


South Carolina Chiropractic Board of Examiners


The Board, Statutes and Regulations

Title 40, Chapter 9
Regulation, Chapter 25




Statutes vs. Regulations

<p>Statutes</p> <ul style="list-style-type: none"> • Adopted by Legislature 	<p>Regulations</p> <ul style="list-style-type: none"> • Laws made by executive branch agencies. • Adopted by Boards through stringent process • Clarify and explain statutes
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PURPOSE

- To educate the Doctor of Chiropractic about **Statutes** and **Regulations** in Chiropractic Practice
- **Regulation 25-5** requires 2 hours of the 36 hour Continuing Education in Rules and Regulations in each biennial period





Board of Examiners

- Purpose.
 - The Board of Chiropractic Examiners was created to protect the health, safety and welfare of the public
 - Board of Examiners vs. SCCA
- Board is administrated by LLR
- 9 Members
 - A Chiropractor from each congressional district
 - 1 Chiropractor at large
 - 1 Consumer member
- Board Members
 - Voted by peers
 - Appointed by Governor





Current Board Members

- **Dr. Harvey Garcia**
 - Chairman
 - Dist 3 ~ Expires 6/14
- **Dr. Ralph D. Roles**
 - Vice-Chairman
 - Dist 1 ~ 6/14
 - 1st Term
- **Dr. Joe G. Carew**
 - Dist 2 ~ Expires 7/16
- **Dr. David H. Mruz**
 - Dist 4 ~ Expires 7/16
 - 1st Term
- **Dr. Brian Hughes**
 - Dist 5~ Expires 6/14
 - 1st Term
- **Dr. John R. McGinnis**
 - Dist 6 ~ Expires 6/16
 - 1st Term
- **Dr. Richard D. Heavner**
 - Dist 7 ~ Expires 6/16
 - 1st Term
- **Mr. E. J. Mercer, Esquire**
 - Consumer Member
 - Expires 6/04
- **Dr. Jeanne M. Green**
 - At-Large ~ Expires 6/14
 - 1st Term



Board of Examiners

Veronica Reynolds, Administrator

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25-4-A (5) Volunteer Licenses

- Documentation and acknowledgement that the applicant has **no expectation** of payment or compensation and must not receive any payment or compensation, either direct or indirect or monetary or in-kind for chiropractic care or any health services rendered.





25-4-B Practice Purposes for Volunteer Licenses

- Needy and Indigent Care – must be exclusively and totally devoted to providing chiropractic care to the needy and indigent in South Carolina.
- State of Emergency – must be exclusively and totally devoted to providing chiropractic care to citizens of the State in areas which have been declared by the Governor to be in a state of emergency.



25-4-C Emergency License

- License for Doctors of Chiropractic who wish to devote their expertise exclusively to providing care to citizens of the State in areas which have been declared by the Governor's office to be in a state of emergency.
- Limit to specific site(s) and practice settings



25-4-D Special Event License

- Exclusively and totally devoted to providing chiropractic care while traveling with a team or organization in this State.
- Treat only members of the team or organization.
- License issued prior to the event.
- Practice within the scope/rules of this State
- Includes Technique type seminars that are “hands on” training.



License Required (Exceptions)

- Section 40-9-20 No person may practice Chiropractic in South Carolina without a license issued by the South Carolina Board of Chiropractic Examiners.
- Exceptions – Senior students of a Chiropractic college chartered by state may perform under the supervisor of a licensed Chiropractic on the college staff.
- A chiropractor without a SC license (Includes applicant for license, preceptor program, student, or licensed in other state) may **not** practice under direct or indirect supervision. A licensed Chiropractor who purports to provide supervision may be disciplined for assisting unlicensed practice.
- May serve as assistant, place therapy, take vital signs
- May **Not** adjust, do physical exams (diagnose), or perform procedure requiring interpretation.



40-9-20-B Charges

- No charges for professional service may be made to any patient or to his or her insurance company for any work performed on the patient by the students or by the licensed Doctor of Chiropractic in an office while supervising the students.
- However, the chiropractic college or the office of the licensed doctor may charge the patient for the actual costs and expenses it incurs for the use of its clinical property or facilities by the patient.



