014
<b>“Back to Sports: Athletes with Low Back Pain”</b> Brian Mullin, MD	<b>Minneapolis, MN</b> September, 2014



<b>“Radiology Case Studies in Chiropractic”</b> Steve Gould, DC, DACBR	<b>Minneapolis, MN</b> September, 2014
<b>“Traumatic Cervical Instability”</b> Sarah Dion, MD	<b>Minneapolis, MN</b> September, 2014
<b>“Emergency Dept. MSK Imaging and Fracture Complications”</b> Mark Schweitzer, MD	<b>St. Louis, MO</b> October, 2013
<b>“Spine Fractures: Benign versus Malignant”</b> Mark Schweitzer, MD	<b>St. Louis, MO</b> October, 2013
<b>“MR of Marrow Pathology”</b> Mark Schweitzer, MD	<b>St. Louis, MO</b> October, 2013
<b>“Approach to the Foot and Ankle”</b> Mark Schweitzer, MD	<b>St. Louis, MO</b> October, 2013
<b>“Approach to the Soft Tissue Tumor”</b> Mark Schweitzer, MD	<b>St. Louis, MO</b> October, 2013
<b>“Current Research in Spinal Imaging and Imaging Education”</b> Jeff Cooley, DC, DACBR	<b>St. Louis, MO</b> October, 2013
<b>“Essentials in Diagnostic Ultrasound”</b> Dan Haun, DC, DACBR <b>ACCR Annual Fall Workshop</b> Bryan Howard, MD, Ian McLean DC, DACBR William Mullin, MD	<b>St. Louis, MO</b> October, 2013 <b>Minneapolis, MN</b> September 2011
<b>“Pearls and Pitfalls: Trauma to the Thoracic Cage”</b> D.L. Bennett, MD	<b>St. Louis, MO</b> September, 2010
<b>“Upper Extremity Trauma: Shoulder and Humerus”</b> D.L. Bennett, MD	<b>St. Louis, MO</b> September, 2010
<b>“MRI in Rheumatology”</b> D.L. Bennett, MD	<b>St. Louis, MO</b> September, 2010
<b>“Not-So-Plain Radiographs”</b> Timothy Mick, DC, DACBR	<b>St. Louis, MO</b> September, 2010
<b>“Stress Injuries and Variations”</b> Stephen Pomeranz, MD	<b>St. Louis, MO</b> September, 2010
<b>“Marrow Edema and Acute Bone Injuries”</b> Stephen Pomeranz, MD	<b>St. Louis, MO</b> September, 2010
<b>“Muscle/Tendon Bursae and Osteochondral Insults”</b> Stephen Pomeranz, MD	<b>St. Louis, MO</b> September, 2010

<b>“Spine Trauma, Clinical/Radiographic Correlation: Soft Tissue Injury”</b> Stephen Pomeranz, MD	<b>St. Louis, MO</b> September, 2010
<b>“Post-Surgical Imaging &amp; Prostheses: Extremities”</b> John Taylor, DC, DACBR	<b>Ocean City, MD</b> October, 2009
<b>“Post-Surgical Imaging &amp; Prostheses: Spine”</b> John Taylor, DC, DACBR	<b>Ocean City, MD</b> October, 2009
<b>“MR of the Ankle &amp; Sports Injuries of the Lower Ext.”</b> Lena Chen, MD	<b>Ocean City, MD</b> October, 2009
<b>“Common Juxtaarticular Soft Tissue Masses”</b> Mark Murphey, MD	<b>Ocean City, MD</b> October, 2009
<b>“Imaging of Bone Tumors: A Systematic Approach”</b> Mark Murphey, MD	<b>Ocean City, MD</b> October, 2009
<b>“Imaging of Benign Spinal Tumors”</b> Mark Murphey, MD	<b>Ocean City, MD</b> October, 2009
<b>“Musculoskeletal Metastatic Disease and Lymphoma”</b> Mark Murphey, MD	<b>Ocean City, MD</b> October, 2009
<b>“Alphabet Soup and Cystic Bone Lesions”</b> Mark Murphey, MD	<b>Ocean City, MD</b> October, 2009
<b>“MR Imaging of the Knee”</b> David Stoller, MD	<b>San Francisco, CA</b> October, 2008
<b>“MR Imaging of the Shoulder”</b> David Stoller, MD	<b>San Francisco, CA</b> October, 2008
<b>“MR Imaging using a 3T Magnet”</b> Murray Solomon, MD	<b>San Francisco, CA</b> October, 2008
<b>“The Differential Diagnosis of Chronic Monoarticular Arthritis”</b> Deborah Forrester, MD	<b>Denver, CO</b> October, 2007
<b>“Interesting Cases from County – USC”</b> Deborah Forrester, MD	<b>Denver, CO</b> October, 2007
<b>“Advanced Spine Imaging and Intervention, Answering the Clinical Question”</b> David Solsberg, MD	<b>Denver, CO</b> October, 2007
<b>“Shoulder MR Arthropathy – Improving Your Accuracy”</b> David Solsberg, MD	<b>Denver, CO</b> October, 2007
<b>“Various Cases in Chiropractic Radiology”</b> James Cox, DC, DACBR et al	<b>Denver, CO</b> October, 2007

## PROFESSIONAL LICENSURE/CERTIFICATIONS

### **Registered, Musculoskeletal Sonography (RMSK)**

Alliance for Physician Certification & Advancement  
[REDACTED]

### **Diplomate, American Chiropractic Board of Radiology**

[REDACTED]

### **Chiropractic Physician License**

[REDACTED]

## PROFESSIONAL EXPERIENCE

### **TVG-Medulla, LLC**

*Director of Diagnostic Imaging*

As Director of Diagnostic Imaging, I function as the chief clinical radiologist for all Chiro One clinics nationwide. I serve as the corporate level radiation safety officer. I am responsible for the training and continuing education for the limited radiographic technician program as well as for Doctors of Chiropractic working at Chiro One/MyoCore.

**2022 to Present**

*Oakbrook, IL*

### **MP Fergus, SC**

*Clinical Chiropractic Radiologist*

I provide professional radiographic reports on a variety of musculoskeletal imaging studies for chiropractic physicians in private practice around the State of IL. The images consisted of both conventional and digital DICOM formats.

**2004 to Present**

*Plainfield, IL*

### **Naperville Imaging Center**

*Clinical Chiropractic Radiologist*

I provide professional reports on the MR scans referred to the center from local chiropractic physicians. I aid in marketing the center through personal visits to chiropractic offices and through formal CE events hosted by the imaging center.

**2017 to Present**

*Naperville, IL*

### **Aligned Modern Health**

*Clinical Chiropractic Radiologist*

The focus of my position is to manage the x-ray systems for the 17 locations. I am responsible for establishing clinic wide standards and protocols for all Aligned clinicians. Additionally, I provide professional radiographic reports for the Aligned Modern Health clinic system.

**2021 to 2022**

*Chicago, IL*

### **National University of Health Sciences**

*Assistant Professor*

I was in-charge of 3 radiology specific classes in the Doctor of Chiropractic program. These classes involved both lecture and lab sessions. The topics included basic radiographic positioning, practical advanced imaging, and a general review of radiographic pathology.

**2007 to 2020**

*Lombard, IL*

I was also in charge of the Residency in Diagnostic Imaging. This portion of my job involved numerous didactic and practical sessions a week with the residents in diagnostic imaging. I worked to ensure each resident passed their professional board credentialing examination. During my tenure as the lead educator, my residents had a 100% pass rate for the board examination.

Additionally, I provided professional radiographic reports to the clinicians within the National University of Health Sciences clinic system as well as patients referred to the outpatient center for radiographs.

**Comprehensive Industrial Disability Management**

**2014 to 2019**

*Initial Clinical Reviewer*

I provided the initial evaluation regarding medical necessity for workers compensation and personal injury claims. This involved extensive research using the Official Disability Guidelines.

**MRI Professionals**

**2005 to 2013**

*Clinical Chiropractic Radiologist*

*Elk Grove Village, IL*

I provided professional reports on the MR scans referred to the center from local chiropractic physicians. I aided in marketing the center through personal visits to chiropractic offices and through formal CE events hosted by the imaging center.

**Alpha Medical Imaging**

**2003 to 2012**

*Clinical Chiropractic Radiologist*

*Roselle, IL*

I provided professional reports on the MR scans referred to the center from local chiropractic physicians. I aided in marketing the center through personal visits to chiropractic offices and through formal CE events hosted by the imaging center.

**MRImaging of West Chicago**

**2005 to 2006**

*Clinical Chiropractic Radiologist*

*West Chicago, IL*

I provided professional reports on the MR scans referred to the center from local chiropractic physicians. I aided in marketing the center through personal visits to chiropractic offices and through formal CE events hosted by the imaging center.

**Open Advanced MRI of Schaumburg**

**2004 to 2005**

*Clinical Chiropractic Radiologist*

*Schaumburg, IL*

I provided professional reports on the MR scans referred to the center from local chiropractic physicians. I aided in marketing the center through personal visits to chiropractic offices and through formal CE events hosted by the imaging center.

**Open Advanced MRI of Wheaton**

**2004 to 2005**

*Clinical Chiropractic Radiologist*

*Wheaton, IL*

I provided professional reports on the MR scans referred to the center from local chiropractic physicians. I aided in marketing the center through personal visits to chiropractic offices and through formal CE events hosted by the imaging center.

**Open Advanced MRI of Plainfield**

**2004 to 2005**

*Clinical Chiropractic Radiologist*

*Plainfield, IL*

I provided professional reports on the MR scans referred to the center from local chiropractic physicians. I aided in marketing the center through personal visits to chiropractic offices and through formal CE events hosted by the imaging center.

**Physical Medicine Associates, SC**

**2002 to 2004**

*Clinical Chiropractic Radiologist*

*Lisle, IL*

I was in charge of the imaging department and was responsible for coordinating the image acquisition for patients from the clinical staff of PMA, which included both medical and chiropractic physicians. I was also responsible for building the outside referral practice.

**Regional MRI – Chicago** **2003 to 2004**  
*Clinical Chiropractic Radiologist* *Chicago, IL*  
I provided professional reports on the MR scans referred to the center from local chiropractic physicians. I aided in marketing the center through personal visits to chiropractic offices.

**Regional MRI – Elgin** **2003 to 2004**  
*Clinical Chiropractic Radiologist* *Elgin, IL*  
I provided professional reports on the MR scans referred to the center from local chiropractic physicians. I aided in marketing the center through personal visits to chiropractic offices.

**Gregerson Radiology Consultants** **2002 to 2003**  
*Clinical Chiropractic Radiologist* *Bolingbrook, IL*  
I provided professional x-ray reports for local chiropractic physicians.

**Hi-Tech Medical Imaging – Palatine** **2002 to 2003**  
*Clinical Chiropractic Radiologist* *Palatine, IL*  
I provided professional reports on the MR scans referred to the center from local chiropractic physicians. I aided in marketing the center through personal visits to chiropractic offices.

**Advanced Medical Transport** **1992 to 1994**  
*Emergency Medical Technician* *Chicago, IL*  
I was responsible for non-emergency patient transfers as well as emergency calls to local nursing home facilities.

