

Testimony Questions

Qualifying

1. What is your name

Dr. John Smith

2. What is the name of your practice

Stony Brook Chiropractic Spine and injury Center

3. Where is your practice located

Stony Brook NY

4. How long have you been in practice at this location

18 years (since 2002)

5. Are you licensed by Virginia currently, for how long

Yes, since 2002

6. What type of doctor are you

Chiropractor

7. Can you explain what you do

I help people who have spinal related problems either for a long time or recently from auto accident or other causes – specifically neck and back pain, headaches or radiating pain from the spine down the arms or the legs.

8. What is your professional education

I have a bachelor's degree in history, and master's degree in Business administration from University of Nevada Las Vegas followed by studies in the core sciences at Scott Community College, followed by a doctorate of chiropractic degree from Palmer College of Chiropractic. I also have a significant amount of graduate chiropractic and medical education.

9. What type of training did you have in chiropractic school

Its 4 academic years. In the subjects of anatomy and physiology, pathology, chemistry, microbiology, diagnosis, neurology, radiology and orthopedics the classroom hours are very comparable to medical school. It is the specialty in the clinical aspects of treatment that differ where chiropractic teaches spinal biomechanical rehabilitation.

10. Are you required to take any annual post graduate continuing education, if so how many hours

Yes, we are required to take 60 hours of continuing education every 2 years, however I have chosen to take significantly more than 60 hours in 2 years to stay current with emerging research and technology.

11. What type of post graduate training/credentials do you have

I am trauma hospital qualified by Cleveland University Kansas City, Chiropractic and Health Sciences. I have credentials in MRI spine interpretation, spinal biomechanical engineering, spinal trauma and pathology, stroke evaluation, orthopedic testing, neuro-diagnostic testing, crash dynamics, accident reconstruction, impairment rating, and medical-legal documentation. These are co-credentials are through Cleveland University Kansas City, Chiropractic and Health Sciences and recognized by the ACCGME in conjunction with the State University of New York Buffalo Jacobs School of Medicine and Biomedical Sciences. I am in a 2-year fellowship program in spinal biomechanics and trauma recognized by the University of Buffalo School of Medicine for spinal biomechanics and trauma doing rotations in interventional pain management, neuroradiology, orthopedic surgery , neurosurgery, emergency department medicine and internal medicine/ primary care.

12. Do you teach at all

Yes, I teach spinal biomechanics for CE credit at national conferences and I am adjunct faculty at Life University in Atlanta, GA where I teach spinal biomechanics to chiropractic students. I am qualified by the Virginia Bar to teach CLE credits to attorneys on trauma subjects. I am also qualified through the University of Buffalo School of Medicine and Biomedical Sciences to teach AMA level 1 MCE credit to MDs on subjects related to spinal biomechanical engineering and MRI spine interpretation

13. Do you have any other health care related experience

Yes, I served in the US Navy with a rank of HM2 as a hospital corpsman with a designation as a field medic to support to the Marines.

14. Can you describe what the scope of practice is for a chiropractor in Virginia

In the state of Virginia a chiropractor is considered a primary health care provider, meaning we don't need a referral to see our patients and are to create a diagnosis, prognosis and treatment plan for our patients.

15. Do you work with other medical professionals in your practice

Yes, I have relationships with multiple specialties related to the bodily injuries of my patients and frequently collaborate care with them.

16. Do you have any membership to any local hospitals

Yes, I am on the board of directors for Chesapeake Regional Hospital Foundation and I am hospital

17. How much experience do you have in treating patients with conditions similar to the plaintiff over the years

I have treated thousands of similar trauma cases over the past 20 years,

18. Have you testified as an expert witness previously

Yes

19. Are you being paid for your testimony today, if so how much

Yes, \$250 per hour for my time away from my practice

20. Have you written any reports on this matter

Yes, I have many reports ranging from my initial examination to treatment notes, re-evaluations to a “wrap-around” report encompassing all the aspects of the injuries of this case.

21. Will all of your opinions and conclusions given today be within a reasonable degree of medical probability

Yes

22. Can you explain your understanding of what reasonable degree of medical probability is

Yes, it means what I am stating is not only more likely than not.

23. What makes you qualified to give a medical opinion on this matter

My education, extensive post graduate medical training and my experience in working with thousands of patients with similar conditions for over the past 20 years.

Direct - History

1. When did you first see patient

4.27.17

2. Do you know how the patient was referred to you

The found me on the US Chiropractic Directory, a national directory that I post my credentials on.

3. Had the patient sought any medical treatment before seeing you

Seen day after accident at Harborview Emergency Room

4. Did you receive and evaluate reports from the other medical providers such as the ER or other medical visits – what information did you learn from these visits and or diagnostic tests that were performed

I read the emergency room notes and they did an evaluation and x-rays to rule out fractures, which was negative.