Renewal of License

- Continuing Education
- Minimum of 36 hours biennially (2010-2012)
 - Accepted professional continuing education
 - Approved by the board -PACE
- 2 hours of the 36 are required in **Rules and Regulations** of the S.C. Board of Chiropractic Examiners
- 2 hours of the 36 in **Risk Management** which includes, but is not limited to, boundary or public health issues.
- Waiver during period of temporary medical disability
 - involving extraordinary hardship or incapacitating illness
 - Application for waiver should be made BEFORE license lapses



25-5-B(1) Continuing Education

- Acceptable educational programs or courses
 - presented and/or sponsored by accredited chiropractic colleges
 - taught by post-graduate level instructors of an accredited college or school approved by the Board
 - presented and/or sponsored by other individuals or organizations approved by the Board



Continuing Education

- administering Part IV of the National Board of Chiropractic Examination – twelve (12) hours
- attendance at Federation of Chiropractic Licensing Boards/National Board of Chiropractic Examiners (FCLB/NBCE) meetings – twelve (12) per meeting
- teaching a course at an accredited college may provide the number of CEs commensurate with the hours earned by the students taking the course
- teaching an approved CE seminar – limited to 18 hours per renewal cycle



Continuing Education: Out-of-State

- Out-of-state licensees meeting their home state’s continuing education requirements will satisfy the Board’s continuing education requirements.



25-5 Professional Practices Renewal of License

- Licenses expire on Sept 30 every 2nd year The Biennial License
Renewal date changed from June 30 to September 30. Effective August 10, 2006
- Failure to renew results in automatic lapse of license
- Lapsed License Penalties
 - > 1 year but < 3 years
 - pay **each** year’s license fee plus applicable **penalty**
 - submit satisfactory evidence of CE Requirements
 - submit an Application for Reinstatement;
 - > 3 years
 - complete a new application **and**
 - take and pass the SPEC examination **or**
 - must meet requirements in effect at the time of application for a new license.
- **Any Doctor of Chiropractic who practices in SC while the license is lapsed may be disciplined for engaging in unlicensed practice.**



25-5-B(3) Sponsor Requirements

- Submit written request to Board Administrator at least 90 days prior to scheduled date of presentation
- Be **PACE** (Providers of Approved Continuing Education) approved – within scope of chiropractic practice
- SC Chiropractic Association
- Palmetto State Chiropractic Association
- Other associations/organizations approved by the Board in its discretion



Non-PACE approved Provider(s) shall:

- Have a mechanism for maintenance of records for no fewer than 3 years
- Have a method of monitoring and verifying attendance
- Provide each participant adequate documentation of participation in the program:
 - name & license number
 - name & address of sponsoring individual or organization
 - name of program, etc



Continuing Education

- Must not present sales promotion during CE seminar or presentation
- Sales promotions are appropriate outside the seminar or presentation **OR**
- Outside the room during seminar or presentation
- Follow Program Approval Requirements 25-5-B(4) & criteria 25-5-B(5)



Continuing Education

- Practice-building subject matter (administration, finance, etc) **will not be approved** for license renewal
- Comprehensive Approval for Continuing Education courses may be given for a calendar year
- Retention and Audit: must maintain attendance certificates for 4 years from the last renewal date
- Board may conduct random audits on an annual or biennial basis



Waiver During Period of Temporary Medical Disability

- Board reserves right to waive CE requirements for individual cases involving extraordinary hardship or incapacitating illness
- May be eligible upon written application to Board and for good cause shown



25-5-G Failure to Meet Continuing Education Requirements

- Notified in writing of their deficit
- Ordered to cease practice
- Advised to obtain Continuing Education
- Failure of the Continuing Education audit results in lapsed license



Renewal of License.

- License must be posted in a prominent location
- Biennial Fee
 - In-State \$240.00
 - Over age 65 Status \$120.00
- Practice while lapsed – Administrative handling
 - 1st Offense
 - Private Reprimand & \$2000 fine and automatic audit for the next 2 audit periods
 - 2nd Offense
 - Hearing scheduled before the Board



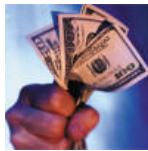
Order to Cease and Desist

- If evidence is received that the licensee continued to practice after an Order was issued
 - Board hearing
 - Not permitted to resume practice pending hearing and until further order of the Board



Renewal of License

- Filing false CE documentation during an audit will result in a Public Reprimand and a \$2000.00 fine
- If you move you must notify the board within 30 days. The Board sends renewal notices to your address of record.
- With a lapsed license you will be disciplined even if you did not get the renewal form.






Definition

- "**Chiropractic**" is defined as that science and art which utilizes the inherent recuperative powers of the body and deals with the relationship between the nervous system and the spinal column, including its immediate articulations and the role of this relationship in the restoration and maintenance of health.

