



CHUCK WICHGERS

STATE REPRESENTATIVE • 83rd ASSEMBLY DISTRICT

February 6th, 2018

Testimony for Representative Chuck Wichgers on Assembly Bill 260

Thank you for the opportunity to testify on Assembly Bill 260 - the chiropractic clinical tools package. I have been working closely with the Wisconsin Chiropractic Association to develop this legislation which has consensus support within the chiropractic community. My grandfather, my uncle and cousins are chiropractors serving patients in the Milwaukee metro-area for nearly 70 years. I have been a patient of chiropractors for 52 years and have seen the great healthcare they provide. I am a big believer that Wisconsin residents should have access-choice to chiropractic care and benefit from it the way my whole family has benefited. My children have had their sports physicals performed by Chiropractors, MD's and PA's. I think all Wisconsin parents and students should have that option as well. My intention in authoring this bill is to give chiropractors additional clinical tools to better care for their patients and provide them with effective alternatives to addictive opioids. We all know the threat that opioids can present to patients in chronic pain. Chiropractic care has proven to be an effective treatment for back pain and an effective alternative to opioids and long term prescription drug use. All of the clinical tools included in this legislation are well within the educational and clinical capabilities of properly trained chiropractors.

This bill:

- Gives those chiropractors who take additional training the opportunity to perform sports physicals on student athletes in Wisconsin;
- Codifies in Wisconsin statute the long standing ability of chiropractors to perform US DOT driver examinations;
- Allows chiropractors to delegate appropriate services to other licensed health care professionals;
- Clarifies that chiropractors can use cold laser;
- Allows chiropractic students to apply for preceptorships (clinical internships) without having to be in their last trimesters of chiropractic school.

The training standards outlined in the bill reflect the best educational practices from around the country. I have distributed letters from Palmer College of Chiropractic in Davenport, IA and National University of Health Sciences in Lombard, IL outlining the education and training chiropractors receive in comprehensive examinations and cardiovascular examinations. Dr. Ron Boesch, Dean of Clinics from Palmer, is here to speak to the education and clinical training that Palmer provides to its graduates and how chiropractors in their clinics perform thousands of sports physicals in the Quad Cities area. This bill would require additional training in the key clinical areas important to safely performing pre



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participation examinations (PPE's). The Chiropractic Examining Board (CEB) will be tasked with developing the specific training program for DC's (Doctors of Chiropractic) to perform PPE's (sports physicals) based on input from clinical experts here in Wisconsin and around the country. The training requirement for DC's to perform US DOT driver examinations (which they have been doing for many years) is spelled out in federal law - passage of the FMCSA exam and registering on their database of approved health care providers. This bill codifies these requirements in state law. Legislation was recently passed by Congress and signed into law by President Trump to allow chiropractors within the US Veteran's Administration to perform US DOT driver examinations.

Finally, allowing chiropractors to delegate appropriate services to other licensed health care providers is part of the evolution of health care in Wisconsin. A chiropractor should be able to hire a nurse, a medical assistant or an X ray technician to work within their clinic without that provider having to take redundant training as a chiropractic technician (as the current law requires).

Health care in Wisconsin is changing an aging population, a pending primary care physician shortage and an opioid epidemic that is taking lives daily. If we are serious about addressing these challenges, we need to give chiropractors the additional clinical tools they need to serve the public health needs of Wisconsin, contribute to better patient care and offer an effective alternative to opioids.

Thank you for your time today.

Rep. Wichgers

1. Spinal Manipulation Can Ease Your Aching Back - Consumer Reports, April 11, 2017.
2. Chiropractic Care Reduces Opioid Abuse, Dr. James Whedon, 2017.
3. ACA - President Trump Signs Bill Expanding Chiropractors' Role in the VA.



PALMER

Chiropractic Clinics

Office of the Dean of Clinics

September 5, 2017

Mr. John Murray
Executive Director
Wisconsin Chiropractic Association
521 E. Washington Ave.
Madison, WI 53703

Dear Mr. Murray,

I'm the Dean of Clinics at Palmer College of Chiropractic in Davenport, Iowa. My duties include overseeing the education and skills of our interns as they progress through clinical training. I was asked to provide you with information about our Doctor of Chiropractic program with respect to pre-participation sports physicals.

Chiropractors in general, and Palmer graduates specifically, are highly skilled in providing comprehensive health examinations. The Palmer Doctor of Chiropractic curriculum is a five-academic-year post-graduate program including 4,620 total contact hours of instruction. Of those contact hours, 570 are in diagnosis, 300 in radiology procedures and interpretation, and 945 in practical clinical experience in the Palmer Chiropractic Clinic system.

Palmer's curriculum produces professionals who are highly trained and experienced in assessment and diagnosis, as well as clinical-reasoning skills – making them eligible for licensure in all 50 states. Palmer's D.C. curriculum is accredited by the Council on Chiropractic Education, the recognized accrediting body for the chiropractic profession. All three of our campuses also are regionally accredited by the Higher Learning Commission.

Palmer's main campus is located in Davenport. All Iowa high-school students participating in sports are required to obtain a pre-participation physical examination. All Iowa school districts in the Quad Cities (Davenport and Bettendorf, Iowa) and surrounding communities approve pre-participation physical examinations provided by chiropractors. Our outpatient clinics in the Quad Cities offer sports physicals throughout the year with a special push at the beginning of each school year. We've provided 2095 of these physicals during the last three years.

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Chiropractic Clinics

Office of the Dean of Clinics

Here is a link to our webpage that speaks to the curriculum:

<http://www.palmer.edu/academics/doctor-of-chiropractic/curriculum>. I attached the portion of our catalog that addresses the credits and hours for physical diagnosis and differential diagnosis.

Please note that Physical Diagnosis I & II are just part of the picture for pre-participation exams. They emphasize the cardiovascular and pulmonary system evaluation. There is Patient History, Neuromusculoskeletal exams, and a review of pediatrics. Along with Clinical Methods and Differential Diagnosis, Case Correlations classes I to III put diagnosis and case management together. Palmer also provides training on concussion baseline diagnosis and management.

The Clinic courses are practicums with a large number of physical exams being completed. Through June of fiscal 2017 we completed more than 7,500 physical exams. Each subsequent follow-up visit requires a focused workup. Through June we've logged more than 76,000 visits. This past fiscal year our Quad-Cities clinics have provided more than 680 sports physicals. Many parents have commented that these pre-participation physical examinations are the most comprehensive their children have ever received. Please note these are just the stats from the Davenport campus, those numbers would be much higher if I had added the other two campuses.

Doctors of Chiropractic are included as eligible health care providers to provide physical examinations by the United States Department of Transportation (DOT). In fact, two faculty clinicians at the Palmer Chiropractic Clinics in the Quad Cities are recognized by the DOT to provide "Fit for Duty" physical exams. They have taken and passed the national certification examination to be listed on the National registry for providing these exams. The DOT physical is a comprehensive evaluation covering all systems of the body, including a comprehensive health history and review along with a urinalysis screening. All of these examination aspects are taught and tested as part of Palmer's D.C. curriculum, in both the academic and clinical portion of the program.

I urge you to consider all of these facts as you educate elected officials, the public and other health care stakeholders on the depth and quality of training that chiropractors receive in performing comprehensive physical examinations. The citizens of Wisconsin deserve the opportunity to receive thorough physical examinations from licensed and qualified health care professionals, which includes licensed Doctors of Chiropractic.

Sincerely,

Ron Boesch, D.C., CHC, CHPC
Dean of Clinics



September 18, 2017

Mr. John Murray
Executive Director
Wisconsin Chiropractic Association
521 E. Washington Ave
Madison, WI 53703

Dear Mr. Murray,

As assistant dean and chief academic officer of the chiropractic medicine program at National University of Health Sciences, I have the primary authority and responsibility for the development, operation, and evaluation of the program and its curriculum. The purpose of our chiropractic medicine program is to educate students in the basic and clinical sciences and related health subjects requisite for development of competent primary care chiropractic physicians.

The aim at National University of Health Sciences is to produce graduates through our innovative, evidence-based curriculum that serve the community as a provision of health care with the demands of patient and public health. With this aim, our curriculum trains students to treat the whole person, keeping all biological systems in mind in regards to patient care. By the time of graduation, students of National University of Health Sciences have didactic hours, clinical training, and direct patient care experience with the comprehensive evaluation and management in the topics of orthopedics and rehabilitation, pulmonary/respiratory, cardiology, neurology, radiology, laboratory medicine, public health, nutrition and botanicals, pharmacology, gastrointestinal, genitourinary, and dermatology. The chiropractic medicine curriculum at National University of Health Sciences includes 4980 clock hours of instructions and clinical training, including 1380 hours of clinical internship experience.

National University of Health Sciences is fully accredited by the Higher Learning Commission and by the Council on Chiropractic Education. National's chiropractic medicine program includes the Lombard, Illinois campus and the St. Petersburg, Florida site that is part of the University Partnership Center at St. Petersburg College. Students within the chiropractic medicine program utilize five university clinics, but also have opportunities for rotations at VA hospitals, military bases, and approved private practices. Students also have opportunities to assist medical teams for various sports teams in Illinois and Florida, including performing the incoming student physicals for the international students at St. Petersburg College and providing medical assistance for the St. Petersburg College women's volleyball and basketball teams.

The first phase of the curriculum for the chiropractic medicine program at National University of Health Sciences consists of foundational regional evaluation, examination, and management of the head, neck, chest, spine, abdomen, pelvis, and extremities. During the second phase of the chiropractic medicine curriculum, students receive advanced instruction and applicable clinical skills in evaluation and management in a broad spectrum of conditions related to the gastrointestinal (including assessment for organomegaly, especially splenomegaly),

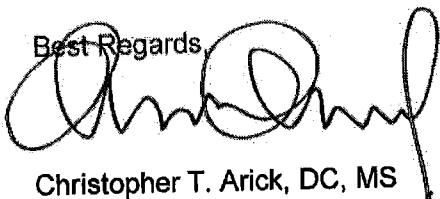
genitourinary and reproductive (including the presence of hernias), cardiovascular (including auscultation for murmurs, irregular rhythms, or signs of hypertrophic obstructive cardiomyopathy), respiratory (including lung auscultation for the assessment of asthma), eye-ears-nose-and throat (including visual acuity and pupil reactivity), neurology, and musculoskeletal (including orthopedic testing and scoliosis evaluation). Also during the second phase, students are taught and expected to perform pediatric examinations from newborn to age 18.

This training thoroughly prepares the student to make a differential diagnosis from the examination or properly refer, if needed, to a specialist for further testing and evaluation. Our graduates are encouraged to closely communicate with the patient's other physician specialists during the course of any evaluation and management of the patient. Physician communication and referral includes any needed intervention following a sports physical.

Students in the third and final phase of the curriculum is the clinical practice phase where interns are in direct patient care under clinician supervision. Students utilize the evaluation and management skills garnered in the first and second phase for application in patient encounters. Skills and competencies are evaluated using the qualitative clinical assessment tool Mini-CEX (Mini-Clinical Evaluation Exercise). Student clinical standards in several categories and procedures must be met to progress through the clinical practice phase and graduate.

The chiropractic medicine curriculum at the National University of Health Sciences trains students very well as future physicians to perform comprehensive physical examinations, including sports physicals and pre-participation exams. This fact is reflected in the courses, patient experiences, clinical assessments, and co-curricular opportunities in which the students are exposed to in the curriculum. I have attached a list of courses to this letter that contribute to the competency of sport physical examination. If you require any additional assistance or would like to communicate with me, please my office at 630-889-6846 or email me at carick@nuhs.edu.

