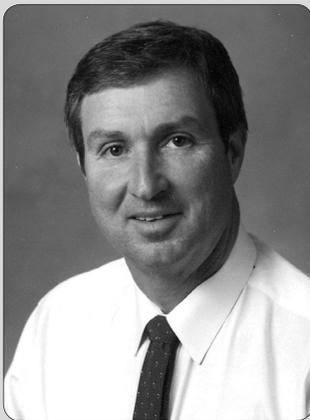




STATE OF MISSOURI
BOARD OF CHIROPRACTIC EXAMINERS
 DIVISION OF PROFESSIONAL REGISTRATION

**IN DEDICATION
 TO DR. RICK JAMES**



On January 4, 2010, Dr. Rick James was unanimously elected president of the Missouri State Board of Chiropractic Examiners for the upcoming year. As noted by several board members during the March board meeting, Dr. James was excited about serving as the State Board's president and he saw it as a form of recognition for his work on the board. His passing in March was a great shock to the profession, board members, and staff.

Typically, this section of the newsletter is for the board president to offer their perspective on topics or concerns facing the State Board and/or profession. In lieu of the president's column, the State Board is dedicating this newsletter to Dr. James in recognition of his unending dedication to the profession and his contributions to the State Board.

CONTINUING EDUCATION INFORMATION

As many licensees are aware, the Missouri State Board of Chiropractic Examiners revised the regulations concerning continuing education that went into effect in February 2009. To summarize regulatory changes, **please see the table below.**

The biggest change in the continuing education was shifting from annual to a biennial deadline that corresponds with the licensure renewal cycle and eliminating specific hourly requirements and categories. Currently, all

note: There has been an increase in the late continuing education fee from \$50 to \$150. Anyone requesting additional time to complete the continuing education requirements is automatically placed on the audit list for that respective renewal cycle.

Random audit candidates are selected from three separate groups: 1) currently licensed chiropractic physicians; 2) currently licensed chiropractic physicians certified as insurance

consultants; and 3) currently licensed chiropractic physicians certified in MTAA. The Division of Professional Registration's information technology section initiates the audit candidate program that identifies the list of audit candidates based upon 5% of the licensee count in each category from licensees that have not been audited in the last two cycles. All State Board members are audited as well.

Former CE Requirement	Current CE Requirement
Each calendar year complete the following: 4 hours x ray 4 hours differential/physical diagnosis 4 hours boundary training, HIV/Infectious disease, or emergency procedures 12 hours self study	48 hours completed prior to expiration date of license 24 hours formal continuing education from list of 16 categories with remaining hours additional board approved formal CE or general/self study
\$50 late fee paid with extension until expiration date of the license to complete CE	\$150 late fee paid with an extension of three months to complete the required CE
MTAA Each calendar year complete 12 hours with hours applying to general continuing education	MTAA Only 12 hours completed prior to expiration with hours applying to general continuing education also
Insurance Consultant Each calendar year complete 12 hours with hours applying to general continuing education	Insurance Consultant Only 12 hours completed prior to expiration with hours applying to general continuing education also
\$100 to renewal insurance consultant certification	No fee to renew certification

formal hours must be obtained from at least three of sixteen formal categories. However, licensees can obtain formal continuing education from more than three categories to complete the requirement. Changes in the continuing education requirements allow a licensee and continuing education provider a wider range of topics for obtaining continuing education.

Licensees are reminded that all continuing education must be completed **prior** to the expiration date of the license. Extensions to complete continuing education must be submitted to the State Board in writing with the \$150 late continuing education fee. Please

If a licensee receives an audit notice from the State Board, the licensee is strongly encouraged to respond with the information requested or provide a written explanation as to why the licensee is unable to comply with the request. A request or notification to the State Board regarding difficulty in completing the audit requirements needs to be sent to the State Board prior to the deadline for submitting the documentation. Failure to respond to an audit request can result in being requested to appear before the State Board or disciplinary action may be taken against the license for failure to comply with the continuing education requirements.

Governor

The Honorable Jeremiah W. (Jay) Nixon

**Department of Insurance, Financial
Institutions and Professional Registration**
John M. Huff, Director

Division of Professional Registration
Jane A. Rackers, Director

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STATE OF MISSOURI
Division of Professional Registration

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MEET YOUR DIVISION DIRECTOR



Jane Rackers is the Director of the Division. She is an attorney and worked at the Attorney General's office beginning in 1990 after four years in private practice. Jane's first assignment at the AGO was to serve as general counsel to the Real Estate Commission. Throughout the next 18 years, she worked with the boards in various capacities, including serving as Chief Counsel of the Governmental Affairs Division, which provides representation to the boards. Jane has been Division Director since January 2009.

TREATING PATIENTS IN NURSING HOMES

In 2009, the Missouri State Board of Chiropractic Examiners sent an inquiry to the Missouri Board of Nursing Home Administrators regarding licensed chiropractic physicians providing treatment to residents within a nursing home. A licensee reported to the State Board a recent experience in which the licensee was advised by a nursing home that s/he would need permission from a medical doctor to enter the facility and would need to submit to a background check and drug screen.



In response to the State Board's inquiry, the Missouri Department of Health and Senior Services advised there is no state or federal regulation specifically requiring a chiropractic physician to obtain permission from an MD or DO to provide treatment, nor is there a regulation prohibiting a resident or responsible party from securing services of a chiropractic physician.

The letter included information regarding the facility as it relates to federal regulations where the facility must insure "...the medical care of each resident is supervised by a physician." The letter explained that the interpretive guidelines state, "...supervising the medical care of residents means participating in the resident's assessment and care, planning, monitoring changes in resident's medical status, and providing consulting or treatment when called by the facility. It also includes, but is not limited to, prescribing new therapy". Federal regulation F386 regarding physician's visits states "the medical physician is to sign and date all orders which may be administered per prescription-approved facility policy after an assessment for contraindication. The physician is responsible for the resident's total program of care to maintain or improve their highest practical and mental and functional status as defined by the resident's comprehensive assessment and plan of care." This section relates to the provision of drug or medicine and since it is not within the scope of practice for chiropractors to prescribe, licensees do not meet the federal requirements for this section.

The letter continued to explain that there are no federal or state regulations which require a licensed chiropractic physician to supply a facility with a criminal background check. However, it is noted that Missouri's long-term care facility regulation requires individuals hired by a facility to complete and pass a criminal background check.

The letter concluded by explaining that as a regulatory entity the Department of Health and Senior Services recognizes and enforces each resident's right to self-determination to include choosing treatment, communication with and access to persons and services inside and outside the facility, choosing a medical physician who can provide services in the area of drug and medication, and the right to refuse treatment. Therefore, as much as practicable the facility respects the resident's wishes. However, the letter noted that state and federal requirements also hold the facility accountable for the resident's care and safety.

The State Board would like to express its thanks to the Missouri Department of Health and Senior Services Section for Long Term Care for its thorough and timely response to the State Board's inquiry.



