


# Navigating Risk Management In The COVID Era

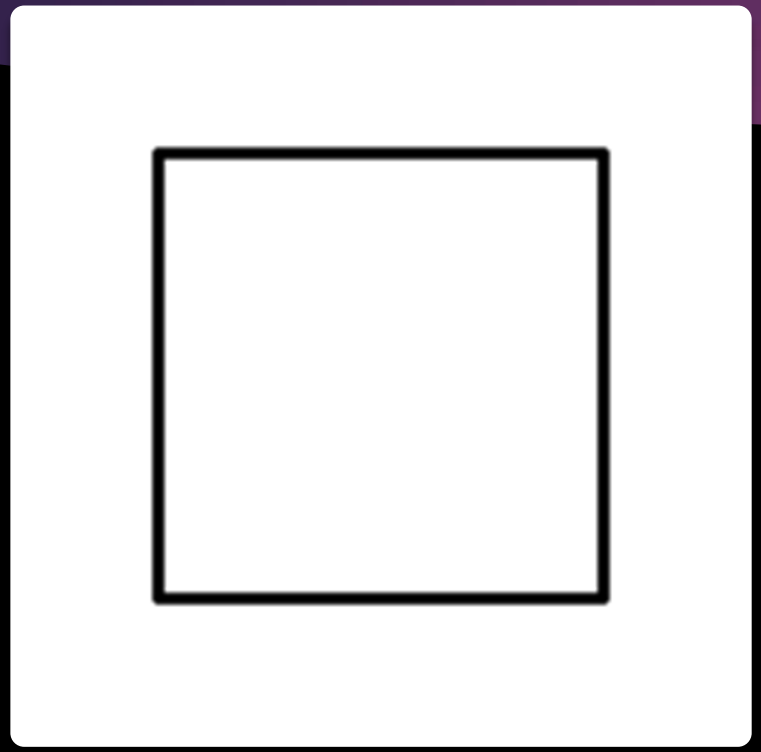
DR. KATE C. RUFOLO


IF I OFFEND YOU:
1. I'M REALLY SORRY.
2. I WILL TONE IT DOWN.
3. 1 & 2 ARE LIES.
4. I DON'T CARE.

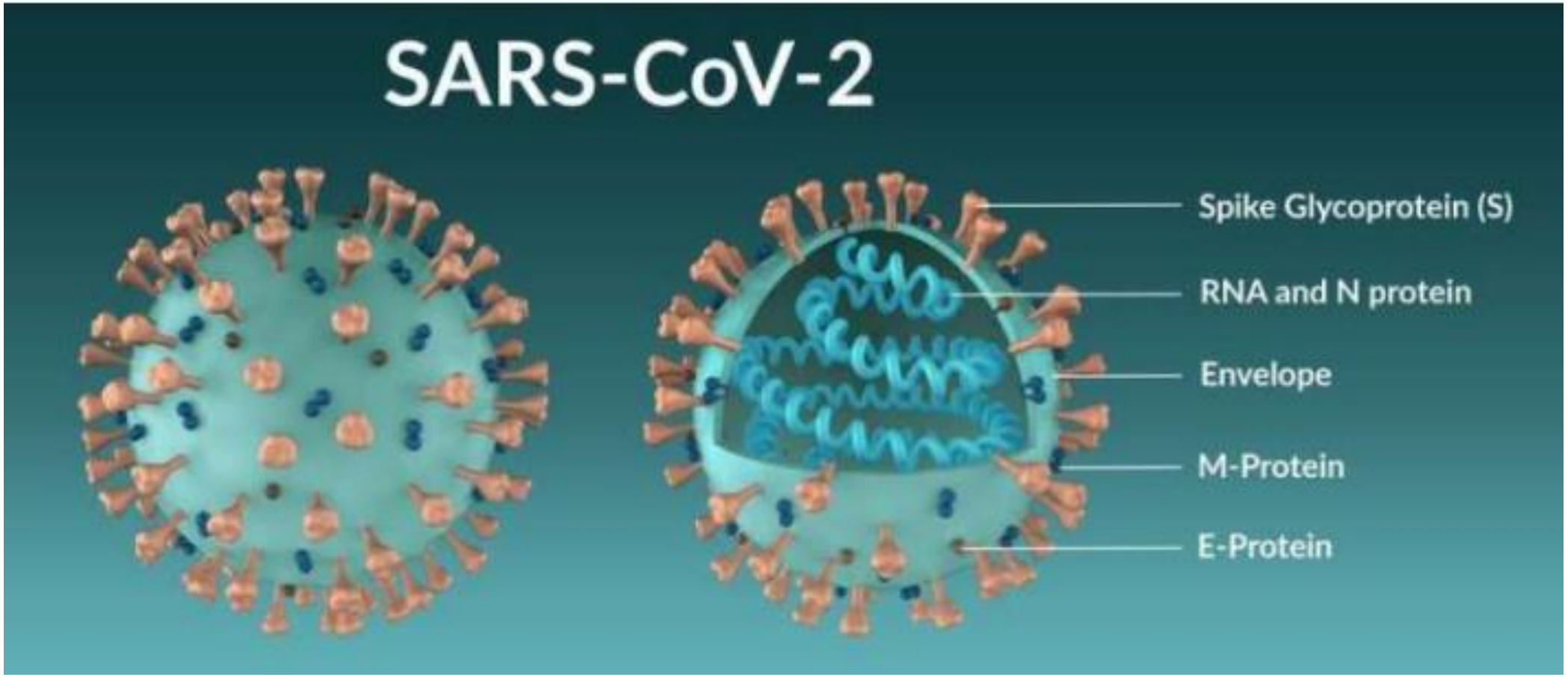
# All Things COVID

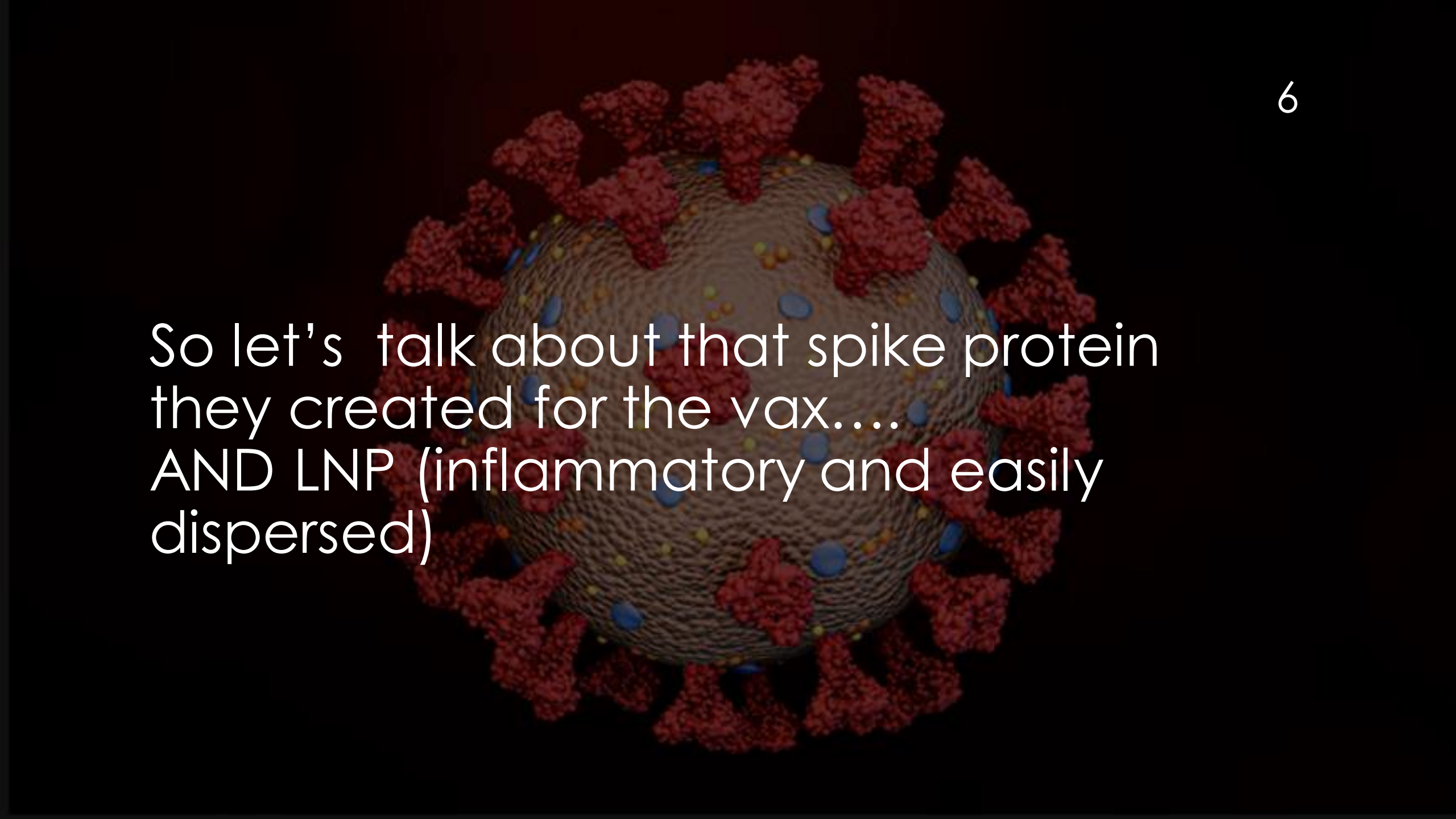
**AND….some other things to think about!!!**



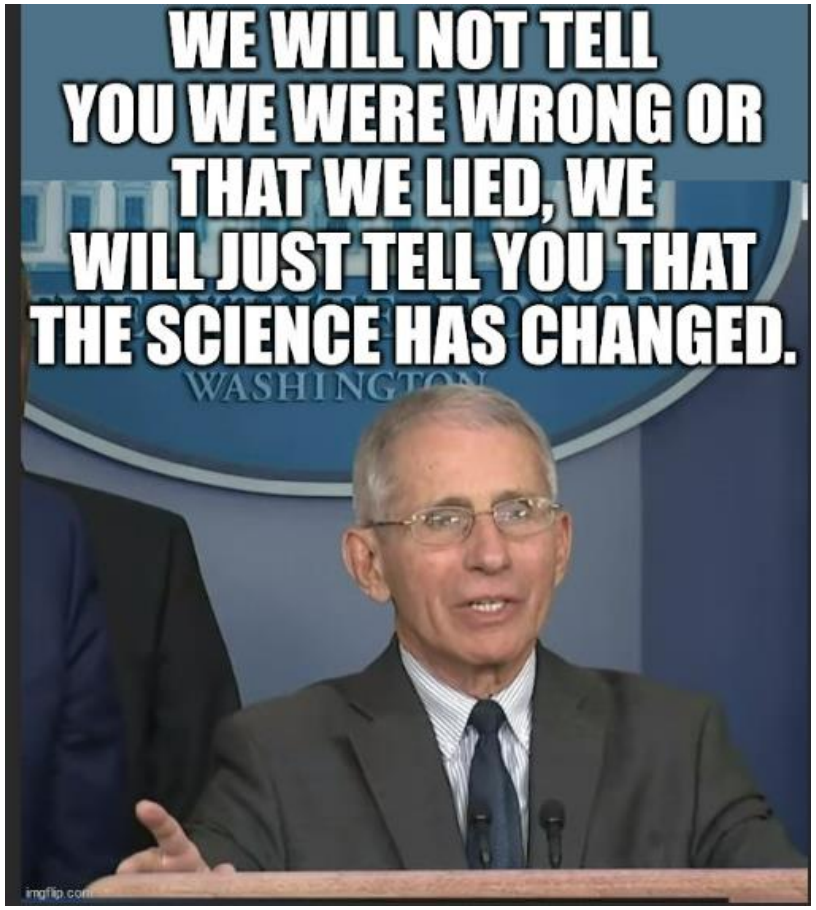


# This is a circle…..


SARS-CoV-2
Spike Glycoprotein (S)
RNA and N protein
Envelope
M-Protein
E-Protein



So let's  talk about that spike protein they created for the vax….
AND LNP (inflammatory and easily dispersed)




# Fauci keeping an 'open mind' on COVID lab leak theory

Fauci has previously dismissed the lab leak theory as a 'shiny object' that will 'go away'

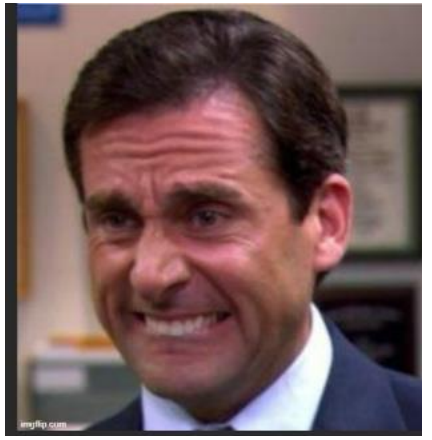
Fauci maintains COVID outbreak could be ‘natural occurrence,’ says critics suffer from ‘insanity’

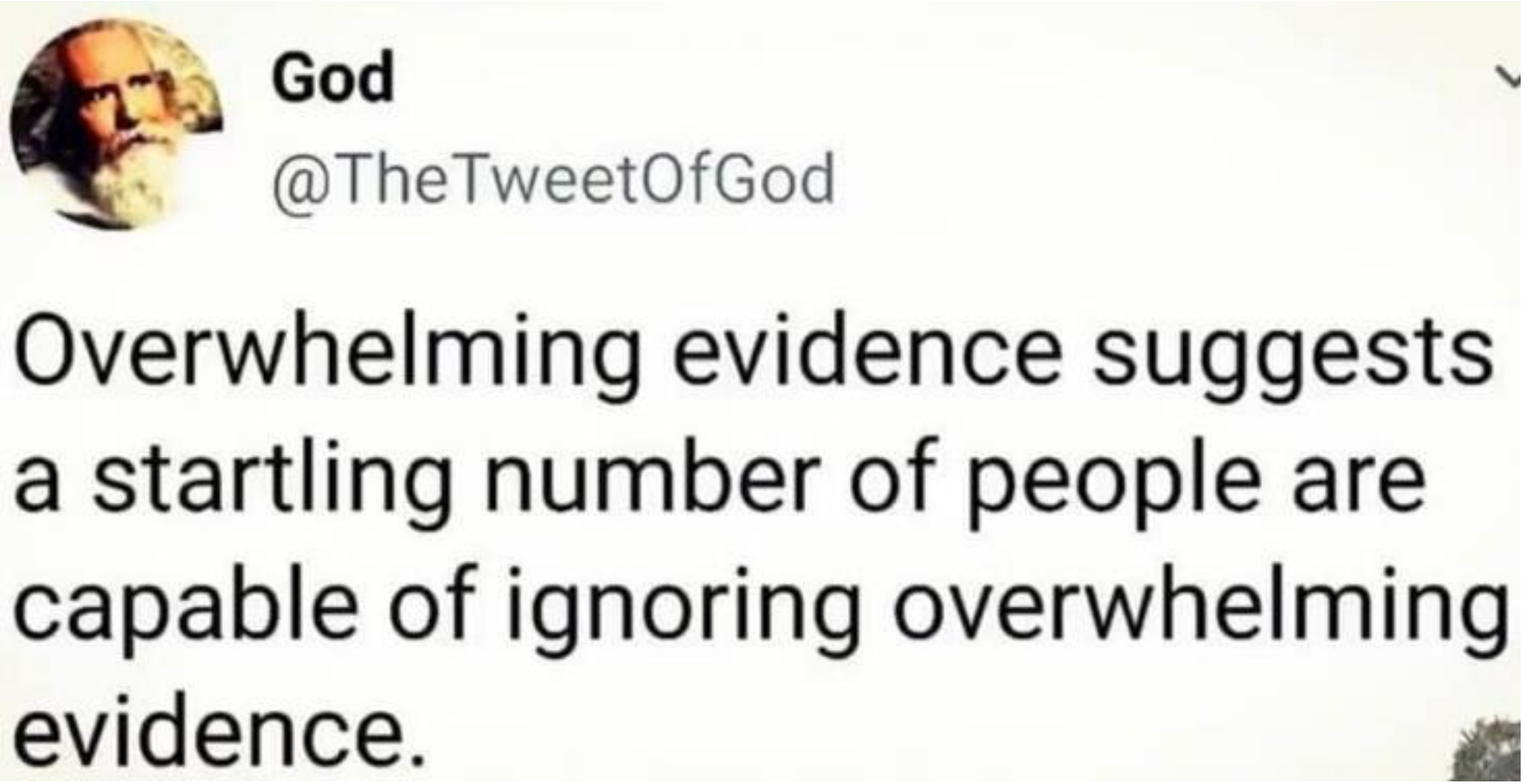
# Nope it’s “SCIENCE”