Best Regards



Christopher T. Arick, DC, MS
Assistant Dean and Chief Academic Officer, Chiropractic Medicine
National University of Health Sciences

CC: Randy Swenson, DC, MHPE

Attachment: List of NUHS courses that are contributory to Sports Physical Examinations

List of NUHS courses that are contributory to Sports Physical Examinations:

- AN5101 – Spine and Extremities Anatomy
- AN5102 – Spine and Extremities Anatomy Lab
- PH5103 – Cellular Physiology and Hematology
- AN5201 – Head and Neck Anatomy
- AN5202 – Head and Neck Anatomy Lab
- EM5207 – Evaluation and Management of the Chest and Thoracic Spine
- MI5205 – Fundamentals of Public Health
- PA5204 – Fundamentals of Pathology
- PH5208 – Neurophysiology
- AN5304 – Lumbar Spine, Abdomen, and Pelvic Anatomy
- AN5305 – Lumbar Spine, Abdomen, and Pelvic Anatomy
- BC5308 – Nutritional Biochemistry I
- EM5309 – Evaluation and Management of the Abdomen, Pelvis, and Lumbar Spine
- MI5303 – Medical Microbiology I
- PA5302 – Systems Pathology I
- PH5306 – Neuroendocrinology, Gastrointestinal, and Reproductive Physiology
- BC5409 – Nutritional Biochemistry II
- EM5408 – Evaluation and Management of the Head, Neck, and Cervical Spine
- MI5403 – Medical Microbiology II
- PA5402 – Systems Pathology II
- PH5405 – Cardiorespiratory and Renal Physiology
- EM6103 – Evaluation and Management of Gastrointestinal, Genitourinary, and Reproductive Systems
- EM6104 – Evaluation and Management Cardiology and Respiratory Systems
- EM6105 – Evaluation and Management of the Ears, Eyes, Nose, and Throat (EENT)
- EM6106 – Evaluation and Management of the Neurological System
- EM6112 – Evaluation and Management of the Musculoskeletal System I
- EM6120 – Evaluation and Management of the Extremities
- EM6202 – Physical Diagnosis
- EM6203 – Clinical Laboratory Diagnosis
- EM6207 – Special Populations: Pediatrics, Geriatrics, and Female Health Issues
- EM6210 – The Clinical Encounter
- EM6212 – Evaluation and Management of the Musculoskeletal System II
- EM6304 – Advanced Diagnosis and Problem Solving
- EM6304 – Psychopathology and Health Psychology
- NN6301 – Clinical Nutrition
- EM6405 – Doctor – Patient Relationship
- EM6406 – Dermatology
- FR6412 – Sports Medicine
- IC7000 – Clinic Internship I
- IC7100 – Clinic Internship II
- IC7200 – Clinic Internship III



APRN FORUM

To: Chairperson Leah Vukmir and members of the Senate Committee on Health and Human Services

From: Tina Bettin DNP, MSN, RN, FNP-BC, APNP
President, Advanced Practice Registered Nurses Forum and
Gina Dennik-Champion, MSN, RN, MSHA
Executive Director, Wisconsin Nurses Association

Date: February 6, 2018

RE: Opposition to Senate Bill 232 and AB 260, Chiropractors doing pre-participation athletic physicals and delegation to registered nurses

On behalf of the members of the Wisconsin Nurses Association and our Mutual Interest Group, the Advanced Practice Registered Nurse (APRN) Forum, we would like to share our opposition to Senate Bill 232 and the companion bill AB 260, performance of pre-participation physicals by chiropractors and delegation of chiropractic acts to registered nurses. APRNs are advanced practice registered nurses educated in one of four specialties as nurse practitioners, clinical nurse specialists, certified registered nurse anesthetist, and certified nurse mid-wives. Nurse practitioners, whom most are Advanced Practice Nurse Prescribers (APNPs), perform many of the pre-participation physicals for student-athletes in the State of Wisconsin. This is a very important contact with youth/adolescent individuals, and a contact that APRNs performing this assessment and exam do not take lightly.

The pre-participation athletic physical entails a very important contact with an adolescent, who may not be seen but every two years for this physical. At this examination other very important assessments occur. These assessments include mental health including depression, anxiety and substance use screening; immunization information and updating; sexual health issues, and general health and wellness concerns. At these visits, if there are concerns or issues that arise, the presently approved providers are able to proceed with further assessment, treatment (if indicated) and if needed referrals.

The educational preparation of physicians, APNPs and physician assistants all support the role of performing the pre-participation sports physical. The educational preparation of chiropractors does not support this role nor will the 48 hours of training.

In the interest of the youth in the State of Wisconsin, who cannot legally speak their voice, the APRN Forum opposes Senate Bill 232/AB 260.

In addition, we are also opposed to registered nurses accepting and performing delegated chiropractic-related acts. In order to accept a delegated act the RN must have the education, training and experience to do so. The practice of chiropractic's is not part of the formal education of a RN. Furthermore, there is no RN-related certification associated with this. Our recommendation is that if a RN wants to work with a chiropractor he/she should become a chiropractic technician.

Thank you again, Chairperson Vukmir and Committee Members, for your time and ask that you oppose Senate Bill 232/AB 260.



July 24, 2017



Wisconsin Senate Committee on Health and Human Services
Senator Leah Vukmir, Chair



AB260 and Pre-Participation Examinations (PPE)



Leading health experts have grave concerns over Assembly Bill 260, mandating Wisconsin's schools, technical colleges and UW system 2-year colleges to accept physical exams completed by chiropractors. The coalition opposing the measure includes 18 key physician organizations, other health care providers, health systems, hospitals, academic centers and other parties with a vested interest in the health and well-being of Wisconsin's student athletes.



There are several key issues with the PPE portion of the bill:



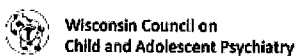
1. While annual physical examinations are recommended for children ages birth - 21, the rate drops dramatically as children progress through school. Therefore, securing the pre-participation evaluation is frequently the child's only encounter with a physician or other qualified medical practitioner.



Ideally this examination would take place in the medical home - the clinic where the patient receives their routine medical care by a provider who is qualified in providing all aspects of routine medical care, including the PPE.



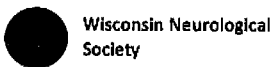
2. During that visit, clearance to play is just one part of the appointment. A PPE is a comprehensive medical examination.



3. Conducting a full annual exam with the athlete's primary care provider ensures a comprehensive evaluation for, among other things:



1. Cardiovascular conditions
2. Appropriate immunizations
3. Growth and development
4. Mental and behavioral health
5. Laboratory tests
6. Hearing and vision screening
7. Anticipatory guidance related to adolescent risk-taking behaviors
8. Health education



4. Capturing the details of this annual visit, when conducted in the primary care provider's office, ensures full recording of the encounter in the patient's detailed electronic medical record. In addition, it allows the provider to have access to the patient's medical record, leaving less room for error, less risk for missed or omitted medical information, compared to examinations performed outside the primary care office.
5. A 2016 American Medical Association issue brief reports that while physicians complete 10,000+ clinical patient care hours (plus additional classroom and laboratory experience), chiropractors are required to only complete 4,200 hours of combined classroom, laboratory and clinical experience.
6. Chiropractors do not have the training necessary to provide the comprehensive examination provided in the primary care provider's office. Such evaluations clearly fall outside the established definition of chiropractic practice as described in the Chiropractic Administrative Code (see CHIR 4.03, attached).
7. One of the key purposes of the screening exam is to screen for conditions that may be life threatening or disabling. Cardiac conditions which can lead to sudden death are rare and often difficult to detect. A comprehensive cardiovascular history and examination performed by a practitioner with thorough training in these conditions is best qualified to perform the PPE.

As physicians, other healthcare providers and other interested parties with a vested interest in the health and well being of children, adolescents and young adults in Wisconsin, we urge the State Assembly to remove sections of AB-260 that allow chiropractors to perform PPEs or other comprehensive assessments of a patient's overall health.

Sincerely,

Alliance of Health Insurers
Aurora Health Care
Marshfield Children's Hospital
Medical College of Wisconsin
UW Health
WI Academy of Family Physicians
WI Athletic Trainers Association
WI Council of Child and Adolescent Psychiatry
WI Medical Society
WI Public Health Association

American Medical Society for Sports Medicine
Children's Hospital of Wisconsin
Marshfield Clinic Health System
Sixteenth Street Community Health Centers
UW Health - American Family Children's Hospital
WI Academy of Physician Assistants
WI Chapter of the American Academy of Pediatrics
WI Interscholastic Athletic Association
WI Neurological Society
WI Psychiatric Association

SOURCES

American Academy of Pediatrics. Policy Statement, *Scope of Practice Issues in the Delivery of Pediatric Care*. 2013.

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American Medical Association (AMA). Geomap *Wisconsin Primary Care Physicians to Chiropractors*.

American Medical Association (AMA). Issue Brief *Chiropractors* (available via electronic copy), 2016.

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American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, American Osteopathic Academy of Sports Medicine. Preparticipation Physical Evaluation, 4th Edition, ISBN-13: 978-1-58110-376-2, May 1, 2010.

National Collegiate Athletic Association (NCAA). Sports Medicine Handbook (©2013-2014), Page 11, Guideline 1C: "Medical Evaluations, Immunizations and Records."

National Athletic Trainers' Association (NATA). Position Statement: Preparticipation Physical Exams and Disqualifying Conditions. *Journal of Athletic Training*, Volume 49, Number 1. February 2014.

Northwestern University Health Sciences. Curriculum Review (current).

Wisconsin Academy of Family Physicians. Testimony to the Wisconsin Assembly Committee on Health, April 26, 2017.

Wisconsin Chapter of the American Academy of Pediatrics. Position Statement. *Pre-Participation Physical Exams (PPEs) for Student Athletes*. April 24, 2017.

Wisconsin Pediatric Healthcare Coalition. Infographic, AB260 Opposition. June 2017.

Wisconsin Pediatric Healthcare Coalition. Letter to the Wisconsin State Assembly Committee on Health: *AB260 and Pre-Participation Examinations*. April 26, 2017.

Wisconsin Pediatric Healthcare Coalition. Press Release: Wisconsin Healthcare Leaders Oppose Chiropractor Bill. June 12, 2017.

Wisconsin Pediatric Healthcare Coalition. Letter to the Wisconsin State Assembly, *AB260 and Pre-Participation Examinations*. June 16, 2017.

Wisconsin Psychiatric Association. Testimony to the Wisconsin State Assembly on Health: *Opposition to Assembly Bill AB260*. April 26, 2017.

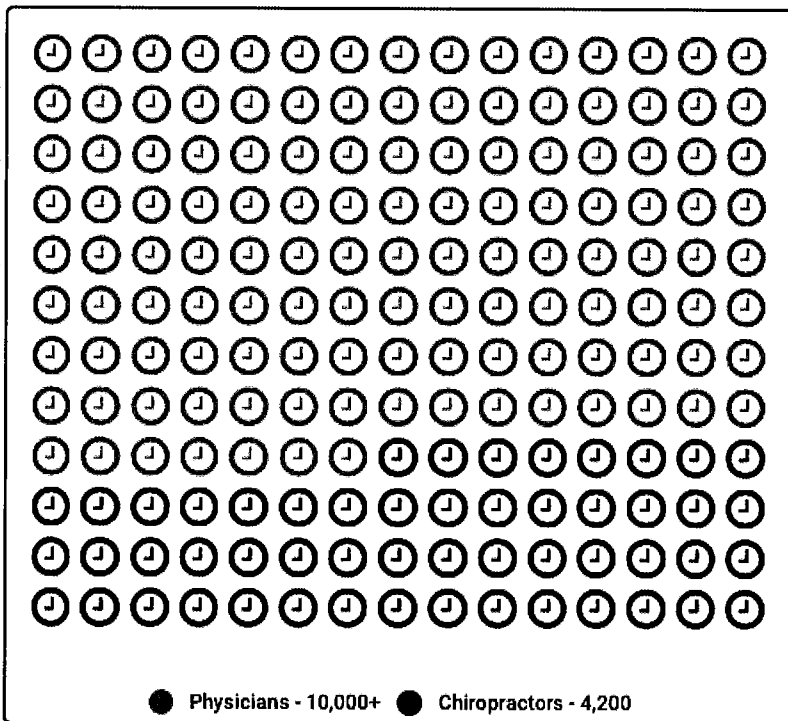
Vote NO on AB260

Keep Wisconsin's student athletes safe

AB260 would **mandate** that schools, technical colleges and UW's 2-year universities accept pre-participation physicals conducted by chiropractors.

A broad coalition of physician organizations, other healthcare providers and parties with a vested interest in the health and well-being of Wisconsin student athletes are **strongly opposed**.

Training Comparison



10,000+

Clinical patient care hours completed by physicians



4,200

Total hours of combined classroom, laboratory and clinical experience for chiropractors

Source: American Medical Association, 2016



Comprehensive Medical Exam

Clearance to play is just one part of a comprehensive well visit in the provider's office.

Athletes also are screened for:

- Cardiovascular conditions
- Appropriate immunizations
- Growth and development
- Mental and behavioral health
- Laboratory tests
- Hearing and vision screening
- Anticipatory guidance related to adolescent risk-taking behaviors
- Health education



Vote NO on AB260

Keep Wisconsin's student athletes safe

2017-2018 Legislative Session

Assembly Bill 260

Relating to: physical examinations conducted by chiropractors; performance of medical examinations by chiropractors for the Federal Motor Carrier Safety Administration; chiropractic acupuncture and chiropractic dry needling; delegation of certain services by a chiropractor; modifying various administrative rules promulgated by the Chiropractic Examining Board; and granting rule-making authority. (FE)