OXYGEN THERAPY

In 1999, the Missouri State Board of Chiropractic Examiners received an inquiry concerning chiropractors administering oxygen therapy. At that time, the State Board requested additional information concerning the distribution or delivery of oxygen to various allied healthcare practitioners. In a letter from the Missouri Board of Pharmacy, companies that distribute medical gas (medical grade oxygen) directly to a patient and who do not transfill or manipulate the oxygen in anyway do not have to be licensed. However, companies that transfill oxygen tanks or manipulate it in anyway or if a company is engaged in the wholesale distribution of oxygen, must be registered with the Missouri Board of Pharmacy.

Recently the State Board was contacted concerning refilling oxygen tanks maintained within a licensee's office. The State Board again received clarification from the Missouri Board of Pharmacy explaining that medical gases, including those produced by the air liquefaction or processed, purified, or refined from a raw material, are prescription drugs according to the FDA. Therefore, a license is required by the Pharmacy Board and from the federal government when such gasses are classified as a legend drug and requiring a prescription. Additional information was received from the Board of Pharmacy indicating medical gasses bear the following federal legend "for emergency use only when administered by properly trained personnel for oxygen deficiency and necessitation. For all other medical applications, RxOnly." If a chiropractor uses oxygen for emergency oxygen deficiency and resuscitation, it may be possible to distribute/refill a tank without a prescription. In the event licensees encounter difficulties in this area they are encouraged to contact the State Board office and to provide the name of the distributor.

STAY INFORMED!

You can receive email notices of board meetings, open session agenda information, newsletters and related regulatory information by submitting your email address to be included on the State Board's list serve.

Email the following information to the state board office chiropractic@pr.mo.gov to be included in the list serve.

Name
License Number
Email address

Please include **List Serve** on the subject line of the email message.

On a related matter, agencies statewide are looking at measures to reduce operational costs. **In an effort to decrease postage, printing, and production costs future newsletters will be placed on the State Board's website <http://pr.mo.gov/chiropractors.asp> with a postcard and email notice sent to licensees when the newsletter is available.**

In the event anyone experiences problems viewing or downloading the information, upon request, the board office will mail a hard copy to their home or office.

SPECIALTY CERTIFICATION:

Section 331.030.9 RSMo of the chiropractic licensure law authorizes the Board to recognize practice specialties. The law states that the State Board may authorize chiropractic physicians, holding a current Missouri license, to apply for certification in a specialty, charge a fee for the application certification, and promulgate regulations concerning recognition of a specialty. Additionally, the law requires the State Board to:

- Establish minimum initial and continuing educational requirements sufficient to insure the competence of applicants seeking certification.
- Establish provisions for certification in a particular specialty encompassed within the scope of practice of chiropractic as defined in Section 331.010 RSMo.

Regulations outlining requirements to apply for specialty certification are contained within 20 CSR 2070-2.032. The following is a brief summary of the

documentation required to apply for a specialty designation:

1. Name and specialty designation
2. Condition and/or disability to which the specialty area is directed
3. Proof of acceptance by the chiropractic profession such as scholarly research, journals, textbooks and/or a course of instruction utilized by a Council on Chiropractic Education (CCE) chiropractic college, for education and/or training requirements
4. Explanation as to why the specialty does not exceed the scope of practice of chiropractic physicians
5. Recommended hours of continuing education to maintain a certification.

Currently, the State Board certifies two specialty areas; Meridian Therapy/ Acupressure/Acupuncture also known as MTAA and insurance consulting. There are nearly 600 chiropractic physicians certified in MTAA, sixteen chiropractic physicians certified in insurance consulting and sixteen licensees that are certified in both MTAA and insurance consulting.



BUSINESS PRACTICES & FREQUENTLY ASKED QUESTIONS

The State Board office receives numerous inquiries requesting clarification of various practices and/or procedures that may not fall within the jurisdiction of the State Board. Listed below are frequent questions received by the State Board office.

Where do I obtain information regarding the lien law?

Section 430.225 of the Missouri Revised Statutes provides information relating to Missouri's lien law.

430.225. 1. As used in sections 430.225 to 430.250, the following terms shall mean:

- (1) "Claim", a claim of a patient for:
 - (a) Damages from a tort-feasor; or
 - (b) Benefits from an insurance carrier;
- (2) "Clinic", a group practice of health practitioners or a sole practice of a health practitioner who has incorporated his or her practice;
- (3) "Health practitioner", a chiropractor licensed pursuant to chapter 331, RSMo, a podiatrist licensed pursuant to chapter 330, RSMo, a dentist licensed pursuant to chapter 332, RSMo, a physical therapist licensed under chapter 334, RSMo, a physician or surgeon licensed pursuant to chapter 334, RSMo, or an optometrist licensed pursuant to chapter 336, RSMo, while acting within the scope of their practice;
- (4) "Insurance carrier", any person, firm, corporation, association or aggregation of persons conducting an insurance business pursuant to chapter 375, 376, 377, 378, 379, 380, 381, or 383, RSMo;
- (5) "Other institution", a legal entity existing pursuant to the laws of this state which delivers treatment, care or maintenance to patients who are sick or injured;
- (6) "Patient", any person to whom a health practitioner, hospital, clinic or other institution delivers treatment, care or maintenance for sickness or injury caused by a tort-feasor from whom such person seeks damages or any insurance carrier which has insured such tort-feasor.

2. Clinics, health practitioners and other institutions, as defined in this section, shall have the same rights granted to hospitals in sections 430.230 to 430.250.

3. If the liens of such health practitioners, hospitals, clinics or other institutions exceed fifty percent of the amount due the patient, every health care practitioner, hospital, clinic or other institution giving notice of its lien, as aforesaid, shall share in up to fifty percent of the net proceeds due the patient,

in the proportion that each claim bears to the total amount of all other liens of health care practitioners, hospitals, clinics or other institutions. "Net proceeds", as used in this section, means the amount remaining after the payment of contractual attorney fees, if any, and other expenses of recovery.

4. In administering the lien of the health care provider, the insurance carrier may pay the amount due secured by the lien of the health care provider directly, if the claimant authorizes it and does not challenge the amount of the customary charges or that the treatment provided was for injuries caused by the tort-feasor.

5. Any health care provider electing to receive benefits hereunder releases the claimant from further liability on the cost of the services and treatment provided to that point in time.

Licensees are encouraged to review the statute with an attorney, in order to make sure the lien is in compliance with the statute and enforceable.

Can I enter into an agreement that allows a patient to pay a one time fee to cover future treatment over a specified period of time?

The State Board has received complaints regarding this type of agreement due to missing information such as conditions and corresponding treatments that do not fall within the scope of agreement, confusion regarding who is covered by the agreement and over what period of time, impact of new conditions and/or injuries not subject to coverage by the agreement, and default by a licensee in providing services promised within an agreement.

The State Board recommends any contract or agreement utilized by a licensee be reviewed by the licensee's attorney in order to ensure that the agreement is accurate and legally enforceable.

Can the licensee provide a patient a gift card or similar item for sending new patients to his/her practice?

Rewarding patients for referring new or potential patients is not recommended by the State Board. Such rewards could be considered a kickback. According to Medicare regulations, it is the State Board's understanding that gift cards or any reduction in fees over \$10 is considered an inducement or enticement and licensees need to consult legal counsel regarding Medicare and reducing fees. Finally, licensees need to

check any contract with insurance companies to make sure gift cards, discounts etc. do not violate the terms of the agreement with the insurance company.

Can a licensee provide a discount for services and/or provide coupons for discounts?