WYOMING · **Published** October 18, 2022 10:30am EDT

# Boston University researchers claim to have developed new, more lethal COVID strain in lab

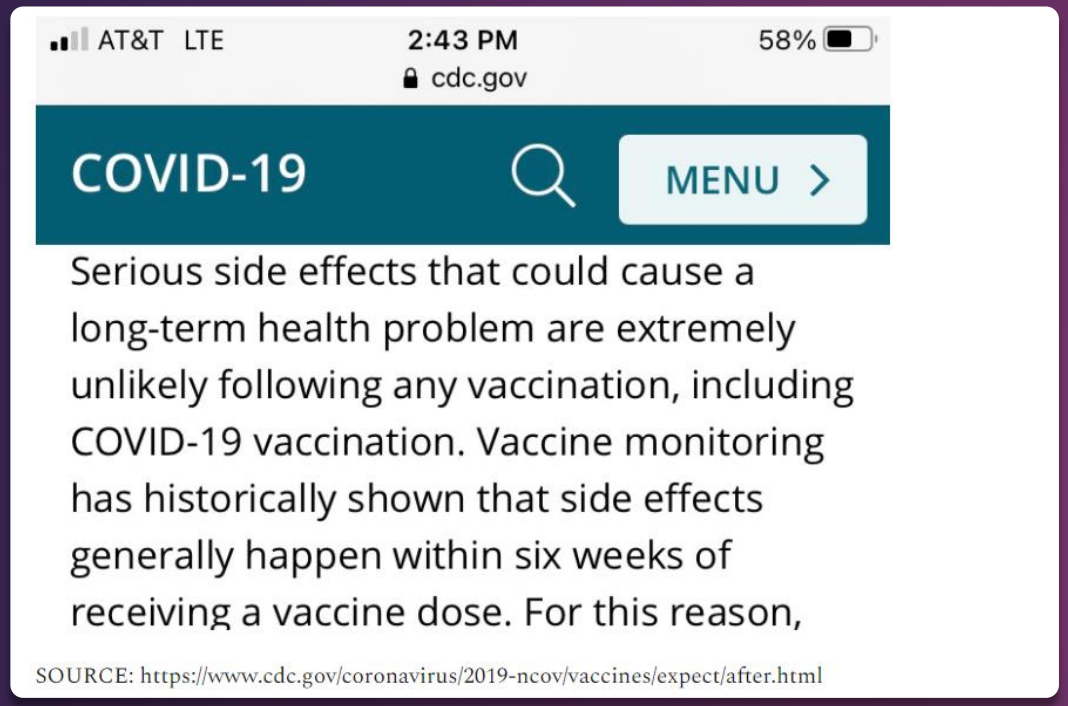
Researchers at Boston University added a spike protein from the Omicron variant with the original Wuhan strain, which has an 80% kill rate



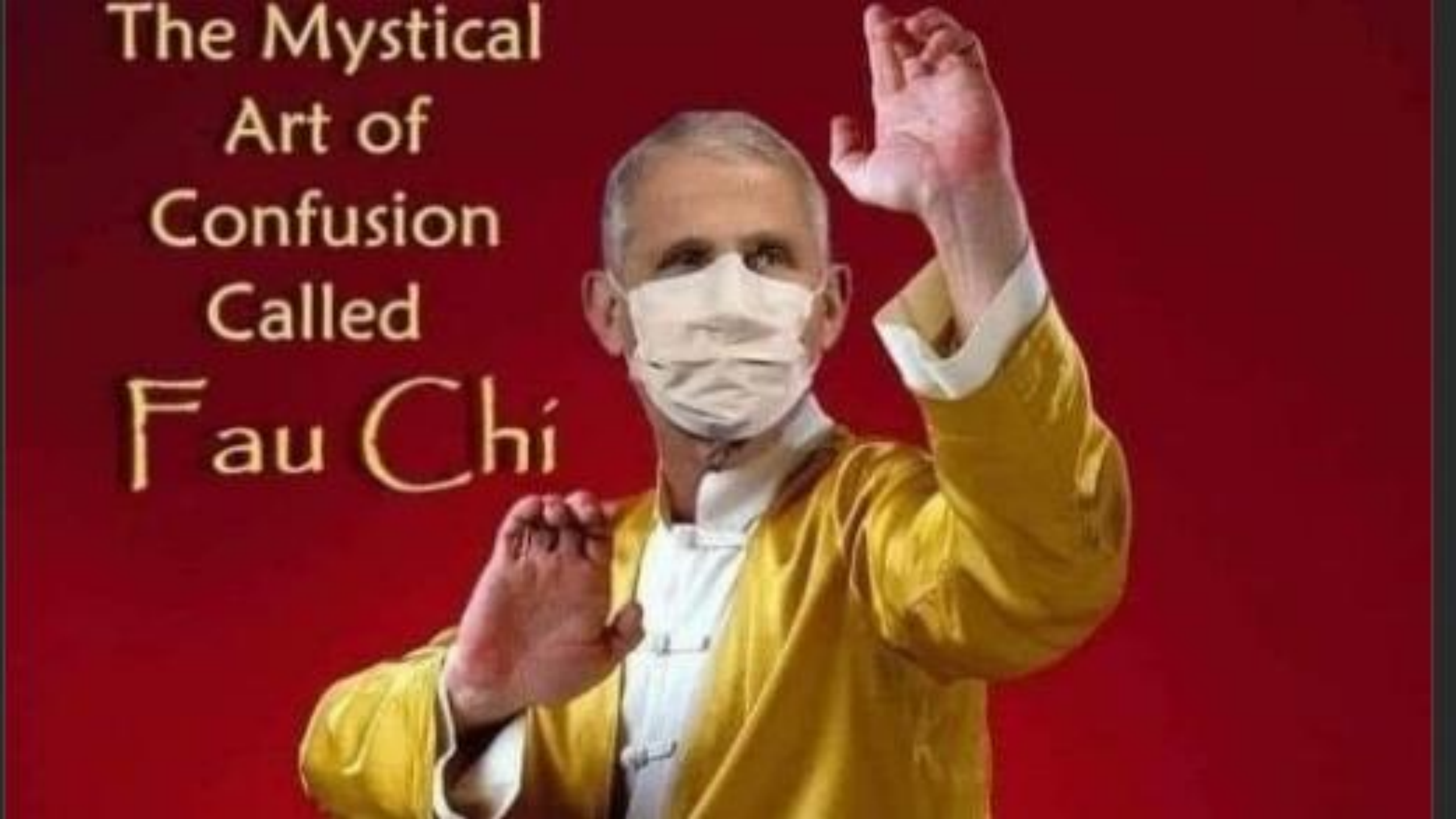

God
@TheTweetOfGod
Overwhelming evidence suggests a startling number of people are capable of ignoring overwhelming evidence.



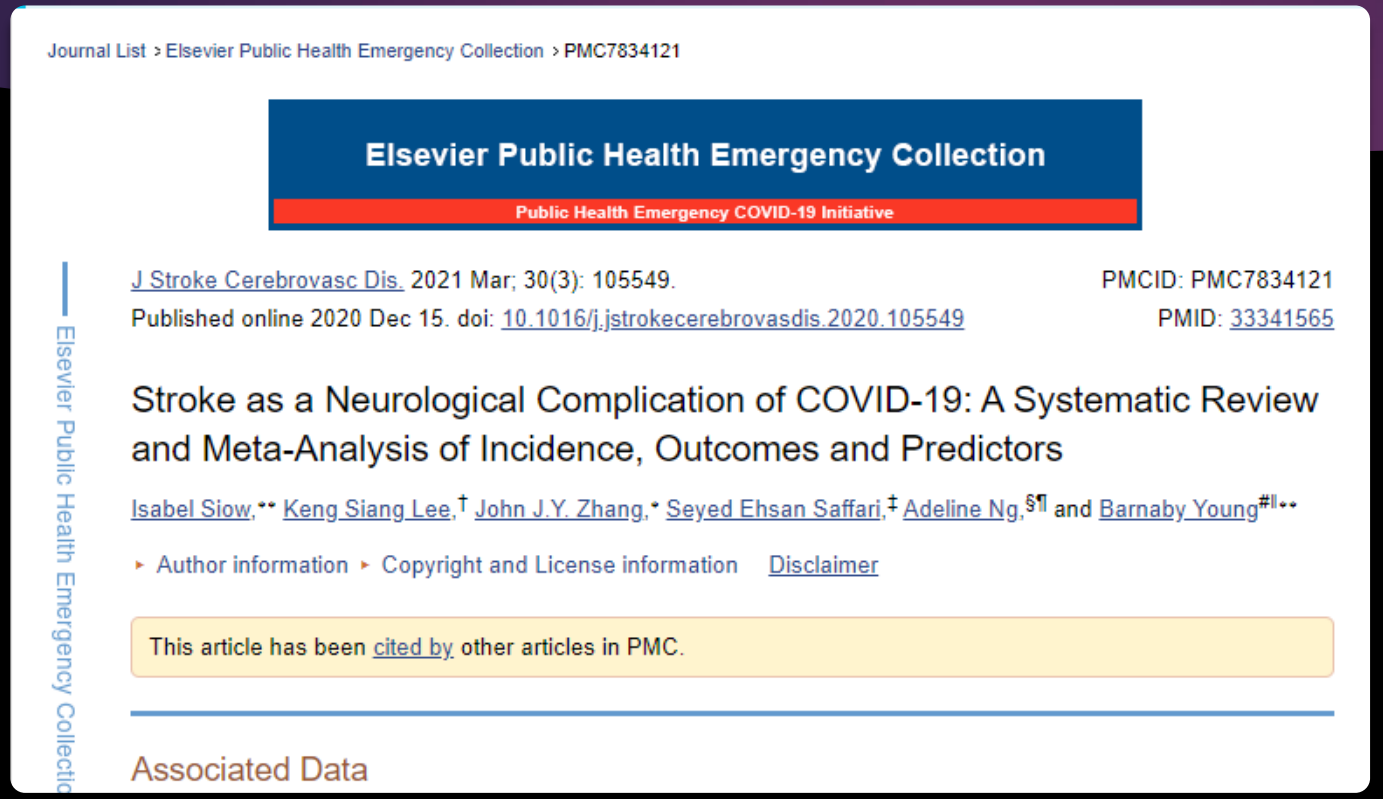

# Remember this???




# Smoke and Mirrors and Science


The Mystical
Art of
Confusion
Called
Fau Chi

# COVID and Stroke



Journal List › Elsevier Public Health Emergency Collection › PMC7834121

Elsevier Public Health Emergency Collection

Public Health Emergency COVID-19 Initiative

J Stroke Cerebrovasc Dis. 2021 Mar; 30(3): 105549.
Published online 2020 Dec 15. doi: 10.1016/j.jstrokecerebrovasdis.2020.105549

PMCID: PMC7834121
PMID: 33341565

Stroke as a Neurological Complication of COVID-19: A Systematic Review and Meta-Analysis of Incidence, Outcomes and Predictors

Isabel Siow,[••] Keng Siang Lee,[†] John J.Y. Zhang,[•] Seyed Ehsan Saffari,[‡] Adeline Ng,[§¶] and Barnaby Young[#‖••]

▸ Author information ▸ Copyright and License information Disclaimer

This article has been cited by other articles in PMC.

Associated Data

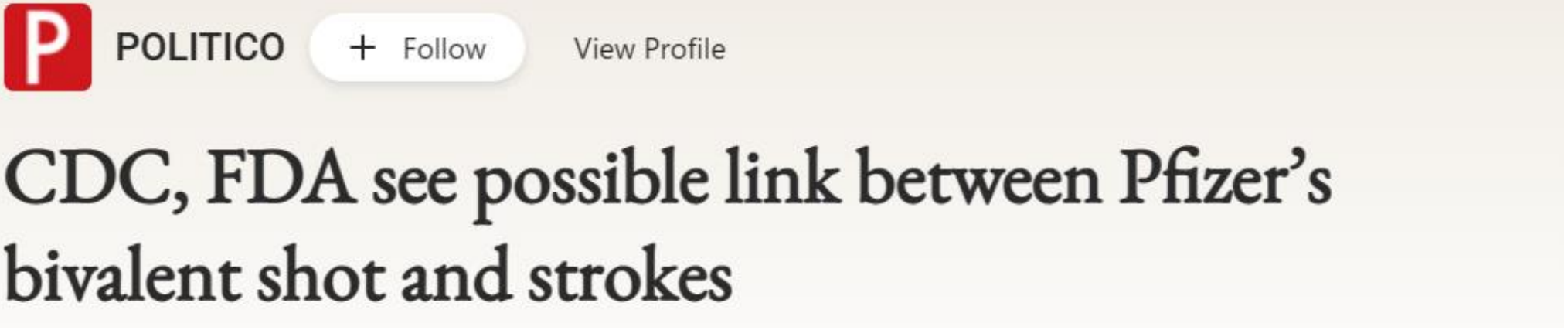
Elsevier Public Health Emergency Collection

CDC identifies possible safety issue with Pfizer's updated Covid-19 vaccine but says people should still get boosted

CORONAVIRUS · **Published** January 13, 2023 6:53pm EST

# CDC identifies possible 'safety concern' for certain people receiving COVID vaccines

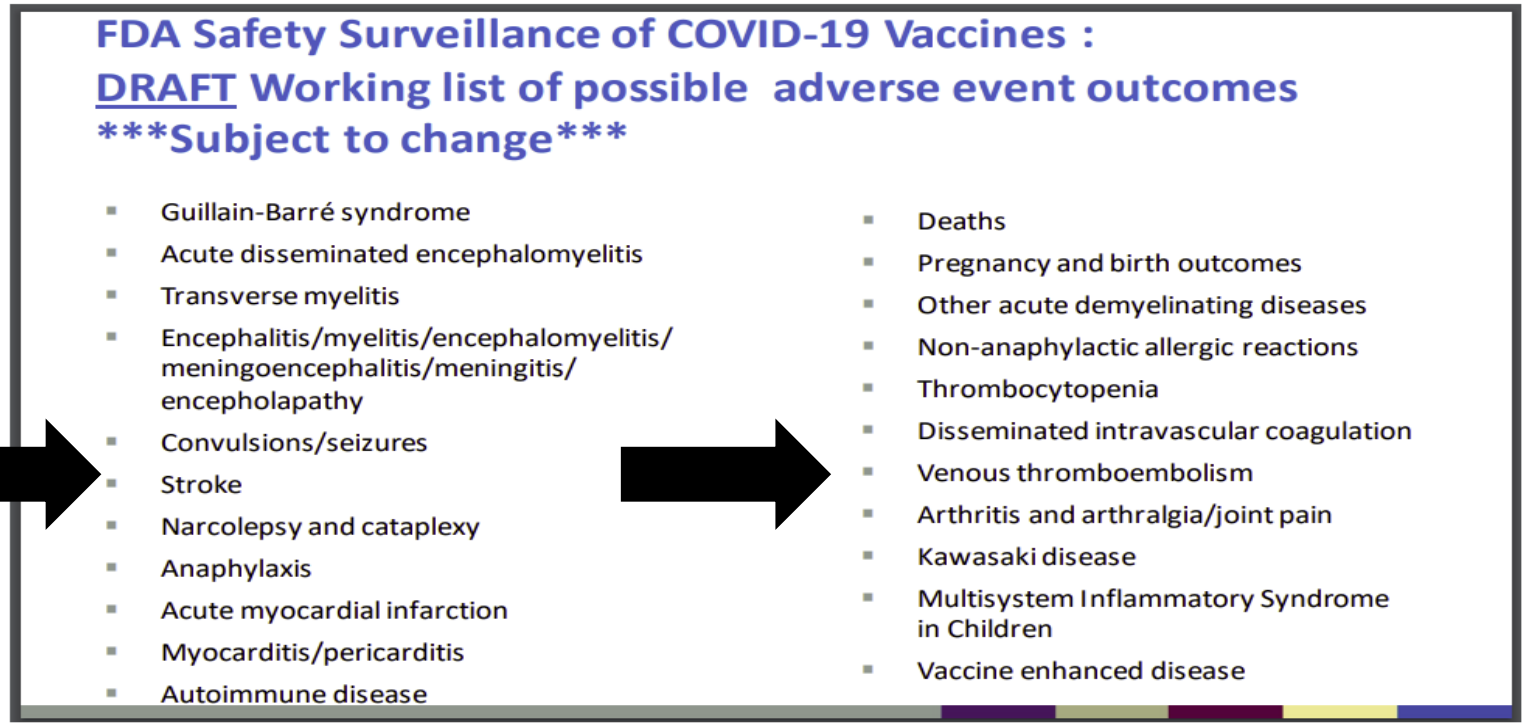
The CDC says the 'safety signal' wasn't seen in the Moderna COVID-19 vaccine


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CDC, FDA see possible link between Pfizer's bivalent shot and strokes

# COVID and Stroke

The slide below was taken from an FDA document from October 22, 2020 and provides a list of possible adverse event outcomes related to t
Covid-19 vaccines.