Registrants as of 2/5/2018

Against Other For

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|--|---|--|
| 1 Acupuncture Center Inc. dba Midwest College of Oriental Medicine ↓ Against Notified Date: 4/28/2017 | 11 Medical College of Wisconsin ↓ Against Notified Date: 5/1/2017 | 20 Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) ↓ Against Notified Date: 4/27/2017 |
| 2 Alliance of Health Insurers, U.A. ↓ Against Notified Date: 4/24/2017 | 12 Rural Wisconsin Health Cooperative ↓ Against Notified Date: 6/28/2017 | 21 Wisconsin Chapter of the American College of Emergency Physicians ↓ Against Notified Date: 6/13/2017 |
| 3 American Heart Association ↓ Against Notified Date: 7/25/2017 | 13 Sixteenth Street Community Health C ↓ Against Notified Date: 4/28/2017 | 22 Wisconsin Chiropractic Association ↑ For Notified Date: 4/28/2017 |
| 4 Anthem, Inc. and its Affiliates ? Undisclosed Notified Date: 5/15/2017 | 14 SSM Health ↓ Against Notified Date: 5/2/2017 | 23 Wisconsin Hospital Association ↓ Against Notified Date: 6/19/2017 |
| 5 Ascension Wisconsin ↓ Against Notified Date: 6/20/2017 | 15 Wisconsin Academy of Family Physi ↓ Against Notified Date: 4/24/2017 | 29 Wisconsin Primary Health Care Association (WPHCA) ↓ Against Notified Date: 4/28/2017 |
| 6 Aurora Health Care Inc ↓ Against Notified Date: 4/28/2017 | 16 Wisconsin Academy of Ophthalmolo ↓ Against Notified Date: 6/13/2017 | 30 Wisconsin Psychiatric Association ↓ Against Notified Date: 4/24/2017 |
| 7 Children's Hospital of Wisconsin ↓ Against Notified Date: 5/3/2017 | 17 Wisconsin Academy of Physician As ↓ Against Notified Date: 4/24/2017 | 31 Wisconsin Society of Certified Acupuncturists (WISCA) ↔ Other Notified Date: 5/13/2017 |
| 8 Chiropractic Society of Wisconsin ↔ Other Notified Date: 4/24/2017 | 18 Wisconsin Association of School Bo ↓ Against Notified Date: 2/5/2018 | 26 Wisconsin Medical Society ↓ Against Notified Date: 4/24/2017 |
| 9 Gundersen Health System ↓ Against Notified Date: 6/12/2017 | 19 Wisconsin Athletic Trainers Associat ↓ Against Notified Date: 4/25/2017 | 27 Wisconsin Nurses Association ↓ Against Notified Date: 4/27/2017 |
| 10 Marshfield Clinic Health System ↓ Against Notified Date: 4/25/2017 | 28 Wisconsin Physical Therapy Association ↔ Other Notified Date: 4/25/2017 | |

For more information, contact:

Kia LaBracke, KLaBracke@wiaap.org, 262.751.7003, Wisconsin Chapter of the American Academy of Pediatrics



Position Statement

Pre-Participation Physical Exams (PPEs) for Student Athletes

Author: David Bernhardt, MD, FAAP

Revised April 24, 2017

Wisconsin Chapter AAP

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Background:

- The American Academy of Pediatrics recommends annual health maintenance exams for children ages Birth–21. The number of children who actually receive annual exams drops rapidly once children reach school age and continues to fall as children move into adolescence.
- For many student athletes, a pre-participation physical examination (PPE) may be their only encounter with a health provider throughout the entire year, and as such, offers the opportunity to provide health maintenance for teens.
- A complete health maintenance exam includes a comprehensive health and developmental history, comprehensive physical exam, appropriate immunizations, laboratory tests, hearing and vision screening, and health education. The anticipatory guidance provided during annual checkups has been shown to be effective in changing a number of health-related behaviors of patients and their parents. This is especially important for adolescents, who may engage in numerous risk-taking behaviors that threaten their health and well-being. Research indicates that many adolescents want information on topics such as exercise, stress, depression, sexually transmitted infections, and weight control.
- The examination performed in the medical home allows for access to an ongoing medical record, leaving less room for error, less risk for missed or intentionally omitted medical information compared to examinations performed outside the medical home.
- Reports in the literature show that adolescent athletes often substitute the PPE for their annual exam. While the PPE is appropriate for clearing a child for sports participation, it is **not** a replacement for a complete checkup.
- Parents and student athletes may not understand that when a provider performs a PPE, they are not performing all the other components of the annual checkup.

Position Statement: *Pre-Participation Physical Exams for Student Athletes*

Author: David Bernhardt, MD, FAAP

Page 2/3

- This is not unique to Wisconsin. Nationally, older children and adolescents are much less likely to get an annual checkup as compared to their younger counterparts. This is true regardless of insurance status.
- Regularly scheduled well-child checkups within the medical home promote healthy development and enable early identification and treatment of diseases, often before they become chronic or debilitating.
- Qualifications of the examiners: The PPE monograph 4th edition published by the AAP and written jointly by experts from these entities, and endorsed by same:
 - American Academy of Family Physicians
 - American Academy of Pediatrics
 - American College of Sports Medicine
 - American Medical Society for Sports Medicine
 - American Orthopaedic Society for Sports Medicine
 - American Osteopathic Academy of Sports Medicine

This monograph suggests:

- Physicians with an MD or DO degree have the clinical training and unrestricted medical license that allows them to deal with a broad range of problems encountered during the PPE. Regardless of their training, practitioners performing the PPE should competently screen athletes that would affect sport participation or place the athlete at undue risk.
- One of the key purposes of the screening exam is to screen for conditions that may be life threatening or disabling. Cardiac conditions which can lead to sudden death are rare, often have subtle findings on exam and are difficult to detect. A comprehensive cardiovascular history and examination performed by a practitioner with thorough training in these conditions is best qualified to perform the PPE.
- Although chiropractors may have the training to screen for orthopedic conditions, they do not have the training related to screening for cardiovascular conditions, they do not routinely provide growth and developmental screening, immunizations or anticipatory guidance related to adolescent risk taking behavior.
- Most chiropractors locate near primary care physicians. Granting chiropractors the ability to conduct PPEs therefore would not alleviate any access to care issues children may encounter.

American Academy of Pediatrics, Wisconsin Chapter

Position Statement: *Pre-Participation Physical Exams for Student Athletes*

Author: David Bernhardt, MD, FAAP

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Position: The Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) opposes any policy that would permit chiropractors to be allowed to clear a student athlete for participation via a PPE. This expansion of the scope of practice would endanger the health of Wisconsin's students.

Sources:

American Academy of Pediatrics (AAP) State Advocacy Infographic - Pediatric Education and Training - <http://bit.ly/2pe2COY>

American Medical Association (AMA) Issue Brief: Chiropractic - <http://bit.ly/2pe3Rhb>
Advocacy Resource Center Copyright ©2012 by the American Medical Association

American Medical Association (AMA) Geomap: Wisconsin Primary Physicians to Chiropractors
<http://bit.ly/2oE8b5v>

National Collegiate Athletic Association (NCAA) Sports Medicine Handbook -
<http://on.ncaa.com/2oEfOsq>
Page 11, Guideline 1C: "Medical Evaluations, Immunizations and Records."

Preparticipation Physical Evaluation, 4th Edition

ISBN-13: 978-1-58110-376-2, May 1, 2010

American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, American Osteopathic Academy of Sports Medicine

Scope of Practice Issues in the Delivery of Pediatric Care - <http://bit.ly/2oDUNhM>
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Column: Why Wisconsin should not allow chiropractors to perform sports physicals

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By: USA TODAY High School Sports | June 29, 2017

EDITOR'S NOTE: Lindsay Davis, a former Miss Ohio, is a youth sports health advocate who helped in the passage of SB252 – “Lindsay’s Law” – in the Ohio state legislature with Sen. Cliff Hite. – a law that requires all coaches and teachers to undergo education on the symptoms of sudden cardiac arrest. She is currently working to get other states to pass a similar legislation in addition to a law that requires CPR training as a high school graduation requirement. Davis was diagnosed with hypertrophic cardiomyopathy at age 17. Davis is also associate editor of Open Heart BMJ, the online cardiology edition of the British Medical Journal.

In 2011, Wisconsin lawmakers approved a bill intended to better educate the public on the potential dangers of concussions in youth sports. In 2016, Gov. Scott Walker signed a bill into law that requires all health classes between grade 7-12 to provide instruction on CPR and external defibrillators to protect against sudden cardiac arrest (SCA) – the leading cause of death in student-athletes worldwide.

Wisconsin has shown itself to be entirely altruistic and placed the health and well-being of its children at the forefront of policy, but a **bill recently approved by the state Assembly and now headed to the Senate** for consideration reflects an abatement of that concern.

AB260, a bill proposed by Rep. Chuck Wichgers, would mandate schools, technical colleges and University of Wisconsin System two-year schools that require pre-participation sports physicals to accept exams performed by chiropractors. That would include schools under the Wisconsin Interscholastic Athletic Association (WIAA), the state’s governing body for high

school sports. The Senate bill is SB232.

Wichgers told the Assembly Health Committee during a public hearing on the bill that he wants to expand the chiropractors' range of work and give them an additional stream of revenue. He noted that a number of family members have been or are chiropractors in Wisconsin.

Would you support legislation to allow dentists to perform and be compensated for sports physicals? According to the American Dental Association, dentists study pathophysiology and anatomy of the entire body in school before branching off to specialize in dentistry. During their course of study, they are not taught or practiced in performing medical exams, screening for disease or assessing the psychological and emotional status of children. Yet based on their medical training in school, they are far more qualified than a chiropractor to perform a sports physical.

In contrast, a 2016 American Medical Association brief says chiropractors have 4,200 hours of experience in classroom, laboratory and clinicals, while medical doctors have 10,000-plus hours in clinical patient care alone. The comparison between hours in college and professional schools also leaves out the four additional years that physicians spend in specialty programs, receiving advanced training in their areas of expertise.

The bill would require chiropractors to obtain a certificate to practice these exams. The chiropractic examining board would be given the authority to judge what amount of training would be adequate to competently and safely practice medicine to acquire the certificate.

Yet, by definition, they don't have the training to competently and safely practice medicine. Chiropractors generally treat musculoskeletal problems conservatively. Their own governing body, the World Federation of Chiropractic reports that chiropractors do not routinely evaluate or treat cardiac, respiratory, or neurological issues – the most important maladies that you could uncover in a sports physical.

What a sports physical should entail has become an issue of national interest with the medical advisory committees of most state high school athletic associations continuing to make assessments and recommendations. There also has been subsequent tort reform by lawmakers and institutions on standards to protect the brain health of student-athletes.

The issue of sudden cardiac arrest has also been brought to the spotlight with a highly controversial debate on screening for heart disease. According to the Heart Rhythm Society, SCA accounts for 14,000 deaths annually in children and young adults in the United States and is the leading cause of death in this age group. Priority has been placed on developing protocols

to protect children from this epidemic. A study by **Journal of the American Board of Family Medicine** found that 72 percent of children who died from SCA previously reported having symptoms that flew under the radar.

Wisconsin is set to take a step back from its progress in protecting children and possibly contribute to this statistic with inadequate sports exams.

A broad coalition of 21 key physician organizations has registered in opposition of AB260. That includes the WIAA and the Wisconsin Medical Society. The only group registered in support is the Wisconsin Chiropractic Association.

Health systems, hospitals, academic centers and other parties with a vested interest in the health and well-being of Wisconsin's student athletes have inundated legislators with calls in opposition of this bill. I urge you to contact Wisconsin State Senators and oppose this bill - (<http://legis.wisconsin.gov/> and search under "Find My Legislators.")

The cost to increase the scope of work for chiropractors should not be a child's life.

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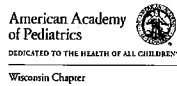
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April 26, 2017

Wisconsin Assembly Committee on Health

Rep. Joe Sanfelippo, Chair

AB260 and Pre-Participation Examinations (PPE)

As physician organizations, other healthcare providers and other interested parties with a vested interest in the health and well-being of Wisconsin's student athletes, we stand in strong opposition to bill **AB260**, which would expand the scope of practice for chiropractors to perform pre-participation examinations before being cleared to participate in a sport.

There are several key issues with the PPE portion of the bill:

1. While annual physical examinations are recommended for children ages birth - 21, the rate drops dramatically as children progress through school. Therefore, securing the pre-participation evaluation is frequently the child's only encounter with a physician or other qualified medical practitioner.

Ideally this examination would take place in the medical home - the clinic where the patient receives their routine medical care by a provider who is qualified in providing all aspects of routine medical care, including the PPE.

2. During that visit, clearance to play is just one part of the appointment, not a comprehensive medical examination for the PPE and other screening as would be the case in the primary care provider's office.

Opposition to AB260 Pre-Participation Examination Provision

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3. Conducting a full annual exam with the athlete's primary care provider ensures a comprehensive evaluation for, among other things:
 - a. Cardiovascular conditions
 - b. Appropriate immunizations
 - c. Growth and development
 - d. Mental and behavioral health
 - e. Laboratory tests
 - f. Hearing and vision screening
 - g. Anticipatory guidance related to adolescent risk-taking behaviors
 - h. Health education
4. Capturing the details of this annual visit, when conducted in the primary care provider's office, ensures full recording of the encounter in the patient's detailed electronic medical record. In addition, it allows the provider to have access to the patient's medical record, leaving less room for error, less risk for missed or intentionally omitted medical information, compared to examinations performed outside the primary care office.
5. Chiropractors do not have the training necessary to provide the comprehensive examination provided in the primary care provider's office. Such evaluations clearly fall outside the established definition of chiropractic practice as described in the Chiropractic Administrative Code (see CHIR 4.03, attached).
6. One of the key purposes of the screening exam is to screen for conditions that may be life threatening or disabling. Cardiac conditions which can lead to sudden death are rare and often difficult to detect. A comprehensive cardiovascular history and examination performed by a practitioner with thorough training in these conditions is best qualified to perform the PPE.

As physicians, other healthcare providers and other interested parties with a vested interest in the health and well being of children, adolescents and young adults in Wisconsin, we urge the committee to remove sections of AB260 that allow chiropractors to perform PPEs or other comprehensive assessments of a patient's overall health.