## TEACHING/FACULTY APPOINTMENTS

**National University of Health Sciences** **2007 to 2020**  
*Assistant Professor, Department of Clinical Sciences* *Lombard, IL*

**Committee Appointments** **2007 to 2020**  
Academic Standards, Grades and Records (current)  
Residency  
Post-Professional, Graduate and Continuing Education

## TEACHING EXPERIENCE

**National University of Health Sciences** **2008 to 2020**  
*Doctor of Chiropractic Program*  
DI6056/RA6409 – Radiographic Positioning and Advanced Imaging  
DI6057/RA6408 – Radiology Management and Report Writing  
MM6208 – Orthopedic Musculoskeletal Imaging  
EP6410 – Evidence Based Practice: Journal Club

*Masters of Sciences in Diagnostic Imaging/Diagnostic Imaging Residency Program*  
(Responsible for the following courses at various times during the academic year)

MSDI 501 – Hematopoietic Disturbances of Bone  
MSDI 502 – Infectious Disorders of Bone  
MSDI 503 – Congenital Anomalies and Skeletal Dysplasias  
MSDI 504 – Arthritides  
MSDI 505 – Physical Injury of the Skeletal System  
MSDI 506 – Internal Derangements of Joints  
MSDI 507 – Neoplastic and Neoplastic-Like Lesions  
MSDI 508 – Metabolic, Endocrine, and Nutritional Disorders  
MSDI 509 – Neuroradiology  
MSDI 510 – Chest Imaging  
MSDI 511 – GI/GU Imaging  
MSDI 512 – Physics of Imaging 1  
MSDI 513 – Physics of Imaging 2  
MSDI 540 – Pathology Teaching File Portfolio 1  
MSDI 541 – Pathology Teaching File Portfolio 2

### **NUHS Lincoln College of Post-Graduate Education**

*Back to Basics Series: Radiology*  
*Scheduled for April 2020*

*Chiropractic Sports Physician: Imaging of Athletic Injuries*  
*July 2017*  
*Online Presentation Recorded in 2018*

Musculoskeletal Ultrasound: Introduction to the Shoulder  
June 2015

Imaging and Management of Athletic Injuries: Upper Extremity  
January 2014 and January 2015

Imaging and Management of Athletic Injuries: Lower Extremity  
February 2014 and February 2015

Imaging and Management of Athletic Injuries: Head and Spine  
March 2014 and March 2015

Review of Idiopathic Scoliosis  
Online Course – NUHS Post-Graduate System  
Member: NUHS 2014 Homecoming Panel – Case Study Review  
June 2014

### **American College of Chiropractic Consultants**

*“Introduction to Diagnostic Musculoskeletal Ultrasound”*  
ACCC Annual Conference  
Oakbrook, IL  
October 8, 2016

## **NUHS**

*"Lunch & Learn at the Library"*

Anatomy Challenge  
NUHS Learning Resource Center  
June, 2016

*Guest Lecture for ND Sports Medicine Club*

An introduction to Musculoskeletal Ultrasound  
March, 2016

## **RUSH University – College of Nursing – Guest Lecturer**

*NRS 538 – Diagnostics for the Advanced Practice Nurse*

Lead Instructor: Lynn Sivertsen, MSN, GNP-BC  
March 2009  
March 2010  
April 2011

## **MRI Professionals – CME Program**

"Spinal Lesions that Clinically Mimic an Intervertebral Disc Lesion" - 2005  
"Review of Classification and Nomenclature of Lumbar Disc Pathology" – 2009

## **Alpha Medical Imaging – CME Program**

"Imaging of Athletic Injuries to the Lower Extremity" – 2004

## **Orthocore Consulting Group – CME Program**

"Imaging of the Diabetic Foot" – 2003

## **Open Advanced MRI – CME Program**

"Spinal Lesions that Clinically Mimic an Intervertebral Disc Lesion" – 2004  
"Athletic Injuries of the Shoulder" – 2004  
"Athletic Injuries of the Lower Extremity" – 2005

## **Physical Medicine Associates – CME program**

Radiology Grand Round Sessions with local physicians – 2003

## **RESEARCH/PUBLICATION EXPERIENCE**

Fergus, M.P. "Sonographic Diagnosis of Post-Traumatic Clavicular Osteolysis: Radiographic and MRI Correlation" *Journal of Chiropractic Medicine* (Accepted for publication: January 2020)

Cramer, G.D., Cambron, J., Cantu, J.A., Dexheimer, J., Pocius, J.D., Gregerson, D., Fergus, M., McKinnis, R., Grieve, T. "Magnetic Resonance Imaging Zygapophyseal Joint Space Changes (Gapping) in Low Back Pain Patients following Spinal Manipulation and Side Posture Positioning: A Randomized Controlled Mechanisms Trial with Blinding" *Journal of Manipulative and Physiologic Therapeutics*, May 2013: 36(4): 203-217.

Annemarie de Zoete, et al – "Diagnostic Accuracy of Lumbosacral Spine MRI Scan Reading by Chiropractors, Chiropractic Radiologists, and Medical Radiologists" *Spine*, March 21, 2015, Epub (Credit given as sampled radiologist, not as an author)

Cramer, G., Cambron, J., Cantu, J., Dexheimer, J., Pocius, J., Gregerson, D., Fergus, M., McKinnis, R., Grieve, T. "Zygopophyseal joint space gapping in low back pain patients following spinal manipulation" ACC-RAC Conference 2013. *Journal of Chiropractic Education* 2013: 27(1): 65

Cramer, G., Cambron, J., Cantu, J., Dexheimer, J., Pocius, J., Gregerson, D., Fergus, M., McKinnis, R.,. "Zygopophyseal joint space gapping in low back pain patients following spinal manipulation" *The FASEB Journal*; published online April 2012: 26(1)

Cramer, G.D., Ross, K., Pocius, J., Cantu, J.A., Lptook, E., Fergus, M., Gregerson, D., Selby, S., Raju, P.K. "Evaluating the Relationship among Cavitation, Z Joint Gapping, and Spinal Manipulation: An Exploratory Case Series" *Journal of Manipulative and Physiologic Therapeutics*, January 2011: 34(1): 2-14

Cramer, G.D., Ross, K., Pocius, J., Cantu, J.A., Lptook, E., Fergus, M., Gregerson, D., Selby, S. 2010 *Assessing joint vibration during spinal manipulation*. Experimental Biology Annual Meeting. Anaheim, California, April 24-28. Published online April 2010 *The FASEB Journal*; 24:635.2

Heiser, R.N., Bogar, W.C., Cambron, J., Fergus, M.P. "Thymic Follicular Hyperplasia presenting as a Large Mediastinal Mass in a 42-Year Old Female" *Clinical Pulmonary Medicine*, July 2009, 16:4, 229-231

Cramer, G.D., Ross, K., Pocius, J., Cantu, J.A., Lptook, E., Fergus, M., Gregerson, D., Selby, S. *Assessing cavitation and Z joint gapping following side-posture spinal adjusting: a feasibility case series*. NUHS Homecoming; June 22, 2008

Cramer, G.D., Ross, K., Pocius, J., Cantu, J.A., Lptook, E., Fergus M., Gregerson, D., Selby, S. 2008 *Assessing cavitation and Z joint gapping following side-posture spinal adjusting: a feasibility case series*. Thirteenth Annual Research Agenda Conference, March 13-15 2008, Washington, DC *Journal of Chiropractic Education* 22:54

Cramer, G.D., Wolcott, C.C., Cantu, J.A., Fergus, M.P., Cambron, J.A., Gregerson, D.M., Knudsen, J.T. *The effects of side posture adjusting on the lumbar spine Zygapophyseal joints of low back pain patients as evaluated by magnetic resonance imaging: A preliminary study*. NUHS Homecoming, Lombard, Illinois, June 24, 2004

Cramer, G.D., Wolcott, C.C., Cantu, J.A., Fergus, M.P., Cambron, J.A., Gregerson, D.M., Knudsen, J.T. 2004 *The effects of side posture adjusting on the lumbar spine Zygapophyseal joints of low back pain patients as evaluated by magnetic resonance imaging: A preliminary study*. *Journal of Chiropractic Education* 2004, 18:4



**REVIEWER FOR JOURNALS**

Journal of Bodywork & Movement Therapies

**MEDIA PUBLICATIONS:**

Lukacs, C. "Imaging Explained" ACA News: December 2012; Interviewed and referenced in article

Lukacs, C. "An MRI Update" ACA News: July 2011; Interviewed and referenced in article

**ELECTED POSITIONS**

*American Chiropractic College of Radiology*  
Secretary/Treasurer - 2008 to 2019

*American Chiropractic Board of Radiology*  
Secretary – 2005 to 2007  
General Examiner – 2003 to 2007  
Liaison to the ACCR Academic Committee – 2002 to 2004

**HONORS AND AWARDS**

<i>Teacher of the Trimester</i>	
7 <sup>th</sup> Trimester	Summer 2009
8 <sup>th</sup> Trimester	Spring 2008
8 <sup>th</sup> Trimester	Summer 2008
 <i>Teacher of the Phase</i>	
Phase 2	Fall 2010
 <i>Kenneth E. Yochum Memorial Scholarship</i>	 2001

**PROFESSIONAL ASSOCIATIONS**

**American Chiropractic College of Radiology**  
2001 to Present

**American Chiropractic Association’s Council on Diagnostic Imaging**  
2001 to Present

**American Roentgen Ray Society**  
2005 to 2018

**American Chiropractic Association**  
1999 to 2018

*References available upon request*



## **Chiropractic Radiology (CRT) Certification Course**

The CRT training program will consist of **3** 16-hour weekends, for a total of **48-hours**. This will satisfy the legal requirement for a chiropractic technician to perform X-Rays. Every candidate will be required to attend every session and pass a written final examination by 70%. Upon completion of the program and successfully passing the examination, a certificate of completion will be awarded.

The following topics will be addressed during the course and tested on:

### **Weekend 1 – 16 hours**

1. Introduction to x-ray technology and history – **1-hour**

An introduction to the discovery of x-rays, its eventual use in health care and advancement over the years

2. Discussion of the use of x-ray imaging in clinical practice, including indications and contraindications – **3-hours**

An extended discussion on the current use of x-ray imaging in private practice. Details on indications and contraindications will be provided. This will allow for a brief introduction on x-ray safety measures.

3. Medicolegal issues involving imaging – **2-hours**

A detailed discussion of negligence and malpractice will be provided. The discussion will then incorporate radiology/imaging and the associated negligence and malpractice. Real-life scenarios will be provided.

4. Physics of x-rays – **10-Hours**

This complicated topic will begin with a introduction/review of anatomic structure as well. This will include a discussion on the periodic table and how specific elements are vital in the development of x-rays. The process of x-ray generation will be taken in a step-by-step process from the electrical socket in the wall of the clinic through the transformer to the eventual creation of x-ray photons. Each step in the process will be discussed in detail.



## **Weekend 2 – 16 hours**

### 5. Radiation biophysics and safety protocols – 8 hours

The discussion will begin with a review/introduction of the physics of waves. The wave pattern of an x-ray photon will be highlighted in this discussion. This will lead to a discussion of the electromagnetic spectrum and non-ionizing versus ionizing electromagnetic energies. The short term and long-term somatic effects of ionizing radiation will be discussed in detail, including the stochastic and non-stochastic effects. This will lead to the linear-no threshold model and the various safety protocols used to ensure the safety of both the patient and the examiner. The main elements of radiation safety (time, distance, and shielding) will be discussed.

### 6. Introduction to x-ray equipment and operation – 2-hours

The various pieces of hardware will be discussed in detail. This will include some elements previously discussed in the first weekend, but also include additional equipment, their various purposes and operation. Peripheral equipment used in the x-ray acquisition process will also be discussed, including lead laterality markers.

### 7. X-Ray Exposure Factors – 4 hours

This is a critical element for any radiographer to understand. The concepts of film contrast and density will be introduced. The relationship between contrast and density with kVp, mA, and mAs will also be discussed in depth.

### 8. Imaging Processing – from conventional to digital – 2 hours

The process of turning x-ray photons into a picture will be introduced. The differences between conventional and digital imaging will be discussed in-depth. An in-depth analysis of each process will be discussed. With digital imaging, the introduction of DICOM and PACS will be provided. A review of HIPAA and digital imaging will also occur.

## **Weekend – 3 – 16 hours**

### 9. Quality Assurance and Assessment - 2-hours

Following the acquisition of an x-ray, the assessment of the film for quality is reviewed. The radiographer will be introduced on the appearance of an ideal x-ray image, in terms of both density and contrast. With digital imaging, the concept of exposure index (EI) will be reviewed. The discussion will also include an introduction of the numerous technical artifacts that may arise. The discussion will continue with how to correct errors in technique and corrections with artifacts.