- Source: 'Vaccines and Related Biological Products Advisory Committee October 22,2020 Meeting Presentation".




The following table lists the number of adverse events found in the VAERS data which match the outcomes listed above:

# Just 1 issue……

"In postvaccine myocarditis, the spike protein appears to evade antibody recognition because the anti-spike antibodies that are generated are produced in adequate quantities with normal functional and neutralization capacity."

"There is growing in vitro evidence that spike itself can stimulate cardiac pericytes dysfunction23 or inflame the endothelium, potentially by down-regulating angiotensin-converting enzyme 2 expression, by impairing endothelial nitric oxide bioavailability,24 or by activating integrin-mediated inflammation with hyperper-meability of the endothelial cell layer.25"

"Thus, the spike antigen itself, which evades antibody recognition rather than invoking immune hyperactivation, may contribute to myocarditis in these individuals."

World News

# Doctors baffled by Sudden Adult Death Syndrome (SADS) in healthy young people

By **Matthew Roscoe** · 08 June 2022 · 11:18



# 5-fold increase in sudden cardiac and unexplained deaths among FIFA athletes in 2021

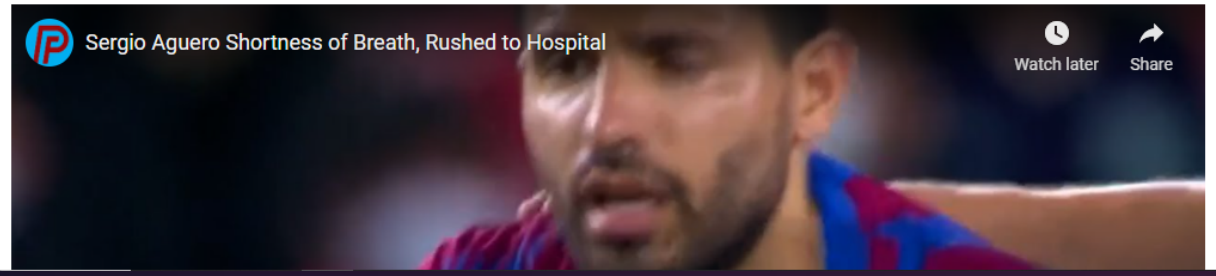
posted by Mordechai Sones November 18, 2021 11:26 am

The Israeli ***Real-Time News*** Tuesday reported a 5-fold increase in sudden cardiac and unexplained deaths among FIFA players in 2021.

Since December, 183 professional athletes and coaches have suddenly collapsed, with 108 dead.

A *Real-Time News* investigation revealed that most of the athletes were males, with only 15 females, and the vast majority being 17-40 years of age. Only 21 are older (5 aged 42-45, six aged 46-49, 7 aged 51-54, and 3 others aged 60-64). 23 were teenagers, aged 12-17, of whom 16 died.

The investigation revealed in over 80 of the cases, such as football stars Sergio Aguero and Christian Eriksen, the athletes collapsed while playing, racing, or training, or immediately after. Scientific literature calls the phenomenon of athletes collapsing for reasons unrelated to injury rare.






HMMMMMM.....



CBSNEWS.COM

**Sudden cardiac arrest is leading cause of death in young athletes**

NEW YORK POST

NCAAF | Scores | Stats | Standings | Teams | Players | Odds | Injuries

## Former UCF tight end Jake Hescock dies suddenly at 25: 'Heartbroken'

By Jeremy Layton December 14, 2022 | 8:46am | Updated



## Luke Knox, brother of Buffalo Bills' Dawson Knox and college football player, dies at 22

Knox, who joined the Florida International University's football team this summer, was found in medical distress by friends in his dorm room, according to the university.



## Former Jaguars player Uche Nwaneri dies suddenly in Indiana after possible heart attack: report



## 16-year-old flag football player dies following game at Desert Oasis

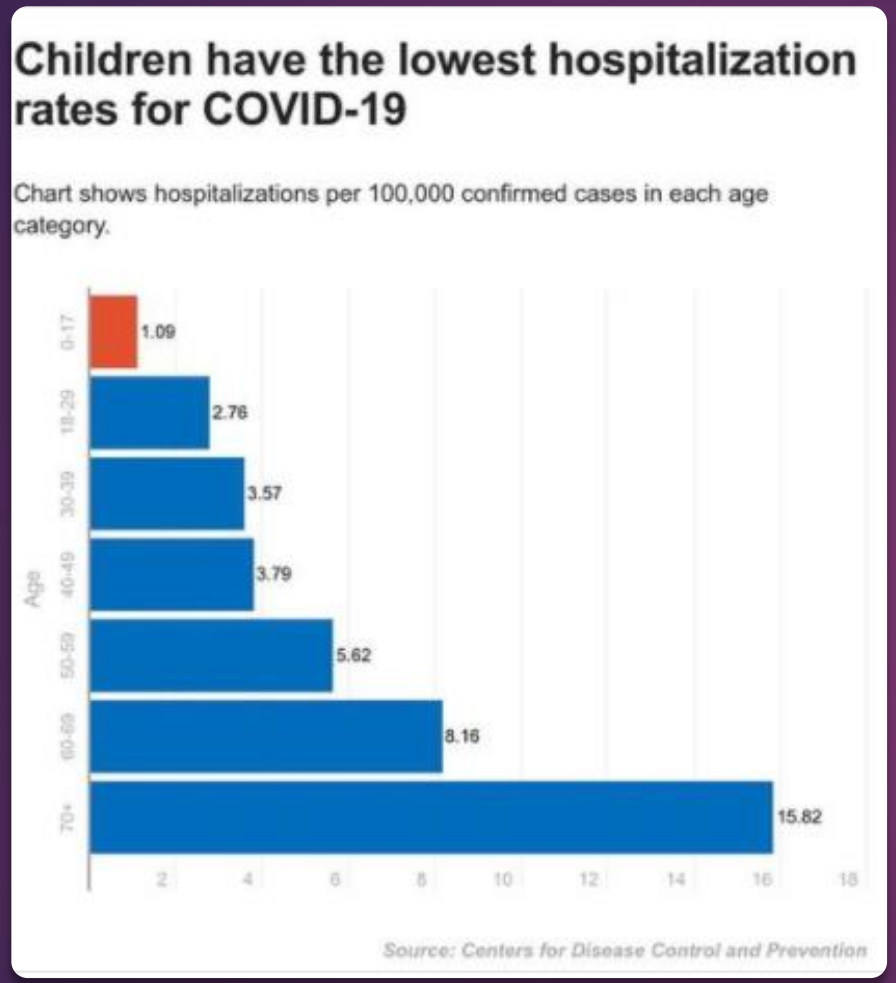


Overall, researchers found an 11% increase in the rate of ICH among U.S. adults over the 15-year study period. ICH increased at a faster rate for adults under age 65 compared to those 75 and older. The rate of increase also varied by region, climbing faster in the South, West and Midwest than it did in the Northeast. ICH stroke rates were 43% higher for men than women.



## ‘Preposterous’: FDA, CDC Authorize New COVID Boosters for Kids as Young as 5 — With No Data, No Independent Review

Brian Hooker, Ph.D., called Wednesday’s decision by U.S. public health officials to authorize the untested vaccines for young children “preposterous,” adding, “It…




# Smoke and Mirrors and Science

Open Access Case Report

# A Case Report: Multifocal Necrotizing Encephaliti and Myocarditis after BNT162b2 mRNA Vaccinatic against COVID-19

by Michael Mörz

Institute of Pathology 'Georg Schmorl', The Municipal Hospital Dresden-Friedrichstadt, Friedrichstrasse 41, 01067 Germany

Academic Editor: Sung Ryul Shim

*Vaccines* **2022**, *10*(10), 1651; **https://doi.org/10.3390/vaccines10101651**

**Received: 31 August 2022 / Revised: 25 September 2022 / Accepted: 27 September 2022 / Published: 1 October 2022**

## Abstract

The current report presents the case of a 76-year-old man with Parkinson's disease (PD) who died three weeks after receiving his third COVID-19 vaccination. The patient was first vaccinated in May 2021 with the ChAdOx1 nCov-19 vector vaccine, followed by two doses of the BNT162b2 mRNA vaccine in July and December 2021. The family of the deceased requested an autopsy due to ambiguous clinical signs before death. PD was confirmed by post-mortem examinations. Furthermore, signs of aspiration pneumonia and systemic arteriosclerosis were evident. However, histopathological analyses of the brain uncovered previously unsuspected findings, including acute vasculitis (predominantly lymphocytic) as well as multifocal necrotizing encephalitis of unknown etiology with pronounced inflammation including glial and lymphocytic reaction. In the heart, signs of chronic cardiomyopathy as well as mild acute lympho-histiocytic myocarditis and vasculitis were present. Although there was no history of COVID-19 for this patient, immunohistochemistry for SARS-CoV-2 antigens (spike and nucleocapsid proteins) was performed. Surprisingly, only spike protein but no nucleocapsid protein could be detected within the foci of inflammation in both the brain and the heart, particularly in the endothelial cells of small blood vessels. Since no nucleocapsid protein could be detected, the presence of spike protein must be ascribed to vaccination rather than to viral infection. The findings corroborate previous reports of encephalitis and myocarditis caused by gene-based COVID-19 vaccines. **View Full-Text**

# Basically….



No evidence of effectiveness against Omicron, definitely causes myocarditis, Sounds great! says the FDA's "expert advisory committee"

Feckless bureaucrats add Novavax to the Final Solution

Why not?? What could possibly go wrong….SCIENCE!

FDA declares no more clinical trials of Covid-19 shots



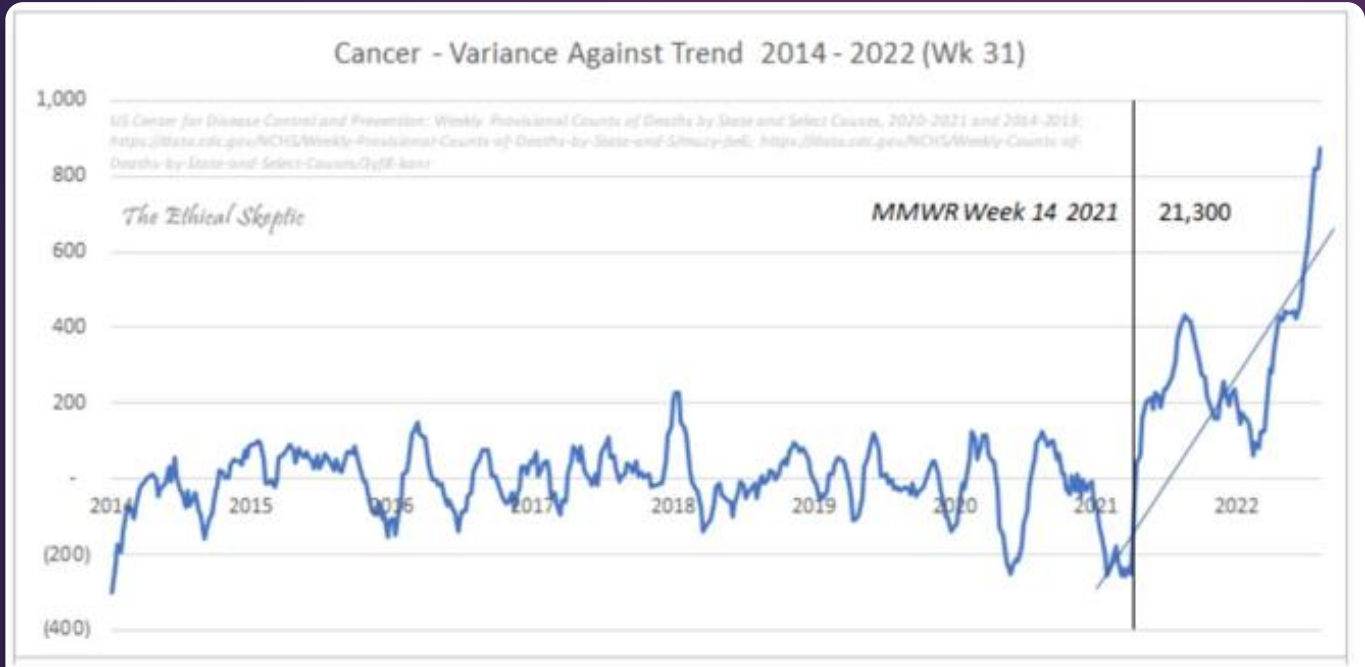
07/12/22 • COVID › NEWS

# FDA Colluded With Moderna to Bypass COVID Vaccine Safety Standards, Documents Reveal

*According to Alexandra Latypova, an ex-pharmaceutical industry executive, documents obtained from the U.S. Department of Health and Human Services on Moderna's COVID-19 vaccine suggest the U.S. Food and Drug Administration and Moderna colluded to bypass regulatory and scientific standards used to ensure products are safe.*



# But wait there is more!!!!!




That vertical line showing where the jump in cancer began marks April, 2021, when SOMETHING changed. So weird. He says the cancer data (the top chart) is now somewhere between an 8-sigma and 20-sigma statistical event, which means something that only happens once in Earth's history.

# Cancer?

# Hmmmm.....

## Why Pfizer just made a $43 billion bet on a precise new way of attacking cancer

Story by ylee@insider.com (Yeji Jesse Lee) • 2h a...

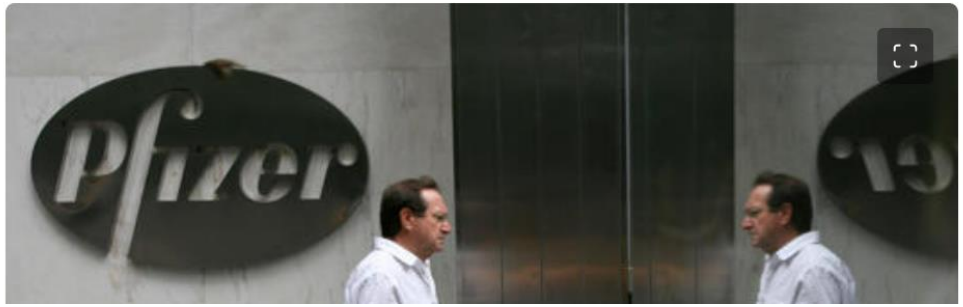
IN THIS ARTICLE ···

PFE Rising fast ⊕ SGEN Rising fast ⊕

1

38

81



# DRAMATIC INCREASE IN CANCER

> In the wake of the COVID jab rollout and additional boosters, a number of health conditions are on the rise, including cancer, most notably cancers of the uterus, endometrial cancers, and very aggressive blood and brain cancers

> Cancer has been on the rise for decades, thanks to dietary factors, but the COVID jabs appear to dramatically accelerate the disease process. Many doctors report cancer patients with stable disease, and those who have been in remission for years, will suddenly and rapidly develop Stage 4 disease

> A military whistleblower has come forward with data from the Defense Medical Epidemiology Database (DMED) database showing dramatic increases in medical visits for cancers and other conditions, post-jab

## Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line

by Markus Aldén [1], Francisko Olofsson Falla [1], Daowei Yang [1], Mohammad Barghouth [1], Cheng Luan [1], Magnus Rasmussen [2] and Yang De Marinis [1,*]

[1] Department of Clinical Sciences, Lund University, 20502 Malmö, Sweden

[2] Infection Medicine, Department of Clinical Sciences, Lund University, 22362 Lund, Sweden

* Author to whom correspondence should be addressed.

Academic Editor: Stephen Malnick

*Curr. Issues Mol. Biol.* **2022**, *44*(3), 1115-1126; **https://doi.org/10.3390/cimb44030073**

**Received: 18 January 2022 / Revised: 19 February 2022 / Accepted: 23 February 2022 / Published: 25 February 2022**

# RUH ROH

# Original Antigenic Sin

## The "original antigenic sin" and its relevance for SARS-CoV-2 (COVID-19) vaccination

Ger T. Rijkers [a, b], Frans J. van Overveld [a]

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https://doi.org/10.1016/j.clicom.2021.10.001

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### Abstract

Imprinting of the specific molecular image of a given protein antigen into immunological memory is one of the hallmarks of immunity. A later contact with a related, but different antigen should not trigger the memory response (because the produced antibodies would not be effective). The preferential expansion of cross-reactive antibodies, or T-lymphocytes for that matter, by a related antigen has been termed the original antigenic sin and was first described by Thomas Francis Jr. in 1960. The phenomenon was initially described for influenza virus, but also has been found for dengue and rotavirus. The antibody dependent enhancement observed in feline coronavirus vaccination also may be related to the original antigenic sin. For a full interpretation of the effectivity of the immune response against SARS-CoV-2, as

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Journal List > Int J Mol Sci > v.21(14); 2020 Jul > PMC7404042

International Journal of Molecular Sciences MDPI

Int J Mol Sci. 2020 Jul; 21(14): 5017.
Published online 2020 Jul 16. doi: 10.3390/ijms21145017

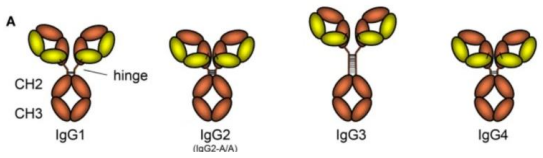
PMCID: PMC7404042
PMID: 32708690

The Role of IgG4 in the Fine Tuning of Tolerance in IgE-Mediated Allergy and Cancer

Rodolfo Bianchini,[1,2] Sophia N. Karagiannis,[3,4] Galateja Jordakieva,[5] and Erika Jensen-Jarolim[1,2,*]

Author information · Article notes · Copyright and License information Disclaimer

In the "Y" of an IgG antibody, the base comes in four flavors.