Opposition to AB260 Pre-Participation Examination Provision

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Sincerely,

- American Medical Society for Sports Medicine (AMSSM)
- Children's Hospital of Wisconsin
- Marshfield Clinic Health System
- Sixteenth Street Community Health Centers (SSCHC)
- UW Health
- UW Health American Family Children's Hospital (AFCH)
- Wisconsin Academy of Family Physicians (WAFP)
- Wisconsin Academy of Physician Assistants (WAPA)
- Wisconsin Athletic Trainers Association (WATA)
- Wisconsin Chapter of the American Academy of Pediatrics (WIAAP)
- Wisconsin Council of Child and Adolescent Psychiatry (WCCAP)
- Wisconsin Interscholastic Athletic Association (WIAA)
- Wisconsin Medical Society (WMS)
- Wisconsin Neurological Society (WNS)
- Wisconsin Primary Health Care Association (WPHCA)
- Wisconsin Psychiatric Association (WPA)

Issue brief: Chiropractors¹

The American Medical Association (AMA) strongly supports the team approach to patient care, with each member of the team playing a clearly defined role in patient care, as determined by his or her education and training. This issue brief is intended to help clarify the education and training of chiropractors as compared to physicians (medical doctors and doctors of osteopathic medicine).

The AMA believes that America's patients benefit when they know the education and training of the health care professionals who provide their care. A recent survey found that more than 30 percent of patients incorrectly identified chiropractors as medical doctors. This confusion can lead to patients having misconceptions and false expectations regarding the care they receive.

Chiropractic and medical education and training compared

Medical and osteopathic school students "must cover all organ systems, and include the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care."² Medical students' education must prepare them "to enter any field of graduate medical education and include content and clinical experiences related to each phase of the human life cycle; and assist patients in addressing health-related issues involving all organ systems."³ All colleges of osteopathic medicine also feature these same requirements.⁴

Chiropractic students must enter a four year Doctor of Chiropractic (DC) program with 24 semester hours of life and physical science courses.^{5,6} Generally, chiropractic programs require a minimum of 4,200 hours⁷ of combined classroom, laboratory, and clinical experience. Curriculum in DC programs must include course work in the following subjects, though not necessarily in individual courses for each subject: anatomy; biochemistry; physiology; microbiology, pathology; public health; physical, clinical and laboratory diagnosis; gynecology; obstetrics; pediatrics; geriatrics; dermatology; otolaryngology; diagnostic imaging procedures; psychology; nutrition/dietetics; biomechanics; orthopedics; neurology; first aid and emergency procedures; spinal analysis; principles and practice of chiropractic; clinical decision making; adjustive techniques; research methods and procedures; and professional practice ethics.⁸ Standards for chiropractic education do not require individual courses for each subject.

¹ Disclaimer: This issue brief is intended for informational purposes only, may not be used in credentialing decisions of individual practitioners, and does not constitute a limitation or expansion of the lawful scope of practice applicable to practitioners in any state.

² Liaison Committee on Medical Education (LCME). *Functions and Structure of a Medical School. Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree.* May 2012.

³ *Id.*

⁴ Commission on Osteopathic College Accreditation (COCA). *Accreditation of Colleges of Osteopathic Medicine: COM Accreditation and Procedures.* July 2012.

⁵ Council on Chiropractic Education (CCE). *CCE Accreditation Standards.* January 2012.

⁶ Bureau of Labor Statistics. U.S. Department of Labor, *Occupational Outlook Handbook, 2012-13 Edition, Chiropractors.*

⁷ *Supra* note 4.

⁸ CCE. *Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status.* January 2007.

Chiropractic students' clinical training includes the following⁹:

- History taking – 20 different patients (16 of whom must be non-student patients);
- Physical examination, including:
 - 20 different patients (16 of whom must be non-student patients), and
 - 15 different case types:
 - Which may be included among the 20 different patients, or
 - In which the student may assist, observe, or participate in live, paper-based, computer-based, distance-learning, or other reasonable alternative;
- Interpretations of clinical laboratory tests, including:
 - 25 urinalysis
 - 20 hematology procedures such as blood counts
 - 10 clinical chemistry, microbiology or immunology procedures or profiles on human blood and/or other body fluids;
- Interpretation of radiographic studies
 - 20 radiographic studies, and
 - 15 different case types:
 - which may be included among the 20 radiographic studies, or
 - in which the student may assist, observe, or participate in live, paper-based, computer-based, distance-learning, or other reasonable alternative;
- Diagnosis, including:
 - 20 different patients (16 of whom must be non-student patients), each with defined case management plans, and
 - 15 different case types:
 - which may be included among the 20 different patients, or
 - in which the student may assist, observe, or participate in live, paper-based, computer-based, distance-learning, or other reasonable alternative;
- Chiropractic adjustments or manipulations:
 - Including 250 chiropractic adjustments or manipulations, at least 200 of which must be spinal adjustments; and
 - Provided during 250 separate encounters (200 of whom must be non-student patients), of which at least 75 must be assessed through direct observation;
- Evaluating and case management – At least 35 cases which, due to their complexity, require a higher order of clinical thinking and integration of data¹⁰, including:
 - At least 10 live-patient cases (8 of whom must be non-student patients);
 - In the remaining cases, the student may assist, observe, or participate in live, paper-based, computer-based, distance learning, or other reasonable alternative.

⁹ *Id.*

¹⁰ That is, cases which demand the application of imaging, lab procedures or other ancillary studies in determining a course of care, and cases in which multiple conditions, risk factors, or psychosocial factors have to be considered.

Chiropractors must also demonstrate clinical competencies in the following areas¹¹:

- History taking
- Physical examination
- Neuromusculoskeletal examination
- Psychosocial assessment
- Diagnostic Studies¹²
- Diagnosis
- Case management
- Chiropractic adjustment or manipulation¹³
- Emergency care
- Case follow-up and review
- Record keeping
- The doctor-patient relationship
- Professional issues
- Wellness
- Ethics and integrity

Chiropractic students are not required to complete a residency and do not undergo the level of subsequent training that medical and osteopathic medical students receive.

Most states require chiropractic students to pass the National Board of Chiropractic Examiners examination in order to practice. This exam includes both written portions¹⁴ (Parts I¹⁵, II¹⁶, and III¹⁷) which and a practical portion (Part IV¹⁸). While Part IV is used by states to substitute for a state specific practical exam, DC candidates may not sit for the Part IV examination until after passing Part I and will not receive official transcripts from the NBCE until completing all parts.¹⁹

¹¹ *Supra* note 7.

¹² Those elements of patient evaluation in which objective data regarding the patient's clinical status are elicited, and which include the use of diagnostic imaging, clinical laboratory, and specialized testing procedures.

¹³ The chiropractic adjustment is a precise procedure that uses controlled force, leverage, direction, amplitude, and velocity directed at specific articulations. Doctors of chiropractic employ adjustive and/or manipulative procedures to influence joint and neurophysiologic function. Other manual procedures may be used in the care of patients.

¹⁴ National Board of Chiropractic Examiners (NBCE). Written Examination: Overview. Last accessed July 24, 2012.

¹⁵ Addresses six clinical areas: general anatomy, spinal anatomy, physiology, chemistry, pathology, and microbiology

¹⁶ Addresses six clinical areas: general diagnosis, neuromusculoskeletal diagnosis, diagnostic imaging, principles of chiropractic, chiropractic practice, and associated clinical sciences

¹⁷ Addresses nine clinical areas: case history, physical examination, neuromusculoskeletal examination, diagnostic imaging, clinical laboratory and special studies, diagnosis or clinical impression, chiropractic techniques, supportive interventions, and case management

¹⁸ Tests x-ray interpretation and diagnosis, chiropractic technique, and case management

¹⁹ NBCE. NBCE Examinee Information for the Part IV National Practical Examination.

Medical doctors / Doctors of osteopathic medicine

- 4 years undergraduate education
- 10,000+ clinical patient care hours
- 4 years medical or osteopathic medical education
- 3-7 years residency/fellowship education and training

Chiropractors

- 90 credit hours undergraduate education
- 4,200 instructional hours (combined classroom, laboratory, and clinical experience)
- 4 years chiropractic school
- No residency requirement

Physicians' and chiropractors' orthopedic education and training compared

After four years of medical school or osteopathic medical school, an orthopedic surgery residency includes five years of graduate medical education. This prepares the physician to “[d]evelop the knowledge, attitudes, and skills needed to formulate principles and assess, plan, and initiate treatment of adult and pediatric patients with surgical and/or medical problems.” The physician’s training emphasizes “surgical and medical emergencies, multiple organ system trauma, soft tissue wounds, nervous system injuries and diseases, peripheral vascular injuries and diseases, and rheumatologic and other medical diseases” for preventive, acute and chronic care.²⁰

Physicians practicing in sports medicine are not required to complete an orthopedic surgery residency but are required to complete a 3 year non-surgery residency^{*21}, followed by a 1-2 year fellowship in sports medicine.²² This residency and fellowship training does not require sports medicine doctors to become surgeons but does require orthopedic training, as well as providing additional medical and musculoskeletal training necessary to practice sports medicine.²³ A physician cannot be certified in sports medicine without completion of a fellowship.

In contrast, chiropractic education consists of two-to-four years of undergraduate education and four years of chiropractic college.²⁴ The training focuses primarily on spinal manipulation, with a minimum of 4,200 hours of combined classroom, laboratory and clinical experience.²⁵ During the first two years, most chiropractic programs include basic sciences, including anatomy, physiology, public health, microbiology, pathology, and biochemistry. The last two years focus on courses in manipulation and spinal adjustment and provide clinical experience in physical and laboratory diagnosis, neurology, orthopedics, geriatrics, physiotherapy and nutrition. While some programs include courses in sports injuries in addition to orthopedic adjustment, these

²⁰ ACGME. ACGME Program Requirements for Graduate Medical Education in Orthopaedic Surgery.

* Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, Physical Medicine and Rehabilitation

²¹ American Board of Medical Specialties (ABMS). Recognized Physician Specialty and Subspecialty Certificates.

²² American Osteopathic Academy of Sports Medicine. Sports Medicine FAQ.

²³ *Supra* note 21.

²⁴ *Supra* note 5.

²⁵ *Id.*

courses are only offered as electives.²⁶ There is no national standard for orthopaedic course work beyond have a “curriculum [that is] structured and integrated in a manner that enables the graduate to demonstrate attainment of all required competencies necessary to function as a primary care chiropractic physician.”²⁷

| |
|---|
| <p>Orthopedic surgeons’ education and training</p> <ul style="list-style-type: none"> ▪ Four-years of medical or osteopathic medical education ▪ Five years of graduate medical education ▪ Covers all organ and other systems in the human body ▪ Differential diagnostic and pharmacologic applications integrated into every level of training |
| <p>Sports medicine physicians’ education and training</p> <ul style="list-style-type: none"> ▪ Four years of medical or osteopathic medical education ▪ Four to five years of graduate medical education ▪ Covers all organ and other systems in the human body ▪ Differential diagnostic and pharmacologic applications integrated into every level of training <p>Chiropractors’ education and training</p> <ul style="list-style-type: none"> ▪ Four years of chiropractic college ▪ Basic sciences ▪ Focus on spinal manipulation ▪ Does not include pharmaceuticals, surgical or other invasive procedures |

Physicians’ and chiropractors’ pharmacologic training compared

Throughout a medical or osteopathic medical student’s education and training, pharmacology is integrated into the comprehensive content of biomedical sciences. The Liaison Committee on Medical Education requires all accredited medical schools to include pharmacologic study as part of disciplines including anatomy, biochemistry, genetics, immunology, microbiology, pathology, physiology, and public health sciences.²⁸ The Commission on Osteopathic College Education also requires all accredited colleges of osteopathic medicine to include courses in pharmacology, along with, human anatomy, biochemistry, genetics, physiology, pathology, microbiology, physical and differential diagnosis, and preventive medicine and public health.²⁹

Following medical or osteopathic medical school, all physician residency programs continue to emphasize how pharmacology and pharmacotherapy may play a role in the evaluation, diagnosis and treatment of patients. The Accreditation Council for Graduate Medical Education³⁰ requires internal medicine residents, for example, to demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and

²⁶ Information on chiropractic course work is on file with the AMA Advocacy Resource Center (ARC) and available upon request.

²⁷ *Supra* note 4.

²⁸ *Supra* note 2.

²⁹ COCA, Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures

³⁰ ACGME, ACGME Program Requirements for Graduate Medical Education in Internal Medicine.

social and behavioral sciences, as well as the application of this knowledge to patient care. The American Osteopathic Association places similar training and education on internal medicine residencies.³¹

Most importantly, resident physicians must demonstrate the ability to apply their knowledge of pharmacology in the care of actual patients, under the supervision of senior physicians, as they gain increasing independence in patient management.

The level of education and training of chiropractors with respect to pharmacology is quite different than that received by physicians. Chiropractic pharmacology education is typically didactic and not clinical. There is no residency component.