Scope of Practice

- Usage of therapeutic modalities is permitted only by those chiropractors who have passed the National Board of Chiropractic Examiners' (NBCE) [See 25-5 \(E\)](#)
- Chiropractors licensed in South Carolina prior to June 1, 1986 are exempt from this examination.
- Therapeutic modalities are limited to those modalities within the chiropractic scope of practice



Modalities Within the Chiropractic Scope of Practice

- Diathermy:
 - Short-wave diathermy,
 - Microwave diathermy,
- Ultrasound
- Low frequency direct current:
 - Low voltage galvanism,
 - High voltage galvanism
- Alternating current:
 - Sine wave,
 - Faradic,
 - Transcutaneous stimulation
- Interferential;
- Combination currents:
 - Ultrasound with sine,
 - Ultrasound with high voltage,
 - Sine with galvanism
- Such other machines as may be approved by the Board

Procedures Approved for Use in Therapeutic Modalities

- Heat:
 - Hot moist packs,
 - Heating pads,
 - Infrared,
 - Paraffin,
 - Ultraviolet
- Cold:
 - Cold packs,
 - Ice massages,
 - Ice therapy
- Hydrotherapy:
 - Whirlpool,
 - Hubbard tanks
- Traction therapies
 - Cervical, thoracic, lumbar, pelvic,
 - Intersegmental.
- Nutritional therapies
- Exercise
- Rehabilitation and rehabilitative procedures
- Manipulation Under Anesthesia (MUA) 25-5-H
- Intense Pulse Light (IPL) Therapy
- Cold Laser Therapy
- Massage
 - Can only be done by DC or Licensed Massage Therapist



Massage Therapy Services



A licensed massage therapist:

- does not have to be employed by the doctor if no insurance is billed
- **must be employed** by the doctor if insurance is billed.



Diagnostic Equipment and Testing Procedures


- A chiropractor may **request** diagnostic and testing procedures, consistent with all other applicable laws and regulations, and may perform those tests which are consistent with the chiropractic scope of practice
- Needle EMG/NCV is within scope of chiropractic practice. 25-5-E(4)




Diagnostic Equipment and Testing Procedures

- **Blood Analysis**
 - Reference: 25-6
- **Policy**
- Drawing blood from a patient does not violate the S.C. Chiropractic Practice Act.
- All OSHA blood guidelines must be complied with if blood is drawn in the chiropractic office.
 - Universal Precautions



 **Diagnostic Testing**


- In house diagnostic testing companies
- Can be done legally
 - Doc paid rent
 - Must be reasonable for area. (CMS Policy)
 - Only paid for days used
 - Technical/Professional split
 - Must have equipment or lease agreements in place
- Can not get kickback or referral fee
 - Percentage of collections



 **Terms and Definitions**

- Accepted terms are:
 - Chiropractic Physician,
 - D.C.,
 - Chiropractor,
 - Doctor of Chiropractic
- Chiropractors may not refer to themselves as Physical Therapists (PT) or Physiotherapists or Massage Therapists in any fashion



 **Terms and Definitions**

- The South Carolina Board of Chiropractic Examiners does **not** “certify” licensees to practice chiropractic; therefore, licensees may not use the term **“Board Certified”** by the S.C. Board of Chiropractic Examiners.



Unprofessional Conduct

- The following acts or activities by a licensee of this Board are considered to constitute unprofessional, unethical or illegal conduct and grounds for disciplinary action.



Limitation of Practice

No diagnostic or therapeutic procedures in chiropractic practice shall include the use of:


- Drugs,
- Surgery,
- Cauterization,
- Desiccation or coagulation of tissues,
- Rectal examinations,

• Continued




Limitation of Practice

- Gynecological examinations,
- Obstetrics,
- Catheterization with a needle,
- Injecting of dyes for radiological procedures,
- Lumbar puncture to obtain spinal fluid,
- Treatment of cancer or x-ray therapy.



Scope of Practice


- **Coccyx Adjustment**
 - Reference: 25-6
- Effective Date: 02/02/2006
- Internal (rectal) coccyx adjustment/manipulation **does not** violate the Practice act and therefore would be considered within the chiropractic scope of practice.




Scope of Practice

Acupuncture

- The Board of Medical Examiners regulates acupuncture.
- Information concerning the practice of acupuncture, and requirements to obtain certification to practice acupuncture, may be obtained through the Board of Medical Examiners.








Scope of Practice

Can a DC conduct a sports physical?