# ORIGINAL ANTIGENIC SIN

# ORIGINAL ANTIGENIC SIN

Once a B Cell has switched to IgG4, it cannot switch to any other IgG subclass, as the genes for all those other base designs *have been discarded*.[5] All future clones of this B Cell will code for IgG4 receptor/antibody for the antigen in question.

**IgG4 promotes tolerance, appears after long antigen exposure**

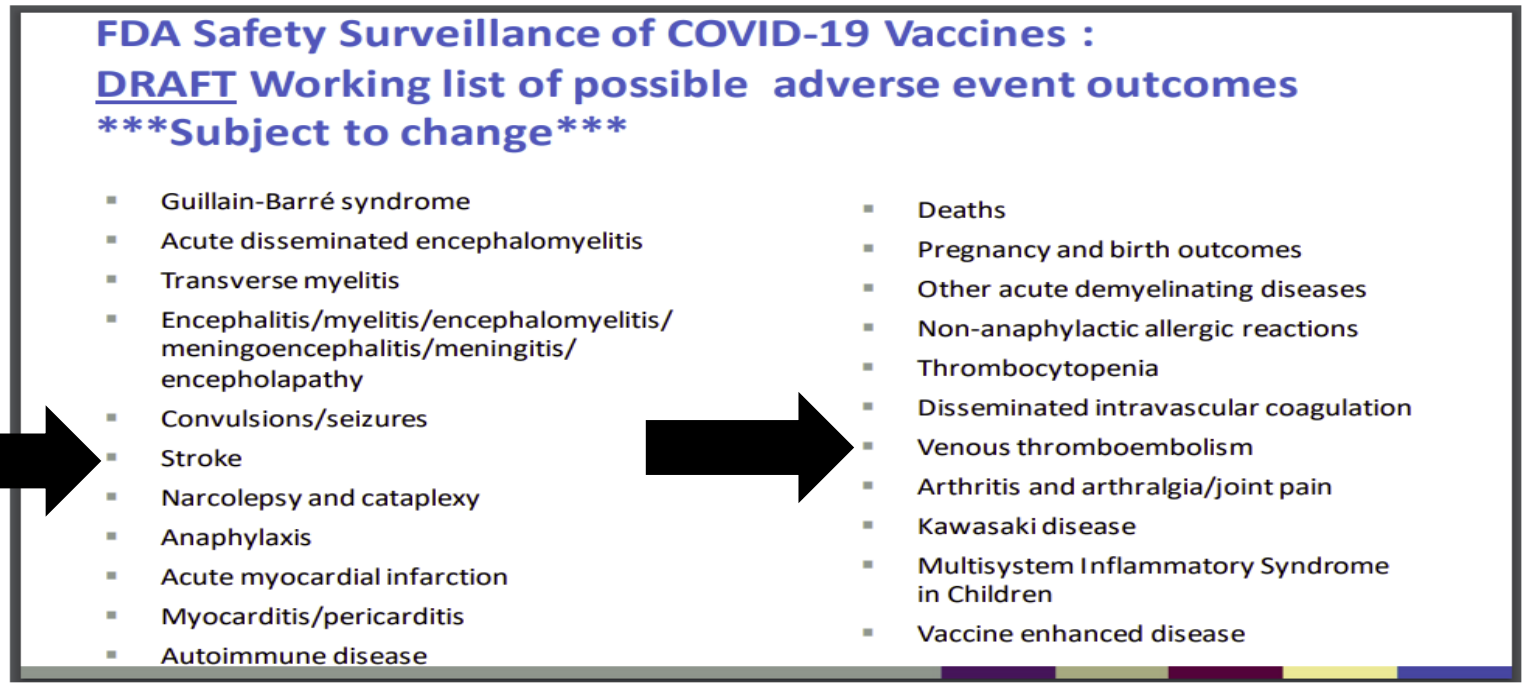
To compare IgGs 1 and 4: IgG1 is the most abundant subclass, and is usually what is being referred to by "IgG" (whereas the other flavors are specialty/niche). It commands the immune system to absorb or destroy the stuff it is attached to, which is good in an antiviral response.



# COVID and Stroke

The slide below was taken from an FDA document from October 22, 2020 and provides a list of possible adverse event outcomes related to t
Covid-19 vaccines.

- Source: 'Vaccines and Related Biological Products Advisory Committee October 22,2020 Meeting Presentation".




The following table lists the number of adverse events found in the VAERS data which match the outcomes listed above:

# Vaers Data

All charts and tables below reflect the data release on 2/4/2022 from the VAERS website, which includes U.S. and foreign data, and is updated through: **1/28/2022**

| High-Level Summary | COVID19 vaccines (Dec'2020 – present) | All other vaccines 1990-present | US Data Only COVID19 vaccines (Dec'2020 – present) | US Data Only All other vaccines 1990-present |
|---|---|---|---|---|
| Number of Adverse Reactions | 1,088,560 | 870,175 | 747,760 | 757,356 |
| Number of Life-Threatening Events | 26,283 | 14,356 | 11,667 | 9,921 |
| Number of Hospitalizations | 124,445 | 83,105 | 51,713 | 38,903 |
| Number of Deaths | 23,149* | 9,512* | 10,527 | 5,274 |
| # of Permanent Disabilities after vaccination | 41,163 | 20,801 | 12,235 | 12,861 |
| Number of Office Visits | 169,216 | 49,700 | 147,098 | 47,548 |
| # of Emergency Room/Department Visits | 116,627 | 212,585 | 92,871 | 203,060 |
| # of Birth Defects after vaccination | 896 | 191 | 462 | 104 |

***Note that the total number of deaths associated with the COVID-19 vaccines is more than double the number of deaths associated with all other vaccines combined since the year 1990.**

# Vaers Data

## Vaccine Data by Manufacturer

| Manufacturer | # of Deaths | % Deaths | Average Deaths/Day | # US Deaths | US Doses Administered | Average US Deaths/Mill. Doses | Days since EUA approval | EUA Approval Date- |
|---|---|---|---|---|---|---|---|---|
| Janssen (JNJ) | 2055 | 8.87% | 6.12 | 1348 | 18,215,099 | 74 | 336 | 2/26/2021 |
| Moderna | 5733 | 24.73% | 14.12 | 4353 | 204,895,468 | 21.24 | 406 | 12/18/2020 |
| Pfizer/Biontech | 15291 | 65.97% | 37.02 | 4799 | 317,821,532 | 15.1 | 413 | 12/11/2020 |
| Unknown | 99 | 0.43% | | 43 | 478,748 | | | |

| Manufacturer | # of AEs | % AEs | Average AEs/Day | # US AEs | US Doses Administered | Average US AEs/Mill. Doses | Days since EUA approval | EUA Approval Date |
|---|---|---|---|---|---|---|---|---|
| Janssen (JNJ) | 79148 | 7.26% | 235.56 | 66104 | 18,215,099 | 3629.08 | 336 | 2/26/2021 |
| Moderna | 393933 | 36.11% | 970.28 | 341847 | 204,895,468 | 1668.4 | 406 | 12/18/2020 |
| Pfizer/Biontech | 614956 | 56.37% | 1489 | 339556 | 317,821,532 | 1068.39 | 413 | 12/11/2020 |
| Unknown | 2862 | 0.26% | | 1696 | 478,748 | | | |

# Vaers Data

## Vaccination Related Risks of COVID19 Vs. Flu

These set of figures compare the COVID19 vaccine to the traditional Flu vaccines. 'Risk of Death' percentages depend on the '# of Vaccinations' data, which is only approximate, and was pulled from the CDC's report on Flu vaccination coverage for the 2019-2020 season, and from Our World in Data for the COVID19 vaccinations.

**Covid19 vaccinations through 5/31/2021 vs. Flu vaccinations 7/1/2019 – 5/31/2020 (last complete flu season)**

| Vaccine Type | # of Vaccinations[3] | # of Deaths | Risk of Death | Percentage | Deaths/Mill. Vaccinations[3] |
|---|---|---|---|---|---|
| Flu | 167,447,642[1] | 33 | 1 in 5,074,171 | 0.000020% | .20 |
| COVID19 | 167,733,972[2] | 5,665 | 1 in 29,609 | 0.003377% | 33.77 |

**Risk of dying from COVID vaccine is 171 times greater than Flu Vaccine**

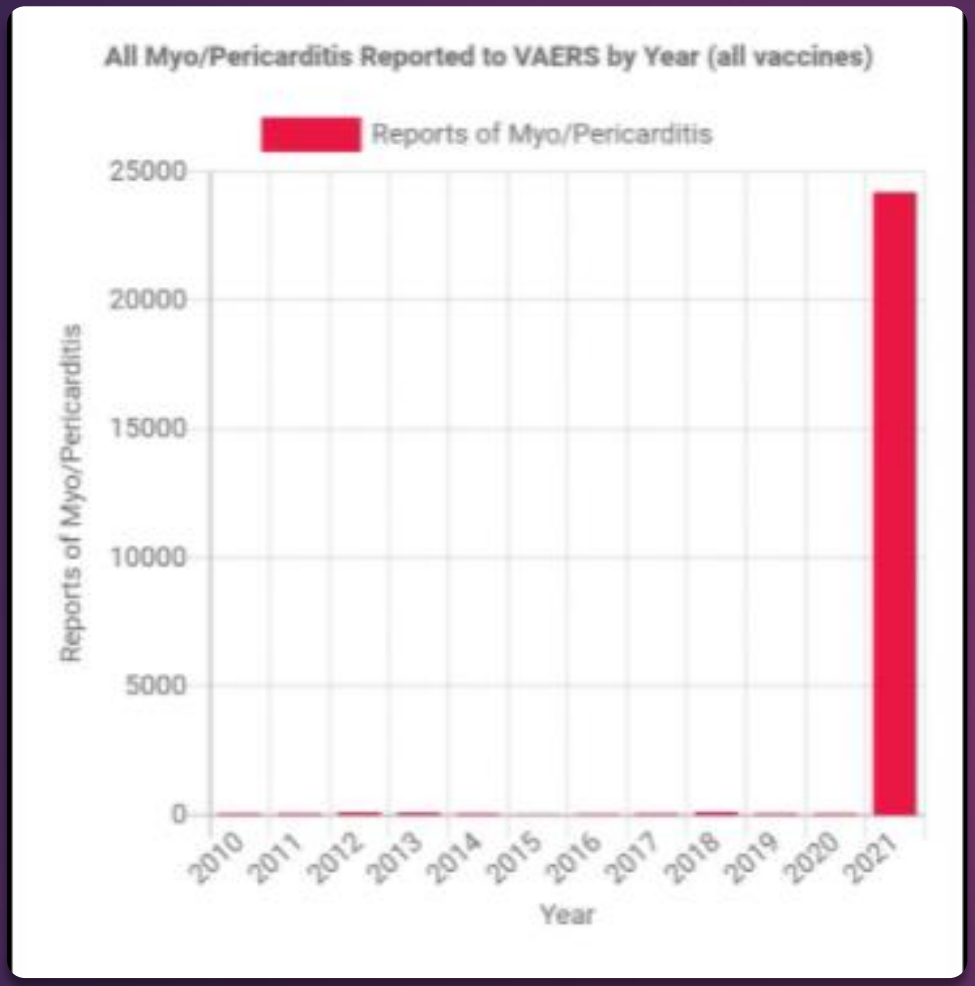
| Vaccine Type | # of Vaccinations[3] | # of Adverse Reactions | Risk of Adverse Reaction | Percentage | AEs/Mill. Vaccinations[3] |
|---|---|---|---|---|---|
| Flu | 167,447,642 | 9,717 | 1 in 17,232 | 0.005803% | 58.03 |
| COVID19 | 167,733,972 | 548,038 | 1 in 306 | 0.3267% | 3,267 |

**Risk of adverse reaction from COVID vaccine is 56 times greater than Flu Vaccine**

[1] number of flu vaccinations based on estimated flu vaccine coverage data from CDC and estimated population data from US Census. Yearly flu vaccination data covers a period of time from 7/1 to 5/31 of the following year.

[2] number of covid19 vaccinations based on estimates from Our World in Data [2] number of covid19 vaccinations based on estimates from Our World in Data

[3] Persons vaccinated with at least one dose.




# COVID VAX COMPLICATIONS

[WSO Global Stroke Fact Sheet 2022 - World Stroke …]

**Stroke** remains the second-leading cause of death and the third-leading cause of death and disability combined (as expressed by disability-adjusted life-years lost – DALYs) in the world. The **estimated global** cost of **stroke** is over US$721 billion (0.66% of the **global** GDP). From 1990 to 2019, the burden (in terms of the absolute number of cases) increased substantially (70.0% increase in incident strokes, 43.0% deaths from stroke, 102.0% prevalent strokes, and 143.0% DALYs), with the bulk of ...

https://www.world-stroke.org/news-and-blog/news/...

Your Risk of Blood Clots Is High for the First Year After You Have COVID-19, Study Suggests

# Blood Clots

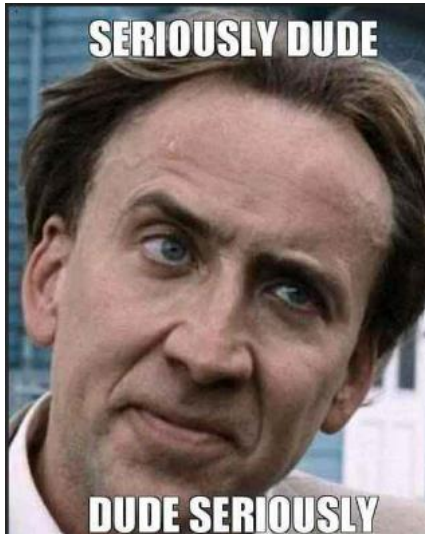
# 68,043% INCREASE in STROKE

By way of comparison, for the previous 30+ years starting in 1990 when VAERS was established, using the exact same search for every symptom containing "stroke," we get a result of only **104 cases** for ALL FDA-approved vaccines for the past 30+ years **combined**. (Source.)

The yearly averages then look like this:

- **2385 cases** of stroke per year following COVID-19 vaccines
- **3.5 cases** of stroke per year following all FDA-approved vaccines combined

That's an astounding 68,043% increase in the cases of stroke following COVID-19 vaccines!




**2,783 cases where Vaccine is COVID19 and Symptom is Stroke**

**Since December 2020 - 14 Months**



## The German government admits hundreds of thousands of people have had severe side effects following mRNA shots

The risk-benefit of the Covid vaccines is getting worse and worse and worse

Alex Berenson
Jul 20

1,300 229

This morning, the German Federal Ministry of Health posted a stunning tweet, admitting that 1 out of every 5,000 Covid jabs cause "serious side effects."

This figure is likely a sharp underestimate, given the fact that side effect reporting systems for drugs and vaccines are largely voluntary.

Nonetheless, it implies that almost 300,000 Americans and Europeans have suffered severe side effects after receiving mRNA shots from Pfizer/BioNTech and Moderna. (It is unclear whether the German side effect estimate applied to Covid vaccines from

# Germany has been looking....

# RELEASE THE KRACKEN

XBB—a new, extremely immune-evasive Omicron variant surging in Singapore—hasn't yet been detected in the U.S. But its child has.

XBB.1 was first detected in the U.S. on Sept. 15 and made up 0.26% of cases that were genetically sequenced over the past 15 days, Raj Rajnarayanan, assistant dean of research and associate professor at the New York Institute of Technology campus in Jonesboro, Ark., told *Fortune.* He cited data from GISAID, an international research organization that tracks changes in COVID and the flu virus.



# New booster falls short on US protection against COVID: new CDC report

Story by Brooke Steinberg • Thursday

130 352

Americans who got their COVID-19 bivalent booster vaccine are not fully protected against getting sick, according to a new report.

The Centers for Disease Control and Prevention (CDC) released a report that said the updated boosters were just 48% effective at preventing symptomatic infection from the XBB.1.5 subvariant for up to three months.

Wooops!!

# BUT SCIENCE!



It's not supposed to be toxic

It's not supposed to leave the deltoid

It's not supposed to have any serious side effects

It's supposed to provide immunity

Well….it's supposed to make you less sick IF you catch COVID

It's supposed to have better immunity than natural immunity

- There are studies!!