## 10. Introductory Anatomy – 2 hours

There will be an intensive review of osseous anatomy of the entire skeleton. The review of will not only consist of gross anatomy, but also of radiographic anatomy, including certain “radiographic anatomic structures” (e.g. Kohler’s teardrop).

## 11. Radiographic Positioning – 8 hours

- a. Spinal Technique
  - i. Cervical
  - ii. Thoracic/Rib Cage
  - iii. Lumbar
  - iv. Sacrum/Coccyx
- b. Upper Extremity Technique
  - i. Clavicle/Scapula/Acromioclavicular joint
  - ii. Shoulder
  - iii. Humerus
  - iv. Elbow
  - v. Radius/Ulna
  - vi. Wrist
  - vii. Hand
  - viii. Fingers
- c. Lower Extremity Technique
  - i. Pelvis
  - ii. Hip
  - iii. Femur
  - iv. Knee
  - v. Tibia/Fibula
  - vi. Ankle
  - vii. Foot
  - viii. Toes

With each specific region of the body, there will be an introduction as to what makes a standard series as well as what additional views can be added. I will also discuss the clinical need for the additional views.

Technique will discuss the needed technical factors, such as SID, tube tilts, etc. It will discuss appropriate positioning of the patient relative to the central ray.

For each projection, there will be a discussion on what the projection should look like, including what anatomical structures should be visible and how each should appear.



12. Patient Interaction/Professionalism – 1 hours

This portion of the discussion will account for appropriate patient management, considering the prior medicolegal discussions. Additionally, this portion will address proper patient preparation prior to the imaging study, informed consent, and HIPAA.

13. Emergency Procedure Review – 1 hours

This discussion will center on recognition of red flags that a patient may present with and how to manage the situation while activating EMS/911 (when needed).

14. Final Testing – 1 hour

The students will have 1-hour to complete a comprehensive, written assessment.

**ASSESSMENT**

Every portion of the covered material will be tested in a written format on the last day. A passing score of 70% is required to be considered successful in the completion of the course.

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Peter Schramm, Licensing Examination Specialist		<b>2) Date when request submitted:</b> 10/11/2022 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
<b>3) Name of Board, Committee, Council, Sections:</b> Chiropractic Examining Board			
<b>4) Meeting Date:</b> 10/27/2022	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> CE Course Application – New Sponsor	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>	
<b>10) Describe the issue and action that should be addressed:</b> Application for a new course sponsor referred to full board by Dr. Heffernan; make motion to approve or deny			
<b>11) Authorization</b>			
Pete Schramm		10/11/2022	
<b>Signature of person making this request</b>		<b>Date</b>	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366  
 Madison, WI 53708-8366  
 Fax #: (608) 251-3031  
 Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way  
 Madison, WI 53705  
 E-Mail: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
 Website: <http://dsps.wi.gov>

## DIVISION OF POLICY DEVELOPMENT

### CHIROPRACTOR, CHIROPRACTIC RADIOLOGICAL TECHNICIAN, and CHIROPRACTIC TECHNICIAN CONTINUING EDUCATION APPROVAL FORM

Complete and return 3-page form and any required supporting documentation to [DSPEXaminationsOffice@wisconsin.gov](mailto:DSPEXaminationsOffice@wisconsin.gov).  
 Incomplete forms and forms submitted less than 60 days before the initial event will be returned.

<b>Area of Continuing Education</b> (Check one or all that apply.):			
<input checked="" type="checkbox"/> <b>Chiropractor</b>		<input type="checkbox"/> <b>Chiropractic Radiological Technician (CRT)</b>	<input type="checkbox"/> <b>Chiropractic Technician (CT)</b>
<b>Course Title</b>		Four Days of Human Dissection	
<b>Course Sponsor Name</b>		Carrick Institute	
<b>Total CE Hours Requested</b>		<b>Maximum CE Hours Possible</b>	
21		21	
<b>Contact Information for Course Sponsor</b>			
<b>Last Name</b>		<b>First Name</b>	<b>Title</b>
Robillard		Rebecca	CE Corrdinator
<b>Course Sponsor Address (street/number)</b>		<b>(city)</b>	<b>(state)</b> <b>(zip code)</b>
8910 Astronaut Blvd Ste. 102		Cape Canaveral	FL 32955
<b>Phone Number (including area code)</b>		<b>E-mail Address</b>	
3   2   1   8   6   8   6   4   6   4   Ext 1002		rrobillard@carrickinstitute.com	
Was this course approved by the Chiropractic Examining Board during the previous biennium? If yes, it can be renewed without review by the Board liaison as long as the course content and instructor have not changed. If this is a renewal, please list the previous approval code: <b>Not by the WS Board, but by other states yes.</b>			
<b>Initial Course Date(s)</b>		August 25-28, 2022	
<b>Initial Course Time(s)</b>		Thursday, Friday, Saturday, & Sunday from 9:00 am to 3:30 pm	
<b>Initial Course Location(s)</b>		Gross Anatomy Lab at the John A. Burns School of Medicine, University of Hawaii, Honolulu	
<b>PLEASE NOTE:</b> Additional dates and/or locations may be offered within the biennium without submitting requests for further approval as long as the original approved course content is offered by the approved instructor.			

1. Per Wis. Stat. § <a href="#">446.028(1)</a> "program sponsor" means one of the following. (Select one.)	
<input type="checkbox"/> Wisconsin Chiropractic Association (WCA) <input type="checkbox"/> International Chiropractors Association (ICA) <input type="checkbox"/> A college of chiropractic with accreditation that is in good standing from the Council on Chiropractic Education or another accrediting agency whose recognition by the United States department of education is current. <input checked="" type="checkbox"/> A college of medicine or osteopathy with accreditation that is in good standing from an accrediting agency whose recognition by the United States department of education is current. <input type="checkbox"/> A member-based state or national chiropractic organization that satisfies Wis. Stat. §§ <a href="#">446.028(1)5.a.</a> , <a href="#">5.b.</a> , and <a href="#">5.c.</a>	
2. Describe the time and place of the program. (Attach additional sheets, if needed.) The Clinic this class will be held at is 400 N Main St, Chelsea, MI 48118.	
3.	Is program sponsor requesting nutritional counseling credit consideration? If yes, specify number of <b>nutritional counseling continued education (CE) hours</b> _____. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



# Wisconsin Department of Safety and Professional Services

4.	Will any portion of the program be conducted online? If yes, please describe how the program will comply with all requirements under Wis. Admin. Code § <a href="#">Chir 5.02(1)(cm)</a> . Attach additional sheets, if needed.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	Has the sponsor listed above had a minimum of 20 continuing education programs approved for the previous 2-year registration period? If yes, proceed to Question 6. If no, proceed to Section B.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	If yes to Question 5, the program may request expedited approval of a continuing education program. To be eligible for expedited approval, the sponsor must meet requirement Wis. Admin. Code § <a href="#">Chir 5.05(1)(a)</a> or <a href="#">(b)</a> and submit an application at least 6 months after the beginning date of the current 2-year registration period. Is applicant requesting expedited approval? If yes, proceed to Section A. If no, proceed to Section B.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION A – EXPEDITED APPROVAL (Wis. Admin. Code § <a href="#">Chir 5.05</a> )																																																																																																																											
A1.	Does the program sponsor attest that the program materially meets all of the requirements under §§ <a href="#">Chir 5.02(1)</a> and <a href="#">(6)</a> and will award continuing education credit as provided under §§ <a href="#">Chir 5.02(2)</a> and <a href="#">(5)</a> . If yes, complete Section A2 and submit 3-page form and any required documentation to <a href="mailto:DSPSExaminationsOffice@wisconsin.gov">DSPSExaminationsOffice@wisconsin.gov</a> at least 60 days prior to initial course date.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
A2.	<p>ATTESTATION: I hereby attest that the information contained in this application is true and correct to the best of my knowledge and belief. Further, I understand that, per Wis. Stat. § <a href="#">446.028(3)</a>, no program sponsor may delegate the tasks of monitoring or recording attendance, providing evidence of attendance, verifying required course content, or providing information on instructors for a continuing education program. A person who intentionally violates this subsection may be punished as provided in Wis. Stat. § <a href="#">446.07</a>.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 50%; height: 25px;"></td> <td style="border: none; width: 5%;"></td> <td style="border: 1px solid black; width: 5%; text-align: center;">0</td> <td style="border: none; width: 5%;"></td> <td style="border: 1px solid black; width: 5%; text-align: center;">8</td> <td style="border: none; width: 5%;"></td> <td style="border: 1px solid black; width: 5%; text-align: center;">/</td> <td style="border: none; width: 5%;"></td> <td style="border: 1px solid black; width: 5%; text-align: center;">0</td> <td style="border: none; width: 5%;"></td> <td style="border: 1px solid black; width: 5%; text-align: center;">5</td> <td style="border: none; width: 5%;"></td> <td style="border: 1px solid black; width: 5%; text-align: center;">/</td> <td style="border: none; width: 5%;"></td> <td style="border: 1px solid black; width: 5%; text-align: center;">2</td> <td style="border: none; width: 5%;"></td> <td style="border: 1px solid black; width: 5%; text-align: center;">0</td> <td style="border: none; width: 5%;"></td> <td style="border: 1px solid black; width: 5%; text-align: center;">2</td> <td style="border: none; width: 5%;"></td> <td style="border: 1px solid black; width: 5%; text-align: center;">2</td> </tr> <tr> <td colspan="14" style="border: none;">Signature of Dean or Department Head</td> <td colspan="6" style="border: none;">Date</td> </tr> <tr> <td colspan="14" style="border: 1px solid black; text-align: center;">Rebecca Robillard</td> <td colspan="6" style="border: 1px solid black; text-align: center;">3 2 1 _ 2 7 5 _ 0 9 5 8</td> </tr> <tr> <td colspan="14" style="border: none;">Printed Name</td> <td colspan="6" style="border: none;">Phone</td> </tr> <tr> <td colspan="14" style="border: 1px solid black; text-align: center;">CE Coordinator</td> <td colspan="6" style="border: none;"></td> </tr> <tr> <td colspan="14" style="border: none;">Title</td> <td colspan="6" style="border: none;"></td> </tr> </table>				0		8		/		0		5		/		2		0		2		2	Signature of Dean or Department Head														Date						Rebecca Robillard														3 2 1 _ 2 7 5 _ 0 9 5 8						Printed Name														Phone						CE Coordinator																				Title																			
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SECTION B - Application for approval of a continuing education program. (Wis. Admin. Code § <a href="#">Chir 5.04</a> )	
B1.	<p>Describe how the program sponsor meets requirements listed under Wis. Admin. Code § <a href="#">Chir 5.02</a>. (Attach additional sheets, if needed.)</p> <p>We have accreditation through the CIE for allowing education. We also have an accredited Masters in Clinical Neuroscience for Chiropractors and other health professional to take. We many train chiropractors.</p>
B2.	<p>ATTACH ALL OF THE FOLLOWING:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Evidence of the program sponsor's verification showing to the satisfaction of the board that the subject matter meets the requirements under§ <a href="#">Chir 5.02(1)(b)</a> or <a href="#">(bm)</a>, as applicable.</li> <li><input checked="" type="checkbox"/> A detailed course outline or syllabus describing the subject matter of the program, and the amount of time devoted to each section of the outline or syllabus.</li> <li><input checked="" type="checkbox"/> The names and a description of the qualifications of all instructors (ex., CV) including, if applicable, whether an instructor of the program who is an undergraduate or postgraduate faculty member of a sponsoring college was appointed in accordance with accreditation standards of the Council on Chiropractic Education or by an agency approved by the United States department of education.</li> </ul>



# Wisconsin Department of Safety and Professional Services

B3. ATTESTATION: I hereby attest that the information contained in this application is true and correct to the best of my knowledge and belief. Further, I understand that, per Wis. Stat. § [446.028\(3\)](#), no program sponsor may delegate the tasks of monitoring or recording attendance, providing evidence of attendance, verifying required course content, or providing information on instructors for a continuing education program. A person who intentionally violates this subsection may be punished as provided in Wis. Stat. § [446.07](#).