- Sports physicals are within the chiropractic scope of practice.
- **40-9-10(c)** – “**Analysis is defined as physical examination**, the use of x-rays and procedures generally used in the practice of chiropractic
 - S.C. High School League has ruled that they will not accept sports physicals completed by a DC for middle or high school students.
 - May perform physicals for DOT/CMV with certification

Unprofessional Conduct

- Making misleading, deceptive, untrue or fraudulent representations or communications in the practice of chiropractic
 - Can cure everything. *Example*

Unprofessional Conduct

- Unprofessional conduct,
 - gross incompetence,
 - negligence or
 - misconduct in carrying on the practice of chiropractic

Unprofessional Conduct

- Disobedience to a lawful rule or order of the Board.
 - Examples*
 - Failing to follow Cease and Desist Order, Consent Agreement and Order of the Board
- Practicing while license is suspended or lapsed
- Being convicted of a felony or crime of moral turpitude
 - Examples*
 - Must disclose any convictions on biennial application for renewal
 - Includes tax evasion, child support, criminal domestic violence



Unprofessional Conduct

- Having a license to practice chiropractic suspended, revoked or refused or receiving other disciplinary action by the proper chiropractic licensing authority of another state, territory, possession or country



Unprofessional Conduct

- Being unable to practice chiropractic with reasonable skill and safety to patients by reason of illness, drunkenness, excessive use of drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition.
- Board has authority to compel a chiropractor to submit to a mental or physical examination by physicians approved by the Board.



Unprofessional Conduct

- Knowingly aiding, assisting, procuring or advising any unlicensed person to practice chiropractic contrary to this act or regulations of the Board.

Example

- Allowing a person with suspended license to practice under your license.



Unprofessional Conduct

- Committing immoral or unprofessional conduct. Unprofessional conduct shall include any departure from, or failure to conform to, the standards of acceptable and prevailing chiropractic practice. Actual injury to a patient need not be established.
 - Suggesting patient stop taking prescribed medication
 - Selling cocaine out of office



Unprofessional Conduct

- Improper charges, fraud.**
- Improper charges constitute a form of fraudulent and deceptive practice. Improper charges or fraud may include, but are not limited to: Intentionally submitting to any third-party payor a claim for a service or treatment which was not actually provided to a patient
 - Billing patients insurance on day patient was not in the office to maximize reimbursement.
 - Charging for modalities or procedures not performed.



Unprofessional Conduct

- "Medicare incurred **\$24 million** for services billed with a spinal manipulation code that were actually extraspinal manipulations or non-manipulative treatment..."
- "Upcoding was also a significant problem, resulting in **\$15 million** overpayment."

(OIG, 2005. Chiropractic Services in the Medicare Program, Exec. Summary)





Unprofessional Conduct

Advertising x-ray services restriction.

- Unnecessary exposure to x-rays or other ionizing radiation is considered by all reputable health agencies and organizations to be potentially hazardous to the public. Advertising free x-ray services without explanation of need or otherwise implying indiscriminate use of x-radiation is prohibited.
 - Example: if necessary, if indicated, etc



Unprofessional Conduct

Chiropractic Records.

- A practitioner must keep written chiropractic records justifying the course of treatment of the patient for a minimum of:
 - 10 years for adult patients
 - 13 years for minors.
- These minimum record keeping periods begin to run from the last date of treatment.



Unprofessional Conduct

Patient records release. 25-6-B(1)

- A patient or his legal representative has a right to receive a copy of his patient record and x-rays, or have the record transferred to another health care provider, upon written request, when accompanied by a written authorization from the patient or patient's representative.
 - Must deliver within 14 calendar days of request.
 - Unpaid charges incurred by the patient are **not** grounds for refusal to release records.
 - A chiropractor may charge reasonable costs for copying patient records.
 - Section 38-77-341 of the South Carolina Code of Laws
 - 65 cents first 30 pages and 50 for all others. Plus
 - \$15.00 Handling fee plus actual postage
 - Can't charge health care professionals



Patient Records Release (Policy)

- Fine for not releasing patient records is:
 - \$250.00
 - Hearing Cost, if appropriate
 - Study Chiropractic Practice Act



Unprofessional Conduct

- Must keep adequate office notes that follow the standard of the profession.
 - Exam
 - Diagnosis
 - Treatment Plan
 - Goals
 - Treatment Performed
 - Re-examination
 - SOATP



Unprofessional Conduct

Specialty Certification.

- Practitioners may not advertise or hold themselves out as a specialist or specializing in any activity other than those for which they have **received a certification** for that specialty from a specialty council approved by the ACA or ICA, or a specialty taught by a chiropractic college accredited by the CCE, or its equivalent specialty board or council or specialty approved by the SC Board of Chiropractic Examiners.
 - **Example**
 - Brain Stem Specialist
 - Chiropractic Gynecologist



Unprofessional Conduct

Contagious and Infectious Diseases.

- In all cases of known or suspected contagious or infectious diseases occurring within this State, the attending practitioner shall report such disease to the county health department within twenty-four hours, stating the name and address of the patient and the nature of the disease. DHEC shall designate the diseases it considers contagious and infectious. Any practitioner who fails to comply with this provision is subject to penalties imposed by the appropriate health department.



Code of Ethics

- Doctors of Chiropractic will at all times be guided by the highest standards of moral conduct. They will exemplify professional qualities in all dealings with patients, the general public and other members of the profession.