60 DAYS


@astroashb
THAT MOMENT YOU REALIZE YOU'RE WRONG IN A ARGUMENT
BUT YOU KEEP ARGUING ANYWAY

# Yup!

# CDC identifies possible safety issue with Pfizer's updated Covid-19 vaccine but says people should still get boosted


MOVE ALONG -
THERE'S NOTHING TO SEE

MEDIA · **Published** January 14, 2023 12:07pm EST

# Dr. Leana Wen slammed after admitting there's been 'overcounting' of COVID deaths: ‘TWO AND A HALF YEARS LATE’

Wen claimed that the actual COVID-19 death count could only be '30 percent of what's currently reported'

# Hmmmm….

- At the launch of the vaccines, Fauci, other health officials, pharmaceutical companies and media declared the coronavirus shots to be virtually 100% effective in preventing symptomatic COVID-19 then gradually lowered their estimations to as low as 20% after only six months.





# RUH ROH

# Good news for the "control group"

A special present for The Control Group (unvaccinated).

"Effectiveness of primary infection against severe, critical, or fatal COVID-19 reinfection was 97.3% (95% CI: 94.9- 98.6%), irrespective of the variant of primary infection or reinfection, and with no evidence for waning. Similar results were found in sub-group analyses for those ≥50 years of age."

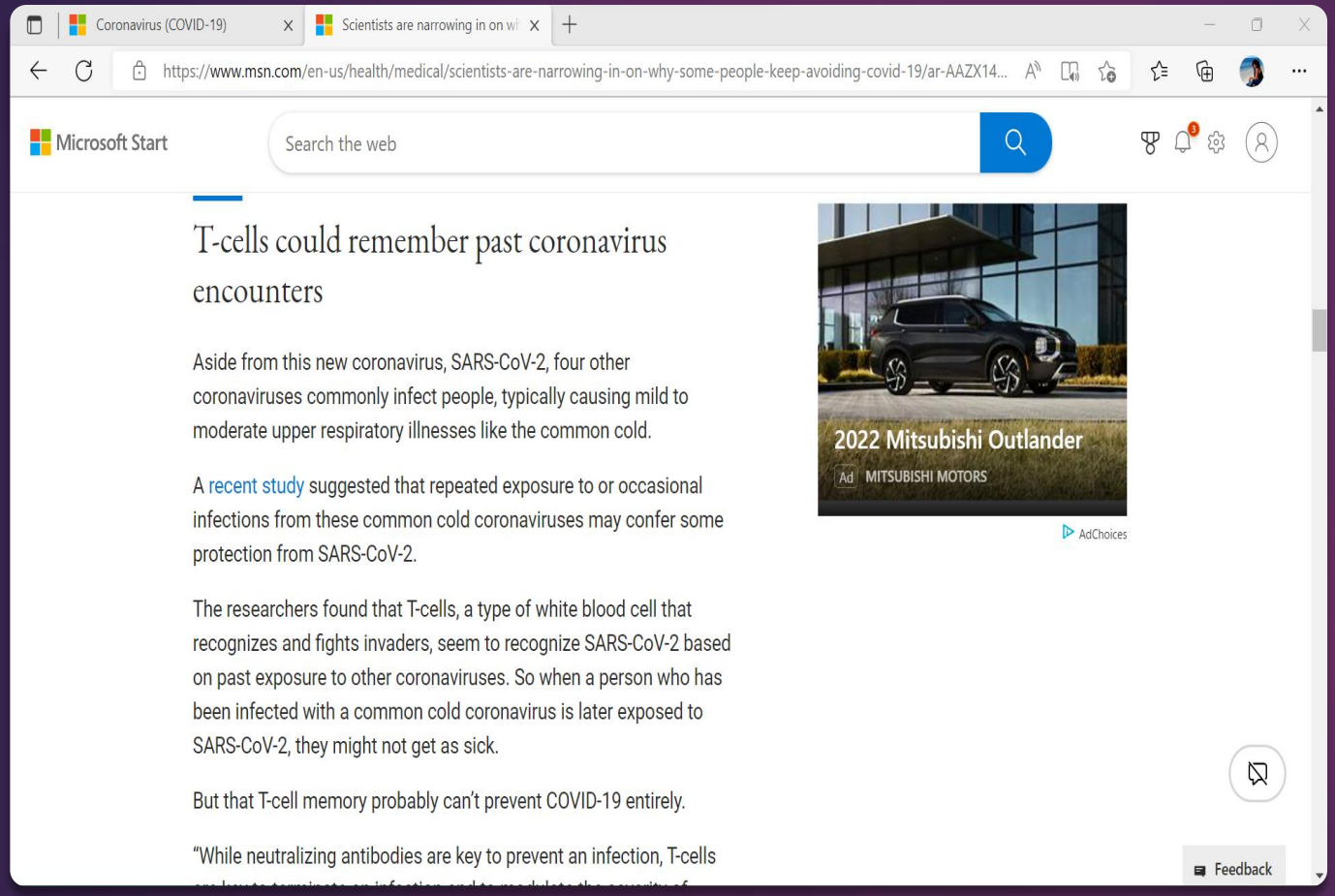
medrxiv.org/content/10.1101/2022.07.06.222773...




**Duration of immune protection of SARS-CoV-2 natural infection against reinfection in Qatar**

BACKGROUND The future of the SARS-CoV-2 pandemic hinges on virus evolution and duration of immune protection of natural infection against reinfection. We investigated...

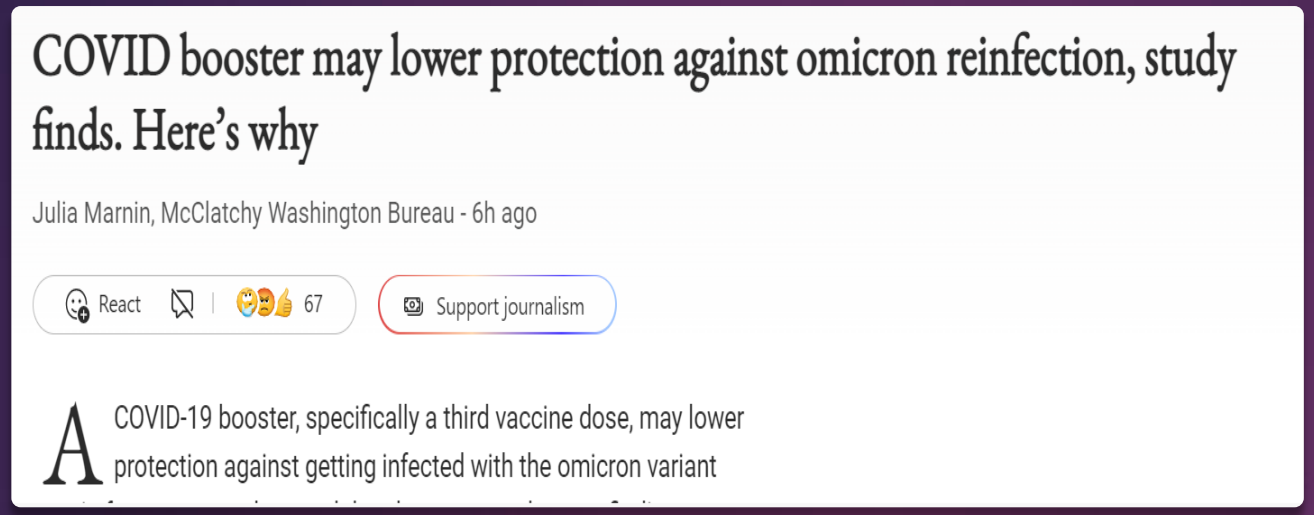
www.medrx... View Link Feed




# SURPRISE SURPRISE



# It's cool….CDC says it is part of the "normal" immunization schedule



COVID booster may lower protection against omicron reinfection, study finds. Here's why

Julia Marnin, McClatchy Washington Bureau - 6h ago

React | 67 Support journalism

A COVID-19 booster, specifically a third vaccine dose, may lower protection against getting infected with the omicron variant

# Immune Imprinting

# IMMUNE IMPRINTING

But what exactly is immune imprinting?

Fortune explains it as “a phenomenon in which an initial exposure to a virus — say, the original strain of COVID, by infection or vaccination — limits a person’s future immune response against new variants.”

In a letter published Nov. 3 to the New England Journal of Medicine, authors of the Qatar study detailed how they sought to investigate the “phenomenon” by examining tens of thousands of people in the country who had been reinfected with an omicron subvariant.

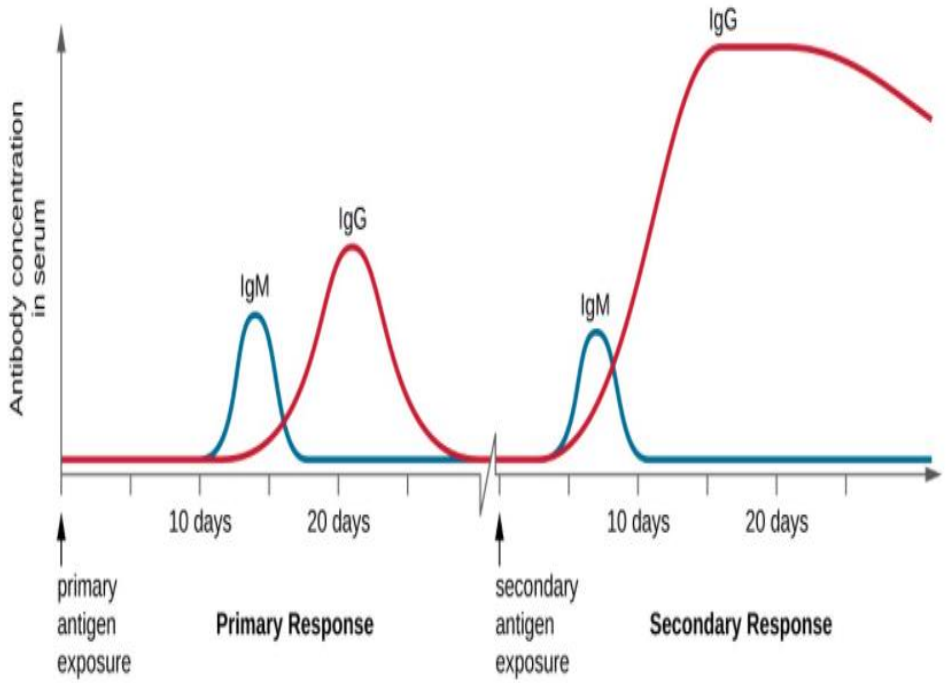
The study found that when looking at participants who had received three vaccine doses and had also been previously infected with an omicron subvariant, they experienced more reinfections than participants who had only gotten two doses.

“This finding suggests that the immune response against the primary omicron infection was compromised by differential immune imprinting in those who received a third booster dose, consistent with emerging

# Herd Immunity

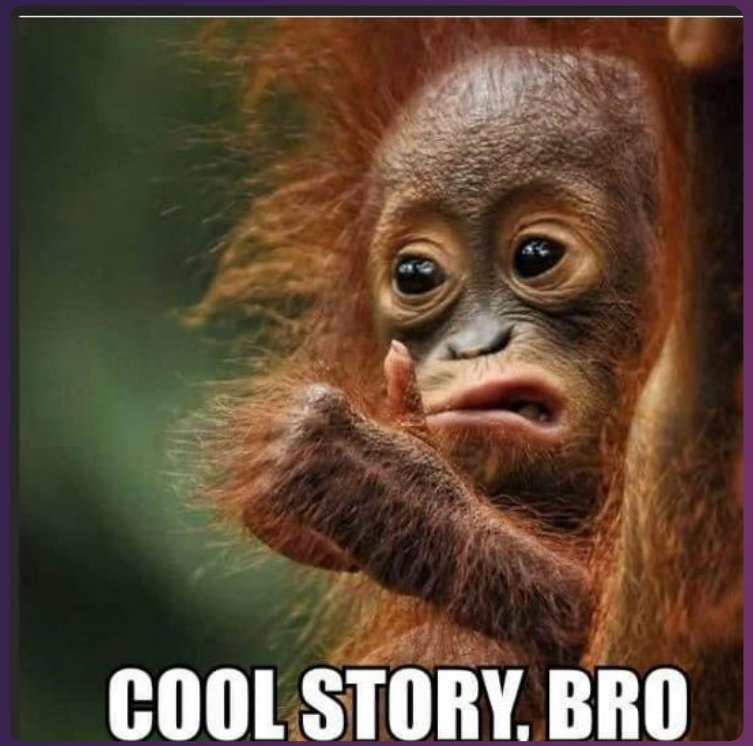
- primary immune resistance
  - Initial Shield – some healthy people just won't get sick. Shield is strong.
- post-infection immune memory

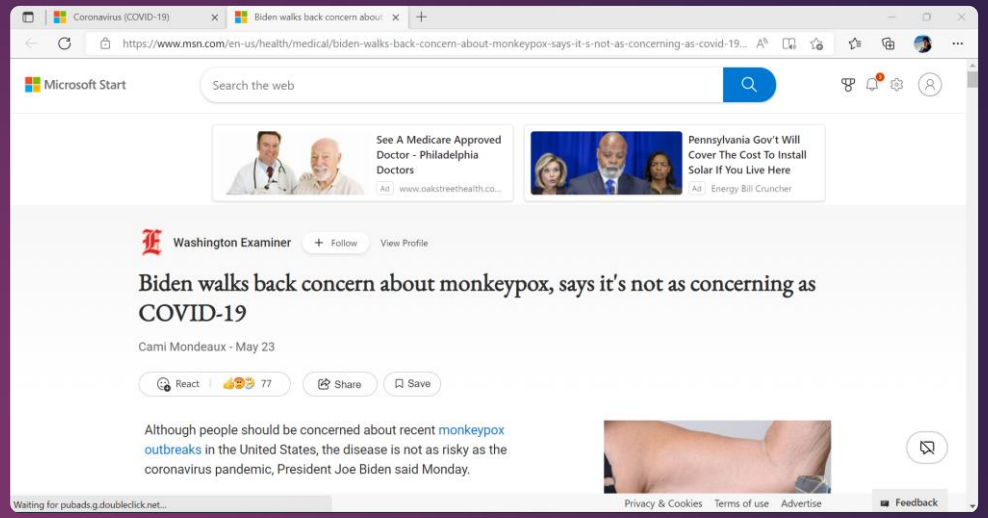
"antigen" can be the "spike protein," or it can be other components of the virus, such as the "nucleocapsid protein." What this graph shows is a sequence of events that is very well accepted in biology: When the body first encounters an antigen, which is a specific and unique chunk from the virus like a 3D puzzle piece, it will respond by first creating a "first-try" IgM antibody, followed by a honed and improved IgG that is stronger and works in slightly different ways.






Drumroll please!!! THE FLU HAS RETURNED!!!

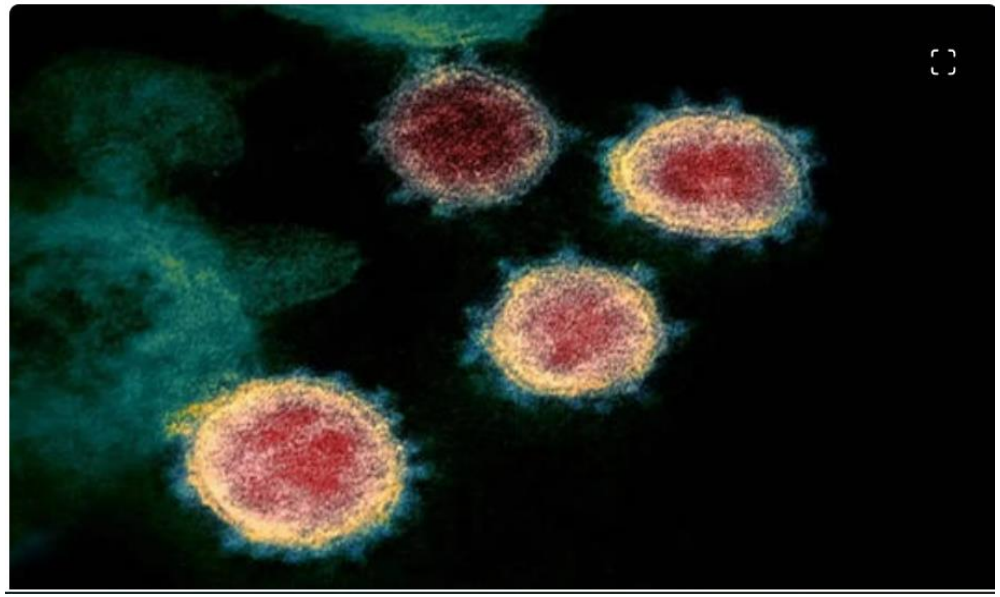


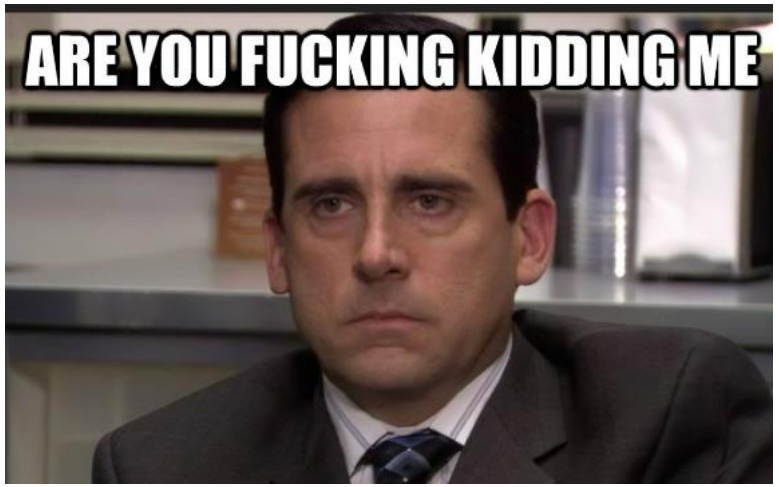




# What now? Release the Monkeys!

# Umm....

Since the Covid pandemic, which brought the world to its knees, the word 'virus' makes us cautious and on edge. Recently, scientists have reanimated a 48,500-year-old Zombie Virus, which was buried in the ice for years in the Siberia regions of Russia. The news rattled the world keeping Twitter handles on the tenterhook. According to the study, it is global warming that is responsible for the revival of the Zombie Virus.

