BRIEF CASE

SUMMARY: The patient, who had Cerebral Palsy and a history of cervical disc replacement, saw the insured for chiropractic care. When an MRI later revealed progressive disc herniation impinging on the ventral cord with moderate central canal stenosis, the insured was accused of causing this due to the chiropractic manipulation.

The Patient and Condition

The patient was a 44-year-old male who lived in Florida. He had Cerebral Palsy, which affected his balance and walking. He was married and worked as an account specialist. He had a history of a cervical disc replacement at the C4/C5 level and a surgical fusion with hardware at the C5/C6, C6/C7 level. He had prior chiropractic care for 10+ years.

The patient presented to our insured chiropractor with complaints of moderate neck and upper back pain and numbness/tingling bilateral hands, R > L. He contended that his symptoms had increased after starting a new medication which he had ceased taking 2 weeks prior. He also noted that his gait was altered and "wobbly" due to his Cerebral Palsy. The patient was diagnosed with cervicalgia, toticollis, and cerviobrachaial syndrome.

The Treatment

The insured declined to adjust the patient until he had access to prior X-Ray films. Upon review, the X-Rays revealed multilevel degenerative changes at all cervical levels similar to prior examinations, including a prosthetic disc at C4-5 and evidence of a multilevel fusion from C5-7.

The patient returned to the insured with unchanged discomfort. The insured performed minimal rotation and mild thrust to C1-3m, mild thrust T1-4, and 12 minutes of cervicothoracic muscle stimulation and cold therapy.

30 minutes after his visit, the patient returned complaining of burning pain in upper back and neck and wobbly on feet. The patient was given ice, checked out, and then allowed to leave when he stated he felt better.

During the next visit, the patient reported improvement and noted an upcoming neurology appointment. No cervical adjustments were performed. Later that week, the patient returned for massage therapy only.

The Allegations

An MRI later revealed progressive disc herniation impinging on the ventral cord with moderate central canal stenosis on C3-4. It was alleged that the chiropractic manipulation caused progressive disc herniation impinging on C3-4 with severe central canal stenosis and cord compression at C4-5.

The Defense

Defense counsel filed a motion for summary judgment utilizing affidavits of our experts. The motion was uncontested by the patient and granted by the court.

The Outcome

The case was dismissed, and our insured did not face any penalty.

Risk Management Tips

- **Always pay close attention to the patient's history.** Patient history is a crucial element in chiropractic care because it provides the chiropractor with essential insights into the patient's health, lifestyle, and any previous conditions that could impact treatment. Through a comprehensive patient history, chiropractors can provide safer, more effective care that addresses each patient's unique needs and circumstances.
- **Do not ignore red flags and do not feel pressured to treat a patient.** Here, the insured took the patient's history into account and refused treatment that he felt was inconsistent with the patient's history. Refusing to treat when red flags are present is important because it ensures that underlying conditions are not aggravated by inappropriate treatment. Additionally, a chiropractor's willingness to say "no" when necessary demonstrates their commitment to ethical, patient-centered care, which can foster trust and credibility.
- **Document your rationale for decisions made around care and treatment.** Not only is it critical to document your rationale for treatment decisions and care rendered, but it is also extremely important to document your rationale for why care was not rendered. This kind of detailed documentation can make all the difference if you find yourself involved in a malpractice claim or lawsuit.