5. Did you take an initial history, if so what did the patient describe

Yes, If possible, I want to use my chart notes for an accurate answer.

6. Did the patient describe to you how the crash occurred? Can you briefly review your notes on the accident in terms of what happened.

[Reading from notes] The patient was the driver who was stopped in traffic and was rear ended by a car that appeared to be traveling at a moderately high speed

7. Did these injuries affect patient’s ability to do normal daily activities? What activities?

Yes, with the most significant ADLs affected being his ability to exercise, sleep, bath/shower and get dressed as well as housework such as cooking/cleaning and laundry.

8. Did your history or reading of prior medical reports reveal the patient had pre-existing same or similar problems prior to this accident?

His migraines were pre-existing and he was in a motor vehicle accident in 2013, where he hurt his neck, however had no ongoing problems from that accident and his last treatment for that accident was in 2013.

9. Do you rely solely on what the patient tells you to determine your diagnosis?

No, the history from the patient is only one of many pieces of information doctors rely upon to make decisions. I evaluated ER records to look for their findings, plus I did a thorough orthopedic, neurological and biomechanical examination of the spine, then ordered appropriate imaging based on my exam. I then clinically coordinated all the findings to conclude my diagnosis.

10. Can you explain the difference between objective and subjective evaluation of a patient

Subjective is totally dependent on patient input/feedback such as them describing pain. Most orthopedic and neurological examinations are a hybrid of subjective and objective – meaning the exams we do require the skill of the doctor to do the exam properly and still require feedback of the patient but are repeatable with consistent results. It's my job to correlate what the patient says is consistent with the history, examination and testing findings (inclusive of images).

11. Doctor, can you go through a brief summary of the exams you did on the patient and what you determined from these tests.

If I may read through my chart to explain each test, that would be most accurate in helping me recall each test and the results.

12. Doctor, did you order any imaging of the patient? Can you explain these test results.

Yes, again, may refer to my chart to explain the tests and the results.

13. What is the difference between a sprain/strain and what you found?

The American Academy of Orthopedic Surgeons list there are three grades of strain/sprain and all are permanent. However, there are three grades and they have different current functional losses: Grade 1 is some fibers popping, as in a rope being overstretched, Grade 2 is partial tearing like a piece of paper and Grade 3 is total avulsion or ripping apart. In all three cases, they would repair with different tissue leaving the joint permanently damaged and functioning at different levels throughout life.

I found a Grade 2, based upon x-ray results.

14. What is the source of this determining the severity of a sprain/strain or ligament tear?

American Medical Association Guidelines, 5th edition

15. Isn't a ligament soft tissue, wouldn't an MRI used to see ligament damage

Certain ligaments like spinal discs image well and other ligament, such as the ones that hold certain bones together do not visualize at all.

16. Did these help in forming your medical opinion and conclusions?

Yes

17. Did you form an opinion as to the cause of this injury?

It is my opinion that the accident date 4/2/2019 is the cause of Mrs. Jones injuries as described herein.

18. Can you explain why you believe this accident caused this injury and it wasn't from something pre-existing?

If there were pre-existing issues, I would see a certain amount of degeneration on the spine and there wasn't any. In addition, there was significant bone edema on the MRI indicating a recent injury in the affected area. This is a conclusive for recent trauma consistent with the accident date 4/2/2019.

Treatment

1. What was your plan for treatment for these injuries and why?

A combination of chiropractic spinal adjustments, therapies designed to reduce pain, exercise rehabilitation in office, and a home exercise program. This is all designed to create biomechanical stability to the spine allow Mrs. Jones to be as fully functioning as possible being pain free.

2. Are these treatments based on accepted medical science?

Yes

3. Doctor, you saw the patient from 4.27.17 to 8.8.17. What determines how long you treat a patient?

Re-evaluation every 30 days of the biomechanical function of the spine and if they attained MMI.

4. How much time does the patient spend in your office on an average visit?

20-30 minutes for an average visit. Sometimes up to an hour if additional exams are performed.

5. Can explain a biomechanics?

It is how the spine functions and interacts with the nerves that can cause pain and the combination creates functional losses, or what Mrs. Jones cannot do due to pain or other physical limitations.

6. Can you briefly summarize the results of the patient's re-exams

If I can refer to my notes, I will read them to you.

7. **What is maximum medical improvement and how is it determined.**

Technically it is when it is determined when there is no reason to believe the patient's situation will improve with continued treatment

8. **Did this patient reach MMI, if so when?**

Yes, on 10-6-2019,