	0 8 / 0 5 / 2 0 2 2
<b>Signature of Dean or Department Head</b>	<b>Date</b>
Tricia Carrick	3 2 1 - 2 7 5 - 0 9 5 8
<b>Printed Name</b>	<b>Phone</b>
Preseident	
<b>Title</b>	

Submit form and any required documentation to [DSPSExaminationsOffice@wisconsin.gov](mailto:DSPSExaminationsOffice@wisconsin.gov) at least 60 days prior to initial course date.

**For Department Use Only**

Course(s) approved for \_\_\_\_\_ number of hours; including \_\_\_\_\_ hours of nutritional counseling.

Course(s) not approved

Comments:

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



COMMISSION FOR INDEPENDENT EDUCATION  
**ANNUAL LICENSE**

This is to certify that  
Carrick Institute  
8910 Astronaut Boulevard, Suite 102  
Cape Canaveral, Florida 32920  
Is hereby licensed to offer postsecondary program(s) of instruction

Under the provisions of Chapter 1005, Florida Statutes and Chapter 6E, Florida Administrative Code for the period beginning:

*Samuel J Ferguson*  
\_\_\_\_\_  
Executive Director

10/1/2021  
\_\_\_\_\_  
6340  
\_\_\_\_\_  
License Number

*[Signature]*  
\_\_\_\_\_  
Commission Chairperson

This license is non-transferable, non-assumable, and shall be rendered null and void upon any change in ownership of the licensee.

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366  
Madison, WI 53708-8366

1400 E. Washington Avenue  
Madison, WI 53703

FAX #: (608) 251-3031  
Phone #: (608) 266-2112

E-Mail: [web@dsps.wi.gov](mailto:web@dsps.wi.gov)  
Website: <http://dsps.wi.gov>

## CHIROPRACTOR/CHIROPRACTIC RADIOLOGICAL TECHNICIAN/CHIROPRACTIC TECHNICIAN CONTINUING EDUCATION APPROVAL FORM

Return as a Word attachment to Peter Schramm at [Peter.Schramm@Wisconsin.gov](mailto:Peter.Schramm@Wisconsin.gov), at least 75 days prior to initial course date.

### Area of Continuing Education:

(Check one or all that apply)

*Chiropractor X*

*Chiropractic Technician (CT)*

*Chiropractic Radiological Technician (CRT)*

**Course Title: Module 775: Dysautonomia Pt. 5**

**Course Sponsor Name: Carrick Institute for Graduate Studies**

**Total CE Hours Requested: 25**

**Does Course Sponsor meet the requirements under Chiro 5.02(1)(a)?**      x Yes     No

### Contact Information for Course Sponsor:

*Name, Address, Phone, Email*

Rebecca Robillard  
8910 Astronaut Blvd Suite 102  
Cape Canaveral FL 32920  
321-868-6464  
[rrobillard@carrickinstitute.com](mailto:rrobillard@carrickinstitute.com)

### Course Objectives/Outcomes (provide on additional sheet of paper if needed):

- Physical and Neurological Exam Skills
- Pertinent Anatomy, Pathophysiology & differential diagnosis criteria
- How to create individualized rehabilitative strategies for your patients

**Initial Course Date(s) and Location(s): Cape Canaveral FL August 12-14, 2022**

*\*PLEASE NOTE\*: Additional dates and/or locations may be offered within the biennium without submitting requests for further approval as long as the original approved course content is offered by the approved instructor; however, if course content and/or instructor change, you must submit a new request for approval, at least 75-days in advance.*

If this course was approved by the Chiropractic Examining Board during the previous biennium, it can be renewed without review by the liaison as long as the course content and instructor have not changed. If this is a renewal, please list the previous approval code: \_\_\_\_\_

Fill out the following section ONLY if a separate entity is performing any of the duties. If the sponsor is putting the course on by themselves, leave the section blank.

If the program sponsor is delegating any responsibilities of this seminar, please complete information below:

**Name of Delegated Entity/Person:** \_\_\_\_\_

*Specific personnel responsible:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Qualifications: \_\_\_\_\_

(Attach CV/Bio if available)

- If a written contract exists between sponsor and delegated entity, please attach a copy to this form.
- Regardless of whether a written contract exists, please provide specific detail of how sponsor will ensure that delegated duties are in compliance with Chir 5.02 requirements.

**The Delegate will perform the following:** (check all that apply)

- Monitor and verify attendance
- Provide monitoring and attendance evidence to Sponsor for proper record retention
- Provide instructor information

By rule, the sponsor is required to validate the course content. By checking the following box, the sponsor is confirming that they are validating all subject content: x

**Method of monitoring attendance:**    x Sponsor Monitored     Delegated Monitoring

**Nutritional Counseling Credit Consideration?**     Yes, for \_\_\_ # of hours    x No \_\_\_

**You must also submit the following via E-mail:**

1. Condensed instructor’s qualifications of no more than two (2) pages indicating the areas of expertise related to the specific areas of instruction per this seminar request (CV may be sent as a PDF)
2. A clear, hourly breakdown of the proposed sessions (breakdown may be sent as a PDF).

**For Department Use Only**

\_\_\_\_\_ Course approved for \_\_\_\_\_ number of hours; including \_\_\_\_\_ hours of nutritional counseling

\_\_\_\_\_ Course(s) not approved because:

\_\_\_\_\_ Course does not meet the 75-day rule    \_\_\_\_\_ Content does not pertain to Wisconsin Clinical Practice

\_\_\_\_\_ Other: \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366  
 Madison, WI 53708-8366  
 Fax #: (608) 251-3031  
 Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way  
 Madison, WI 53705  
 E-Mail: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
 Website: <http://dsps.wi.gov>

## DIVISION OF POLICY DEVELOPMENT

### CHIROPRACTOR, CHIROPRACTIC RADIOLOGICAL TECHNICIAN, and CHIROPRACTIC TECHNICIAN CONTINUING EDUCATION APPROVAL FORM

Complete and return 3-page form and any required supporting documentation to [DSPEXaminationsOffice@wisconsin.gov](mailto:DSPEXaminationsOffice@wisconsin.gov).  
 Incomplete forms and forms submitted less than 60 days before the initial event will be returned.

<b>Area of Continuing Education</b> (Check one or all that apply.):			
<input checked="" type="checkbox"/> <b>Chiropractor</b>		<input type="checkbox"/> <b>Chiropractic Radiological Technician (CRT)</b>	<input type="checkbox"/> <b>Chiropractic Technician (CT)</b>
<b>Course Title</b>		Module 775: Dysautonomia Pt. 5	
<b>Course Sponsor Name</b>		Carrick Institute	
<b>Total CE Hours Requested</b>		<b>Maximum CE Hours Possible</b>	
25		25	
<b>Contact Information for Course Sponsor</b>			
<b>Last Name</b>		<b>First Name</b>	<b>Title</b>
Robillard		Rebecca	CE Coordinator
<b>Course Sponsor Address (street/number)</b>		<b>(city)</b>	<b>(state)</b>
8910 Astronaut Blvd Ste. 102		Cape Canaveral	FL
			<b>(zip code)</b>
			32955
<b>Phone Number (including area code)</b>		<b>E-mail Address</b>	
3   2   1   8   6   8   6   4   6   4   Ext 1002		rrobillard@carrickinstitute.com	
Was this course approved by the Chiropractic Examining Board during the previous biennium? If yes, it can be renewed without review by the Board liaison as long as the course content and instructor have not changed. If this is a renewal, please list the previous approval code: <b>Not by the WS Board, but by other states yes.</b>			
<b>Initial Course Date(s)</b>		August 12-14, 2022	
<b>Initial Course Time(s)</b>		Fri & Sat: 9am-6pm, Sun: 9am-3pm	
<b>Initial Course Location(s)</b>		Carrick Institute Learning Center	
<b>PLEASE NOTE:</b> Additional dates and/or locations may be offered within the biennium without submitting requests for further approval as long as the original approved course content is offered by the approved instructor.			

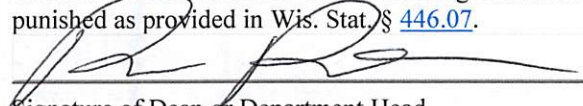
1. Per Wis. Stat. § <a href="#">446.028(1)</a> "program sponsor" means one of the following. (Select one.)	
<input type="checkbox"/> Wisconsin Chiropractic Association (WCA) <input type="checkbox"/> International Chiropractors Association (ICA) <input type="checkbox"/> A college of chiropractic with accreditation that is in good standing from the Council on Chiropractic Education or another accrediting agency whose recognition by the United States department of education is current. <input checked="" type="checkbox"/> A college of medicine or osteopathy with accreditation that is in good standing from an accrediting agency whose recognition by the United States department of education is current. <input type="checkbox"/> A member-based state or national chiropractic organization that satisfies Wis. Stat. §§ <a href="#">446.028(1)5.a.</a> , <a href="#">5.b.</a> , and <a href="#">5.c.</a>	
2. Describe the time and place of the program. (Attach additional sheets, if needed.) The Carrick Institute Learning Center holds multiple classes a year in Cape Canaveral, FL. The class will take place on August 12-14, 2022- at 9am each day.	
3.	Is program sponsor requesting nutritional counseling credit consideration? If yes, specify number of nutritional counseling continued education (CE) hours _____ . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



# Wisconsin Department of Safety and Professional Services

4.	Will any portion of the program be conducted online? If yes, please describe how the program will comply with all requirements under Wis. Admin. Code § <a href="#">Chir 5.02(1)(cm)</a> . Attach additional sheets, if needed.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	Has the sponsor listed above had a minimum of 20 continuing education programs approved for the previous 2-year registration period? If yes, proceed to Question 6. If no, proceed to Section B.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	If yes to Question 5, the program may request expedited approval of a continuing education program. To be eligible for expedited approval, the sponsor must meet requirement Wis. Admin. Code § <a href="#">Chir 5.05(1)(a)</a> or <a href="#">(b)</a> and submit an application at least 6 months after the beginning date of the current 2-year registration period. Is applicant requesting expedited approval? If yes, proceed to Section A. If no, proceed to Section B.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION A – EXPEDITED APPROVAL** (Wis. Admin. Code § [Chir 5.05](#))

A1.	Does the program sponsor attest that the program materially meets all of the requirements under §§ <a href="#">Chir 5.02(1)</a> and <a href="#">(6)</a> and will award continuing education credit as provided under §§ <a href="#">Chir 5.02(2)</a> and <a href="#">(5)</a> . If yes, complete Section A2 and submit 3-page form and any required documentation to <a href="mailto:DSPSExaminationsOffice@wisconsin.gov">DSPSExaminationsOffice@wisconsin.gov</a> at least 60 days prior to initial course date.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
A2.	<p>ATTESTATION: I hereby attest that the information contained in this application is true and correct to the best of my knowledge and belief. Further, I understand that, per Wis. Stat. § <a href="#">446.028(3)</a>, no program sponsor may delegate the tasks of monitoring or recording attendance, providing evidence of attendance, verifying required course content, or providing information on instructors for a continuing education program. A person who intentionally violates this subsection may be punished as provided in Wis. Stat. § <a href="#">446.07</a>.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  <p>Signature of Dean or Department Head</p> <p><u>Rebecca Robillard</u></p> <p>Printed Name</p> <p><u>CE Coordinator</u></p> <p>Title</p> </div> <div style="width: 45%;"> <p><u>0</u> <u>8</u> / <u>0</u> <u>5</u> / <u>2</u> <u>0</u> <u>2</u> <u>2</u></p> <p>Date</p> <p><u>3</u> <u>2</u> <u>1</u> - <u>2</u> <u>7</u> <u>5</u> - <u>0</u> <u>9</u> <u>5</u> <u>8</u></p> <p>Phone</p> </div> </div>	