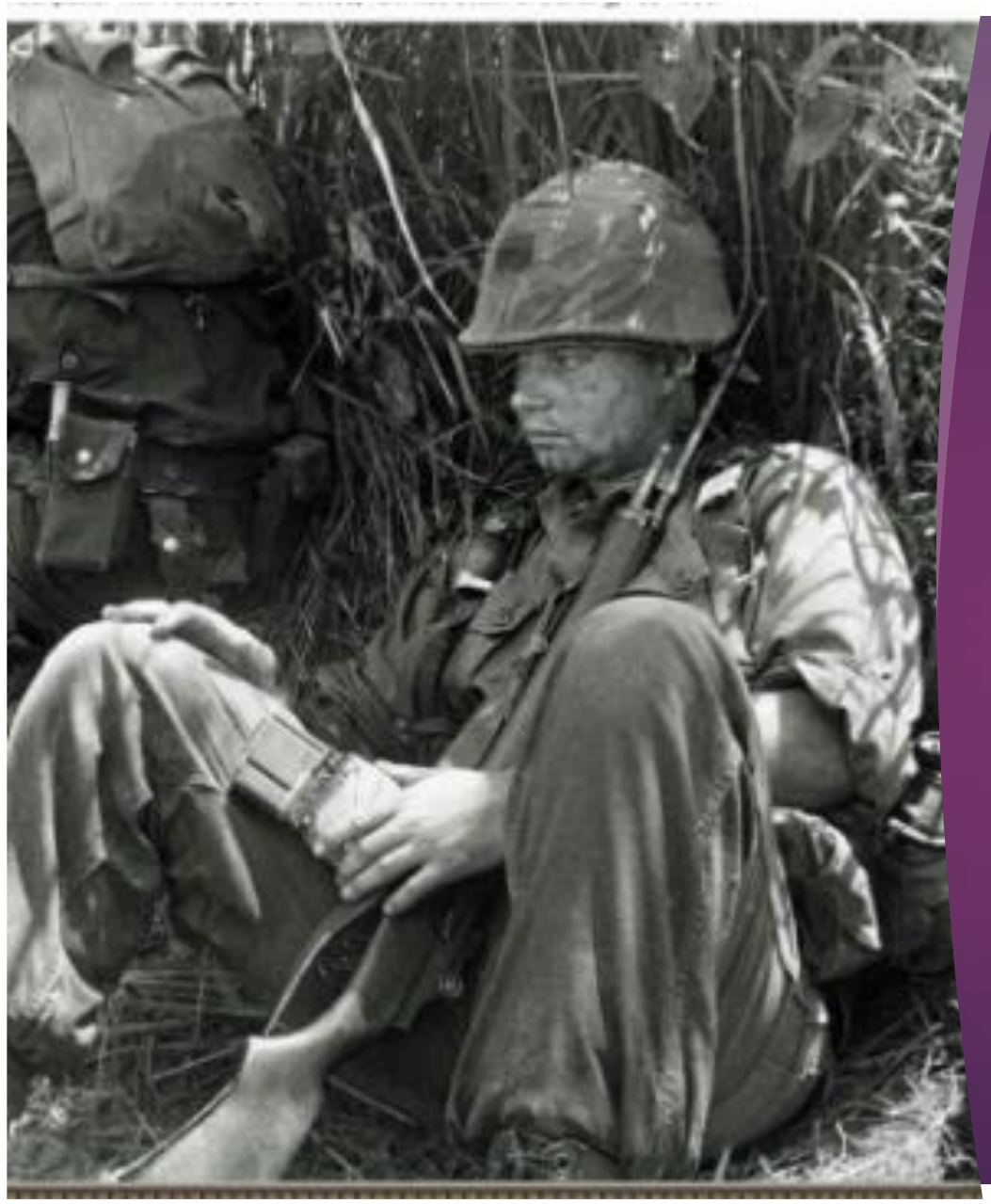





AMERICA'S #1 CONDOM
TROJAN
CONDOMS
Pleasure Pack
TRUSTED FOR OVER 100 YEARS
TRIPLE TESTED
4 TWISTED
4 HER PLEASURE
2 INTENSE
2 WARMING
12 LUBRICATED LATEX CONDOMS*
FOR CONTRACEPTION PLUS STI PROTECTION

# Induce & Enhance

- **Studies demonstrate evidence indicating that chiropractic and spinal manipulation may influence immune system response.**
- **Studies suggest that manipulation consistently reduces the production of pro-inflammatory mediators associated with tissue damage and pain from articular structures.**
- **Other studies provide evidence that manipulation may induce and enhance production of the immune-regulatory cytokine IL-2 and the production of immunoglobulins.**



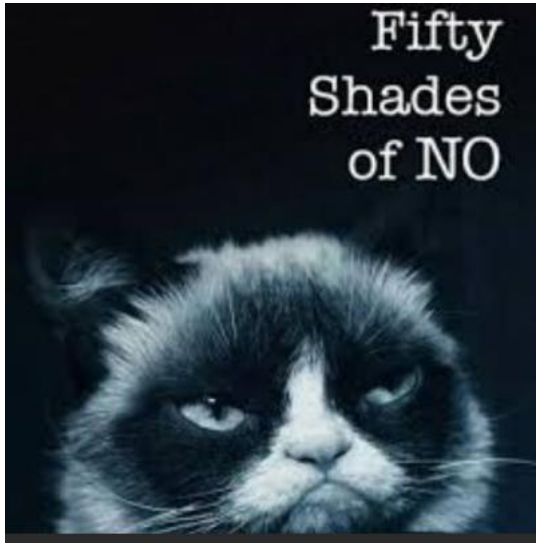
# COVID….Healthcare's Vietnam

# Huh…

In addition, she said, the world needs to start thinking of treating Covid quickly after testing. So a new test-and-treat system should be implemented globally, as more treatments are discovered that can be effective.

# So we should treat…. Lambda Interferon

The FDA turned down a request from Eiger for emergency use authorization for a variety of reasons shared by the company, including that the trial was not conducted in the United States. The FDA suggested that despite this high participant trial – one of the largest done to date on COVID-19 – the results served only as a proof of concept and required another definitive study.



# So, what have we learned?

You should have full trust in whatever you read or hear in the media.

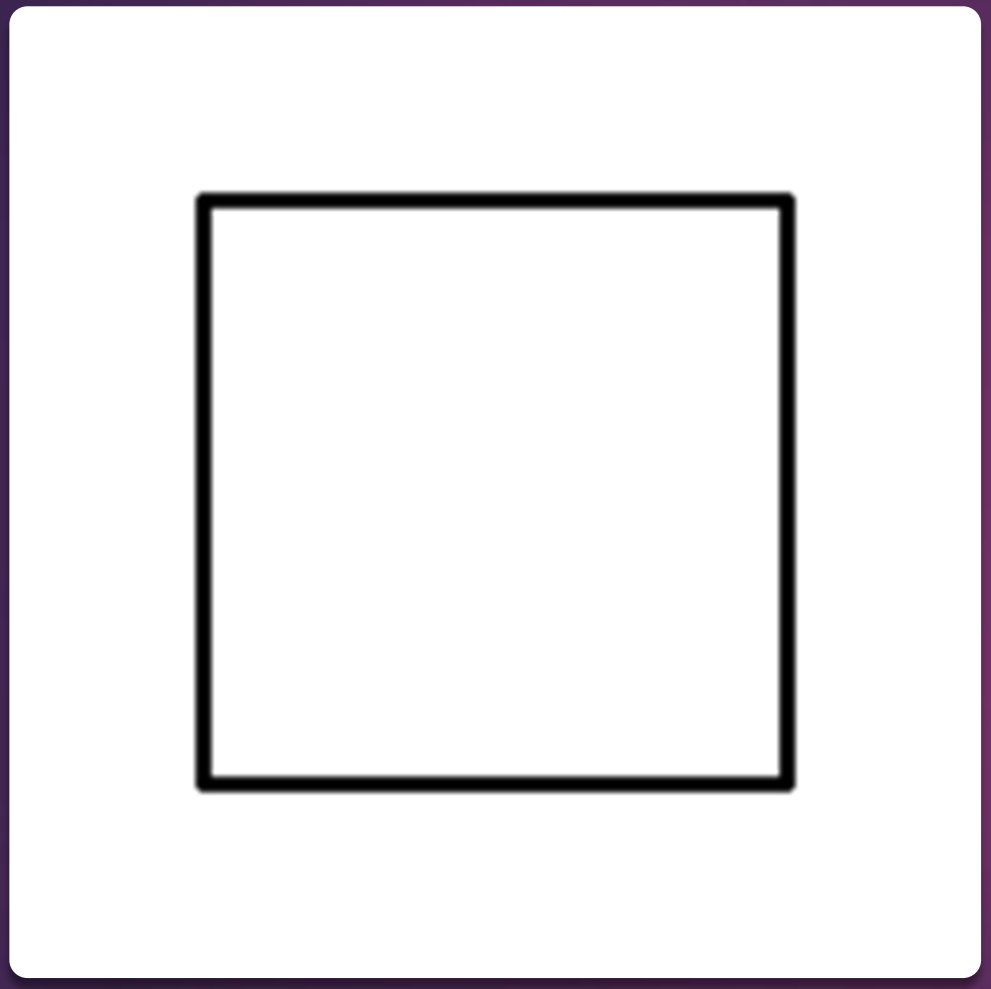
If you disagree you are a conspiracy theorist at best and at worst you are a conspiracy theorist as well as every other “ist”.

This is now our reality. It is not going to go away.

Humanity is VERY unhealthy as a rule.

Humanity is not going to get healthy.

Virus is gonna virus ~ Dr. Amy Haas



# This is a circle…..

# Only 2 types of docs…..

- **Those who have….**
- **And those who are about to be…..**



## 3 Key Components to Moving Forward with a Patient in a COVID era

- Patient History
- Examination
- Clinical Decision Making



# It's in YOUR Scope of Practice NY

As a competent and prudent practitioner, the initial entry in a patient record should ordinarily include a comprehensive case history documenting an examination of symptoms, past history, family history, past surgeries, traumas, and previous and current medication. You should maintain thorough and accurate records and notes that reflect your care, treatment and interaction with each patient.

Your patient records should include a consistent method for documenting results of care as well as patient outcomes. Forms such as the Oswestry, Neck Pain Index, Visual Analog Scales, or Pain Diagrams may assist in standardizing and objectifying your patients' subjective reports of conditions. These assessments also can be used to monitor the progress of your patients.

# Did YOU know??

**Health care documentation Is ADMISSABLE in legal proceedings WITHOUT the person who documented the chart giving additional evidence.**



# PATIENT CHARTS




- UNLIKE MEMORY…DOCUMENTS CAN NOT FADE.
- GENERALLY PERCEIVED TO HAVE GREATER CREDIBILITY THAN A LIVE WITNESS.
- CHART IS SUPPOSED TO BE “WRITTEN” WHEN MEMORY IS FRESH.
- CHART SHOULD BE DATED AND SIGNED.
- WE CAN TELL IF YOU GO BACK AND REDO A CHART IN EHR.
- IF DOCUMENTATION IS INADEQUATE, THE IMPLICATION IS THAT THE CARE WAS ALSO INADEQUATE.

# Patient Charts



- **ESSENTIAL THAT:**
  - **CLEARLY INTERPRETED**
  - **UNDERSTOOD OVER AN EXTENDED PERIOD OF TIME AS STAND ALONE EVIDENCE**
  - **NO FURTHER CLARIFICATION NEEDED**

# 9 C'S OF THE CHART

- PATIENT **C**ENTERED
- **C**ONFIDENTIAL
- **C**ONTEMPORARY
- **C**ONCISE
- **C**LEAR
- **C**OMPLETE
- **C**OMPREHENSIVE
- **C**ONSECUTIVE
- **C**ORRECT



# HISTORY

- CC – patient's words
- OPQRST
- PFSH – PAST HISTORY SHOULD NOW INCLUDE HX OF COVID (WILD VERSION – including number of infections)
- ROS
- MEDICATION –pay special attention to Pred use!!!
- AND NOW VACCINATIONS….WHEN AND HOW MANY (ANY SIDE EFFECTS)

# Chiropractic and COVID

- History is IMPORTANT
- You NEED to ask the questions
  - Heredity, Risk Factors, COVID??
- You NEED to review the paperwork
- You NEED to DOCUMENT
  - What you have seen
  - What was said
  - What you discussed



WILD OR VAXXED

# HISTORY NOT JUST FOR NEW PATIENTS

- **On an initial visit or when ESTABLISHED PATIENT PRESENTS WITH A NEW OR UNUSUAL COMPLAINT (even a usual complaint).**
  - **ASK the patient.**
    - **Anything new**
    - **Any new illness or complaints associated with illness**
    - **Any recent vaccinations**
    - **What is going on now**
    - **Family history is also important (background – non-modifiable)**
    - **ROS**

**HISTORY TRANCENDS ALL TECHNIQUES AND APPROACHES AND IN THIS NEW WORLD IT IS AS IMPORTANT AS ANYTHING ELSE.**

# REVIEW OF SYSTEMS

**Start at the top!**

- **Have you had: any headaches, head pain, change in vision, dizziness or balance problems, ringing in the ears, ear pain, sinus pain, nose bleeds, allergies, post nasal drip, sore throats, difficulty swallowing, chest pain, shortness of breath, chronic cough, new cough, productive cough, have you ever coughed up blood, does your heart race, skip beats, pneumonia, asthma, bronchitis, abdominal pain, nausea, vomiting, have you ever vomited blood, change in bowels, change in urinary habits, joint pain or swelling, pain in extremities, change in skin color or appearance.**

# How do I know???

***Clinical Judgment***

Constellation of symptoms

Uniqueness of symptoms

Degree/severity of symptoms

Don't discount "spidey sense"




And History, History, History, History….

# Risk Factors for Stroke

- NON-MODIFIABLE
  - Genetics
  - Ethnicity – African American Hispanic
  - Heredity
- MODIFIABLE
  - Hypertension
  - Cardiovascular Disease
  - Diabetes
  - Hyperlipidemia
  - Asymptomatic carotid stenosis
  - Cigarette smoking
  - Excessive Alcohol use
  - Chronic Inflammation
  - Steroid Use
  - Oral contraception
  - Obesity



# CHIROPRACTIC AND STROKE IN A COVID WORLD

- Patients in the process of stroke/dissections or about to tend to be complaining of new complaints especially neck, head (new headaches, severe headaches, migrainous pain), suboccipital, ear, upper back, unilateral pain, dizziness, vision changes just to name a few.