Legal limitations on chiropractic prescribing and administration of drugs

The lack of pharmacologic education in chiropractic training has led to differing views within the chiropractic community about chiropractic prescribing of pharmaceuticals or other substances. Some chiropractic organizations advocate for authority to prescribe pharmaceuticals, however, it is the official policy of the American Chiropractic Association that “[c]hiropractic is a drug-free, non-surgical science and, as such, does not include pharmaceuticals or incisive surgery.”³² Similarly, the International Chiropractic Association “considers the therapeutic use of drugs and surgery to be the practice of medicine.”³³

More than 40 states currently prohibit chiropractors from prescribing or dispensing medicine or drugs in some fashion. The prohibitions may be qualified in several ways. For example, Colorado³⁴ broadly prohibits the right to prescribe, compound, or administer drugs, or to administer anesthetics. California³⁵ and North Dakota³⁶ prohibit to any substance not in the “materia medica.” Connecticut³⁷ allows an exception for vitamins. Florida³⁸ prohibits the prescription and administration of “legend” drugs. New Jersey³⁹ prohibits prescribing and dispensing of medicine or drugs “for any purpose whatsoever.” Virginia’s prohibition⁴⁰ extends to any drugs, medicines, serums or vaccines. Still other states prohibit chiropractors from dispensing drugs using certain methods.⁴¹

³¹ AOA. Basic Standards for Residency Training in Internal Medicine. August 2012.

³² American Chiropractic Association.

³³ International Chiropractic Association.

³⁴ C.R.S. §12-33-102; C.R.S. §12-33-118. While chiropractors may claim that they only want to prescribe vitamins and extracts and enzymes, if given inappropriately, these can cause adverse consequences. Here are just a few examples. (1) Vitamin A, as found in Retinol and Accutane, is used to treat acne conditions; both can severely harm the skin if used inappropriately; pregnant women are discouraged from using either, particularly Accutane which causes birth defects. (2) Vitamin K is used to treat coagulation disorders (blood clotting or lack thereof). Used inappropriately or in the wrong dose, it can disrupt blood cell counts and cause jaundice. (3) Lipase is used to treat acute and chronic pancreatitis (inflammation of the pancreas). Used inappropriately, Lipase can cause the need to be hospitalized and/or gout, a painful joint condition that must be diagnosed early in order to be treated successfully. Appropriate treatment for any of these conditions requires an appropriate medical diagnosis and treatment plan from a practitioner with appropriate education and training. Information taken from Colorado Medical Society Fact Sheet, 2010.

³⁵ Cal. Bus. and Prof. Code Appendix §1000-7; 16 CCR 302.

³⁶ N.D. Cent. Code 43-06-01.

³⁷ Conn. Gen. Stat. §20-28.

³⁸ Fla. Stat. 460.403.

³⁹ N.J. Stat. §45:9-14.5.

⁴⁰ Va. Code Ann. §54.1-2900.

⁴¹ Indiana does not permit penetration of the skin with a needle or other instrument for any reason except for blood analysis. Ind. Code Ann. §25-10-1-1; 846 IAC §1-3-1. Similarly, Mississippi prohibits chiropractors from using

Physicians' pharmacologic education and training

- Begins in medical or osteopathic medical school; continues through residency
- Emphasis on clinical application of pharmacologic interventions
- Covers all organ and other systems in the human body
- Differential diagnostic and pharmacologic applications integrated into every level of training

Chiropractors' pharmacologic education and training

- Limited to didactic overview during chiropractic education
- No residency requirement of clinical application

Physicians' and chiropractors' neurologic training compared

Neurologists

A neurologist is a medical doctor or doctor of osteopathic medicine with specialized training in diagnosing, treating, and managing disorders of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, and blood vessels related to these structures. Pediatric neurologists specialize in the diagnosis and treatment of neurologic disorders in children from the neonatal period through adolescence. After completing medical or osteopathic medical school, a neurologist's training includes a one-year internship in internal medicine (or two years of pediatrics for pediatric neurologists), and at least three years of specialized residency training in neurology.^{42, 43} Most neurologists then invest a further one to two additional years of training in a subspecialty such as epilepsy, movement disorders, or neuromuscular disease. Training and education requirements for neurology residencies are set by the Accreditation Council for Graduate Medical Education (ACGME). Fellowship and subspecialty training and education requirements are set by the ACGME, the American Osteopathic Association Board of Neurology & Psychiatry, or the United Council for Neurologic Subspecialties (UCNS). Once a neurologist passes a written examination administered by the American Board of Psychiatry and Neurology (ABPN), he or she is granted board-certified status in neurology.

venipuncture, capillary puncture or any other invasive technique that penetrates the skin or any body orifice. Miss. Code Ann. §73-6-1. Arkansas prohibits puncturing the skin for the purpose of introducing any substance into the body. A.C.A. §17-81-102; A.C.A. §§17-81-305, 307. New Mexico does not allow invasive procedures – except as provided by the chiropractic board by rule and regulation. N.M. Stat. §61-4-2. Tennessee and Washington extend their prohibition to venipuncture. Tenn. Code. Ann. §63-4-101; ARCW 18.25.005. Texas chiropractors may only employ non-surgical, non-incisive procedures. Tex. Occ. Code §201.002. Oklahoma prohibits prescribing drugs, but allows chiropractors to possess, prescribe and administer, by needle, vitamins, minerals or nutritional supplements. 59 Okla. Stat. § 161.2. Utah also prohibits prescriptions, but allows topical administration of several agents, including steroids and anesthetics. Utah Code 58-73-102.

⁴² American Association of Medical Colleges (AAMC). Careers in Medicine, Specialty Information: Neurology.

⁴³ American Osteopathic Association Board Certification, American Osteopathic Board of Neurology & Psychiatry.

As concern about concussions in youth sports has grown, the American Academy of Neurology has focused on continuing to educate neurologists how to best treat head injuries and reduce the risk of permanent injury as part of its best practices programs.⁴⁴

Physical medicine and rehabilitation physicians

Physical medicine and rehabilitation (PM&R) physicians (also known as physiatrists) also undergo extensive training in the treatment of neurologic conditions. Using skills developed in ACGME-accredited residency training programs and in some cases fellowship training, physiatrists diagnose and treat inpatients and outpatients with medical, musculoskeletal, neurological and neuromuscular disorders, emphasizing function, rehabilitation and quality of life. PM&R specialists treat patients of all ages with function limiting and/or painful conditions involving: central and peripheral nervous system, cardiopulmonary and musculoskeletal systems.⁴⁵ This includes but is not limited to disorders of the spine, peripheral joints, soft tissues, bone injuries, sprains/strains, disc herniations, and athletic injuries. PM&R specialists also diagnose and treat degenerative, developmental, acquired, and traumatic conditions of the upper and lower limbs, spinal cord, and brain.⁴⁶ This unique blend of education, training and experience prepares physiatrists to diagnose and treat sports-related neuromuscular injuries, including rehabilitative care of brain disorders.⁴⁷

To become a PM&R specialist, a physician must complete four years of postdoctoral training in a physical medicine and rehabilitation residency.⁴⁸ This includes one year developing fundamental clinical skills and three additional years of training in the full scope of the specialty. Many physiatrists complete fellowship training in a specific area of the specialty. Fellowships are available for specialized study in such areas as musculoskeletal rehabilitation, pediatrics, traumatic brain injury, spinal cord injury, and sports medicine. To become board certified in physical medicine and rehabilitation, PM&R specialists must pass both a written and oral examination administered by the American Board of Physical Medicine and Rehabilitation (ABPM&R), an ABMS member board.⁴⁹ The ABPMR also has agreements with each of the boards of pediatrics, internal medicine, and neurology to allow special training programs leading to certification in both specialties.

Chiropractors

By contrast, chiropractic education consists of a shorter training program prior to chiropractic college with no additional post chiropractic college training.⁵⁰ During the first two years, most chiropractic programs include basic sciences, including anatomy, physiology, public health, microbiology, pathology, and biochemistry. The last two years include neurology among other clinical subjects with most schools requiring two to three courses in neurology/neuroscience for graduation. If the program offers additional courses, they are taken as

⁴⁴ American Academy of Neurology (AAN). *Sports Medicine Toolkit*.

⁴⁵ American Academy of Physical Medicine and Rehabilitation (AAPM&R). *Physiatric Scope of Practice*. October 2009.

⁴⁶ *Id.*

⁴⁷ *Id.*

⁴⁸ www.lcme.org/

⁴⁹ www.abpmr.org/index.html

⁵⁰ *Supra* note 5.

electives, or as components of larger subjects.⁵¹ While neurology is a tested subject on the NBCE written exam, it comprises only a small portion of the written section.⁵²

| |
|---|
| <p>Neurologists' education and training</p> <ul style="list-style-type: none"> ▪ Four years of medical or osteopathic medical education ▪ Five to seven years of graduate medical education ▪ Covers all organ and other systems in the human body ▪ Differential diagnostic and neurologic applications integrated into every level of training |
| <p>Physiatrists' education and training</p> <ul style="list-style-type: none"> ▪ Four years of medical or osteopathic medical education ▪ Four years of graduate medical education ▪ Covers all organ and other systems in the human body ▪ Differential diagnostic and neurologic applications integrated into every level of training |
| <p>Chiropractors' education and training</p> <ul style="list-style-type: none"> ▪ Four years of chiropractic college ▪ Basic sciences with neurology included in clinical sciences program ▪ Focus on spinal manipulation |

Physicians' and chiropractors' radiologic training compared

Radiologists must go through an extensive five year residency following medical or osteopathic medical school, consisting of a one year internship and a four year training program in diagnostic radiology.⁵³ A diagnostic radiology residency encompasses a variety of diagnostic and image guided therapeutic techniques, including all aspects of image-based diagnosis, (radiography, nuclear radiology, diagnostic ultrasound, magnetic resonance, computed tomography, interventional procedures, and molecular imaging).^{54,55} The residency program in diagnostic radiology offers graduate medical educational experience in all of these associated disciplines.⁵⁶ Additional training is required for a subspecialty within the practice of radiology.⁵⁷

By contrast, chiropractic education consists of a shorter training program prior to chiropractic college with no additional post chiropractic college training.⁵⁸ During the first two years, most chiropractic programs include basic sciences. The last two years include imaging among other clinical subjects. According to the Council on Chiropractic Education's standards for DC programs, a chiropractic student is required to interpret only 20 radiographic studies of 15 different case types over the course of the student's curriculum.⁵⁹ Included in this tally are cases in which the chiropractic student merely observes, or in which the student participates in

⁵¹ Information on chiropractic electives is on file with the AMA ARC and available upon request.

⁵² NBCE, Part II: Test Plan, Neuromusculoskeletal Diagnosis.

⁵³ AAMC, Careers in Medicine, Specialty Information: Radiology. Last accessed July 25, 2012.

⁵⁴ ACGME, AGCME Program Requirements in Diagnostic Radiology, July 2008.

⁵⁵ AOA, Basic Standards for Residency Training in Diagnostic Radiology, July 2012.

⁵⁶ *Supra* note 54.

⁵⁷ *Id.*

⁵⁸ *Supra* note 5.

⁵⁹ CCE, Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status, January 2007.

distance learning; the student may “assist, observe, or participate in live, paper-based, computer-based, distance-learning, or other reasonable alternative.”⁶⁰

A survey of chiropractic educational programs found that the majority contain multiple courses in radiology and imaging, with a mix of introductory and more advanced courses.⁶¹ Some programs recommend extensive training that lasts throughout the chiropractor’s education but there is no national standard.

With regard to certification, both a written and a practical component to the National Board of Chiropractic Examiners examination tests knowledge of radiology. On the written component, candidates must demonstrate proficiency in x-ray technology, radiographic positioning and normal anatomy, imaging diagnosis, methods of interpretation and the clinical applications of special imaging techniques.⁶² On the practical component, candidates must demonstrate competency in cases that are commonly encountered in practice, those that present cautions or contraindications to chiropractic case management, and those that require early detection to preserve life/health of the patient.⁶³

Radiologists’ education and training

- Four years of medical or osteopathic medical education
- At least five years of graduate medical education
- Covers all organ and other systems in the human body

Chiropractors’ education and training

- Four years of chiropractic college
- Basic sciences with imaging included in clinical sciences program
- Focus on spinal manipulation

Conclusion

The AMA strongly supports the team approach to patient care, with each member of the team playing a clearly defined role in patient care, as determined by his or her education and training. The AMA encourages legislators to closely examine the education and training of chiropractors – and all other non-physician health care providers who seek to expand their scope of practice – to ensure that patients’ best interests are served.

⁶⁰ *Supra* note 7.

⁶¹ Information on chiropractic course work is on file with the AMA ARC and available upon request.

⁶² NBCE. Part II: Test Plan, Diagnostic Imaging. Last accessed July 25, 2012.

⁶³ NBCE. Practical Examination. Last accessed July 25, 2012.



February 6, 2018

Dear Senator Vukmir and Senate Committee on Health and Human Services,

The Wisconsin Society of Certified Acupuncturists has a neutral position on AB260 with Assembly Amendment 1 as passed by the State Assembly. We encourage the Senate to do the same.

Sincerely,

A handwritten signature in black ink, appearing to read "Kelly Hora", is written over the typed name.

Kelly Hora, MAc DiplAc

President & Legislative Chairperson, Wisconsin Society of Certified Acupuncturists

Owner, Bluestem Acupuncture LLC

715 Hill Street Suite 130 Madison, WI 53705

(608)335-7311

TO: Members, Senate Committee on Health
FROM: Justin Schoen, MD, President
DATE: February 6, 2018
RE: Opposition to Assembly Bill 260/Senate Bill 232



On behalf of the more than 400 psychiatrist members of our association, we appreciate the opportunity to provide written testimony, and we urge your opposition to Assembly Bill 260/Senate Bill 232.