Such discounts must apply to all patients and cannot single out private pay versus patients covered by insurance. Any printed material regarding discounts must have an end date, disclaimer regarding services that are not covered, and must follow the advertising regulations.

Does a licensee have to use DC behind their name on any advertising or promotional item?

Yes. Section 331.060.2(14)(e) RSMo of the state law authorizes the State Board to consider disciplining a license based upon, "Failure to use the term "chiropractor," "doctor of chiropractic," "chiropractic physician," or "D.C." in any advertisement, solicitation, sign, letterhead, or any other method of addressing the public."

Can a licensee hire a physical therapist to work in an office?

The Missouri Board of Healing Arts provided information to the State Board of Chiropractic Examiners relating to a change in the law involving physical therapists. During the 2008 session, the Missouri legislature passed Senate Bill 788. One of the provisions of the statutory revision was section 334.613.2 (23) RSMo, that states as a grounds for discipline of a physical therapist's license, "Any candidate for licensure or person licensed to practice as a physical therapist or physical therapist assistant who request, receives, participates or engages directly or indirectly in the division, transferring, assigning, rebating, or refunding of fees received for professional services for profit by means of a credit or other valuable consideration such as wages, unearned commission, discount, or gratuity with any person who referred a patient or with any relative or business associate of the referring person. The Board of Healing Arts noted that the practicable effects of this language to any approved healthcare provider of which a chiropractic physician is considered, may affect referrals to physical therapists wherein the relying healthcare provider may have a financial gain. Licensees may have received a letter from the Board of Healing Arts regarding



this matter, and if further clarification is needed, licensees are encouraged to contact the Board of Healing Arts.

Can a licensed chiropractic physician provide and/or advertise auricular therapy?

This topic has been reviewed by the State Board as well as the Missouri Acupuncturist Advisory Committee. If a licensed chiropractic physician is providing auricular therapy s/he must be certified in meridian therapy/acupuncture/acupressure, as it meets the definition outlined within 20 CSR 2.070-2.031 that states “meridian therapy or acupuncture or acupressure shall mean methods of diagnosing and the treatment of a patient by stimulating specific points on or within the body by various methods, including, but not limited to, manipulation, heat, cold, pressure, vibration, ultrasound, light, electro current, and short needle insertion for the purpose of obtaining a bio positive reflex response by nerve stipulation.” The State Board has been advised that auricular therapy is often advertised or utilized as a method of weight loss reduction or smoking cessation. In any case, auricular therapy falls within the certification requirements.

Can a chiropractic physician utilize laser treatments within a practice?

In the 2005 newsletter the State Board provided an overview regarding the utilization of such lasers. To summarize the article, low light laser therapy, also known as soft lasers, low level lasers, or cold lasers do not generate “heat” thus the low level laser is considered non-invasive. If a cold laser is utilized for obtaining a bio positive response via nerve stimulation, the chiropractic physician must be certified in MTAA. However, if it is used for generalized treatment the licensee must be trained and/or educated in utilizing the cold laser. Finally, licensees are reminded that any laser light therapy device must be approved by the Food and Drug Administration.

Can a licensed chiropractic physician perform hair removal?

The Board of Cosmetology and Barber Examiners was consulted regarding the scope of practice relating to hair removal. According to the Board of Cosmetology and Barber Examiners, the removal of hair by various devices requires licensure as an Esthetician or a Class-CA or Class-CH cosmetologist. Therefore, licensed chiropractic physicians are prohibited from

providing hair removal services unless appropriately licensed by the Board of Cosmetology and Barber Examiners.

Can a licensed chiropractic physician provide adjustments to animals?

According to the Missouri Veterinary Medical Board, the Missouri Veterinary Medical Practice Act considers animal chiropractic the practice of veterinary medicine. If a licensee administers chiropractic services to an animal, a Missouri licensed veterinarian must be present. Section 340.200 (28) RSMo of the veterinary statute states, “Veterinary medicine, the science of diagnosing, treating, changing, alleviating, rectifying, curing or preventing any animal disease, deformity, defect, injury or other physical or mental condition, including, but not limited to, the prescription or administration of any drug, medicine, biologic, apparatus, application, anesthesia or other therapeutic or diagnostic substance or technique on any animal, including, but not limited to, acupuncture, dentistry, animal psychology, animal chiropractic....”

20 CSR 2270-4.060 (2) of the veterinary board regulation states, “The required level of supervision of individuals with different levels of training performing various delegated animal health care tasks are designated in the accompanying table.”

MISSOURI STATE VETERINARY MEDICAL BOARD
REQUIRED LEVELS OF SUPERVISION

	ANES- THESIA MONITOR- ING*	INDUC- TION*	EUTHA- NIZA	SURGERY	DIAG- NOSIS	PRESCRIBING		TREATMENT		ADMIN- ISTER RABIES	BIOLOGICS OTHER	ROUTINE DENTAL PROPHY- LAXIS
						CON- TROLLED	NOT CON- TROLLED	@ FACILITY	NOT @ FACILITY			
PROVISIONAL LICENSE	B	B	B	B	B	D	B	C	C	C	C	B
(RVT) REGISTERED VET. TECHNICIAN	B	A	B	D	D	D	D	C	B	D	B	B
UNREGISTERED ASSISTANT	A	D	A	D	D	D	D	C	A	D	A	A
VETERINARY STUDENT	A	A	A	A	A	D	D	C	B	D	B	A
CONSULTING** LICENSEE FROM ALLIED PROFESSIONS	D	D	D	A	A	D	D	A	A	D	D	A

* Monitoring of or administration of pre-calculated dose of anesthesia
** Dentist, Chiropractor, Physician, etc.

A = Immediate Supervision: the licensed veterinarian is in the immediate area and within audible and visual range of animal patient and the person treating the patient;

B = Direct Supervision: the licensed veterinarian is on the premises where the animal is being treated and is quickly and easily available and the animal has been examined by a licensed veterinarian at such times as acceptable veterinary medical practice requires consistent with the particular delegated animal health care task;

C = Indirect Supervision: the licensed veterinarian need not be on the premises but has given either written or oral instructions for the treatment of the animal patient or treatment protocol has been established and the animal has been examined by a license veterinarian at such times as acceptable veterinary medical practice requires consistent with the particular delegated health care task; provided that the patient is not in a surgical plane of anesthesia and the licensed veterinarian is available for consultation on at least a daily basis;

D = Not Legal

The table indicates that treatment by a consulting licensee from an allied profession must be under the immediate supervision of a licensed veterinarian. Immediate supervision requires the licensed veterinarian be in the immediate area and within audible and visual range of the animal patient and the person treating the patient. Anyone with questions is encouraged to contact:

Veterinary Medical Board
3605 Missouri Boulevard
P.O. Box 633
Jefferson City, MO 65102-0633

573/751-0031 Telephone
573/526-3856 Fax
Email: vets@pr.mo.gov
Website <http://pr.mo.gov/veterinarian.asp>



PATIENT RECORDS



The State Board frequently receives questions from consumers and licensees regarding the release of medical records. Section 191.227 RSMo defines the records subject to release and includes fees that can be charged for copying, postage and, if required, a notary. The entire statute is reprinted below:

Section 191.227 RSMo requires, "All physicians, chiropractors, hospitals, dentists, and other duly licensed practitioners in this state, herein called "providers", shall, upon written request of a patient, or guardian or legally authorized representative of a patient, furnish a copy of his or her record of that patient's health history and treatment rendered to the person submitting a written request, except that such

right shall be limited to access consistent with the patient's condition and sound therapeutic treatment as determined by the provider. Beginning August 28, 1994, such record shall be furnished within a reasonable time of the receipt of the request therefor and upon payment of a fee as provided in this section.

