

- Poor diet/nutrition:** Healthy diet of at least 5 servings of fruits and vegetables may reduce stroke risk.
  - Alcohol abuse:** This can raise blood pressure and increase stroke risk (especially hemorrhagic stroke).
  - Hyperhomocysteinemia:** Increasing evidence suggests this increasing stroke risk.
  - Drug abuse:** can cause cerebral emboli.
  - Hypercoagulability:** Several blood factors may increase risk of clot formation.
  - Inflammatory processes:** Several markers of inflammation (e.g. C-reactive protein, cytokines, activated T cells and macrophages) have been linked to elevated stroke risk.
- Other obvious mistakes are slipping from a poor, normal or mechanical contact point, excessive force, not using pre-manipulation testing by bringing patients to a maximum range of motion before that gentle thrust, poor line of drive, especially going against the line of drive of the vertebral facets and of course greed.

### Summary

All patients that present to you for chiropractic manipulative care must be screened through the proper standard of medico-chiropractic protocol. This is the deductive process of case history, familiar history, prescription and surgical history, etc. This is to be followed by the thorough comprehensive process of orthopedic, neurological, cardiovascular and chiropractic examinations. The process can be done with time efficiency and must be done and documented prior to accepting this patient in a formal presentation to them. Today MMA laws we have gathered all your past medical records and spoken to your treating and/or referring primary care physicians. We have our own assessments and feel your symptoms are not related to your subluxations and therefore you would not benefit from chiropractic care.

"Today, Mr. /Mrs. Jones we have completed your symptoms and/or condition and feel that your body would not be able to accept a chiropractic spinal manipulation because of some other co-morbidity factors. We will finally refer you back to your medical physicians or refer to our team of referring physicians."

"Today Mr./Mrs. Jones, congratulations we are accepting you as a chiropractic patient." This will be 95% of the accepted cases, but is the 5% that will drown you.

It only takes minutes to add a Valsalvas, heel walk, bilateral heel on leg raise, Lhermette sign, Haul pike maneuver, Dekleyn's test, Hautant test, Underberg test and a Vertebral Basilar functional maneuver testing.

There is great software for SOAPS, evaluations, reassessments and they are very time efficient. It is a comprehensive history, complete diagnostic testing and medical records review that are collaborating factors to formulate the assessment for the prudent physicians to go forward with any medical therapy. Be cost effective and time effective, friendly, loving and caring. Bring your patient to wellness care as quickly as possible!

### NATIONAL STANDARD OF CARE FOR RENDERING SPINAL CARE

There is a National "global" standard of care of chiropractic. It is a compilation of the most current textbooks, seminars and the most current syllabus taught at the chiropractic schools, but is not limited to this. It is what is rendered by the most safe and prudent actively practicing chiropractors and other practitioners of spinal manipulation techniques. There is a safety issue, not a philosophical debate between chiropractic physicians or any other medical specialties. If the practitioner is going to render SMT the rules must be followed.