While likely not the purpose intended by its authors, if passed AB 260/SB 232 would represent an unprecedented expansion of the scope of practice for chiropractors in Wisconsin into psychiatry – the medical specialty devoted to illness and disorders affecting mental, behavioral and cognitive function. We believe this expansion would put Wisconsin student-athletes at significant and unnecessary risk.

With alarming regularity, the media reports on athletes suffering from debilitating post-concussion disorders. The positive benefit of these reports is that our youth, school and collegiate athletic programs are increasingly attuned to concussions and post-concussion disorders. But make no mistake, the signs and symptoms of concussion or post-concussion disorders are often very subtle, and difficult to detect, manifesting themselves within symptoms of other disorders like depression, anxiety or ADHD.

Our understanding of concussion and its impact on present or future cognitive function, behavior and mental state is growing, but is still far from complete. An athletic participation certification examination conducted by a physician or physician assistant or nurse practitioner is more than an examination to determine whether a student-athlete's muscles and bones are capable of safe participation in school or collegiate athletics. Whether it is specifically noted in athletic certification form or not, a complete, pre-athletic participation exam of a patient should always include questioning, observation and assessment regarding the patient's mental state and fitness – a “clean bill of health” for student athletic participation must include such an evaluation to ensure as best we can that a student-athlete is not at unreasonable risk of harm to her/his cognitive, behavioral or mental abilities.

Regardless of their precise specialty (Family Physicians, Internists, Pediatricians or specialists in Adolescent Medicine), all primary care physicians receive education and physician-supervised medical training in mental and behavioral health. Though differing in scope, physician assistants and nurse practitioners receive similar training. Chiropractors do not receive medical training in mental and behavioral health. Thus intended or otherwise, the result of AB 260/SB 232 as written would be either an expansion of the chiropractic scope of practice into psychiatry, or the elimination from student athletic certification examinations conducted by chiropractors of any qualified mental and behavioral health assessment.

Wisconsin is not lacking in qualified primary care physicians, physician assistants or nurse practitioners available to provide student-athlete certification exams. Distinct from chiropractors, all receive some level of medical education and training in mental and behavioral health, and all are trained to seek specialty psychiatric consultation when presented with a case that is beyond their expertise. Given the necessity of such evaluation for student athletes, AB 260/SB 232 would put prospective student athletes at unnecessary risk.



PALMER

Chiropractic Clinics

Office of the Dean of Clinics

September 5, 2017

Mr. John Murray
Executive Director
Wisconsin Chiropractic Association
521 E. Washington Ave.
Madison, WI 53703

Dear Mr. Murray,

I'm the Dean of Clinics at Palmer College of Chiropractic in Davenport, Iowa. My duties include overseeing the education and skills of our interns as they progress through clinical training. I was asked to provide you with information about our Doctor of Chiropractic program with respect to pre-participation sports physicals.

Chiropractors in general, and Palmer graduates specifically, are highly skilled in providing comprehensive health examinations. The Palmer Doctor of Chiropractic curriculum is a five-academic-year post-graduate program including 4,620 total contact hours of instruction. Of those contact hours, 570 are in diagnosis, 300 in radiology procedures and interpretation, and 945 in practical clinical experience in the Palmer Chiropractic Clinic system.

Palmer's curriculum produces professionals who are highly trained and experienced in assessment and diagnosis, as well as clinical-reasoning skills – making them eligible for licensure in all 50 states. Palmer's D.C. curriculum is accredited by the Council on Chiropractic Education, the recognized accrediting body for the chiropractic profession. All three of our campuses also are regionally accredited by the Higher Learning Commission.

Palmer's main campus is located in Davenport. All Iowa high-school students participating in sports are required to obtain a pre-participation physical examination. All Iowa school districts in the Quad Cities (Davenport and Bettendorf, Iowa) and surrounding communities approve pre-participation physical examinations provided by chiropractors. Our outpatient clinics in the Quad Cities offer sports physicals throughout the year with a special push at the beginning of each school year. We've provided 2095 of these physicals during the last three years.



PALMER

Chiropractic Clinics

Office of the Dean of Clinics

Here is a link to our webpage that speaks to the curriculum:

<http://www.palmer.edu/academics/doctor-of-chiropractic/curriculum>. I attached the portion of our catalog that addresses the credits and hours for physical diagnosis and differential diagnosis.

Please note that Physical Diagnosis I & II are just part of the picture for pre-participation exams. They emphasize the cardiovascular and pulmonary system evaluation. There is Patient History, Neuromusculoskeletal exams, and a review of pediatrics. Along with Clinical Methods and Differential Diagnosis, Case Correlations classes I to III put diagnosis and case management together. Palmer also provides training on concussion baseline diagnosis and management.

The Clinic courses are practicums with a large number of physical exams being completed. Through June of fiscal 2017 we completed more than 7,500 physical exams. Each subsequent follow-up visit requires a focused workup. Through June we've logged more than 76,000 visits. This past fiscal year our Quad-Cities clinics have provided more than 680 sports physicals. Many parents have commented that these pre-participation physical examinations are the most comprehensive their children have ever received. Please note these are just the stats from the Davenport campus, those numbers would be much higher if I had added the other two campuses.

Doctors of Chiropractic are included as eligible health care providers to provide physical examinations by the United States Department of Transportation (DOT). In fact, two faculty clinicians at the Palmer Chiropractic Clinics in the Quad Cities are recognized by the DOT to provide "Fit for Duty" physical exams. They have taken and passed the national certification examination to be listed on the National registry for providing these exams. The DOT physical is a comprehensive evaluation covering all systems of the body, including a comprehensive health history and review along with a urinalysis screening. All of these examination aspects are taught and tested as part of Palmer's D.C. curriculum, in both the academic and clinical portion of the program.

I urge you to consider all of these facts as you educate elected officials, the public and other health care stakeholders on the depth and quality of training that chiropractors receive in performing comprehensive physical examinations. The citizens of Wisconsin deserve the opportunity to receive thorough physical examinations from licensed and qualified health care professionals, which includes licensed Doctors of Chiropractic.

Sincerely,

Ron Boesch, D.C., CHC, CHPC
Dean of Clinics



Name (print): _____
Last First Middle Initial

School: _____

Age: _____ Grade: _____ Date: _____

Home Address: _____
Street City State Zip

Home Phone: (____) _____

To be completed by athlete and parent

1. Have you ever had an *illness* that:
 - Required you to stay in the hospital? YES NO
 - Lasted longer than a week? YES NO
 - Caused you to miss 3 days of practice or competition? YES NO
 - Is related to allergies (e.g., hay fever, hives, insect sting reactions)? YES NO
 - Required an operation? YES NO
 - Is chronic (e.g., asthma, diabetes)? YES NO

2. Have you ever had an *injury* that:
 - Required you to go to an emergency room or see a doctor? YES NO
 - Required you to stay in the hospital? YES NO
 - Required X-rays (MRI, CT, injections)? YES NO
 - Caused you to miss 3 days of practice or competition? YES NO
 - Required an operation? YES NO
 - Required you to use any special equipment or support during sporting events? YES NO

3. Has a doctor ever denied or restricted your participation in sports for any reason? YES NO

4. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? YES NO

5. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? YES NO

6. Have you ever been unable to move your arms or legs after being hit or falling? YES NO

(continued on next page)

- | | | |
|---|-----|----|
| 7. When exercising in the heat, do you have severe muscle cramp or become ill? | YES | NO |
| 8. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | YES | NO |
| 9. Have you had infectious mononucleosis (mono) within the last month? | YES | NO |
| 10. Do you have headaches with exercise? | YES | NO |
| 11. Do you cough wheeze or have difficulty breathing during or after exercise? | YES | NO |
| 12. Have you ever: | | |
| • Been dizzy or passed out during or after exercise? | YES | NO |
| • Been unconscious or had a concussion? | YES | NO |
| • Had a seizure? | YES | NO |
| 13. Do you take any medication? | YES | NO |
| 14. Have you ever used an inhaler or taken asthma medicine? | YES | NO |
| 15. Do you have any known allergies to any medicine? | YES | NO |
| 16. Has any member of your family under age 50 had a heart attack, heart problems or a heart abnormality? | YES | NO |
| 17. Have you ever had a heart murmur, high blood pressure or a heart abnormality? | YES | NO |
| 18. Does anyone in your family have Marfan Syndrome? | YES | NO |
| 19. Do you have any current skin itching, rashes, warts, fungus, skin infection or other problem? | YES | NO |
| 20. Have you gained or lost a significant amount of weight over the past year? | YES | NO |
| 21. Are you missing any organs (eye, kidney, testicles)? | YES | NO |
| 22. Do you: | | |
| • Wear glasses or contacts? | YES | NO |
| • Wear dental bridges, plates, or braces? | YES | NO |
| 23. Are you worried about any problem or condition at this time? | YES | NO |

Explain all YES answers here: _____

(continued on next page)

24. Are you able to run 1/2 mile without stopping?

YES NO

25. Over the next 12-months, I wish to participate in the following sports:

- a. _____
- b. _____
- c. _____
- d. _____

26. For the female athlete:

- At what age did you experience your first menstrual period? _____
- In the last year, what is the longest time you have gone between periods? _____
- Do you ever have trouble with heavy bleeding? _____
- Do you experience cramps during your period? _____
If YES, how do you treat them? _____
- Have you ever been treated for anemia? _____

I hereby state that to the best of my knowledge, my answers to the above questions are correct.

Signature of Athlete: _____

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

Date: _____



Name (print): _____
Last First Middle Initial

Age: _____ Male / Female Date: _____

Vision: Corrected R ___ / ___ L ___ / ___ Uncorrected: R ___ / ___ L ___ / ___

Height: _____ Weight: _____ Pulse: _____ Respiration: _____ Temp.: _____

Pre-exercise blood pressure: _____ / _____ Post-exercise blood pressure: _____ / _____

EVALUATION OF HEAD & NECK

| ANATOMY: | NAD | ABN | COMMENTS |
|--------------------------------------|------------|------------|-----------------|
| Cranium & Hair | | | |
| Sal. Glands & Lymph Nodes | | | |
| Trachea | | | |
| Spinal Accessory N. | | | |
| Facial Nerve | | | |
| Trigeminal N. (test motor & sensory) | | | |
| TMJ | | | |
| EYES: | NAD | ABN | COMMENTS |
| Direct & Indirect Reflexes | | | |
| Near Point Reflex | | | |
| Cardinal Planes of Gaze | | | |
| Peripheral Vision | | | |
| External Exam | | | |
| Red Light Reflex | | | |
| EARS: | NAD | ABN | COMMENTS |
| External Exam | | | |
| Internal Exam | | | |
| Weber | | | |
| Rinne | | | |
| NOSE & SINUS | NAD | ABN | COMMENTS |
| External Exam | | | |
| Internal Exam | | | |
| Maxillary & Frontal Sinus | | | |
| MOUTH & THROAT | NAD | ABN | COMMENTS |
| Internal Exam | | | |
| Vagus N. (motor) | | | |
| Hypoglossal N. | | | |
| Glossopharyngeal N. (sensory) | | | |

EVALUATION OF THE RESPIRATORY SYSTEM

| THORAX | POSTERIOR | | ANTERIOR | | COMMENTS |
|--------------|-----------|-----|----------|-----|----------|
| | NAD | ABN | NAD | ABN | |
| Inspection | | | | | |
| Palpation | | | | | |
| Fremitus | | | | | |
| Percussion | | | | | |
| Auscultation | | | | | |

EVALUATION OF THE CARDIOVASCULAR SYSTEM

| INSPECTION: | NAD | ABN | COMMENTS |
|--|-----|-----|----------|
| Precordium | | | |
| Jugular Veins | | | |
| PALPATION: | NAD | ABN | COMMENTS |
| 4 th -6 th Interspaces | | | |
| Carotid Pulses | | | |
| Radial Pulses | | | |
| Femoral Pulses | | | |
| PERCUSSIONS: | NAD | ABN | COMMENTS |
| Lt. 3 rd -5 th Interspaces | | | |
| Rt. 3 rd -5 th Interspaces | | | |
| AUSCULTATION: | NAD | ABN | COMMENTS |
| Aortic Valve | | | |
| Pulmonic Valve | | | |
| ERB's Point | | | |
| Tricuspid Valve | | | |
| Mitral Valve | | | |
| Epigastric Area | | | |
| Suprasternal Area | | | |

EVALUATION OF THE ABDOMEN

| INSPECTION: | NAD | ABN | COMMENTS |
|--------------------------|-----|-----|----------|
| Skin, contour, Umbilicus | | | |
| Masses, Peristalsis | | | |
| Visible Pulsations | | | |
| AUSCULTATION: | NAD | ABN | COMMENTS |
| Peristaltic Sounds | | | |
| Bruit, Venous Hum | | | |
| Friction Rub | | | |
| PERCUSSION: | NAD | ABN | COMMENTS |
| Quadrants 1,2,3,4 | | | |
| Liver | | | |
| Spleen | | | |
| Stomach | | | |
| PALPATION: | NAD | ABN | COMMENTS |
| Light Palpation | | | |
| Deep Palpation | | | |
| Quadrants 1,2,3,4 | | | |
| Kidneys | | | |