2. Health care providers may condition the furnishing of the patient's health care records to the patient, the patient's authorized representative or any other person or entity authorized by law to obtain or reproduce such records upon payment of a fee for:

(1) Copying, in an amount not more than seventeen dollars and five cents plus forty cents per page for the cost of supplies and labor;

(2) Postage, to include packaging and delivery cost; and

(3) Notary fee, not to exceed two dollars, if requested.

3. Notwithstanding provisions of this section to the contrary, providers may charge for the reasonable cost of all duplications of health care record material or information which cannot routinely be copied or duplicated on a standard commercial photocopy machine.

4. The transfer of the patient's record done in good faith shall not render the provider liable to the patient or any other person for any consequences which resulted or may result from disclosure of the patient's record as required by this section.

Annually these fees are subject to adjustment based upon U.S. city average annual average inflation

rate of the medical care component of the Consumer Price Index for all urban consumers (CPI-U). For additional information see the Missouri Department of Health and Senior Services website <http://www.dhss.mo.gov/ProtectingThePublic/FeesMedicalRecords.html> as well as consult private legal counsel with specific questions.

A common concern expressed by chiropractic physicians is the release of x-rays. It is to be noted that x-rays are considered part of a patient's record, subject to release to a patient pursuant to this section, and are not the property of the chiropractic physician.

Finally, a licensee cannot refuse to provide a copy of a patient's medical records due to an outstanding balance owed to the chiropractic physician.

REMINDER!

If your license expires 2/28/2011, a renewal notice will be sent to your last known address on file with the State Board.

Is your address current? You can verify your mailing address at the web site <http://pr.mo.gov/>. Click on Licensee Search and follow instructions or contact the board office.

Section 331.050.1 RSMo states, " Failure of the licensee to receive the renewal form shall not relieve the licensee of the duty to renew his or her license and pay the fee required by this chapter. "



THE DOCTOR WILL “E” YOU NOW

Excerpt from the NCMIC Examiner Winter Edition 2008 (page 12-13)



Technology is catching on, particularly with doctors who have computer software ready to go from their first day of practice. Established doctors also are beginning to host websites and use appointment scheduling technology for their patients' convenience and to meet marketplace demands.

Many doctors now include forms on their websites for patients to download and complete before their visits. Also, sophisticated scheduling and appointment software enables patients to schedule appointments online—when it's convenient for them—within the parameters the doctor has set.

Responding to Patient Emails a Good Idea?

While the convenience of instant communications can be a boon for health care providers, there are some risks. Patients tend to have close relationships with their D.C.s, so it's only natural that they would want to send their doctors a quick email, especially after-hours when the office is closed. However, as easy as it might be to fire off a quick reply, think twice before hitting the "send" button.

Due to the casual nature of email communications combined with the fact that D.C.s do not receive payment for responding, some doctors may hastily

answer email questions or simply delete them unread. Either approach is not advisable. First, not responding may be perceived as a lack of concern by the doctor. This can be a significant issue because any delay or lack of response potentially can lead to litigation. In addition, if the problem is a serious one, the doctor has an ethical responsibility, if not a legal one, to assist the person appropriately.

Second, while it is a good idea to respond in some fashion, answering an email too quickly can result in misunderstandings and increase your practice risk. Email communication is not the same as communication in your office. Of course, confusion can occur in face-to-face doctor/patient interactions as well, but in person, the doctor has the opportunity to respond to any non-verbal messages. In addition, electronic messages can be misdirected or intercepted by unintended parties, so there are no assurances of confidentiality.

If an email message is misunderstood, there is an unexpected outcome or the patient's privacy is violated, an allegation of malpractice may occur. Consider that an email creates a written, reproducible and dated document that can become evidence against you in a malpractice case. And your email exchanges—even those that are "casual" in nature—could be blown up and presented before a jury on a 10' by 10' screen

after the context of the commentary has been long forgotten.

If a patient asks via email about a new health issue or a flare up of an existing condition, it's a good idea to have the patient make an appointment to be seen in your office as soon as possible. If it's an emergency, the patient should be advised to call 911. As always, documentation is recommended, so print off a copy of the online conversation and place it in the patient's paper or electronic record.

Emails from Non-patients

Ideally, email consultations should take place only within the context of a previously established doctor/patient relationship. However, the unprecedented popularity of chiropractic websites has made it easy for non-patients to send emails to D.C.s.

The non-patient may ask general health questions or even describe their symptoms and expect treatment suggestions in return. Similar to current patients, it is best to ask the person to make an appointment or call 911, if it's an emergency. Maintain a helpful tone, but don't give advice. Those who do may establish a doctor/patient relationship if a person relies on the advice, creating a duty to the "patient."

The Time is Now

With the continual growth of instant communications tools—such as email, text messaging and instant messaging—people are beginning to expect prompt responses. Consequently, the time is now to protect your practice from this growing risk.

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MASSAGE THERAPY LICENSURE UPDATE

Currently, there are over 4,000 massage therapists and over 1,000 massage therapy businesses licensed by the Missouri Board of Therapeutic Massage. While the licensure law exempts chiropractic physicians, anyone else providing massage therapy must be licensed or practice massage within the scope of their respective licensure practice act.



Section 324.247 RSMo requires, “A person desiring to receive a license to operate a massage business in the state of Missouri shall file a written application with the board on a form prescribed by the division and pay the appropriate required fee. It shall be unlawful for a business to employ or contract with any person in this state to provide massage therapy as defined in subdivision (7) of section 324.240 unless such person has obtained a license as provided by this chapter. Failure to comply with the provisions of this section shall be cause to discipline the licensee.”

Section 324.270 RSMo states, “A person who does not hold a license to practice massage therapy or a license to operate a massage business or is not exempted from obtaining a license pursuant to subsection

7 of section 324.265 shall not use the words "massage", "body work", or any of their synonyms on any sign or in any other form of advertising, unless specifically exempted by the board...”

Chiropractic physicians may be contacted by individuals wanting to provide massage therapy within the licensee’s office. Listed below is a summary of general requirements regarding massage therapy.

1. To practice massage therapy, a person must be licensed as a massage therapist (LMT) or provisional massage therapist (PLMT) issued by the Board of Therapeutic Massage. If a licensed chiropractic physician is considering hiring a massage therapist, licensure can be verified at the Division of Professional Registration website <http://pr.mo.gov> and clicking on the icon Licensee Search. A massage therapy student must practice within a state approved massage therapy program, school, or board approved mentorship. A massage therapy student cannot provide services in a licensee’s office, unless that office is affiliated to a massage therapy school, program, or mentorship for the purpose of massage therapy training. Massage students can not receive reimbursement or tips while providing services and once the student completes the massage therapy program, the student license is no longer valid.