Code of Ethics

Abandonment

- The Doctor of Chiropractic shall always be free to accept or reject a patient,
- Once DC has accepted a patient, the DC owes a duty not to neglect or abandon the case for any reason and not to withdraw from the case until he or she has given sufficient notice to permit the patient an opportunity to secure another professional attendant.
 - Should dismiss patient in writing
 - Allow 30 days to find another provider.



Code of Ethics

Patient Confidentiality

- A Doctor of Chiropractic may not reveal the confidences entrusted to him or her in the course of attendance, or the deficiencies he or she may observe in the character of patients, unless he or she is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.
 - HIPPA requires a doctor of Chiropractic to maintain confidentiality of patient records including billing records, paper records and electronic records.
 - Subpoena supersedes HIPPA



Code of Ethics

Don't speak on behalf of the profession.

- Individual chiropractors should not assume to speak for the chiropractic profession on controversial subjects. If he or she speaks, he or she should qualify his or her remarks as his or her own personal opinion and not necessarily that of his or her profession.



Code of Ethics

Patient Relationship

- A chiropractor's sexual misconduct exploits the chiropractor/patient relationship, is a violation of the public's trust, and may cause immeasurable harm to the patient. Because of the severe potential for abuse of patients in any relationship with a health care provider or practitioner in a position of trust, it is appropriate that a **three (3) month cooling off** period is required from the date of the patient's **last** visit before any relationship with the chiropractor occurs.



Advertising and Solicitation

Advertising practices by chiropractors should be ethical and professional.

- For the purpose of this rule, the terms communication, solicitation or advertisement shall mean any message, written broadcast or offer made by or on behalf of a licensee.
- Signs, solicitations, or advertisements shall clearly indicate that chiropractic services are being offered.
- Every licensee shall display prominently in the licensee's office the word Chiropractor or D.C.



Advertising and Solicitation

- Should not contain a material misrepresentation of fact or law, or omit a fact necessary to make the statement considered as a whole not materially misleading
- Create an unjustified expectation about results the chiropractor can achieve, or state or imply that the chiropractor can achieve results that violate the rules of Professional Conduct, the Code of Ethics, or other law.



Advertising and Solicitation

- Compare the chiropractor's services with other chiropractors' or other practitioners' services, unless the comparison can be factually substantiated.
- Fail to indicate clearly, expressly or by context, that it is an advertisement.



Advertising Don'ts

Examples

- Advertise that you do homeopathy.
 - Falls under medical practice act
 - Naturopathy is illegal in SC
- Advertise free x-rays and charge the patient for x-rays if more than 2 are taken without written disclaimer.



Advertising and Solicitation

- Shall not be transmitted in a manner that involves intrusion, coercion, duress, compulsion, intimidation, threats, or harassing conduct, particularly those communications requiring an immediate response such as in-person or live telephone contact.



Advertising and Solicitation

- Don't Solicit a prospective patient while transmitted at the scene of an accident or in route to a hospital, emergency care center or other health care facility





Advertising and Solicitation

- Involve the payment or receipt of a commission for referral of patients. The chiropractor must limit the source of his professional income to services actually rendered by him or under his supervision, to his patients.
 - Kickback
 - Runners

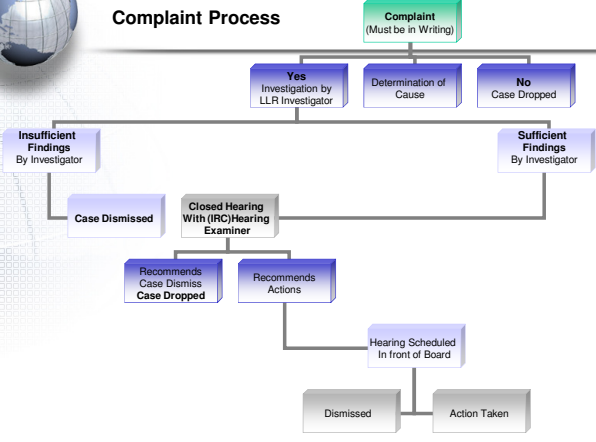


25-6-C Closure of or Departure from a Chiropractic Practice

- Departing or closing a chiropractic practice
 - Current, former patients & the Board must be notified by written or electronic mail correspondence a minimum of sixty (60) days prior to closure
 - Notice must include:
 - The office closing date
 - Where records will be stored
 - How to obtain records
 - A release of information form
 - Deadline for submitting records request
 - Information on how to contact a new chiropractor/health care provider
 - An announcement should be placed in the local newspaper of the closure at least sixty (60) days prior to closure