**SECTION B - Application for approval of a continuing education program.** (Wis. Admin. Code § [Chir 5.04](#))

B1.	<p>Describe how the program sponsor meets requirements listed under Wis. Admin. Code § <a href="#">Chir 5.02</a>. (Attach additional sheets, if needed.)</p> <p>We have accreditation through the CIE for allowing education. We also have an accredited Masters in Clinical Neuroscience for Chiropractors and other health professional to take. We many train chiropractors.</p>
B2.	<p>ATTACH ALL OF THE FOLLOWING:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Evidence of the program sponsor's verification showing to the satisfaction of the board that the subject matter meets the requirements under § <a href="#">Chir 5.02(1)(b)</a> or <a href="#">(bm)</a>, as applicable.</li> <li><input checked="" type="checkbox"/> A detailed course outline or syllabus describing the subject matter of the program, and the amount of time devoted to each section of the outline or syllabus.</li> <li><input checked="" type="checkbox"/> The names and a description of the qualifications of all instructors (ex., CV) including, if applicable, whether an instructor of the program who is an undergraduate or postgraduate faculty member of a sponsoring college was appointed in accordance with accreditation standards of the Council on Chiropractic Education or by an agency approved by the United States department of education.</li> </ul>

# Wisconsin Department of Safety and Professional Services

<b>B3.</b>	<p>ATTESTATION: I hereby attest that the information contained in this application is true and correct to the best of my knowledge and belief. Further, I understand that, per Wis. Stat. § <a href="#">446.028(3)</a>, no program sponsor may delegate the tasks of monitoring or recording attendance, providing evidence of attendance, verifying required course content, or providing information on instructors for a continuing education program. A person who intentionally violates this subsection may be punished as provided in Wis. Stat. § <a href="#">446.07</a>.</p>												
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0	8	/	0	5	/	2	0	2	2				
<div style="border: 1px solid black; width: 100%; padding: 2px;">Tricia Carrick</div> <p><b>Printed Name</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">7</td> <td style="border: 1px solid black; width: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 20px; text-align: center;">8</td> </tr> </table> <p><b>Phone</b></p>	3	2	1	-	2	7	5	-	0	9	5	8
3	2	1	-	2	7	5	-	0	9	5	8		
<div style="border: 1px solid black; width: 100%; padding: 2px;">Preseident</div> <p><b>Title</b></p>	<p>Submit form and any required documentation to <a href="mailto:DSPSExaminationsOffice@wisconsin.gov">DSPSExaminationsOffice@wisconsin.gov</a> at least 60 days prior to initial course date.</p>												

**For Department Use Only**

Course(s) approved for \_\_\_\_\_ number of hours; including \_\_\_\_\_ hours of nutritional counseling.

Course(s) not approved

Comments:

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



COMMISSION FOR INDEPENDENT EDUCATION  
**ANNUAL LICENSE**

This is to certify that  
Carrick Institute  
8910 Astronaut Boulevard, Suite 102  
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Under the provisions of Chapter 1005, Florida Statutes and Chapter 6E, Florida Administrative Code for the period beginning:

Samuel Ferguson  
Executive Director

10/1/2021  
6340  
License Number

[Signature]  
Commission Chairperson

This license is non-transferable, non-assumable, and shall be rendered null and void upon any change in ownership of the licensee.





Course Sponsor: Carrick Institute for Graduate Studies

Course Name: Dysautonomia - A Modern Clinical Approach to Diagnosis & Rehabilitation

Hours: 25 hours

**Overview:**

This 3-day program is part five of six for clinicians developing an expertise in the diagnosis, management and clinical decision-making in autonomic syndromes.

Part one of this series will cover the state of science regarding the clinical anatomy and physiology of the integrated autonomic nervous system as it relates to the human condition. Learners will carry forward these clinical models into the diagnosis and management of autonomic syndromes.

**COURSE OUTLINE BELOW:**

**Each section will cover the breadth, depth and clinical application of the subject listed.**

**Day 1**

**9-12:30**

The role of metabolic capacity in the treatment of ANS disorders

**13:30-5:30**

Deconditioning vs pathology

## Exertion training in Autonomic rehabilitation

### Day 2

#### 9-12:30

Models for scaling  
Appropriate systems to monitor autonomic integrity through neurorehabilitation

#### 13:30-5:30

Neurorehabilitation:  
Peripheral autonomic systems  
Utilizing spinal cord reflex circuitry  
Medullary systems  
Pontine integration

#### 9:00-3:30

The role of the cerebellum in autonomic integration  
Mesencephalic control of the ANS  
How the limbic system influences treatment outcomes  
Sensorimotor integration of the ANS  
PFC-the final common control system.

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366  
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 Fax #: (608) 251-3031  
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Office Location: 4822 Madison Yards Way  
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## DIVISION OF POLICY DEVELOPMENT

### CHIROPRACTOR, CHIROPRACTIC RADIOLOGICAL TECHNICIAN, and CHIROPRACTIC TECHNICIAN CONTINUING EDUCATION APPROVAL FORM

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 Incomplete forms and forms submitted less than 60 days before the initial event will be returned.

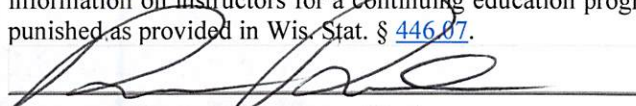
<b>Area of Continuing Education</b> (Check one or all that apply.):				
<input checked="" type="checkbox"/> <b>Chiropractor</b>		<input type="checkbox"/> <b>Chiropractic Radiological Technician (CRT)</b>		<input type="checkbox"/> <b>Chiropractic Technician (CT)</b>
<b>Course Title</b>	Module 776: Dysautonomia Pt. 6			
<b>Course Sponsor Name</b>	Carrick Institute			
<b>Total CE Hours Requested</b>	15	<b>Maximum CE Hours Possible</b>	15	
<b>Contact Information for Course Sponsor</b>				
<b>Last Name</b>	<b>First Name</b>		<b>Title</b>	
Robillard	Rebecca		CE Coordinator	
<b>Course Sponsor Address (street/number)</b>			<b>(city)</b>	<b>(state)</b>
8910 Astronaut Blvd Ste. 102			Cape Canaveral	FL
<b>Phone Number (including area code)</b>			<b>E-mail Address</b>	
3   2   1   8   6   8   6   4   6   4   Ext 1002			rrobillard@carrickinstitute.com	
Was this course approved by the Chiropractic Examining Board during the previous biennium? If yes, it can be renewed without review by the Board liaison as long as the course content and instructor have not changed. If this is a renewal, please list the previous approval code: <u>Not by the WS Board, but by other states yes.</u>				
<b>Initial Course Date(s)</b>	October 8-9, 2022			
<b>Initial Course Time(s)</b>	Sat: 9am-6pm, Sun: 9am-3pm			
<b>Initial Course Location(s)</b>	400 N Main St, Chelsea, MI 48118			
<b>PLEASE NOTE:</b> Additional dates and/or locations may be offered within the biennium without submitting requests for further approval as long as the original approved course content is offered by the approved instructor.				

1.	Per Wis. Stat. § 446.028(1) "program sponsor" means one of the following. (Select one.) <input type="checkbox"/> Wisconsin Chiropractic Association (WCA) <input type="checkbox"/> International Chiropractors Association (ICA) <input type="checkbox"/> A college of chiropractic with accreditation that is in good standing from the Council on Chiropractic Education or another accrediting agency whose recognition by the United States department of education is current. <input checked="" type="checkbox"/> A college of medicine or osteopathy with accreditation that is in good standing from an accrediting agency whose recognition by the United States department of education is current. <input type="checkbox"/> A member-based state or national chiropractic organization that satisfies Wis. Stat. §§ 446.028(1)5.a., 5.b., and 5.c.
2.	Describe the time and place of the program. (Attach additional sheets, if needed.) The Clinic this class will be held at is 400 N Main St, Chelsea, MI 48118.
3.	Is program sponsor requesting nutritional counseling credit consideration? If yes, specify number of nutritional counseling continued education (CE) hours _____ . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



# Wisconsin Department of Safety and Professional Services

4.	Will any portion of the program be conducted online? If yes, please describe how the program will comply with all requirements under Wis. Admin. Code § <a href="#">Chir 5.02(1)(cm)</a> . Attach additional sheets, if needed.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	Has the sponsor listed above had a minimum of 20 continuing education programs approved for the previous 2-year registration period? If yes, proceed to Question 6. If no, proceed to Section B.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	If yes to Question 5, the program may request expedited approval of a continuing education program. To be eligible for expedited approval, the sponsor must meet requirement Wis. Admin. Code § <a href="#">Chir 5.05(1)(a)</a> or <a href="#">(b)</a> and submit an application at least 6 months after the beginning date of the current 2-year registration period. Is applicant requesting expedited approval? If yes, proceed to Section A. If no, proceed to Section B.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION A – EXPEDITED APPROVAL (Wis. Admin. Code § <a href="#">Chir 5.05</a> )		
A1.	Does the program sponsor attest that the program materially meets all of the requirements under §§ <a href="#">Chir 5.02(1)</a> and <a href="#">(6)</a> and will award continuing education credit as provided under §§ <a href="#">Chir 5.02(2)</a> and <a href="#">(5)</a> . If yes, complete Section A2 and submit 3-page form and any required documentation to <a href="mailto:DSPSExaminationsOffice@wisconsin.gov">DSPSExaminationsOffice@wisconsin.gov</a> at least 60 days prior to initial course date.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
A2.	<p>ATTESTATION: I hereby attest that the information contained in this application is true and correct to the best of my knowledge and belief. Further, I understand that, per Wis. Stat. § <a href="#">446.028(3)</a>, no program sponsor may delegate the tasks of monitoring or recording attendance, providing evidence of attendance, verifying required course content, or providing information on instructors for a continuing education program. A person who intentionally violates this subsection may be punished as provided in Wis. Stat. § <a href="#">446.07</a>.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  <p style="margin-top: 5px;">Signature of Dean or Department Head</p> <p style="margin-top: 5px;"><u>Rebecca Robillard</u></p> <p style="margin-top: 5px;">Printed Name</p> <p style="margin-top: 5px;"><u>CE Coordinator</u></p> <p style="margin-top: 5px;">Title</p> </div> <div style="width: 45%;"> <p style="margin-top: 5px;">Date</p> <p style="margin-top: 5px;"><u>08/05/2022</u></p> <p style="margin-top: 5px;">Phone</p> <p style="margin-top: 5px;"><u>321-275-0958</u></p> </div> </div>	

SECTION B - Application for approval of a continuing education program. (Wis. Admin. Code § <a href="#">Chir 5.04</a> )	
B1.	<p>Describe how the program sponsor meets requirements listed under Wis. Admin. Code § <a href="#">Chir 5.02</a>. (Attach additional sheets, if needed.)</p> <p>We have accreditation through the CIE for allowing education. We also have an accredited Masters in Clinical Neuroscience for Chiropractors and other health professional to take. We many train chiropractors.</p>
B2.	<p>ATTACH ALL OF THE FOLLOWING:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Evidence of the program sponsor's verification showing to the satisfaction of the board that the subject matter meets the requirements under § <a href="#">Chir 5.02(1)(b)</a> or <a href="#">(bm)</a>, as applicable.</li> <li><input checked="" type="checkbox"/> A detailed course outline or syllabus describing the subject matter of the program, and the amount of time devoted to each section of the outline or syllabus.</li> <li><input checked="" type="checkbox"/> The names and a description of the qualifications of all instructors (ex., CV) including, if applicable, whether an instructor of the program who is an undergraduate or postgraduate faculty member of a sponsoring college was appointed in accordance with accreditation standards of the Council on Chiropractic Education or by an agency approved by the United States department of education.</li> </ul>

# Wisconsin Department of Safety and Professional Services

B3. ATTESTATION: I hereby attest that the information contained in this application is true and correct to the best of my knowledge and belief. Further, I understand that, per Wis. Stat. § [446.028\(3\)](#), no program sponsor may delegate the tasks of monitoring or recording attendance, providing evidence of attendance, verifying required course content, or providing information on instructors for a continuing education program. A person who intentionally violates this subsection may be punished as provided in Wis. Stat. § [446.07](#).