2. If massage therapy is offered within a chiropractic physician’s office, there must be a massage business license issued by the Missouri Board of Therapeutic Massage. A business license application can be submitted by either a licensed chiropractic physician or the massage therapist that will be working in the business.

3. Along with applying for a massage therapy business license, an inspection of the massage area is conducted, on behalf of the massage therapy board. This inspection is separate from any city or county codes or requirements relating to business licensure. An overview of the inspection requirements is provided with the application for business licensure.

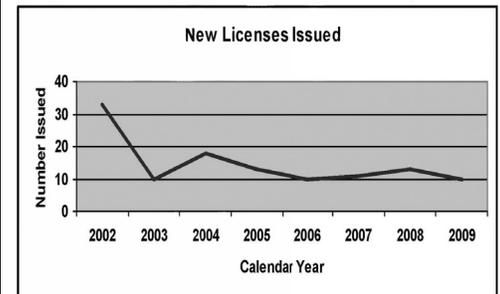
4. Massage therapy services cannot be delegated to unlicensed individuals. The State Board has received numerous inquiries from chiropractic physicians requesting clarification on allowing employees, such as chiropractic assistants, to provide massage.

As noted previously, the provision of massage therapy requires licensure by the Board of Therapeutic Massage.

Licensed chiropractic physicians considering the addition of massage to a practice are encouraged to contact the Missouri Board of Therapeutic Massage with any questions. Applications and business licensure requirements are available at the message board’s website <http://pr.mo.gov/massage.asp>

ACUPUNCTURE UPDATE

The Missouri Acupuncturist Advisory Committee began licensing acupuncturists in 2001. The table below provides information regarding licensure progress from inception to date:



During the first four years of existence, a total of five licensed acupuncturist did not renew the credentials. During the 2007 -2009 and 2009 - 2011 renewal cycles fourteen licensed acupuncturist did not renew the credential. In the area of operational costs for fiscal year of 2008

6,679.41	Expense & Equipment
1,353.77	Salary and Fringe Benefits
<u>5,075.07</u>	Transfers (Costs for support services from division, Office of Administration, Dept of Revenue etc.)

\$13,108.25 Total

**Total Revenue Fiscal Yr. 2008 = \$4,248
+ fund balance of \$32,866
\$37,114**

Since inception, the advisory committee has processed twenty-five complaints with the vast majority dealing with unlicensed practice and a spike in complaints in years 2006 and 2007 when the advisory committee experienced an increase in unlicensed practice dealing with ear stapling and auricular therapy.



ULTRASOUND UPDATE

By: Laney Nelson, DC

In an article published in the September, 2000 newsletter, the State Board recommended licensees discontinue performing any form of ultrasound on children under the age of ten years.

Since that time the State Board has received requests to reexamine this issue and as a result contacted Dr. Laney Nelson, Director of Sports and Rehabilitation at Logan College of Chiropractic, to review contemporary information and provide an update to the State Board. The State Board wishes to thank Dr. Nelson for his research on this topic. Dr. Nelson's overview is reprinted with his permission.

CURRENT RESEARCH

Ultrasound is a modality that has been in use since the early 1950's. It was intensely studied in its early use, but little new clinical research has been published. The majority of research was performed in the 60's, 70's and 80's.

CONTRAINDICATIONS

Contraindications to ultrasound clinical applications are listed in a number of different publications. Many of these contraindications are based on a general understanding of the principles and practice of ultrasound therapy. Others arise from the extrapolations of specific scientific experiments or are based on anecdotal clinical experiences. In a review of the literature, I did not find contraindications to ultrasound based on age. It is my opinion that contraindications to ultrasound therapy are more appropriately based on clinical applications and outcome risk assessment rather than age based regulations. For example, it is widely accepted that ultrasound should not be administered over active growth epiphyseal plates. This is a primary reason for prohibiting its use on children. However, growth plates do not fuse until 14-16 years of age. If that standard was a generally accepted therapeutic, then a number of adolescent athletic injuries would go untreated and the majority of training rooms across the country would be in violation of that precept. In the recent textbook, Therapeutic Modalities for Musculoskeletal Injuries, Second

Edition, Human Kinetics 2006, page 186, the author states: "The use of ultrasound directly over open epiphyses should be minimized, because of the impact of such is not known and may involve accelerated closure of epiphyses. However, adolescents and children rarely experience problems for which ultrasound is indicated."

GENERAL GUIDELINES DETERMINING THE STANDARD OF CARE

There are general guidelines that are acceptable and taught as the standard of care when administering ultrasound. The guidelines should apply regardless of patient age or gender.

1. Ultrasound intensity must not exceed 3W/cm²
2. Ultrasound applied over neoplastic tissues can cause inappropriate heating patterns giving rise to temperatures less than 42 C that will promote tumor growth and metastases.
3. Ultrasound over acute infections could force puss into surrounding tissues, thereby spreading the infection.
4. Ultrasound should not be applied to epiphyseal lines in children, adolescents or young adults.
5. Ultrasound should not be applied in the thoracic area if the patient has a cardiac pacemaker.
6. Blood vessels in poor condition should not be treated as the vessels walls may rupture from the increased blood flow and expansion.
7. Patients with cardiac disease should not be treated over the cervical ganglia, the stellate ganglia, the thorax region of the heart, or the vagus nerve as a reflex coronary vasospasm might result. Only low intensities 1-2 W/cm² should be used in treating other areas in cardiovascular compromised patients since stimulation of practically any afferent automatic nerve may cause a change in cardiac rate.
8. Patients with thrombophlebitis or other thromboembolic diseases should not be treated since increased heating will cause increase blood flow and a partial disintegrated clot could dislodge causing obstruction of the arterial supply to the brain,

heart or lungs.

9. Ultrasound should not be applied to patients with altered reflexes or to any area with diminished pain sensitivity or heat sensitivities.
10. No pregnant patients should be exposed to ultrasound if it is likely to result in exposure to the fetus. Overheating of the fetus could result. This is extremely important in the first trimester of pregnancy.
11. Ultrasound should not be administered over reproductive organs.
12. Ultrasound should not be administered to the eye since the lens is avascular and has limited ability to remove heat and a high absorption coefficient.
13. Ultrasound can be used over areas of diminished blood circulation only with low intensities and where it is used to stimulate would healing otherwise burns and cell destruction can occur.
14. Ultrasound should not be applied to the brain, exposed spinal chord or large subcutaneous peripheral nerves.
15. Ultrasound should not be applied over the vertebral column following laminectomies or where spinal hardware has been implanted due to the conduction of heat into deep neural tissues.
16. Ultrasound has been deemed safe to use over joint replacement that contain metal and polyethelene and are held in place by methyl methacrylate cement. However, because low level ultrasound is used to loosen prostheses for removal and revision, it should not be used over joint replacements unless the physician can substantiate its efficacy.
17. Phonophoresis is performed using Sonic Relief Medicated Ultrasound Gel, which is a combination of menthol, eucalyptus, peppermint and lavender.

DEVICE COMPLIANCE

Canadian students have to understand that their devices should be calibrated at least once a month to insure that power output is within + 20%. The timer should also be tested to insure accuracy. Most new ultrasound units are self calibrated and should be checked at least once per year.