EVALUATION OF THE CENTRAL NERVOUS SYSTEM

| SENSORY TESTING: | NAD | ABN | COMMENTS |
|------------------------------|-----|-----|----------|
| Pain Stimulus | | | |
| Vibratory Stimulus | | | |
| MOTOR TESTING: | NAD | ABN | COMMENTS |
| Deep Tendon Reflexes | | | |
| Ankle Clonus | | | |
| Station (Romberg Test) | | | |
| Gait (Tandem Walk Test) | | | |
| Rapid Pronation / Supination | | | |

FUNCTIONAL EVALUATION (Observe for any asymmetry and/or muscle weakness)

| STANDING: Anterior View | NAD | ABN | COMMENTS |
|--|-----|-----|----------|
| General Posture, A/C joints, chest symmetry | | | |
| Cervical Spine AROM | | | |
| Shrug shoulders (against resistance) | | | |
| Abduct arms 90 degrees (against resistance) | | | |
| Fully rotate arms (internally / externally) | | | |
| Flex and extend elbows | | | |
| Pronation / supination of hands w/elbows at 90 | | | |
| Spread fingers, make fist | | | |
| Contract / relax quadriceps | | | |
| STANDING: Posterior View | NAD | ABN | COMMENTS |
| Shoulder symmetry, Scoliosis crest height | | | |
| Lumbar spine AROM | | | |
| Touch toes (Scoliosis hip motion, hamstrings) | | | |
| "Duck Walk" four steps with buttocks on heels | | | |
| Toe Walk, heel walk | | | |
| Summary of abnormal findings: | | | |
| | | | |
| | | | |
| Management Recommendations: | | | |
| Referral for further evaluation: <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If Yes, Explain: | | | |
| Laboratory: <input type="checkbox"/> None Indicated <input type="checkbox"/> UA <input type="checkbox"/> Blood | | | |
| Explain: | | | |
| Radiology: <input type="checkbox"/> None Indicated <input type="checkbox"/> Yes | | | |
| If Yes, Explain: | | | |
| Other: | | | |
| Participation Recommendations: | | | |
| <input type="checkbox"/> Full Participation: | | | |
| <input type="checkbox"/> Limited Participation in: | | | |
| <input type="checkbox"/> No Participation in: | | | |
| <input type="checkbox"/> Required: | | | |

Examiner: _____

Supervisor: _____ Date: _____

IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

ARTICLE VII 36.14(1) PHYSICAL EXAMINATION. Every year each student (grades 7-12) shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition. This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or neatly print this information)

Student's Name _____ Male ___ Female ___ Date of Birth _____ Grade _____
 Home Address (Street, City, Zip) _____ School District _____
 Parent's/Guardian's Name _____ Date _____ Phone # _____
 Family Physician _____ Phone # _____

HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. A parent or guardian is required to sign on the other side of this form after the examination.)

| | Yes | No | Does this student have / ever had? | | Yes | No | Does this student have / ever had? |
|-------|-------|-------|--|-------|-------|-------|---|
| 1. | _____ | _____ | Allergies to medication, pollen, stinging insects, food, etc.? | 20. | _____ | _____ | Head injury, concussion, unconsciousness? |
| 2. | _____ | _____ | Any illness lasting more than one (1) week? | 21. | _____ | _____ | Headache, memory loss, or confusion with contact? |
| 3. | _____ | _____ | Asthma or difficulty breathing during exercise? | 22. | _____ | _____ | Numbness, tingling or weakness in arms or legs with contact? |
| 4. | _____ | _____ | Chronic or recurrent illness or injury? | ***** | | | |
| 5. | _____ | _____ | Diabetes? | 23. | _____ | _____ | Severe muscle cramps or illness when exercising in the heat? |
| 6. | _____ | _____ | Epilepsy or other seizures? | ***** | | | |
| 7. | _____ | _____ | Eyeglasses or contacts? | 24. | _____ | _____ | Fracture, stress fracture or dislocated joint(s)? |
| 8. | _____ | _____ | Herpes or MRSA? | 25. | _____ | _____ | Injuries requiring medical treatment? |
| 9. | _____ | _____ | Hospitalizations (Overnight or longer)? | 26. | _____ | _____ | Knee injury or surgery? |
| 10. | _____ | _____ | Marfan Syndrome? | 27. | _____ | _____ | Neck injury? |
| 11. | _____ | _____ | Missing organ (eye, kidney, testicle)? | 28. | _____ | _____ | Orthotics, braces, protective equipment? |
| 12. | _____ | _____ | Mononucleosis or Rheumatic fever? | 29. | _____ | _____ | Other serious joint injury? |
| 13. | _____ | _____ | Seizures or frequent headaches? | 30. | _____ | _____ | Painful bulge or hernia in the groin area? |
| 14. | _____ | _____ | Surgery? | 31. | _____ | _____ | X-rays, MRI, CT scan, physical therapy? |
| ***** | | | | | | | |
| 15. | _____ | _____ | Chest pressure, pain, or tightness with exercise? | 32. | _____ | _____ | Has a doctor ever denied or restricted your participation in sports for any reason? |
| 16. | _____ | _____ | Excessive shortness of breath with exercise? | 33. | _____ | _____ | Do you have any concerns you would like to discuss with your health care provider? |
| 17. | _____ | _____ | Headaches, dizziness or fainting during, or after, exercise? | | | | |
| 18. | _____ | _____ | Heart problems (Racing, skipped beats, murmur, infection, etc.?) | | | | |
| 19. | _____ | _____ | High blood pressure or high cholesterol? | | | | |

Family History:

34. Yes ___ No ___ Does anyone in your family have Marfan syndrome?
 35. Yes ___ No ___ Has anyone in your family died of heart problems or any unexpected/unexplained reason before the age of 50?
 36. Yes ___ No ___ Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?
 37. Yes ___ No ___ Has anyone in your family had unexplained fainting, seizures, or near drowning?
 38. Yes ___ No ___ Does anyone in your family have asthma?
 39. Yes ___ No ___ Do you or someone in your family have sickle cell trait or disease?

Use this space to explain any "YES" answers from above (questions #1-38) or to provide any additional information:

40. Are you allergic to any prescription or over-the-counter medications? If yes, list: _____
 41. List all medications you are presently taking (including asthma inhalers & EpiPens) and the condition the medication is for:
 A. _____ B. _____ C. _____
 42. Year of last known vaccination: Tetanus: _____ Meningitis: _____ Influenza: _____
 43. What is the most and least you have weighed in the past year? Most _____ Least _____
 44. Are you happy with your current weight? Yes ___ No ___ If no, how many pounds would you like to lose or gain?
 Lose _____ Gain _____

FOR FEMALES ONLY:

1. How old were you when you had your first menstrual period? _____
 2. How many periods have you had in the last 12 months? _____

PHYSICAL EXAMINATION RECORD (To be completed by a licensed medical professional as designated in Article VII 36.14(1). This evaluation is only to determine readiness for sports participation. It should NOT be used as a substitute for regular health maintenance examinations.

Athlete's Name _____ Height _____ Weight _____

Pulse _____ Blood Pressure _____ / _____ (Repeat, if abnormal _____ / _____) Vision R 20/ _____ L 20/ _____

| | NORMAL | ABNORMAL FINDINGS | INITIALS |
|---|--------|-------------------|----------|
| 1. Appearance (esp. Marfan's) | | | |
| 2. Eyes/Ears/Nose/Throat | | | |
| 3. Pupil Size (Equal/Unequal) | | | |
| 4. Mouth & Teeth | | | |
| 5. Neck | | | |
| 6. Lymph Nodes | | | |
| 7. Heart (Standing & Lying) | | | |
| 8. Pulses (esp. femoral) | | | |
| 9. Chest & Lungs | | | |
| 10. Abdomen | | | |
| 11. Skin | | | |
| 12. Genitals - Hernia | | | |
| 13. Musculoskeletal - ROM, strength, etc. (See questions 24-31) | | | |
| 14. Neurological | | | |

Comments regarding abnormal findings: _____

LICENSED MEDICAL PROFESSIONAL'S ATHLETIC PARTICIPATION RECOMMENDATIONS

FULL & UNLIMITED PARTICIPATION

LIMITED PARTICIPATION - May NOT participate in the following (checked):

Baseball Basketball Bowling Cross Country Football Golf Soccer
 Softball Swimming Tennis Track Volleyball Wrestling

CLEARANCE PENDING DOCUMENTED FOLLOW UP OF _____

NOT CLEARED FOR ATHLETIC PARTICIPATION DUE TO _____

Licensed Medical Professional's Name (Printed)

Date of PPE

Licensed Medical Professional's Signature

Phone

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I hereby verify the accuracy of the information on the opposite side of this form and give my consent for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also give my permission for the team's physician, certified athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

Name of Parent or Guardian (Printed)

Signature of Parent or Guardian

Address (Street/PO Box, City, State, Zip)

Phone Number

This form has been developed with the assistance of the Committee on Sports Medicine of the Iowa Medical Society and has been approved for use by the Iowa Department of Education, Iowa High School Athletic Association, and Iowa Girls High School Athletic Union. Schools are encouraged NOT to change this form from its published format. Additional school forms can be attached to this form.



PALMER

Chiropractic Clinics

Doctor Chiropractic Programs (DCP's)

Catalog Link -

http://www.palmer.edu/uploadedFiles/Pages/Marketing/Publications/Official_College_Documents/palmer_catalog.pdf

Education: pages 81 – 84

Total hours of classroom 4620

Total hours in diagnosis 570

Physical Diagnosis I

Physical Diagnosis II

Neuromusculoskeletal I

Neuromusculoskeletal II

Male/Female disorders

Geriatrics

Obstetrics & Pediatrics

Visceral Disorders and Laboratory

Clinical Psychology

Differential Diagnosis

Total Hours of Radiology 300

Total hours of Clinical 947

Clinical Experience

Total examinations performed in FY1617 – 23,658 Three campuses

New patient – 9027

Established – 14631

Total examinations performed in FY 1718 through December 1017 – 12,036

New patient – 4893

Established – 7142

Davenport Campus Only

Total Sport participation physicals performed in 2016 – 640

Total Sport participation physicals performed in 2017 – 593

Council on Chiropractic Education accrediting body for DCP's

January 2013 Standards – previous

January 2018 Standards - current

Link - <http://www.cce-usa.org/publications.html>

IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

Link -

http://www.iahsaa.org/Sports_Medicine_Wellness/Injury_Prevention_Treatment/Preparticipation_Physical_Form_0912.pdf

Attachments:

Letter August 2016

Palmer Davenport Curriculum

CCE Standards 2013; 2018

Iowa High School Athletic Association Pre-Participation Physical Exam

Palmer Chiropractic Clinics Preparticipation Exam Form

FMCSA – Provider lookup

DAVENPORT CAMPUS CURRICULUM

COURSE DESCRIPTION KEY

ANAT51200

ANAT = Departmental Abbreviation

51 = Term Code 200 = Course Number

Departmental abbreviations

ANAT Anatomy

CBPM Chiropractic Business
and Practice Management

CLIN Clinic

DIAG Diagnosis

LIBR Library

PATH Pathology

PHCH Physiology and Biochemistry

PHIL Philosophy

REHB Physiotherapy
Rehabilitation

ROEN Radiology

RSCH Research

SPED Elective Program

TECH Technique

COURSES BY TRIMESTER

FIRST TRIMESTER

| Course | Course # | Credits | Contact Hrs. /Wk. | Contact Hrs./Term |
|---------------------------|-----------|-----------|----------------------|----------------------|
| Gross Anatomy I | ANAT51203 | 4 | 6 | 90 |
| Neuroanatomy I | ANAT51204 | 3 | 5 | 75 |
| Embryology | ANAT51213 | 2 | 3 | 45 |
| Rights & Responsibilities | CBPM51111 | 1 | 1 | 1 |
| Biochemistry I | PHCH51331 | 3 | 5 | 75 |
| Cellular Physiology | PHCH51333 | 3 | 5 | 75 |
| Physiology I | PHCH51334 | 1 | 2 | 30 |
| Philosophy I | PHIL51121 | 1 | 2 | 30 |
| TOTAL | | 18 | 29 | 435 |

SECOND TRIMESTER

| Course | Course # | Credits | Contact Hrs. /Wk. | Contact Hrs./Term |
|-------------------|-----------|---------|----------------------|----------------------|
| Gross Anatomy II | ANAT52205 | 4 | 6 | 90 |
| Spinal Anatomy | ANAT52213 | 3 | 5 | 75 |
| General Pathology | PATH52301 | 3 | 4 | 60 |
| Biochemistry II | PHCH52306 | 3 | 5 | 75 |
| Physiology II | PHCH52343 | 3 | 4 | 60 |

| | | | | |
|--|-----------|-----------|-----------|------------|
| Philosophy II | PHIL52122 | 1 | 2 | 30 |
| Foundations of Evidence Based Clinical Practice | RSCH52112 | 1 | 2 | 30 |
| Palpation | TECH52603 | 1 | 2 | 30 |
| TOTAL | | 19 | 30 | 450 |

THIRD TRIMESTER

| Course | Course # | Credits | Contact Hrs. /Wk. | Contact Hrs./Term |
|----------------------|-----------|-----------|----------------------|----------------------|
| Neuroanatomy II | ANAT61208 | 3 | 5 | 75 |
| Organ Histology | ANAT61209 | 2 | 3 | 45 |
| Immunology | PATH61421 | 2 | 3 | 45 |
| Microbiology | PATH61423 | 3 | 4 | 60 |
| Systems Pathology I | PATH61424 | 3 | 4 | 60 |
| Endocrinology | PHCH61345 | 2 | 3 | 45 |
| Physiology III | PHCH61346 | 3 | 5 | 75 |
| Subluxation Analysis | TECH61609 | 2 | 4 | 60 |
| TOTAL | | 20 | 31 | 465 |