# Inflammation

**“Most modern people are boiling pots of inflammation: hot steaming, churning cauldrons of disordered, chaotic inflammatory responses.”**

**William Davis MD**

# CHIROPRACTIC AND STROKE IN A COVID WORLD

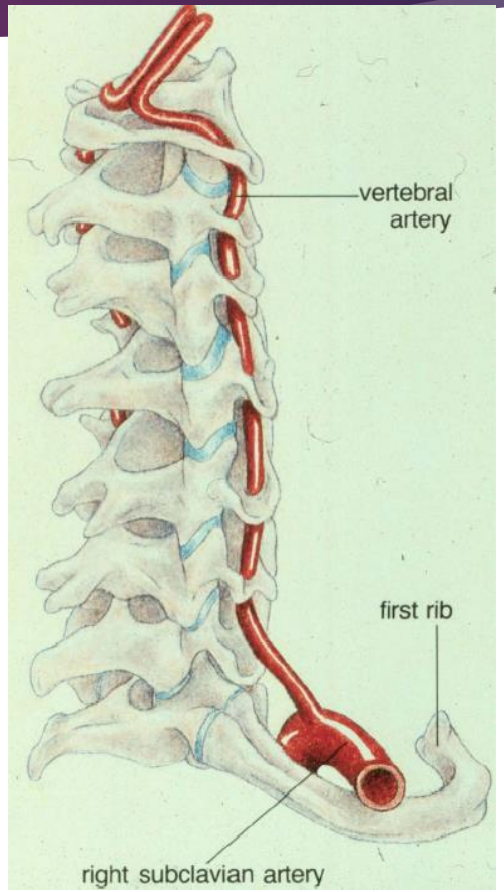
**OTHER COMMON S/S OF STROKE**

- **PINS AND NEEDLES ANYWHERE**
- **VISION CHANGES**
- **DIZZINESS**
- **SEVERE "DIFFERENT" HEADACHES**
- **CONFUSION**
- **MEMORY LOSS**
- **GAIT DISTURBANCE**
- **MUSCLE STIFFNESS**
- **NYSTAGMUS**

# CHIROPRACTIC AND STROKE IN A COVID WORLD

- **Stroke risks**
- **COVID and Stroke risks**
- **COVID vaccine and Stroke risks**
- **Other risks that are not stroke but…..**

**HOW TO PROTECT THE PATIENT AND YOU!**



# GENERAL NEUROLOGIC TESTING

- **STRENGTH TESTING BILATERALLY**
- **ORIENTATION X3**
- **FINGER/NOSE and/or HEEL/SHIN**
- **ROMBERG**
- **ALTERNATING HANDS**
- **FACIAL EXPRESSIONS – SHOULDER SHRUG**
- **TONGUE PROTRUSION**
- **REPETITION OF SENTENCE FOR SLURRING**

# PROVOCATIVE TESTING

- George's Test- Auscultation first, BP
- Deklyn Maneuver
- Maigne's Maneuver
- Barre Test
- Hautant's Test

# George's Test

**First things first!!**

**Bilateral Blood Pressure**

**Auscultation**



# GEORGE'S TEST



# Barre Test

## Interpretation of positive pronator drift




- Positive with eyes open: Motor deficit
- Positive with eyes closed: Sensory deficit (Posterior column)
- Outward and upward drift: Cerebellar drift
- "Updrift" (involved arm rising overhead without patient awareness): Parietal lobe lesions (loss of position sense)
- Drift without pronation: Functional upper limb paresis (Conversion disorder)

## Importance of Pronator Drift

1. Can detect subtle upper motor neuron lesion which goes unrecognized by routine motor examination
2. Included in the initial examination of stroke as "FAST"
3. If only one motor test could be done in a patient – the best single test would be to examine the drift




# Hautant's Test

**The test is positive** if the patient reports vertigo and dizziness, or if there is drifting of one of the arms.
If **positive** the test is stopped immediately.

**A positive test** signifies compromised arterial supply to the brainstem implicating the vertebral arteries.

# Hautant's Test

# Hautant's Test Positive Signs

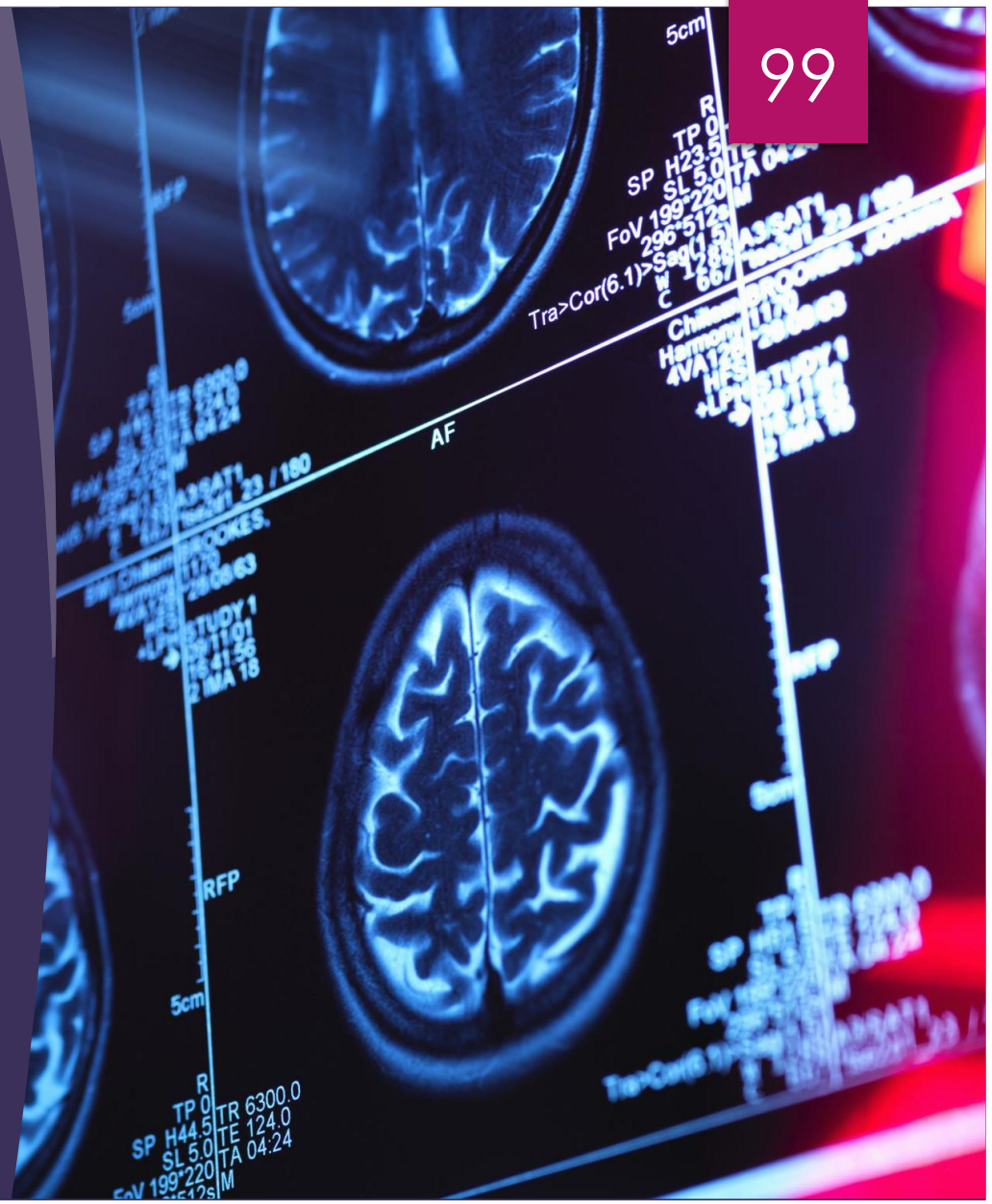
- Pronator Drift
- Dropping of the arms
- Dizziness
- Ataxia
- Any of the 5D's
- Nausea and Vomiting
- Ataxia
- Sensory Changes
- Nystagmus

# NARRATIVE

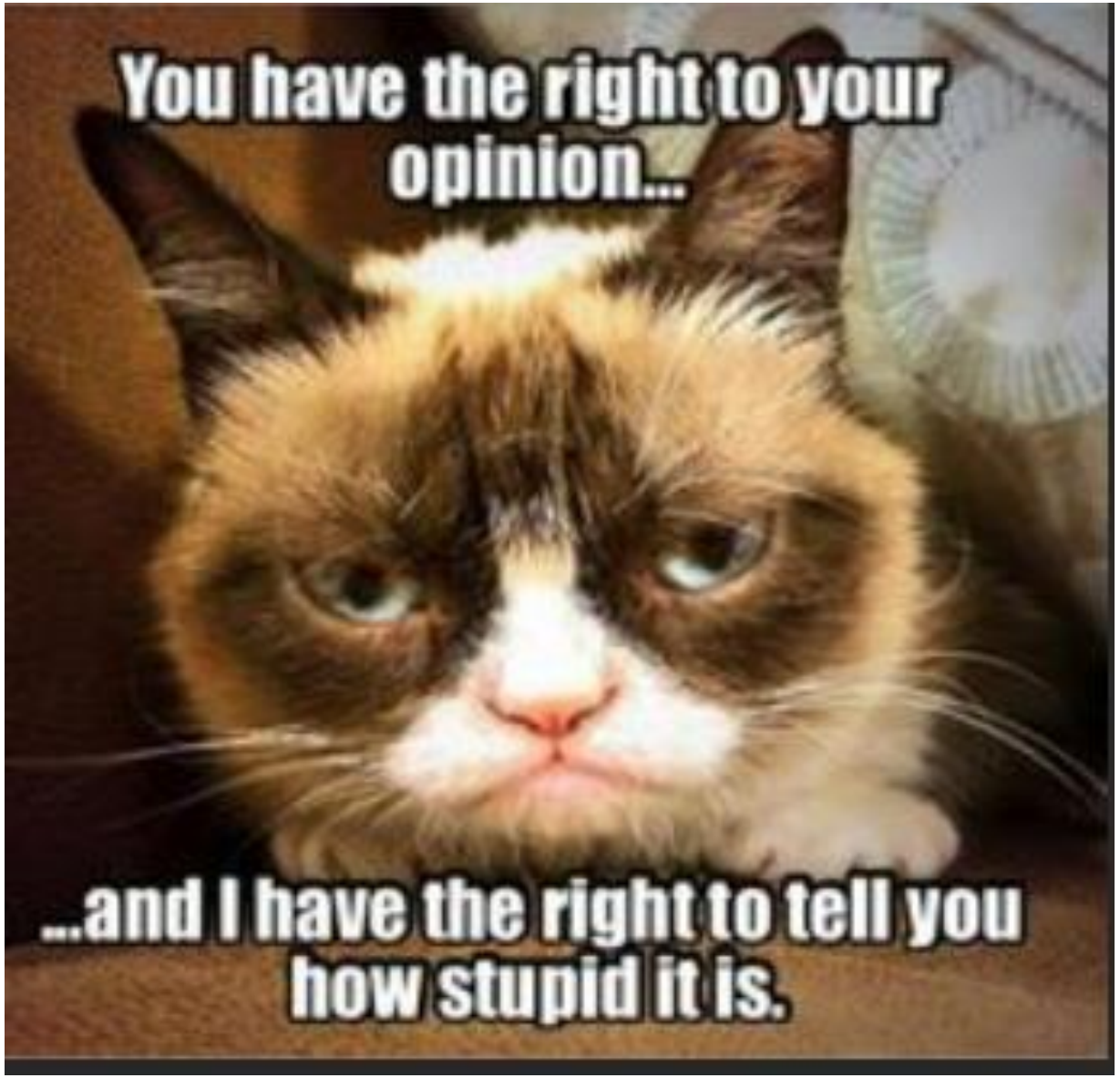
- Patient was asked to stick out tongue. Tongue was in the midline. Patient was asked to repeat a sentence and no slurring or altered speech was noted. Pupils were PERRLA with normal accommodation, No nystagmus was note. Patient was capable of normal facial expressions upon command including: smile, frown, shrug, grit teeth, and puff out cheeks. Patient had normal affect and demeanor and was oriented X3. Patient was also able to raise arms and legs with no drop and no weakness noted.
- Neuro-Romberg's Test was done today. When asked to close his eyes, no swaying was observed.
- Neuro-Finger-nose test: Patient was able to perform this test smoothly, bilaterally.
- Neuro-Alternating Hand test: Patient was able to perform this test smoothly, bilaterally.
- Neuro-Barre Test, Maigne's Manuever and Hautant's Test were within normal limits.

# Narrative

- **Ausculation was performed and no bruits were appreciated in the Carotid, Subclavian or Vertebral arteries.**



*"A medical error includes an inaccurate or incomplete diagnosis or treatment of a disease disorder, injury, syndrome, infection or other ailment"*


You have the right to your opinion...
...and I have the right to tell you how stupid it is.

# Failure to Diagnose

- Failure to Diagnose Laws are usually considered a part of medical malpractice. Many medical malpractice cases grow out of a medical professional's failure to timely diagnose, or even misdiagnose, a medical condition, illness, or injury. Although occasionally harmless, a misdiagnoses or failure to timely diagnose a condition could lead to worsening of the condition or even death.



# Standard of Care

- **Medical standard of care. A standard of care is a medical or psychological treatment guideline, and can be general or specific. It specifies appropriate treatment based on scientific evidence and collaboration between medical and/or psychological professionals involved in the treatment of a given condition.**






Alaska

tri·age

- [trēˈäZH]

NOUN

- (in medical use) the assignment of degrees of urgency to wounds or illnesses to decide the order of treatment of a large number of patients or casualties.

VERB

- assign degrees of urgency to (wounded or ill patients).

# You have to ask yourself…are you feeling lucky???

- DOES THIS PATIENT BELONG IN MY OFFICE?
- IS THIS PATIENT IN THE PROCESS OF ANOTHER ISSUE?
- DOES THIS PATIENT HAVE ANY RED FLAGS
- WHAT DOES THE HISTORY TELL ME?
- WHAT IS MY INNATE TELLING ME?
- CAN I PROVIDE A SAFE ADJUSTMENT?

# Triage

**A PATIENT ENTERS YOUR OFFICE WITH NECK PAIN**

**WHAT ARE YOUR TOP 5 DIFFERENTIAL DIAGNOSES?**

- 1
- 2
- 3
- 4
- 5

# Triage

- YOU ARE RESPONSIBLE FOR THE PATIENT IN YOUR OFFICE.
  - HISTORY IS HUGE!! BP,CA, COVID……
- YOU ARE RESPONSIBLE TO KNOW WHAT YOU KNOW.
  - EXAMINATION TO EDUCATION/SCOPE/COMFORT LEVEL (BP CUFF?)
- YOU MUST NOT IGNORE S/S
- YOU ARE RESPONSIBLE TO KNOW WHAT YOU DO NOT KNOW.
  - YOU ARE <u>STILL</u> RESPONSIBLE TO TRIAGE AND REFER!

DOCTOR……

# Types of Errors

**Diagnostic**

- Error or delay in diagnosis
- Failure to employ indicated tests
- Use of outmoded tests or therapy
- Failure to act on results of monitoring or testing

**Treatment**

- Error in the performance of an operation, procedure, or test
- Error in administering the treatment
- Error in the dose or method of using a drug
- Avoidable delay in treatment or in responding to an abnormal test
- Inappropriate (not indicated) care

**Preventive**

- Failure to provide prophylactic treatment
- Inadequate monitoring or follow-up of treatment

**Other**

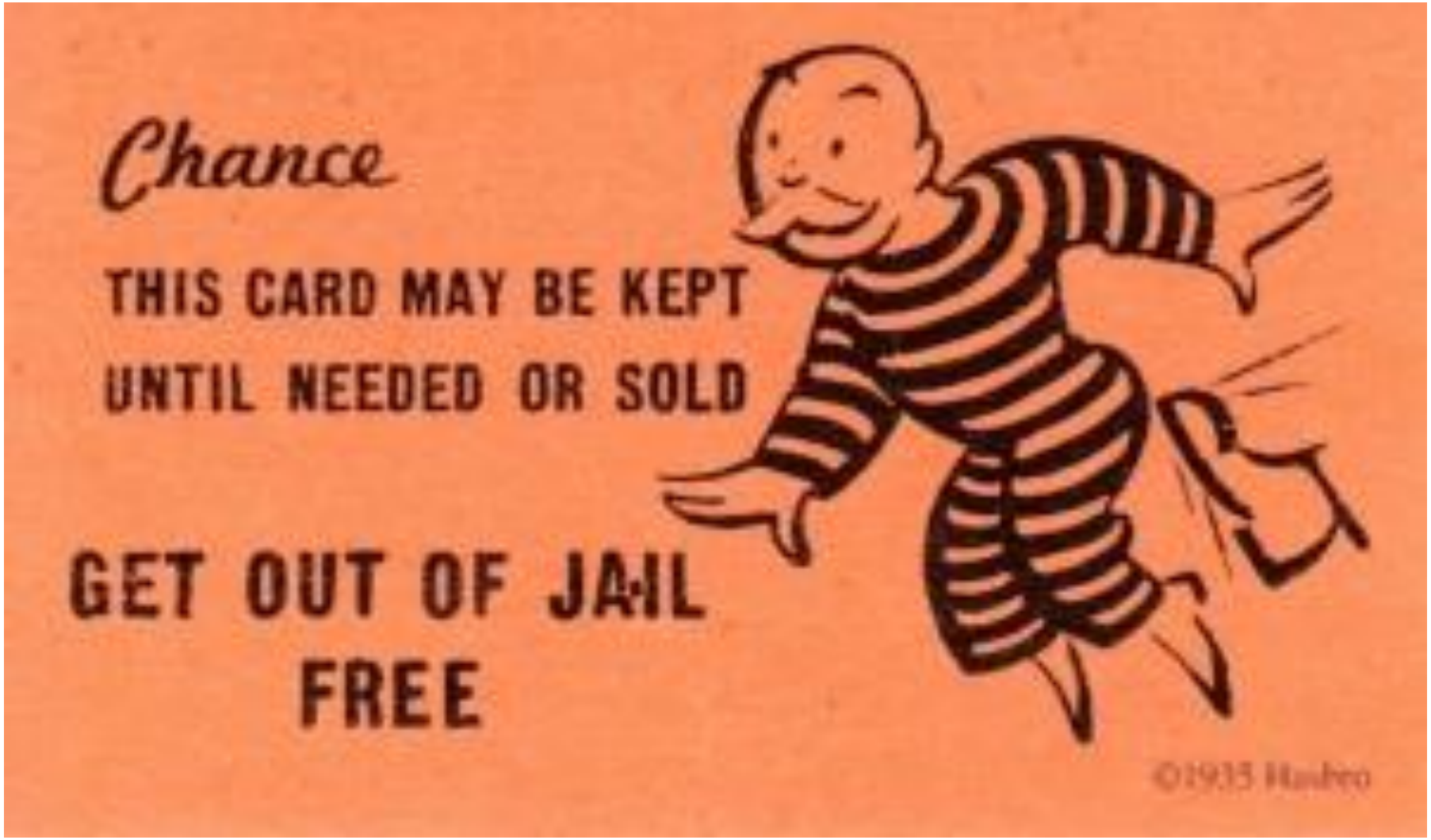
- Failure of communication
- Equipment failure
- Other system failure

SOURCE: Leape, Lucian; Lawthers, Ann G.; Brennan, Troyen A., et al. Preventing Medical Injury. Qual Rev Bull. 19(5):144–149, 1993.