ULTRASOUND INSTRUCTION
AT LOGAN COLLEGE OF
CHIROPRACTIC

1. We instruct students to abide by the general guidelines set forth in the above section without bias to age or gender.
2. We instruct students as to how the coupling material will affect outcome and wave dispersion. Poor couplings agents can lead to all or most of the ultrasound energy being dissipated in the applicator.
3. We instruct students in the appropriate directional use for the transducer head maintaining an angle of 90 degrees to the treatment area and to avoid keeping the transducer stationary. Prolonged standing waves can result in arrested blood flow and cause damage to the endothelial cells in blood vessel walls.
4. We instruct students not to exceed 3 W/cm² for a number of reasons:
 - a. Higher intensities do not seem to affect efficacy
 - b. Survey data indicated this is the maximum permitted on most devices.
 - c. 3W/cm² causes bone pain and bone damage
 - d. Cellular damage was noted at intensities above 3W/cm²
 - e. In the treatment of all children we do not exceed 1 W/cm² regardless of continuous or pulsed wave form.
5. We instruct students in documenting patient exposure levels, times And coupling materials used in their office record. Maintaining well documented, reproducible exposure conditions helps minimize unnecessary exposure.

REMINDER!

Licensees must keep track of continuing education documents to verify completion of the requirements. The board office does not maintain information regarding seminar attendance.

PAIN & SYMPTOM MANAGEMENT

Tricia Schlechte, MPH, BSN

The following article is provided by the Missouri Department of Health and Senior Services, Missouri Advisory Council on Pain and Symptom Management.

Pain is the most common reason Americans seek medical attention. In 2005, three of every ten Missourians reported that pain made it hard to do self-care, work or recreation during the preceding month.

In 2003, the state legislature established the Missouri Advisory Council on Pain and Symptom Management within the Department of Health and Senior Services. The 19 member Council which includes a chiropractor appointed by the Board of Chiropractic Examiners, reviews guidelines; makes recommendations on acute and chronic pain treatment that can be integrated into the customary practice of health care professionals; analyzes statutes, rules and regulations; and examines the needs of targeted populations.

In 2004, a series of town hall meetings were held throughout the state to obtain input from persons experiencing severe or chronic pain and the health care providers who care for them. The majority of individuals identified the lack of healthcare provider knowledge regarding pain assessment as a primary barrier to proper pain care. Pain is one of the most universally experienced phenomenon and yet healthcare providers practice with many misconceptions about pain. These include a lack of understanding that uncontrolled acute pain increases the risk for developing persistent debilitating pain, a fear of prescribing opioid pain medications despite available guidelines and policies, and a lack of appreciation of the need for interdisciplinary approaches to care.

Many of the individuals provided testimony at the town hall meetings that consumers also lack knowledge regarding optimal pain therapy, as well as a failure to understand the consequences of untreated pain. Patients and families need to be educated and empowered to take a more active role in their care.

The Council sponsors speakers for conferences of health professionals and provides links to continuing education opportunities at the following web site <http://www.dhss.mo.gov/PainManagement/CEU.html>. It has also developed a consumer brochure "Managing Pain Begins With You" that is available at no charge. The brochure may be downloaded or ordering instructions obtained from <http://www.dhss.mo.gov/PainManagement/EducationalResources.html>.

For additional information about pain and symptom management, the Council, or to view guidelines, related links or the complete town hall report, visit <http://www.dhss.mo.gov/PainManagement/> or:

Director's Office
Advisory Council on Pain and Symptom Management
912 Wildwood P.O. Box 570
Jefferson City, MO 65012-0570
Telephone: 573-751-6001.



BOARD STATISTICS

Current Missouri Licensees	1,875
Out of State Licensees	337
Total	2,212

New licenses issued

Fiscal year 2010 (July 1, 2009 to date)	133
Fiscal year 2009 (July 1, 2008 to June 30, 2009)	103
Fiscal year 2008 (July 1, 2007 to June 30, 2008)	138
Fiscal year 2007 (July 2, 2006 to June 30, 2007)	132

Licensure Renewal

2009 Biennial Cycle 1,989 licenses renewed	228 licenses not renewed
2007 Biennial Cycle 1,932 licenses renewed	261 licenses not renewed
2005 Biennial Cycle 1,846 licenses renewed	159 licenses not renewed

160 licenses placed on inactive status

Licensees with MTAA certification	591
Licensees with Insurance Consulting certification	32

Complaints Filed

Received July 1, 2009 to date	49
Received July 1, 2008 to June 30, 2009	61
Received July 1, 2007 to June 30, 2008	67

HOW MUCH DOES IT COST?

Individuals and businesses licensed by the regulatory entities comprising the Missouri Division of Professional Registration are “fee funded”. That means application and renewal fees are established to pay the operational costs of administering applicable laws and regulations. Section 331.070.1 and 2 RSMo authorize the State Board to establish fees to produce revenue, “. . . which shall not substantially exceed the cost and expense of administering this chapter.”

To understand the cost of administering licensure requirements, fee funded entities such as the State Board must project anticipated costs over a minimum of three fiscal years and examine past revenue histories to determine if the fee structure will cover anticipated operational costs. Furthermore, the balance of the fund can not exceed three times the appropriation approved by the Missouri legislature. The State Board receives a monthly breakdown of operational costs and revenues and closely monitors this information to assure there is adequate funding available to pay operational costs and, when possible, to reduce licensure fees.

When examining the operational costs there are several commonly used terms that are useful to understand:

- *Appropriation* – Funding approved by the legislature to pay the operational costs of an agency

- *Allocation* – Funding from an agency’s appropriation to pay costs incurred. For the State Board some transfer costs are allocated according to a three year licensee average. For staff salary and benefits costs are allocated according to an annual evaluation of time sheets to determine percentage of hours spent on State Board business. It is important to note that the State Board shares staffing and resources with four other licensing entities; Acupuncturist Advisory Committee, Committee for Professional Counselors, Board of Therapeutic Massage and the State Committee of Marital and Family Therapists.

THANK YOU!

The Missouri State Board of Chiropractic Examiners and staff would like to thank the chiropractic colleges for their continued assistance in addressing issues of education and training; continuing education providers for providing timely and informational seminars and materials to licensees; and finally to the licensed chiropractic physicians that, through their commitment to quality patient care, contribute to the health and well being of Missouri’s citizens.

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chiropractic@pr.mo.gov
<http://pr.mo.gov/chiropractors.asp>



DISCIPLINARY INFORMATION

On the average, the State Board receives sixty complaints per fiscal year. 20 CSR 2070-2.065 provides general information regarding filing a complaint with the State Board and states, "The State Board of Chiropractic Examiners shall receive and process each complaint made against any licensee or unlicensed individual or entity, which complaint alleges certain acts or practices which may constitute one (1) or more violations of the provisions of Chapter 331, RSMo. Any member of the public, the profession or any federal, state or local official may make and file a complaint with the board. Complaints may be received from sources outside Missouri and will be processed in the same manner as those originating within Missouri. No member of the State Board of Chiropractic Examiners shall file a complaint with this board while that member holds that office, unless that member excuses him/herself from further board deliberations or activity concerning the matters alleged within that complaint. The executive director or any staff member of the board may file a complaint pursuant to this rule in the same manner as any member of the public."