FOURTH TRIMESTER

| Course | Course # | Credits | Contact Hrs. /Wk. | Contact Hrs./Term |
|----------------------|-----------|-----------|----------------------|----------------------|
| Life Science Review | ANAT62223 | 3 | 4 | 60 |
| Physical Diagnosis I | DIAG62223 | 3 | 5 | 75 |
| Public Health | PATH62425 | 1 | 2 | 30 |
| Systems Pathology II | PATH62426 | 2 | 3 | 45 |
| Nutrition | PHCH62307 | 2 | 3 | 45 |
| Biomechanics | PHCH62346 | 3 | 4 | 60 |
| Radiographic Physics | ROEN62512 | 2 | 3 | 45 |
| Toggle Recoil | TECH62609 | 2 | 4 | 60 |
| TOTAL | | 18 | 28 | 420 |

FIFTH TRIMESTER

| Course | Course # | Credits | Contact Hrs. /Wk. | Contact Hrs./Term |
|----------------------------------|-----------|-----------|----------------------|----------------------|
| Neuromusculoskeletal Diagnosis I | DIAG71709 | 3 | 5 | 75 |
| Physical Diagnosis II | DIAG71711 | 3 | 5 | 75 |
| Male/Female Health | DIAG71712 | 2 | 4 | 60 |
| Geriatrics | DIAG71713 | 1 | 2 | 30 |
| Toxicology | PATH71414 | 2 | 3 | 45 |
| Philosophy III | PHIL71123 | 1 | 2 | 30 |
| Physiotherapy I: Passive Care | REHB71855 | 2 | 4 | 60 |
| Diagnostic Imaging I | ROEN71513 | 3 | 5 | 75 |
| Cervical Technique | TECH71605 | 3 | 5 | 75 |
| TOTAL | | 20 | 35 | 525 |

SIXTH TRIMESTER

| Course | Course # | Credits | Contact Hrs. /Wk. | Contact Hrs./Term |
|-----------------------------------|-----------|---------|----------------------|----------------------|
| Introduction to Clinical Practice | CLIN72804 | 1 | 2 | 30 |
| Neuromusculoskeletal Diagnosis II | DIAG72704 | 3 | 5 | 75 |

| | | | | |
|--------------------------------|-----------|-----------|----------|------------|
| Obstetrics and Pediatrics | DIAG72714 | 3 | 5 | 75 |
| Clinical Nutrition | PHCH72346 | 2 | 3 | 45 |
| Physiotherapy II: Active Care | REHB72856 | 2 | 4 | 60 |
| Diagnostic Imaging II | ROEN72514 | 3 | 5 | 75 |
| Radiographic Positioning—Spine | ROEN72515 | 1 | 2 | 30 |
| Thoraco Lumbar Technique | TECH72607 | 3 | 5 | 75 |
| Pelvic Technique | TECH72615 | 2 | 4 | 60 |
| TOTAL | | 20 | 5 | 525 |

SEVENTH TRIMESTER

| Course | Course # | Credits | Contact Hrs. /Wk. | Contact Hrs./Term |
|---|-----------|-----------|----------------------|----------------------|
| Emergency Procedures | CLIN81809 | 2 | 3 | 45 |
| Clinical Methods | CLIN81810 | 2 | 5 | 75 |
| Visceral Disorders & Laboratory Interpretation | DIAG81719 | 3 | 5 | 75 |
| Clinical Psychology | DIAG81720 | 1 | 2 | 30 |
| Differential Diagnosis | DIAG81721 | 2 | 3 | 45 |
| Radiographic Positioning— Extremities | ROEN81515 | 2 | 3 | 45 |
| Imaging: Chest & Abdomen | ROEN81516 | 1 | 2 | 30 |
| Technique Principles and Practice | TECH81616 | 3 | 5 | 75 |
| Extremity Adjusting | TECH81617 | 3 | 5 | 75 |
| TOTAL | | 19 | 33 | 495 |

EIGHTH TRIMESTER

| Course | Course # | Credits | Contact Hrs. /Wk. | Contact Hrs./Term |
|--|-----------|-----------|----------------------|----------------------|
| Financial Management | CBPM82151 | 2 | 3 | 45 |
| Legal Issues | CBPM82152 | 1 | 2 | 30 |
| Clinical Case Correlations I Clinic I | CLIN82821 | 2 | 3 | 45 |
| | CLIN82831 | 5 | 15 | 225 |
| OSCE—Clinical Exam | CLIN82850 | 0 | | |
| OSCE—Radiology Exam | CLIN85851 | 0 | | |
| Philosophy IV | PHIL82124 | 3 | 4 | 60 |
| TOTAL | | 13 | 27 | 405 |

NINTH TRIMESTER

| Course | Course # | Credits | Contact Hrs. /Wk. | Contact Hrs./Term |
|--|-----------|-----------|----------------------|----------------------|
| Practice Management | CBPM91153 | 3 | 5 | 75 |
| Regulatory Issues | CBPM91154 | 1 | 2 | 30 |
| Clinical Case Correlations II Clinic II | CLIN91822 | 2 | 3 | 45 |
| | CLIN91832 | 5 | 15 | 225 |
| Philosophy V | PHIL91125 | 1 | 2 | 30 |
| Evidence Based Chiropractic | RSCH91542 | 1 | 2 | 30 |
| TOTAL | | 13 | 29 | 435 |

TENTH TRIMESTER

| Course | Course # | Credits | Contact Hrs. /Wk. | Contact Hrs./Term |
|--------------------------------|-----------|-----------|----------------------|----------------------|
| Planning for Success | CBPM92155 | 1 | 1 | 15 |
| Clinical Case Correlations III | CLIN92823 | 3 | 6 | 90 |
| Clinic III | CLIN92833 | 8 | 24 | 360 |
| TOTAL | | 12 | 31 | 465 |

| | Credits | Contact Hrs/Wk | Contact Hrs/Term |
|--------------|------------|-------------------|---------------------|
| TOTAL | 172 | 308 | 4,620 |

All courses within the curriculum must be completed at Palmer College of Chiropractic's Davenport, Iowa, campus, unless the student has been granted advanced standing credit for courses completed elsewhere. In addition to the course prerequisites, a student must have successfully completed all courses within an academic term before registering for any course(s) in an academic term more than two academic terms beyond.



**National
University**
Of Health Sciences

September 18, 2017

Mr. John Murray
Executive Director
Wisconsin Chiropractic Association
521 E. Washington Ave
Madison, WI 53703

Dear Mr. Murray,

As assistant dean and chief academic officer of the chiropractic medicine program at National University of Health Sciences, I have the primary authority and responsibility for the development, operation, and evaluation of the program and its curriculum. The purpose of our chiropractic medicine program is to educate students in the basic and clinical sciences and related health subjects requisite for development of competent primary care chiropractic physicians.

The aim at National University of Health Sciences is to produce graduates through our innovative, evidence-based curriculum that serve the community as a provision of health care with the demands of patient and public health. With this aim, our curriculum trains students to treat the whole person, keeping all biological systems in mind in regards to patient care. By the time of graduation, students of National University of Health Sciences have didactic hours, clinical training, and direct patient care experience with the comprehensive evaluation and management in the topics of orthopedics and rehabilitation, pulmonary/respiratory, cardiology, neurology, radiology, laboratory medicine, public health, nutrition and botanicals, pharmacology, gastrointestinal, genitourinary, and dermatology. The chiropractic medicine curriculum at National University of Health Sciences includes 4980 clock hours of instructions and clinical training, including 1380 hours of clinical internship experience.

National University of Health Sciences is fully accredited by the Higher Learning Commission and by the Council on Chiropractic Education. National's chiropractic medicine program includes the Lombard, Illinois campus and the St. Petersburg, Florida site that is part of the University Partnership Center at St. Petersburg College. Students within the chiropractic medicine program utilize five university clinics, but also have opportunities for rotations at VA hospitals, military bases, and approved private practices. Students also have opportunities to assist medical teams for various sports teams in Illinois and Florida, including performing the incoming student physicals for the international students at St. Petersburg College and providing medical assistance for the St. Petersburg College women's volleyball and basketball teams.

The first phase of the curriculum for the chiropractic medicine program at National University of Health Sciences consists of foundational regional evaluation, examination, and management of the head, neck, chest, spine, abdomen, pelvis, and extremities. During the second phase of the chiropractic medicine curriculum, students receive advanced instruction and applicable clinical skills in evaluation and management in a broad spectrum of conditions related to the gastrointestinal (including assessment for organomegaly, especially splenomegaly),

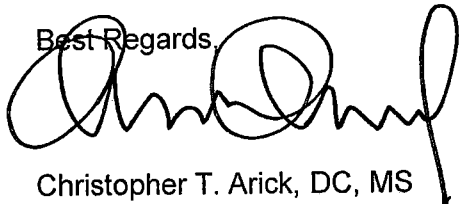
genitourinary and reproductive (including the presence of hernias), cardiovascular (including auscultation for murmurs, irregular rhythms, or signs of hypertrophic obstructive cardiomyopathy), respiratory (including lung auscultation for the assessment of asthma), eye-ears-nose-and throat (including visual acuity and pupil reactivity), neurology, and musculoskeletal (including orthopedic testing and scoliosis evaluation). Also during the second phase, students are taught and expected to perform pediatric examinations from newborn to age 18.

This training thoroughly prepares the student to make a differential diagnosis from the examination or properly refer, if needed, to a specialist for further testing and evaluation. Our graduates are encouraged to closely communicate with the patient's other physician specialists during the course of any evaluation and management of the patient. Physician communication and referral includes any needed intervention following a sports physical.

Students in the third and final phase of the curriculum is the clinical practice phase where interns are in direct patient care under clinician supervision. Students utilize the evaluation and management skills garnered in the first and second phase for application in patient encounters. Skills and competencies are evaluated using the qualitative clinical assessment tool Mini-CEX (Mini-Clinical Evaluation Exercise). Student clinical standards in several categories and procedures must be met to progress through the clinical practice phase and graduate.

The chiropractic medicine curriculum at the National University of Health Sciences trains students very well as future physicians to perform comprehensive physical examinations, including sports physicals and pre-participation exams. This fact is reflected in the courses, patient experiences, clinical assessments, and co-curricular opportunities in which the students are exposed to in the curriculum. I have attached a list of courses to this letter that contribute to the competency of sport physical examination. If you require any additional assistance or would like to communicate with me, please my office at 630-889-6846 or email me at carick@nuhs.edu.

Best Regards,



Christopher T. Arick, DC, MS
Assistant Dean and Chief Academic Officer, Chiropractic Medicine
National University of Health Sciences

CC: Randy Swenson, DC, MHPE

Attachment: List of NUHS courses that are contributory to Sports Physical Examinations

List of NUHS courses that are contributory to Sports Physical Examinations:

AN5101 – Spine and Extremities Anatomy
AN5102 – Spine and Extremities Anatomy Lab
PH5103 – Cellular Physiology and Hematology
AN5201 – Head and Neck Anatomy
AN5202 – Head and Neck Anatomy Lab
EM5207 – Evaluation and Management of the Chest and Thoracic Spine
MI5205 – Fundamentals of Public Health
PA5204 – Fundamentals of Pathology
PH5208 – Neurophysiology
AN5304 – Lumbar Spine, Abdomen, and Pelvic Anatomy
AN5305 – Lumbar Spine, Abdomen, and Pelvic Anatomy
BC5308 – Nutritional Biochemistry I
EM5309 – Evaluation and Management of the Abdomen, Pelvis, and Lumbar Spine
MI5303 – Medical Microbiology I
PA5302 – Systems Pathology I
PH5306 – Neuroendocrinology, Gastrointestinal, and Reproductive Physiology
BC5409 – Nutritional Biochemistry II
EM5408 – Evaluation and Management of the Head, Neck, and Cervical Spine
MI5403 – Medical Microbiology II
PA5402 – Systems Pathology II
PH5405 – Cardiorespiratory and Renal Physiology
EM6103 – Evaluation and Management of Gastrointestinal, Genitourinary, and Reproductive Systems
EM6104 – Evaluation and Management Cardiology and Respiratory Systems
EM6105 – Evaluation and Management of the Ears, Eyes, Nose, and Throat (EENT)
EM6106 – Evaluation and Management of the Neurological System
EM6112 – Evaluation and Management of the Musculoskeletal System I
EM6120 – Evaluation and Management of the Extremities
EM6202 – Physical Diagnosis
EM6203 – Clinical Laboratory Diagnosis
EM6207 – Special Populations: Pediatrics, Geriatrics, and Female Health Issues
EM6210 – The Clinical Encounter
EM6212 – Evaluation and Management of the Musculoskeletal System II
EM6304 – Advanced Diagnosis and Problem Solving
EM6304 – Psychopathology and Health Psychology
NN6301 – Clinical Nutrition
EM6405 – Doctor – Patient Relationship
EM6406 – Dermatology
FR6412 – Sports Medicine
IC7000 – Clinic Internship I
IC7100 – Clinic Internship II
IC7200 – Clinic Internship III