Complaint Process

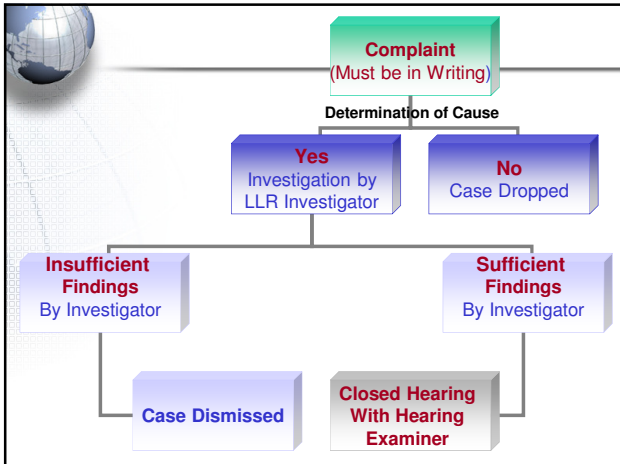




Disciplinary Actions and Procedures

Complaint

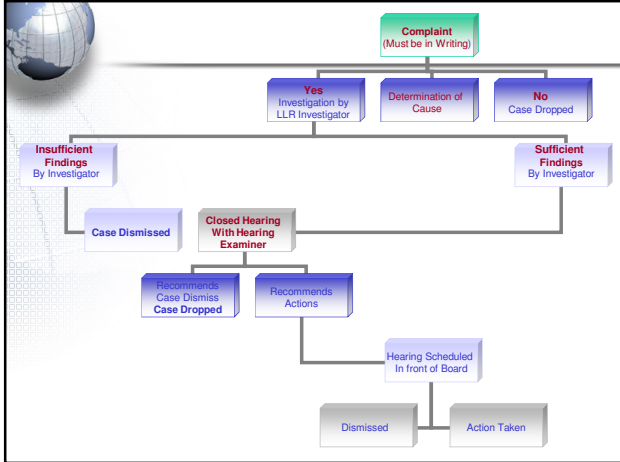
- Must have written complaint of misconduct filed with the Board.
- Determination of Just Cause.
 - Is there cause to have a complaint?
- Investigation may be made by an (LLR) investigator and the results of that investigation presented to the Board, or designee.
- If the Board or designee determines the facts are **not** sufficient to support an alleged violation, the complaint is dismissed and the licensee and the complainant are notified of the Boards decision.





Disciplinary Actions and Procedures

- Following hearing, hearing Examiner will submit a Hearing Examiner's report to the Board which shall include:
 - recommended findings of fact,
 - conclusions of law,
 - disciplinary action to be taken
- Doctor Notified of Hearing Examiners recommendations and a Final Order Hearing scheduled before the board.
- Doctor and their counsel appear before board to submit briefs and be heard in oral argument in opposition to or in support of the Hearing Examiner's recommendation to the Board.
- Board makes ruling (majority vote)



Disciplinary Actions and Procedures

- Board ruling one or a combination of the following:
 - Private Reprimand
 - Public Reprimand
 - Fine
 - Revoke license
 - Suspend license
 - Restrict a license
 - Require remedial education
 - SPECT Test (NBCE)
 - Ethics Test (NBCE)
 - Dismiss case
 - May receive letter of caution (not disciplinary action)

Disciplinary Actions and Procedures

- Appeal of Decision.
- The Board's final administrative decision may be appealed to the Administrative Law Judge Division.
- Proceedings Confidential Until Filed



Complaints - Imminent Threat to Public Health

- Reference: Section 40-9-90 (2) and (5)
- Initial complaints regarding alleged professional misconduct that involves an imminent threat to the public health should be reviewed by staff with the Chairman of the Board, or other delegated Board member if the Chair is not available, who may authorize staff to immediately refer the matter to the Office of General Counsel for formal legal action, as appropriate under state law. The most common fact pattern requiring this decision is evidence that the holder of a license is addicted to alcohol or drugs or that the holder has sustained a mental or physical disability that renders further practice by him dangerous to the public.



How Does Discipline for DCs compare with MDs?

- Drs. Foreman and Stahl studied CA records
 - January 1998-April 2002
 - Published in JMPT 2003
- **67%** of DC violations = **Fraud & sexual boundaries**
- **59%** of MD violations = **Negligence & substance abuse**



What are the consequences when doctors cross over the line?

