

a substitute for manual osseous manipulation in a contraindicated patient. Remember, that whatever can do good will equally do harm if not performed correctly or performed on a contraindicated patient.

It is so important, and is the proper standard of chiropractic care, to gather past medical records and/or to conference with past treating physicians whether chiropractors or medical doctors. It is imperative not to depend only on what the patient tells you whatever the patient's occupation.

Now armed with all this precautionary armor, the practitioner of the requested service of spinal manipulation care can either accept this case or not. Please, the comprehensive consultation and examination, the gathering of past medical records and information of past traumas along with conferencing with other past or present medical providers is essential before accepting a case for chiropractic care.

So, stop, think and listen. If you're going to accept this patient; have them sign an informed consent form. The proper informed consent form which is beyond the current standard of chiropractic care. We must protect ourselves but most importantly not harm anyone.

Discussion:

The medical protocols of a thorough completion of comprehensive SOAP notes, initial evaluation and regular re-assessments consists in gathering medical records from other treating physicians, past and/or present medical records prior to treatment. This includes past and present x-rays, imaging studies, lab results, etc. Make sure you gather all this information prior to the first spinal manipulative treatment (SMT). You can have your staff do this during your initial assessment. Remember to include body temperature, familial history, blood pressure, gain or loss of weight. The most frequent malpractice cases besides strokes, are missing infections and even cauda equine syndrome. There are a lot of malpractice cases like hydroculator and electric muscle stimulation burns as well.

Remember that you are only assessing the patient if they are a chiropractic case! That means that SMT is not contraindicated. This also means low aptitude activator, pellibone DNFT, etc. What can do good can also do harm. Don't think you are getting around contraindications by using low aptitude mechanical on manual techniques. Remember "what is not written was not done" equate to "what is not legible is not done". Never add after the fact and the facts should be done right after or during the treatments. Make sure you document everything even phone calls, and always have a third party observe and never close doors all the way. Please be very clear on this subject. All patients that present themselves to you for treatment are absolutely not cleared for chiropractic care until you have ruled out co-morbidity and/or contraindications'. The expressions thrown around our profession like; "everyone needs an adjustment" or "adjust everyone" is a malpractice case waiting to happen.

Over the many years in this profession we have been to haphazard just giving informal chiropractic adjustments. We should know better than to be like a sports trainer or fellow athlete performing a maneuver looking for cracks. We know that the joint will make an audible release whether it is moved back in place or not. Actually this separates the great busy practitioner from the one who doesn't get good results. Just making noises does not correct subluxations. It could actually harm the patient. The reason we have that doctor title is to have the knowledge to differentiate between when to treat and when not to treat. It is imperative to conduct ourselves at all times as if this and any case will be presented in a professional malpractice case. A professional liability malpractice case could be brought