In order to reach a decision concerning a complaint, the State Board reviews all information contained within the complaint, evidence supporting the allegation, any records or investigation associated with the complaint, the licensee's response, and any supporting documentation from the licensee.

The State Board may pursue a disciplinary action on a license for violation of the laws and/or regulations relating to chiropractic physicians (see section 331.010 RSMo). Accordingly, the State Board is authorized to impose any of the following disciplines on a license:

Reprimand/Censure – A written, formal expression of disapproval by the board.

Probation – Terms and conditions placed on the license over a specified period of time, not to exceed five (5) years.

Suspension – Requires the licensee to discontinue practicing chiropractic for a period not to exceed three (3) years.

Revocation – Most serious form of discipline that involves the loss of a license and no longer being able to practice chiropractic.

The cause for discipline and resulting disciplinary action on a license is public information and is reported to the federal National Practitioners Data Bank and Healthcare Integrity and Protection Data Bank also.

Listed below are disciplinary actions of the Missouri State Board of Chiropractic Examiners since January 2006.

Robert Arnone, DC

License No. 2006030631

Cause for Discipline: 331.060.1 and .2(2) RSMo 2000

The board found cause to discipline the license based upon a 1989 guilty plea from the State of New York to assault in the third degree and aggravated harassment. In 2000, licensee pleaded nolo contendere to a charge of theft by shoplifting, based on an act committed in the State of Georgia. Licensee was placed on probation for a period of twelve months. In 2003, licensee was convicted in the state of Illinois on two counts of driving under the influence, which resulted in the loss of driving privileges in Illinois and Missouri.

Board Action: One year probation

Effective Date: September 28, 2006

Outcome: Probation Completed

Joseph Beaulieu, DC

License No. 003388

Cause for Discipline: 331.060.2(5), (8), and (18), RSMo 2000

The board found cause to discipline the license based upon licensee's violation of Kansas statutory law which prohibits, "use of any false, fraudulent or deceptive statement in any document connected with the practice of the healing arts including the intentional falsifying or fraudulent altering of a patient or medical care facility record."

Board Action: One year stayed suspension with three years probation.

Effective Date: November 27, 2007

Outcome: Discipline TOLLED March 1, 2009

Raymond Billingsley, DC

License No. 005815

Cause for Discipline: 324.010 RSMo

The Board found cause to suspend the license for failure to file or pay state income taxes to the Department of Revenue.

Board Action: License Suspended

Effective Date: January 23, 2010



Roy Brown, DC**License No. 006136**

Cause for Discipline: 324.010 RSMo

The Board found cause to suspend the license for failure to file or pay state income taxes to the Department of Revenue.

Board Action: License Suspended

Effective Date: January 23, 2010

Outcome: Reinstated February 1, 2010

Vivian Carbone-Hobbs, DC**License No. 005667**

Cause for Discipline: 331.060.2(2) RSMo 2000

The Board found cause to discipline the license based upon a conviction in the Eastern US District Court of a federal felony related to failure to report an apparent crime. The licensee was sentenced to five years probation.

Board Action: License suspended for two years, suspension stayed, pending successful completion of a five year probationary period.

Effective Date: October 26, 2006

Outcome: Based upon an early discharge from probation by the US Eastern District Court, the board approved a request to end probation on the license as of June 5, 2009.

Robert Cavins, Jr., DC**License No. 003814**

Cause for Discipline: 331.060.2(2) and 331.060.3 RSMo 2000

The Board found cause to revoke the license based upon a conviction of Evasion of Payment of Federal Income Tax for the years 1992, 1993 and 1994, a Class D felony.

Board Action: License Revoked

Effective Date: March 10, 2008

Patrick Collins, DC**License No. 2005009949**

Cause for Discipline: 324.010 RSMo

The Board found cause to suspend the license for failure to file or pay state income taxes to the Department of Revenue.

Board Action: License Suspended

Effective Date: January 23, 2010

Jeffrey Erwin, DC**License No. 2000170042**

Cause for Discipline: 331.060.2(5), (13) and (18) RSMo 2000

The Board found cause to revoke the license based upon the licensee engaging in unprofessional and improper conduct related to functions and duties of a licensed chiropractic physician, and violation of a professional trust.

Board Action: License Revoked

Effective Date: March 16, 2009

Frank Ferguson, DC**License No. 005255**

Cause for Discipline: 324.010 RSMo

The Board found cause to suspend the license for failure to file or pay state income taxes to the Department of Revenue.

Board Action: License Suspended

Effective Date: January 23, 2010

Steve Hamburg, DC**License No. 2008019907**

Cause for Discipline: 331.060.2(2), RSMo 2000

The Board found cause to issue a probated license based upon multiple charges of felony violations of fraudulent practices concerning submission of false insurance claims for patient treatments and procedures licensee had not actually rendered.

Board Action: One year Probation

Effective Date: July 9, 2008

Outcome: Probation completed

Andrew Heiser, DC**License No. 2007000967**

Cause for Discipline: 331.060.1 and .2(2) RSMo 2000

The Board issued a probated license based upon a plea of guilty to a charge of operating a motor vehicle under the influence of alcohol, and for a felony count of resisting arrest and one felony count of burglary.

Board Action: Probationary period to run concurrent with the criminal probation ending May 11, 2011.

Effective Date: January 17, 2007

Outcome: The Board voted to release the licensee from probation based upon the Department of Corrections release from early probation effective June 6, 2008.



Thomas Hobbs, DC**License No. 004790**

Cause for Discipline: 331.060.2(2) RSMo 2000

The Board found cause to discipline the license based upon a conviction in the Eastern District of Missouri of a federal felony related to misleading a federal agent during an investigation.

Board Action: License suspended for two years, suspension stayed, pending successful completion of five years probation.

Effective Date: October 26, 2006

Outcome: Based upon an early discharge from probation by the US Eastern District Court, the board approved a request to end probation on the license as of June 5, 2009.

Charles Johnson, DC**License No. 2002018322**

Cause for Discipline: 331.060.2(2), (13) and (18) RSMo

The Board found cause to revoke the license based upon a plea of guilty to three (3) counts of Invasion of Privacy of Multiple Individuals, each a class D felony, in the 23rd Circuit Court of Jefferson County and a plea of guilty to one count of Invasion of Privacy, a class D felony, in the Circuit Court of St Louis County. These pleas were entered in the respective courts in October of 2007. Licensee served a sentence of one (1) year of confinement on the St. Louis County conviction, and remains on probation until October 15, 2012 on the Jefferson County conviction.

Board Action: License Revoked.

Effective Date: September 22, 2009

Darrell Johnson, DC**License No. 005053**

Cause for Discipline: 331.060.2(2) RSMo 2000

The Board found cause to discipline the license based upon a plea of guilty to three felony counts of violating federal law involving attempted production of child pornography, possession of child pornography, and receipt of child pornography through the mail.

Board Action: License Revoked

Effective Date: October 20, 2006

Michael Kuhler, DC**License No. 004703**

Cause for Discipline: 331.060.2 (5) and (6), RSMo

The Board found cause to discipline the licensed based upon failure to comply with the Board's audit of continuing education for the 2001 and 2002 reporting period.

Board Action: License suspended for two years followed by three years probation.