**Patient
Profession
Doctor**



The Patient

- Psychological damage
- Family relationships impacted
- Feelings of vulnerability, fear, mistrust
- Physical pain / damage
- Financial loss
- Failure to seek treatment in the future



Our Profession

- Damaging headlines
- Target for federal studies
 - *Recent OIG Report on Medicare*
- Insurance reduces benefits, payments
- Harder to pass pro-chiropractic legislation
- Patient trust reduced




The Doctor


- Legal complexities
- Financial burden
- Loss of reputation
- Loss of business
- Family difficulties
- Criminal penalties
- Malpractice insurance does not cover



Case Studies

THE BOARD IS JUDGE AND JURY






Case Summary #1

PATIENT "A" WAS SEEN DUE TO SEVERE BACK PAIN. DURING HIS VISIT HE WAS EXAMINED BY A STUDENT INTERN UNDER THE SUPERVISION OF DR. JOHN DOOLITTLE. DR. DOOLITTLE ALLOWED THE INTERN TO PERFORM AN EVALUATION AND DIAGNOSIS PATIENT "A". DR. DOOLITTLE SIGNED OFF ON THE DAILY CLINICAL COMMENTS AND FAILED TO EXAMINE THE PATIENT. LATER IT WAS DISCOVERED THE PATIENT SUFFERED FROM SEVERE NEUROLOGICAL PROBLEMS AND HAD BEEN IMPROPERLY DIAGNOSED BY THE INTERN.

- A. DR. DOOLITTLE SHOULD NOT SIGN THE NOTES.**
- B. INTERN SHOULD WRITE A PRESCRIPTION AND SEND HOME.**
- C. OVERSEE AND INSTRUCT THE STUDENT INTERN.**



Violations

#1 DR. DOOLITTLE VIOLATED 40-9-20-A HE FAILED TO PROPERLY SUPERVISE THE STUDENT INTERN IN HIS PERFORMANCE OF CHIROPRACTIC PROCEDURES TO THE PATIENT.

#2 DR. DOOLITTLE FAILED TO INSTRUCT THE STUDENT TO DOCUMENT THE PATIENT 'S NEUROLOGICAL DEFICITS AND THE DYSFUNCTIONAL GAIT AND HIS NEEDS FOR AMBULATION.



Case Summary # 2

DR. ROUNZABOUTS DECIDED TO CLEAN HIS OFFICE FILES TO MAKE ROOM FOR ADDITIONAL FILES. HE DESTROY FILES THAT WERE OVER FIVE (5) YEARS OLD AND NO LONGER PATIENTS . A FORMER ADULT PATIENT REQUESTED COPIES OF HER RECORDS AND WAS INFORMED BY DR. ROUNZABOUTS HE HAD NOT TREATED HER AS A PATIENT DURING THE PAST FIVE (5) YEARS AND THE RECORDS WERE NO LONGER AVAILABLE.

A. DR. ROUNZABOUTS SHOULD MADE UP A FILES AND SIGN DOCUMENTS BASED ON HIS PRIOR MEMORY OF THE PATIENT.

B. MAINTAIN THE RECORDS DURING THE REQUIRED PERIOD.



Violations

DR. ROUNDABOUT VIOLATED [S.C. CODE ANN.§ 40-9-90\(6\)](#) (1986) THAT THE HOLDER OF A LICENSE HAS VIOLATED THE CODE OF ETHICS OR REGULATIONS AS ADOPTED BY THE STATE BOARD OF CHIROPRACTIC EXAMINERS.

AND
[23A S.C. CODE ANN.REG.25-6\(F\)](#). **CHIROPRACTIC RECORDS.** A PRACTITIONER MUST KEEP WRITTEN CHIROPRACTIC RECORDS JUSTIFYING THE COURSE OF TREATMENT OF THE PATIENT FOR A MINIMUM OF TEN (10) YEARS FOR ADULT PATIENTS AND AT LEAST THIRTEEN (13) YEARS FOR MINORS. THESE MINIMUM RECORD KEEPING PERIODS BEGIN TO RUN FROM THE LAST DATE OF TREATMENT.



Case Summary #3

DR. MAKEITHAPPIN WAS AWARE RENEWAL OF HIS LICENSE WAS DUE BY 09/30/?????. IN THE MEANTIME, HIS PATIENT LOAD INCREASED DURING THE FINAL NINETY (90) DAYS OF THE RENEWAL DEADLINE. AS A RESULT OF THE INCREASE , HE FORGOT TO COMPLETE HIS CONTINUING EDUCATION COURSES AS REQUIRED AND WAS UNABLE TO RENEW AND THE LICENSE LAPSED. HOWEVER, DR. MAKEITHAPPIN CONTINUE TO PRACTICE.