Signature of Dean or Department Head

Tricia Carrick

Printed Name

Preseident

Title

0 8 / 0 5 / 2 0 2 2

Date

3 2 1 - 2 7 5 - 0 9 5 8

Phone

Submit form and any required documentation to [DSPSExaminationsOffice@wisconsin.gov](mailto:DSPSExaminationsOffice@wisconsin.gov) at least 60 days prior to initial course date.

### For Department Use Only

Course(s) approved for \_\_\_\_\_ number of hours; including \_\_\_\_\_ hours of nutritional counseling.

Course(s) not approved

Comments:

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



COMMISSION FOR INDEPENDENT EDUCATION  
**ANNUAL LICENSE**

This is to certify that  
Carrick Institute  
8910 Astronaut Boulevard, Suite 102  
Cape Canaveral, Florida 32920  
Is hereby licensed to offer postsecondary program(s) of instruction

Under the provisions of Chapter 1005, Florida Statutes and Chapter 6E, Florida Administrative Code for the period beginning:

*Samuel J Ferguson*  
\_\_\_\_\_  
Executive Director

10/1/2021  
\_\_\_\_\_  
6340  
\_\_\_\_\_  
License Number

*F. Kelly*  
\_\_\_\_\_  
Commission Chairperson

This license is non-transferable, non-assumable, and shall be rendered null and void upon any change in ownership of the licensee.



# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366  
Madison, WI 53708-8366

1400 E. Washington Avenue  
Madison, WI 53703

FAX #: (608) 251-3031  
Phone #: (608) 266-2112

E-Mail: [web@dsps.wi.gov](mailto:web@dsps.wi.gov)  
Website: <http://dsps.wi.gov>

## CHIROPRACTOR/CHIROPRACTIC RADIOLOGICAL TECHNICIAN/CHIROPRACTIC TECHNICIAN CONTINUING EDUCATION APPROVAL FORM

Return as a Word attachment to Peter Schramm at [Peter.Schramm@Wisconsin.gov](mailto:Peter.Schramm@Wisconsin.gov), at least 75 days prior to initial course date.

### Area of Continuing Education:

(Check one or all that apply)

*Chiropractor X*

*Chiropractic Technician (CT)*

*Chiropractic Radiological Technician (CRT)*

**Course Title: Module 776: Dysautonomia Pt. 6**

**Course Sponsor Name: Carrick Institute for Graduate Studies**

**Total CE Hours Requested: 25**

**Does Course Sponsor meet the requirements under Chiro 5.02(1)(a)?**      x Yes     No

### Contact Information for Course Sponsor:

*Name, Address, Phone, Email*

Rebecca Robillard  
8910 Astronaut Blvd Suite 102  
Cape Canaveral FL 32920  
321-868-6464  
[rrobillard@carrickinstitute.com](mailto:rrobillard@carrickinstitute.com)

### Course Objectives/Outcomes (provide on additional sheet of paper if needed):

- Physical and Neurological Exam Skills
- Pertinent Anatomy, Pathophysiology & differential diagnosis criteria
- How to create individualized rehabilitative strategies for your patients

**Initial Course Date(s) and Location(s):** Michigan October 7-9, 2022

*\*PLEASE NOTE\*: Additional dates and/or locations may be offered within the biennium without submitting requests for further approval as long as the original approved course content is offered by the approved instructor; however, if course content and/or instructor change, you must submit a new request for approval, at least 75-days in advance.*

If this course was approved by the Chiropractic Examining Board during the previous biennium, it can be renewed without review by the liaison as long as the course content and instructor have not changed. If this is a renewal, please list the previous approval code: \_\_\_\_\_

Fill out the following section ONLY if a separate entity is performing any of the duties. If the sponsor is putting the course on by themselves, leave the section blank.

If the program sponsor is delegating any responsibilities of this seminar, please complete information below:

**Name of Delegated Entity/Person:** \_\_\_\_\_

*Specific personnel responsible:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Qualifications: \_\_\_\_\_

(Attach CV/Bio if available)

- If a written contract exists between sponsor and delegated entity, please attach a copy to this form.
- Regardless of whether a written contract exists, please provide specific detail of how sponsor will ensure that delegated duties are in compliance with Chir 5.02 requirements.

**The Delegate will perform the following:** (check all that apply)

- Monitor and verify attendance
- Provide monitoring and attendance evidence to Sponsor for proper record retention
- Provide instructor information

By rule, the sponsor is required to validate the course content. By checking the following box, the sponsor is confirming that they are validating all subject content: x

**Method of monitoring attendance:**    x Sponsor Monitored     Delegated Monitoring

**Nutritional Counseling Credit Consideration?**     Yes, for \_\_\_ # of hours    x No \_\_\_

**You must also submit the following via E-mail:**

1. Condensed instructor’s qualifications of no more than two (2) pages indicating the areas of expertise related to the specific areas of instruction per this seminar request (CV may be sent as a PDF)
2. A clear, hourly breakdown of the proposed sessions (breakdown may be sent as a PDF).

**For Department Use Only**

\_\_\_\_\_ Course approved for \_\_\_\_\_ number of hours; including \_\_\_\_\_ hours of nutritional counseling

\_\_\_\_\_ Course(s) not approved because:

\_\_\_\_\_ Course does not meet the 75-day rule    \_\_\_\_\_ Content does not pertain to Wisconsin Clinical Practice

\_\_\_\_\_ Other: \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#2986 (12/16)

Committed to Equal Opportunity in Employment and Licensing





Course Sponsor: Carrick Institute for Graduate Studies

Course Name: Dysautonomia - A Modern Clinical Approach to Diagnosis &  
Rehabilitation Pt. 6

Hours: 25 hours

### **Overview:**

This 3-day program is part two of six for clinicians developing an expertise in the diagnosis, management and clinical decision-making in autonomic syndromes.

Part one of this series will cover the state of science regarding the clinical anatomy and physiology of the integrated autonomic nervous system as it relates to the human condition. Learners will carry forward these clinical models into the diagnosis and management of autonomic syndromes.

### **COURSE OUTLINE BELOW:**

**Each section will cover the breadth, depth and clinical application of the subject listed.**

**Day 1**

**9-12:30 Ch 1**

- Orthostatic intolerance syndromes
  - Presyncope
  - Syncope
    - Vasovagal
    - Vasodepressor
    - Mixed cardiac
  - POTS

- Neuropathic
- Hyperadrenergic
- Deconditioning
- Hypovolemia

### 13:30-5:30 Ch 2

- Paroxysmal sinus tachycardia (PST)
- Inappropriate sinus tachycardia (IST)
- Orthostatic hypotension (OH)
  - Neurogenic
  - Non-neurogenic: Volume Depletion
  - Non-neurogenic: Cardiac
  - Medication effect

### Day 2

#### 9-12:30 Ch 3

- Orthostatic hypertension (OHTN)
- Orthostatic cerebral hypoperfusion syndrome (OCHOS)
- Hypocapnic cerebral hypoperfusion (HYCH)
- Psychogenic pseudosyncope

#### 13:30-5:30 Ch 4

- Autonomic Failure (underactivity)
  - Generalized vs Diffuse (sudomotor, cardiovagal, adrenergic)
  - Restricted-subset of generalized failure
  - Adrenergic (abnormal BP response to tilt and valsalva)
  - Cholinergic (abnormal deep breathing and sudomotor test)
  - Sudomotor

### Day 3

#### 9:00-3:30 Ch 5

- Autonomic Overactivity
  - Adrenergic
  - Cholinergic
- Paroxysmal Dysautonomia
  - Paroxysmal overactivity
  - Paroxysmal autonomic failure (underactivity)
- Hypovolemia
- Cerebral Autoregulatory failure
- Small fiber neuropathy
  - Based on skin biopsy:
  - Type:
    - Mixed sensory and autonomic (sudomotor)
      - Abnormal epidermal nerve fiber density (ENFD)
      - Sweat gland nerve fiber density (SGNFD)
    - Sensory--abnormal ENFD
    - Autonomic (sudomotor)--abnormal SGNFD
  - Distribution:

- Length dependant
  - Non-length dependant
  - Based on sudomotor testing:
    - Abnormal QSART--length, non-length, patchy
    - Abnormal electrochemical skin conductance (ESC)
- Neurodegenerative disorders
  - Parkinson's Disease
  - Multiple systems atrophy
  -
- Cyclical vomiting
- Dysautonomia with mTBI/concussion
- Gastroparesis

# CURRICULUM VITAE & BIOGRAPHY

## **PERSONAL DATA:**

Marc G. Pick, DC, DACNB, FICS



## **EDUCATIONAL BACKGROUND:**

Hamilton High School, 1963-Graduated 66

Santa Monica College, 1966-68

Woodbury University, 1968-70

Cleveland Chiropractic College, Los Angeles- Doctorate of Chiropractic, Graduated 1973

## **CONTINUING EDUCATION:**

Diplomat of Craniopathy (D.I.C.S.), 1982-90 Through the International Craniopathic Society a division of the Sacro-Occipital Research Society International

Fellow of Craniopathy (F.I.C.S.) 2000 Through the International Craniopathic Society a division of the Sacro-Occipital Research Society International

Emperor's College of Traditional Oriental Medicine & Acupuncture, 1987-92

A.C.A. Postgraduate Program on Neurology, Logan Chiropractic College, Graduated 1997.

Currently logged over 1,580 postgraduate study hours in neurology through the Carrick Institute of postgraduate studies and hold's his Diplomat status in neurology through the American Chiropractic Neurology Board

Presently re-enrolled in the Carrick Institute for Postgraduate Studies advanced Neurology Program for Movement disorders.

Presently enrolled in the IAFNR Neurology Program's Modular series with Drs. Kharrazian & Brock.

## **PROFESSIONAL AFFILIATIONS:**

Member of American Chiropractic Association.

Member of the ACA Council on Neurology.

Member of the Sacro-Occipital Research Society International

a. Past member of the Board of Directors.

b. Past Vice-President

c. Past Chairman of SORSI Research Committee

d. Past Chairman of the SORSI International Research Committee.

e. Past President of the SORSI Research Board of Directors.

Lifetime Member of the Sacro-Occipital-Technique Organization- USA

Faculty member for the Carrick Institute of graduate studies

Member of IAFNR.

## **PROFESSIONAL DATA:**

Licensed Doctor of Chiropractic, 1973 to present.  
Past-President –CCA L.A. Metro. Society, 1977-78  
Past Postgraduate Faculty member of the Los Angeles Chiropractic College.  
Diplomat of the National Board of Chiropractic Examiners, 1973.  
Post-Faculty Member of Pasadena Chiropractic College.  
Post- Faculty Member of the Shiokawa Chiropractic College, Tokyo, Japan.  
Consulting practice in Japan 1980- 92.  
Lectured throughout the United States, Japan, Korea, England, France, Switzerland, Canada, Mexico, Italy, Spain and Australia since 1979.  
Founder of *Project Human*– the reconstruction of a latex prosectable human.  
Performed multiple human dissections from 1977-present.  
Past Faculty postceptor doctor for Logan College of Chiropractic.  
Past Faculty postceptor doctor for Cleveland Chiropractic College, L.A.  
Instructing Human Dissection for the Outreach Program- University of Hawaii, John Burns School of Medicine, 1998- present.  
Conducted Human Dissections & personal research in the Gross Anatomy lab at UCLA School of Medicine., 2003-2006.  
Diplomat of the American Chiropractic Neurology Board, 2013.