Effective Date: Upon reactivation of license

Frederick Loeb, DC**License No.004109**

Cause for Discipline: 324.010 RSMo

The Board found cause to suspend the license for failure to file or pay state income taxes to the Department of Revenue.

Board Action: License Suspended

Effective Date: January 23, 2010

Outcome: Reinstated March 1, 2010

Aaron McDonald, DC**License No. 2000173074**

Cause for Discipline: 324.010 RSMo

The Board found cause to suspend the license for failure to file or pay state income taxes to the Department of Revenue.

Board Action: License Suspended

Effective: January 23, 2010

Outcome: Reinstated February 8, 2010

Kristie Mead, DC**License No. 006759**

Cause for Discipline: Section 331.060.2, (5) and (6) RSMo

The Board found cause to discipline the license based upon failure to comply with the continuing education audit requirements for licensure renewal.

Board Action: License suspended for two years followed by three years probation.

Effective Date: Upon reactivation of license

Charles Morris, DC**License No. 006085**

Cause for Discipline: 324.010 RSMo

The Board found cause to suspend the license for failure to file or pay state income taxes to the Department of Revenue.

Board Action: License Suspended

Effective Date: September 22, 2008



Gary Parker, DC**License No. 003308**

Cause for Discipline: 324.010 RSMo

The Board found cause to suspend the license for failure to file or pay state income taxes to the Department of Revenue.

Board Action: License Suspended

Effective Date: January 23, 2010

Vittorio Rallo, DC**License No. 2001017829**

Cause for Discipline: 324.010 RSMo

The Board found cause to suspend the license for failure to file or pay state income taxes to the Department of Revenue.

Board Action: License Suspended

Effective Date: June 8, 2009

Kenneth Reckelhoff, DC**License No. 2008010465**

Cause for Discipline: 331.060.1 and .2(2) RSMo 2000

The Board found cause to issue a probated license based upon criminal violations involving possession of marijuana.

Board Action: One year probation

Effective Date: April 16, 2008

Outcome: Probation Completed

Sterling Rice, DC**License No. 005813**

Cause for Discipline: 324.010 RSMo

The Board found cause to suspend the license for failure to file or pay state income taxes to the Department of Revenue.

Board Action: License Suspended

Effective Date: January 23, 2010

Steven Salzberg, D.C.**License No. 005631**

Cause for Discipline: 331.060.2 (2) RSMo. 2000

The Board found cause to revoke the license based upon the licensee pleading guilty to five (5) Counts of Sexual Misconduct in the First Degree, in addition to one (1) charge of Child Molestation in the First Degree, a felony based on charges set forth in a Grand Jury Indictment.

Board Action: License revoked

Effective Date: May 12, 2006

Norman Smith, DC**License No. 003822**

Cause for Discipline: 324.010 RSMo

The Board found cause to suspend the license for failure to file or pay state income taxes to the Department of Revenue.

Board Action: License Suspended

Effective Date: January 23, 2010

Travis Scott, DC**License No. 2005022455**

Cause for Discipline: 331.060.2(1) RSMo 2000

The Board found cause to issue a probated license based upon discipline imposed by the Kansas Board of Pharmacy.

Board Action: Issuance of three year probated license

Effective Date: July 20, 2005

Outcome: Probation Completed

Warren Shoemaker, DC**License No. 003470**

Cause for Discipline: 331.060.2, (5), (8), (13), and (18) RSMo

The Board found cause to discipline the license based upon disciplinary actions taken by the Iowa Board of Chiropractic.

Board Action: The license is suspended for three years followed by five years probation. The suspension is stayed upon successful completion of the terms of the probation.

Effective Date: October 17, 2006

Outcome: Discipline TOLLED March 1, 2009

Joel Stiles, DC**License No. 006726**

Cause for Discipline: 324.010 RSMo

The Board found cause to suspend the license for failure to file or pay state income taxes to the Department of Revenue.

Board Action: License Suspended

Effective: January 23, 2010

Outcome: Reinstated March 3, 2010



Stephen Teeple, DC**License No. 004284**

Cause for Discipline: 331.060.2(2), RSMo 2000

The Board found cause to discipline the license based upon a guilty plea to four misdemeanor counts of failing to file federal income tax returns for personal income earned during the years 1999-2002.

Board Action: License suspended for one year, suspension to be stayed pending successful completion of three years probation.

Effective Date: April 1, 2008

Cynthia Tichacek, DC**License No. 2001000493**

Cause for Discipline: 324.010 RSMo

The Board found cause to suspend the license for failure to file or pay state income taxes to the Department of Revenue.

Board Action: License Suspended

Effective Date: January 23, 2010

Outcome: Reinstated May 5, 2010

Benjamin Walter, DC**License No. 003720**

Cause for Discipline: 324.010 RSMo

The Board found cause to suspend the license for failure to file or pay state income taxes to the Department of Revenue.

Board Action: License Suspended

Effective Date: January 23, 2010

Barry Wilson, DC**License No. 005261**

Cause for Discipline: 331.060.2(15) RSMo.

The Board found cause to suspend the license based upon a guilty plea in the Circuit Court of Lafayette County, Missouri to unlawful possession of a controlled substance.

Effective Date: September 15, 2006

Disciplinary Terms: Suspension Completed

License placed on three years probation with random drug screening and compliance with terms and conditions of the CMHC Inc Monitoring agreement including the provisions for remaining alcohol and substance abuse free and submission to drug screening.

Board Action: Licensee's license suspended for two years followed by three years probation.

Effective Date: September 16, 2008

Womelduff, James, DC**License No. 006648**

Cause for Discipline: 324.010 RSMo

The Board found cause to suspend the license for failure to file or pay state income taxes to the Department of Revenue.

Board Action: License Suspended

Effective Date: January 23, 2010

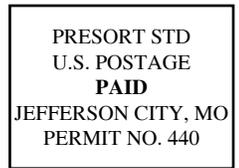
Outcome: Reinstated February 1, 2010

The purpose of the Missouri State Board of Chiropractic Examiners is to protect the public through:

- Licensing applicants that meet the education and examination requirements; and
- Pursuing disciplinary action regarding individuals that fail to follow the law and regulations relating to the practice of chiropractic.

DISCLAIMER - The information presented herein was collected and prepared by the Missouri State Board of Chiropractic Examiners, which is solely responsible for its content. This information is being presented for educational and informational purposes only and shall not be construed as legal advice concerning any of the covered subject areas. The State Board can provide information to licensees and applicants regarding the statute and regulations, however, the State Board cannot provide private legal counsel to a licensee.





CHANGE OF ADDRESS FORM

YOU MUST NOTIFY THE BOARD OFFICE OF A CHANGE IN YOUR HOME OR BUSINESS ADDRESS.

The regulations require a licensee to notify the State Board of any address changes by sending a letter, email, or fax to the state board office. A street address is required.

LICENSEE NAME _____

LICENSE NUMBER _____

A PO BOX CAN BE USED AS A MAILING ADDRESS, HOWEVER, THE STATE BOARD MUST HAVE A STREET ADDRESS.

Please check address being updated **Home Address** **Work Address**

Old address

New address

If you would like to be added to the State Board's list serve, please include your email address. _____

SIGNATURE _____ DATE _____

FORWARD TO
State Board of Chiropractic Examiners
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573/751-0735 Fax
chiropractic@pr.mo.gov e-mail