A. RENEWAL AND OBTAIN THE REQUIRED HOURS LATER.

B. RENEW THE LICENSE AND CONTINUE TREATING THE PATIENTS IN ORDER THAT HE NOT BE ACCUSED OF PATIENT ABANDONMENT.

C. OBTAIN THE HOURS AND NOTIFY THE BOARD TO REINSTATEMENT.



VIOLATIONS

DR. MAKEITHAPPIN VIOLATED S.C. CODE ANN.§40-9-10, AND REGULATION 25-5 (B) AS A PRE-REQUISITE FOR BIENNIAL RENEWAL OF A PRACTITIONER'S LICENSE, THE LICENSEE MUST COMPLETE A MINIMUM OF THIRTY-SIX (36) HOURS OF APPROVED PROFESSIONAL CONTINUING EDUCATION OF THE THIRTY-SIX (36) CONTINUING EDUCATION HOURS, TWO (2) HOURS ARE REQUIRED IN RULES AND REGULATIONS OF THE S.C. BOARD OF CHIROPRACTIC EXAMINERS AND TWO (2) HOURS IN RISK MANAGEMENT WHICH INCLUDE, BUT ARE NOT LIMITED TO, BOUNDARY OR PUBLIC HEALTH ISSUES.



Case Summary #4

DR. EMERGINZEE TREATED A PATIENT IN HER OFFICE AND PERFORMED A CERVICAL ADJUSTMENT. THE PATIENT EXHIBITED SIGNS OF SLOW SPEECH, A VERY PALE APPEARANCE AND REPORTED HE WAS NAUSEATED. SHE WAS AWARE THE SIGNS EXHIBITED SEVERE NEUROLOGICAL DETERIORATION . DR. EMERGINZEE WAS FACED WITH AN EMERGENCY AND PANIC. SHE FAILED TO SEEK EMERGENCY ASSISTANCE AND THE PATIENT SUFFERED PERMANENT NEUROLOGIC DAMAGE.

- A. DR. EMERGINZEE SHOULD DIAL 911 AND HOLD THE PATIENT HAND.
- B. RECOGNIZE THE SYMPTOMS AND SOUGHT IMMEDIATE MEDICAL ASSISTANCE.
- C. EXPLAIN TO THE PATIENT HE NEEDED A NEUROLOGICAL DOCTOR AND SET UP THE APPOINTMENT FOR HIM.



VIOLATIONS

DR. EMERGEINZEE VIOLATED S.C. CODE ANN.§40-9-90(6) (11) (1986) AND REGULATION 25-6 (7) UNPROFESSIONAL CONDUCT, GROSS INCOMPETENCE, NEGLIGENCE OR MISCONDUCT IN THE PRACTICE OF CHIROPRACTIC.



CASE SUMMARY #5

DR. NEWBIRTH BEGAN TREATING PATIENT "C" FOR SEVERE NECK PAIN. AFTER THREE (3) OFFICE VISITS PATIENT "C" DISCOVERED SHE WAS PREGNANT AND IMMEDIATELY NOTIFIED DR. NEWBIRTH OF THE NEWS TO AVOID POTENTIAL COMPLICATIONS DURING HER PREGNANCY. AFTER A BRIEF CONSULTATION WITH PATIENT "C", DR. NEWBIRTH BEGAN PERFORMING VAGINAL EXAMS AND SPINAL MANIPULATIONS AT EACH OFFICE VISIT. THE OBSTETRICS PHYSICIAN DISCOVERED THE ARRANGEMENT.

A. DR. NEWBIRTH SHOULD HAVE COORDINATED HIS EXAMS WITH HER OB/GYN PHYSICIANS.

B. INCREASED HER PHYSICAL EXERCISES SO ENSURE THE MANIPULATIONS WERE WORKING.

C. AVOID ENGAGING PERFORMANCE OF VAGINAL EXAMINATIONS .



VIOLATIONS

DR. NEWBIRTH BEHAVIOR CONSTITUTES A VIOLATION OF S.C CODE ANN. § 40-9-10 AND S.C. CODE OF REGULATION R. 25- 6 (4) (F) (G) UNPROFESSIONAL ACTS.

THE FOLLOWING ACTS OR ACTIVITIES BY A LICENSEE OF THIS BOARD CONSTITUTE UNPROFESSIONAL, UNETHICAL OR ILLEGAL CONDUCT AND GROUNDS FOR DISCIPLINARY ACTION. THE FOLLOWING ACTS ARE NOT TO BE CONSIDERED ALL-INCLUSIVE AND ARE SUBJECT TO REVISIONS AND ADDITIONS NECESSARY TO CARRY OUT THE BOARD'S PURPOSE OF PROTECTING THE HEALTH, SAFETY AND WELFARE OF THE PUBLIC.

(4) DIAGNOSTIC OR THERAPEUTIC PROCEDURES SHALL NOT INCLUDE THE USE OF:

(F) GYNECOLOGICAL EXAMINATIONS;

(G) OBSTETRICS;



QUESTIONS/COMMENTS



DISCUSSIONS