## **AWARDS & MERITS:**

Registered in Who's Who- 1996.  
CCA's Robert Botterman Award 1975-6  
Past President's Award- LA Metro. Society of CCA 1977-8  
Pacific Asian Association of Chiropractic Award (for developing Chiropractic in Japan), 1979.  
Appreciation Award of the First International Chiropractic Symposium in Japan, 1988  
Sacro-Occipital Technique Austral/Asia Award (for the advancement of Chiropractic in Australia).  
SORSI's Presidential Appreciation Award, 1986  
SORSI's Recognition Award as Research Chairman, 1989-92.  
SORSI's Chiropractor of the year Award, 1989.  
SORSI's Extraordinary Researcher Award, (Researcher of the Decade),1993.  
SORSI'S Researcher of the Year Award, 1995.  
International Association of Functional Neurology and Rehabilitation (IAFNR) 2015 Neurologist of the year.

## **PUBLICATIONS:**

*"A preliminary single case magnetic resonance imaging investigation into maxillary frontal-parietal manipulation and its short-term effects upon the intracranial structures of an adult human brain"*. Published in the Journal of Manipulative and Physiological Therapeutics, March/April 1994.

*"Cranial Sutures"*, Analysis, Morphology and Manipulative Strategies. Publisher: Eastland Press, released in September 1999.

*“Focal Point Recording”, A universal standardized approach in recording Cranial Analysis and Manipulations”. Published in PDF format through Marc Pick Creations 2014.*

## **BIOGRAPHY:**

Marc G. Pick is a Doctor of Chiropractic with a private practice in Beverly Hills, California since 1973. In a desire to enhance his services, he attended Emperors College of Traditional Oriental Medicine from 1987-92, and in 1997, he completed the American Chiropractic Association’s 300-hour postgraduate course in Neurology. Currently, Dr. Pick has logged over 1,580 postgraduate study hours in neurology through the Carrick Institute of postgraduate studies and hold’s his Diplomat status in neurology through the American Chiropractic Neurology Board.

He earned his Diplomat and Fellowship status in Craniopathy through the International Craniopathic Society sponsored by the Sacro-Occipital Research Society International (SORSI) and lectured throughout the United States, Mexico, Japan, Korea, Australia, England, France, Canada, Italy, Spain and Switzerland since 1979.

Since 1973, he has accomplished several thousand hours of human dissection and founded Project Human (the construction of a prosected latex humanoid cast from the parts of human cadavers).

Naturally inquisitive about the intracranial impact of cranial manipulations, he began investigating the visual effects of cranial manipulations upon the intracranial structures during MRI scanning and was published in the Journal of Manipulative and Physiological Therapeutics (JMPT) in 1994. His more recent work is the text, “Cranial Sutures”, published and released through Eastland Press. The text is a comprehensive guide to sutural analysis, morphology and manipulative strategies and is designed to aid the practitioner’s manipulative applications through a greater understanding of the skull’s interarticular relationships. In 1998, Dr. Pick was approached by the Pacific Asian Association of Chiropractic (PAAC) to develop and conduct an ongoing course in human dissection to be held annually at the John Burns School of Medicine in Honolulu. Since that time Marc Pick Creations has included an extra four-day course each year and this is now offered through Marc Pick Creations as a postgraduate continuing educational course each year.

One of Dr. Pick’s proudest accomplishments was his creation of a latex fiber optic model of the Human Central & Peripheral Nervous System. This was placed on loan to the Wellcome Trust for their 2002 Exhibit that was displayed at the Museum of Science in London. A photograph taken by Pat York of Dr. Pick’s dissection reveals the entire central and peripheral nervous system with dural meningeal structures intact. This photograph is currently on exhibit in the Wellcome Trust’s London Museum as part of its permanent display and was recently selected by the Smithsonian institute’s National Museum as an addition to their collection.



## Marc Pick Creations presents: Four Days of Human Dissection.

**Location:** Gross Anatomy Lab at the John A. Burns School of Medicine, University of Hawaii, in Honolulu

**Purpose:** The primary goal of this class is to dissect and investigate the following systems and assess their relative importance to manipulative therapy. **1. Musculoskeletal System 2. Visceral System 3. Nervous System, (Peripheral, Central, and Autonomic.)** The students will observe each system through visual and tactile palpation to enhance their three dimensional understanding of manipulative therapeutic applications. Each student will be assigned to a specific region on the cadaver and instructed to identify and learn the structures contained within their respective area. That student will then be responsible to share his/her region with others in their group.

### **Workshop– Day One Dissection Class Muscular Systems: September 14, 2020: 9:00pm - 3:30pm**

Hour:	Instructor	Topic
8:30-10:00	Marc Pick, DC, DACNB, FICS	Introduction to course and review of safety instructions. Observe the body's surface landmarks. Remove the skin and expose the superficial muscles of the posterior body for review, identification, and relationship to landmark structures. <i>(Dissection &amp; palpation for landmarks &amp; Diversified spinal adjusting technique applications)</i>
10:00-11:00	Marc Pick, DC, DACNB, FICS	Continue investigation into superficial musculatures of posterior body, Note regions of origin, insertion, innervation and functional actions. <i>(Dissection &amp; palpation for landmarks &amp; Diversified spinal adjusting technique applications)</i>
11:00-12:00	Marc Pick, DC, DACNB, FICS	Remove the superficial muscles of the posterior body for deep muscular exposure. Identify major muscles including their points of origin, insertion, innervation and functional actions. <i>(Dissection &amp; palpation for landmarks &amp; Diversified spinal adjusting technique applications)</i>
12:00-1:30		<b>Lunch</b>
1:30-2:30	Marc Pick, DC, DACNB, FICS	Remove the skin and expose the superficial muscles of the anterior body for review, identification, and relationship to landmark structures. <i>(Dissection &amp; palpation for landmarks &amp; SOT/Diversified rib adjusting technique applications)</i>
2:30-3:30	Marc Pick, DC, DACNB, FICS	Continue investigation into superficial musculatures of anterior body, Note regions of origin, insertion, innervation and functional actions. <i>(Dissection &amp; palpation for landmarks &amp; SOT/Diversified rib adjusting technique applications)</i>

*Total daily hours devoted to Dissection & 1hr. of SOT & Diversified Spinal and rib adjusting technique applications)*

### **Workshop Day Two Dissection Class Visceral Systems: September 15, 2020: 9:00pm – 4:00pm**

Hour:	Instructor	Topic
9:00-10:00	Marc Pick, DC, DACNB, FICS	Remove the superficial muscles of the anterior body for deep muscular exposure. Identify major muscles including their points of origin & insertion, innervation and functional actions. Discuss and demonstrate adjustive techniques to activate the agonist/antagonist afferent pathways of anterior/posterior muscular compartment reflexes. <i>(Dissection &amp; Diversified upper extremity adjusting technique applications)</i>
10:00-11:00	Marc Pick, DC, DACNB, FICS	In supine position, expose the internal organs. Open the thoracic cavity and the abdominal cavity (keeping the diaphragm with its points of insertion intact). <i>(Dissection &amp; Diversified upper extremity adjusting technique applications)</i>
11:00-12:00	Marc Pick, DC, DACNB, FICS	Briefly observe the organs relational position to various muscular formations (psoas, diaphragm), adjacent viscera and landmark vascular formations. <i>(Dissection &amp; Diversified lower extremity adjusting technique applications)</i>
12:00-1:30		<b>Lunch</b>
1:30-2:30	Marc Pick, DC, DACNB, FICS	The chest group ( <i>above the diaphragm</i> ) is charged with locating the Ansa Cervicalis, phrenic and vagus nerves prior to removing the cardio-pulmonary organs. The abdominal group ( <i>below the diaphragm</i> ) will remove the abdominal viscera while attempting to expose the deeper abdominal plexuses. <i>Note, care must be taken to not remove the abdominal aorta before observing the plexuses that surround it. Upon completion of their tasks', it will be each individual's responsibility to share their findings with others at their table.</i>
2:30-4:00	Marc Pick, DC, DACNB, FICS	<b>(Optional)</b> Remove all internal organs from the thorax as one piece (heart & lungs connected) and do the same with abdominal organs <i>(SOT Psoas &amp; iliofemoral adjusting technique applications)</i>

*Total daily hours devoted to Dissection & 1hr. of SOT & Diversified upper extremity & Psoas, iliofemoral adjusting technique.*

**Workshop Day Three Dissection Class Visceral Cont. & Peripheral Nervous Systems: September 16, 2020: 9:00pm - 3:30pm**

Hour:	Instructor	Topic
9:00-10:00	Marc Pick, DC, DACNB, FICS	Observe inter-visceral connections (i.e. Pancreatic- biliary- intestinal, and Cardiopulmonary connections).
10:00-11:00	Marc Pick, DC, DACNB, FICS	Divide the organs amongst the participants and instruct each person to expose the landmark structures pertaining to their particular organ. <i>It will be each individual's responsibility to share their findings with others at their table.</i>
11:00-12:00	Marc Pick, DC, DACNB, FICS	Individual visceral Dissection and observation continued.
12:00-1:30		<b>Lunch</b>
1:30-2:30	Marc Pick, DC, DACNB, FICS	Each person will be assigned to a specific region of the body ( <i>head-neck, arms, hands, chest, abdomen, legs, &amp; feet</i> ). They are to devote the remainder of the day to locating and identifying the primary peripheral nerves. This will include, tracing each nerve from its point of vertebral exit to final termination. Participants will be instructed to especially note, the positional relationship between the nerves and their surrounding structures. <i>(Dissection &amp; Diversified upper extremity adjusting technique to reduce entrapments)</i>
2:30-3:30	Marc Pick, DC, DACNB, FICS	<i>Continuation of peripheral nerve investigation. As participants are exploring, the instructor will be wondering from cadaver to cadaver pointing out aberrancies, anomalies, points of interest and adjusting protocols for addressing nerve entrapment.</i> <i>(Dissection &amp; SOT/Diversified lower extremity adjusting technique to reduce entrapments)</i>

*Total daily hours devoted to Dissection & 30min. of SOT/Diversified extremity adjusting technique to reduce entrapments)*

**Workshop Day Four Dissection Class Central Nervous Systems: September 17, 2020: 9:00pm - 3:30pm**

Hour:	Instructor	Topic
9:00-10:00	Marc Pick, DC, DACNB, FICS	<i>Continuation of peripheral nervous system investigation.</i> Today will begin with each individual sharing his/her findings with others at their table. Setups and adjustive applications will be utilized to observe adjusting biomechanics to the extremity joint systems. <i>(Dissection &amp; SOT extremity adjusting technique applications)</i>
10:00-11:00	Marc Pick, DC, DACNB, FICS	Expose and investigate the cranial/spinal meninges and vascular feeders. Note the meninges points of insertion and demonstrate the various standard adjustive techniques that might influence the meningeal mechanoreceptors located throughout the spine. <i>(Dissection &amp; SOT spinal adjusting technique applications)</i>
11:00-12:00	Marc Pick, DC, DACNB, FICS	Remove the brain and spinal cord intact. Identify general topographical landmarks of both structures. <i>(Dissection &amp; SOT cranial and spinal adjusting technique applications)</i>
12:00-1:30		<b>Lunch</b>
1:30-2:30	Marc Pick, DC, DACNB, FICS	Perform cross-sectional slices upon the brain, brainstem, cerebellum and spinal cord. Identify the tracts and nuclei located within the various structures and discuss the compromising effects of spinal subluxations to the subject's central integrative neuronal state. <i>(Dissection &amp; SOT Cranial adjusting technique applications)</i>
2:30-3:30	Marc Pick, DC, DACNB, FICS	Continuation of central nervous system investigation with emphases on adjustive protocols to enhance neuronal output and integrative homeostasis. <i>(Dissection &amp; SOT Cranial adjusting technique applications)</i>

*Total daily hours devoted to Dissection & 2hrs. of SOT/Diversified extremity & spinal adjusting and SOT cranial technique applications)*

*Depending on the skill of each participant, the amount of time allocated to each system may or may not extend over the scheduled time breakdown. Therefore, except for the hours allocated to technique, the above schedule should be considered as a general guideline and not necessarily rigid or unbendable.*



# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366  
Madison, WI 53708-8366

1400 E. Washington Avenue  
Madison, WI 53703

FAX #: (608) 251-3031  
Phone #: (608) 266-2112

E-Mail: [web@dsps.wi.gov](mailto:web@dsps.wi.gov)  
Website: <http://dsps.wi.gov>

## CHIROPRACTOR/CHIROPRACTIC RADIOLOGICAL TECHNICIAN/CHIROPRACTIC TECHNICIAN CONTINUING EDUCATION APPROVAL FORM

Return as a Word attachment to Peter Schramm at [Peter.Schramm@Wisconsin.gov](mailto:Peter.Schramm@Wisconsin.gov), at least 75 days prior to initial course date.

### Area of Continuing Education:

(Check one or all that apply)

*Chiropractor X*

*Chiropractic Technician (CT)*

*Chiropractic Radiological Technician (CRT)*

**Course Title: Module Four Day Human Dissection**

**Course Sponsor Name: Carrick Institute for Graduate Studies**

**Total CE Hours Requested: 25**

**Does Course Sponsor meet the requirements under Chiro 5.02(1)(a)?**      x Yes     No

### Contact Information for Course Sponsor:

*Name, Address, Phone, Email*

Rebecca Robillard  
8910 Astronaut Blvd Suite 102  
Cape Canaveral FL 32920  
321-868-6464  
[rrobillard@carrickinstitute.com](mailto:rrobillard@carrickinstitute.com)

### Course Objectives/Outcomes (provide on additional sheet of paper if needed):

- Physical and Neurological Exam Skills
- Pertinent Anatomy, Pathophysiology & differential diagnosis criteria
- How to create individualized rehabilitative strategies for your patients

**Initial Course Date(s) and Location(s): Honolulu Hawaii, August 25-28, 2022**

*\*PLEASE NOTE\*: Additional dates and/or locations may be offered within the biennium without submitting requests for further approval as long as the original approved course content is offered by the approved instructor; however, if course content and/or instructor change, you must submit a new request for approval, at least 75-days in advance.*

If this course was approved by the Chiropractic Examining Board during the previous biennium, it can be renewed without review by the liaison as long as the course content and instructor have not changed. If this is a renewal, please list the previous approval code: \_\_\_\_\_

Fill out the following section ONLY if a separate entity is performing any of the duties. If the sponsor is putting the course on by themselves, leave the section blank.

If the program sponsor is delegating any responsibilities of this seminar, please complete information below:

**Name of Delegated Entity/Person:** \_\_\_\_\_

*Specific personnel responsible:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Qualifications: \_\_\_\_\_

(Attach CV/Bio if available)

- If a written contract exists between sponsor and delegated entity, please attach a copy to this form.
- Regardless of whether a written contract exists, please provide specific detail of how sponsor will ensure that delegated duties are in compliance with Chir 5.02 requirements.

**The Delegate will perform the following:** (check all that apply)

- Monitor and verify attendance
- Provide monitoring and attendance evidence to Sponsor for proper record retention
- Provide instructor information

By rule, the sponsor is required to validate the course content. By checking the following box, the sponsor is confirming that they are validating all subject content: x

**Method of monitoring attendance:**    x Sponsor Monitored     Delegated Monitoring

**Nutritional Counseling Credit Consideration?**     Yes, for \_\_\_ # of hours    x No \_\_\_

**You must also submit the following via E-mail:**

1. Condensed instructor's qualifications of no more than two (2) pages indicating the areas of expertise related to the specific areas of instruction per this seminar request (CV may be sent as a PDF)
2. A clear, hourly breakdown of the proposed sessions (breakdown may be sent as a PDF).

**For Department Use Only**

\_\_\_ Course approved for \_\_\_ number of hours; including \_\_\_ hours of nutritional counseling

\_\_\_ Course(s) not approved because:

\_\_\_ Course does not meet the 75-day rule    \_\_\_ Content does not pertain to Wisconsin Clinical Practice

\_\_\_ Other: \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_    **Date:** \_\_\_\_\_

#2986 (12/16)

Committed to Equal Opportunity in Employment and Licensing

# Nathan Keiser, D.C. DACNB

Board Certified Chiropractic Neurologist

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## Education

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Carrick Institute of Graduate Studies ▪ Cape Canaveral, FL  
Postdoctoral study in Functional Neuro-orthopedic Rehabilitation 2015

Carrick Institute of Graduate Studies ▪ Cape Canaveral, FL  
Postdoctoral study in Vestibular Rehabilitation and Traumatic Brain Injury 2012-2015

Carrick Institute of Graduate Studies ▪ Cape Canaveral, FL  
Postdoctoral study in Head, Neck and Eye movement strategies 2015

Carrick Institute of Graduate Studies ▪ Cape Canaveral, FL  
Postdoctoral study in Treatment of Movement Disorders 2011

Carrick Institute of Graduate Studies ▪ Cape Canaveral, FL  
Postdoctoral study in Neurochemistry 2010-2011

Carrick Institute of Graduate Studies ▪ Cape Canaveral, FL  
Postdoctoral study in Functional Neurology 2006-Current

Carrick Institute of Graduate Studies ▪ Cape Canaveral, FL  
Postdoctoral study in Childhood Developmental Disorders 2009

University of Bridgeport College of Chiropractic  
Mastering the Thyroid 2009

Carrick Institute of Graduate Studies ▪ Cape Canaveral, FL  
Neurotransmitters and Brain 2009

Carrick Institute of Graduate Studies ▪ Cape Canaveral, FL  
Neurological Examination and Diagnosis For the Practicing Chiropractor 2008

Life University ▪ Marietta, GA  
Doctor of Chiropractic, with honors 2006-2009

Michigan State University ▪ East Lansing, MI  
Bachelor of Science, Kinesiology, with honors 2001-2005

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## Professional Licensing and Certification

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Diplomate of the American Chiropractic Neurology Board, Board Certified 2010.

Curriculum Vitae

Nathan D. Keiser DC, DACNB

Licensed Chiropractic Physician, State of Tennessee *2009-current*

Licensed Chiropractic Physician, State of Florida *2012-current*

Licensed Chiropractic Physician, State of Michigan *2012-current*

Licensed Chiropractic Physician, State of Georgia *2012-current*

National Board of Chiropractic Examiners:

Part I Completed *March 2008*

Part II Completed *September 2008*

Part III Completed *March 2009*

Part IV Completed *May 2009*

PT Completed *March 2009*

### **Professional Associations**

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- American Chiropractic Association *2012*
- Tennessee Chiropractic Association *2010*
- Georgia Chiropractic Association *2008*

### **Educational Honors**

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- Selected for Life University International PEAK program *July-Sept 2009*
- Cum Laude Graduate of Life University *September 2009*
- Deans List Life University
- Deans List Michigan State University

### **Professional Work Experience**

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#### **Carrick Institute for Graduate Studies,**

Assistant Professor of Clinical Neurology, October 2012-current

#### **Carrick Brain Centers, Atlanta, GA**

Attending Physician, June 2013- June 2015

**Nathan D. Keiser LLC, Jupiter, FL**

Curriculum Vitae

Nathan D. Keiser DC, DACNB

Private Practice, May 2012 –Feb 2013

**Keiser Chiropractic Neurology Center PC, Nashville, Tennessee**

Private Practice, December 2009- May 2012

- Chiropractic Physician and Director of Functional Neurology
- Created and built a successful neurologically based practice in under 2 years
- Founder and developer of clinic, overseeing all aspects of patient care, resource management, coordinating patient experience and performance evaluation for doctors and staff
- Performed comprehensive chiropractic evaluations, treatment and consultations working in collaboration with medical, rehabilitative and pain management specialists.
- Organized collaboration with other medical professionals to provide optimal patient access to effective and timely care.
- Performed in-depth work-up, analysis and treatment protocols for patients with multifaceted presentations including and not limited to: Orthopedic, Neuromuscular presentations, Post-stroke rehabilitation, Post-concussion/mTBI, severe TBI, Balance disorders, Vertigo, Peripheral neuropathy, Chronic pain syndromes, Dystonia, Parkinson's Disease and Parkinson's Plus Syndromes, Dementia, Dysarthria, Autoimmune disorders such as Hashimoto's, MS and Multifocal demyelination, and developmental disorders such as Asperger's Syndrome and ADHD

**BMR Chiropractic, Tupelo, Mississippi**Life University Clinic, Practice, Excellence, Art, and Knowledge (P.E.A.K.), April 2009 – September 2009

**Senior Intern**

- Received one-on-one mentoring from three experienced and qualified Chiropractic Neurologists
- Worked in a high volume practice that serves 650 patients per week
- Performed thorough Chiropractic and Physical Screening Exams including spinal, physical, visceral, orthopedic, and neurological while instilling confidence in the patient
- Evaluated and treated patients with complex presentations including: Parkinson's Disease, Post-stroke rehabilitation, Fibromyalgia, Balance disorders, Vertigo, Peripheral neuropathy, Hashimoto's, and developmental disorders such as Autism, ADHD and Dyslexia
- Developed numerous corrective care plans including treatment strategies, goals, and anticipated outcome
- Performed, detected, and interpreted multiple skeletal and soft tissue Roentgen signs and pathologies via X-ray
- Administered Functional Rehabilitation, including Cox flexion-distraction, Cervical and Lumbar traction, and Post-isometric Relaxation (PIR) stretches

Curriculum Vitae

Nathan D. Keiser DC, DACNB

- Performed Chiropractic adjustments, including Full Spine, Activator, and Upper and Lower Extremity techniques
- Exceeded Life University's requirements of patient exams, X-rays, overall number of adjustments, and Functional Rehabilitation visits for P.E.A.K

**Life University**, Marietta, Georgia

Life University Campus Center for Health & Optimum Performance, October 2007 – April 2009

### **Student Intern**

- Performed new patient yes/yes consults and progressive re-assessments consisting of a Health History Report, Patient Management Plan, and a Case Management Report.
- Conducted numerous Chiropractic and Physical Screening Exams including spinal, physical, visceral, orthopedic, neurological, infant, toddler, and regional exam.
- Developed Corrective Care Plans including phase placement, treatment strategies, goals, and an anticipated outcome.
- Administered and Interpreted "OATS" (Standard Health Surveys, Revised Oswestry Disability Index, Quadruple Visual Analogue Scale, Neck, and Headache Disability Index).
- Skilled in Chiropractic adjustments including Full Spine/Diversified, J. Clay Thompson, Gonstead, Toggle, Activator, and Upper/Lower Extremity techniques.
- Performed, detected, and interpreted skeletal and soft tissue Roentgen signs and pathologies via Digital Radiographic X-ray procedures.
- Administered Functional Rehabilitation; including Cox flexion-distraction, Interferential Current Therapy, Electric Stimulation Therapy, VibroCussor, Post-isometric Relaxation stretches, musculoskeletal strengthening, and, core rehabilitation exercises.
- Exceeded Life University's requirements of patient management, overall number of adjustments, and Functional Rehabilitation visits.
- Advised and scanned patients for Orthotic fittings in conjunction with Foot Levelers and Comfort Fit.

### **Also of Interest**

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- Featured speaker for Tennessee Chiropractic Association District V August 2010
- WSMV More at Midday, Topic- Peripheral Neuropathy
- WSMV More at Midday, Topic- Low Thyroid Function (3 appearances)
- Featured health speaker for the Tennessee Department of Labor 2010
- Guest Lecturer- Life University Functional Neurology Club 2010

Curriculum Vitae

Nathan D. Keiser DC, DACNB