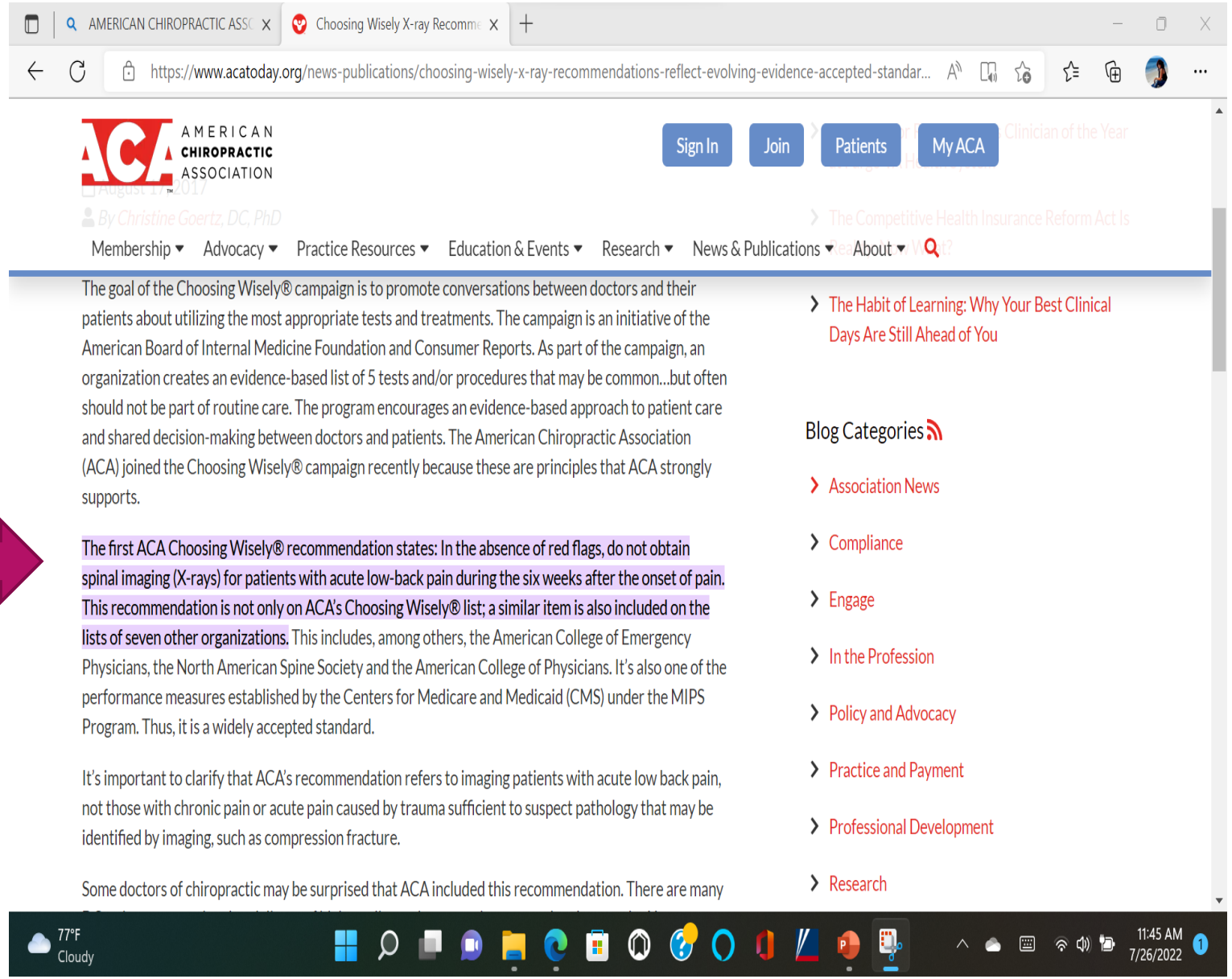
Medical Error

# Failure to Diagnose

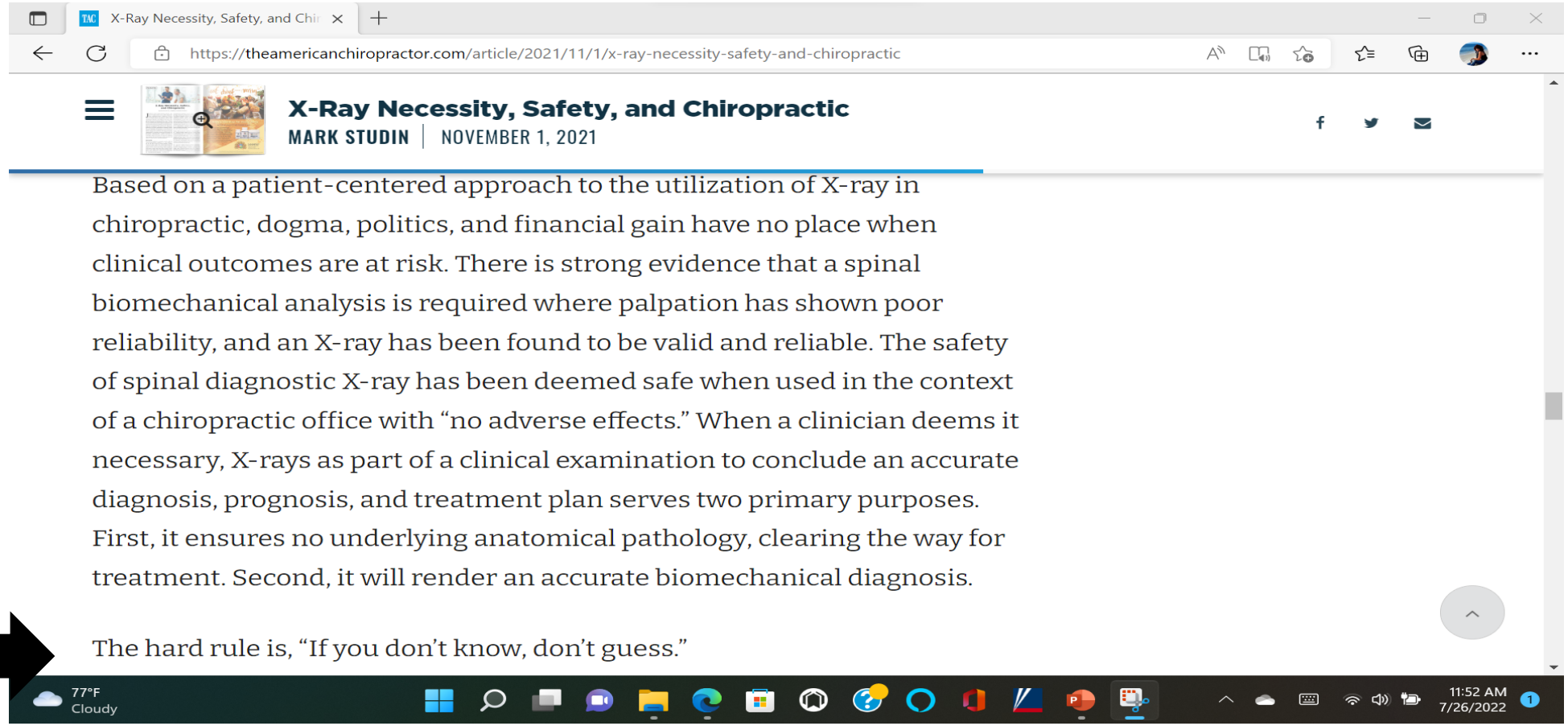

Chance
THIS CARD MAY BE KEPT
UNTIL NEEDED OR SOLD
GET OUT OF JAIL
FREE
©1935 Hasbro



# Xrays prior to adjustment YAY OR NAY



# XRAY prior to adjustment YAY OR NAY




EVERYBODY
LIES




dacbr



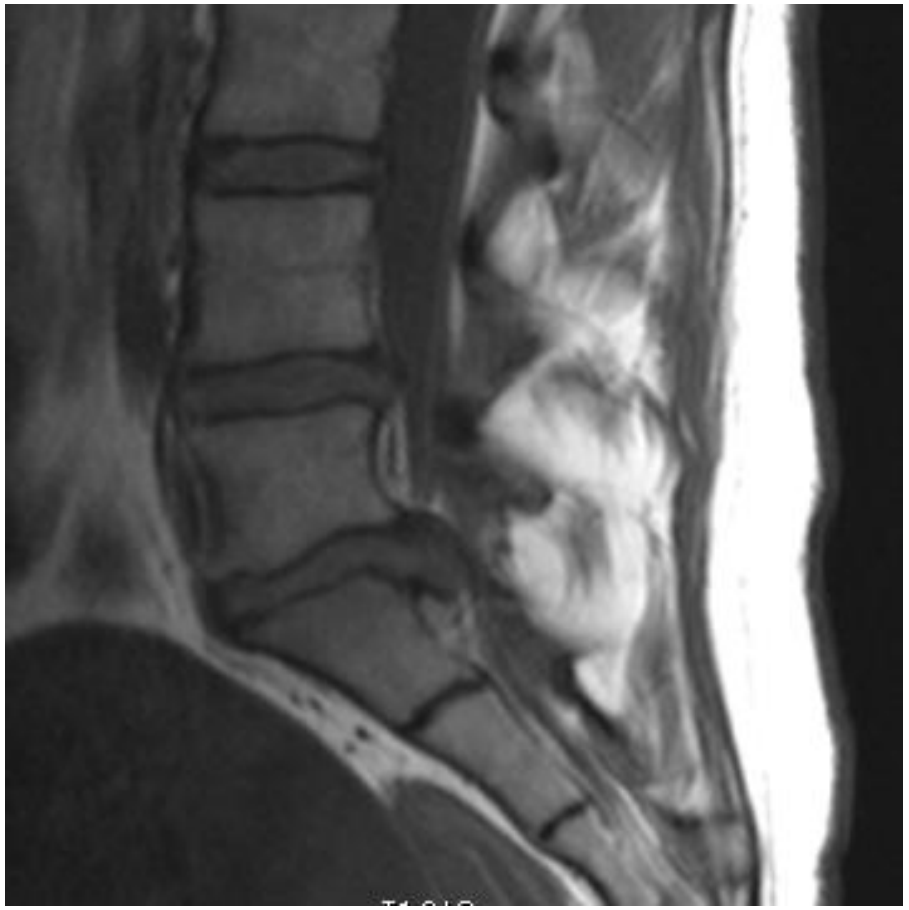

cliff tao dc dacbr
in Timeline Photo



Thanks to Dr. Cliff Tao DC DACBAR



Thanks to Dr. Cliff Tao
DC DACBAR




T1 SAG

# Other Xray considerations…..

- **WHEN you take Xrays of a human being PLEASE:**

1. **Collimate**
2. **Remove jewelry and piercings**
3. **No belt buckles, zippers or underwires**
4. **No glasses**
5. **Use STANDARD views – not views you made up**



# Pediatrics……

- Something to consider…
  - 18 years
  - Statute of Limitations

# WEBSTER TECHNIQUE

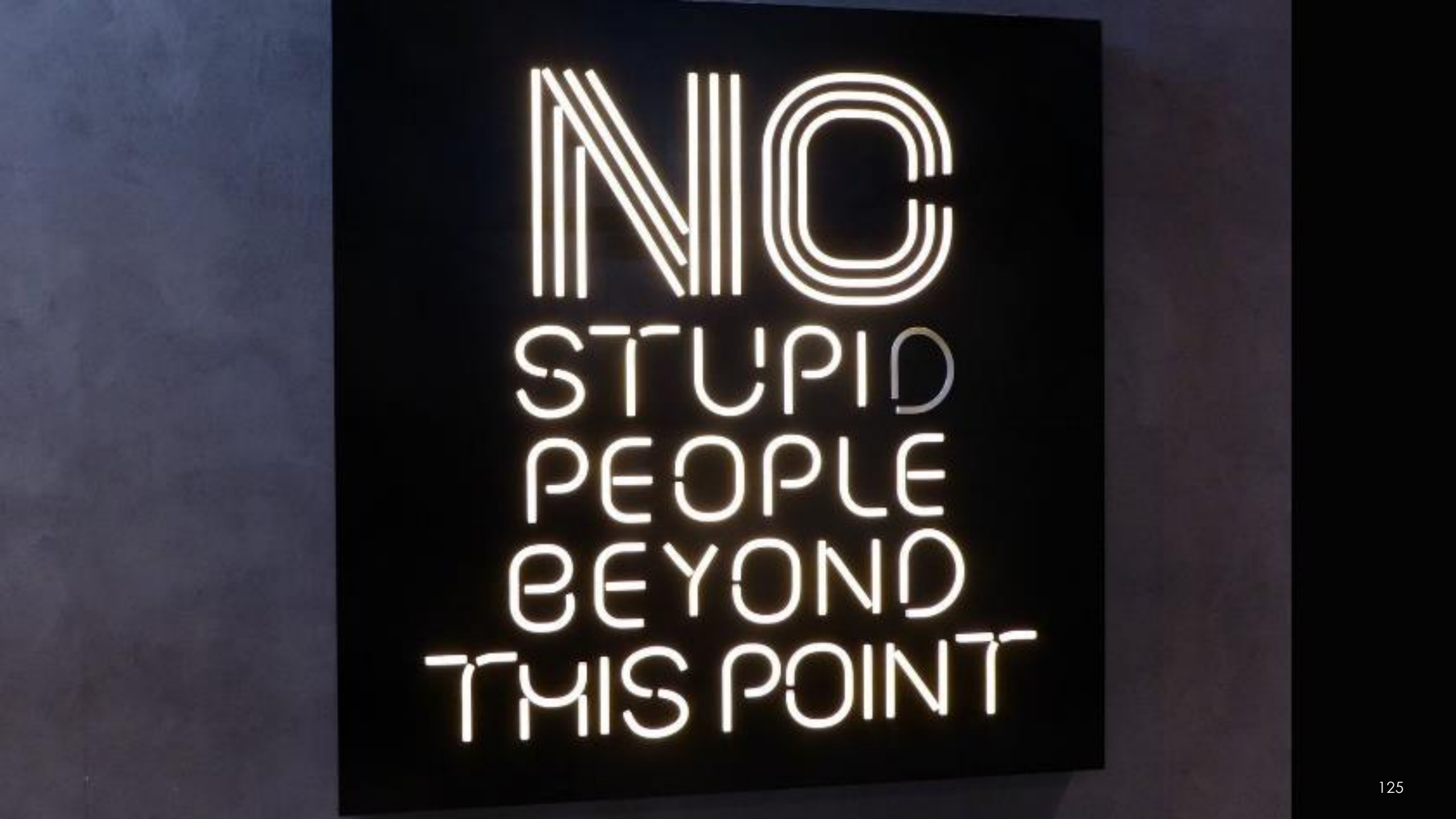
**Technique to decrease pelvic and lumbar subluxations**

**NOT breech turnings**

**Literature is clear!**

**ICPA**

**IF you put your hands on a pregnant belly to determine the position of the fetus……**


NO
STUPID
PEOPLE
BEYOND
THIS POINT

# YOU have boundaries….and YOU have boundaries…..



# Sexual Misconduct

- Making physical exams that are not necessary. This also includes physical exams that are performed in any irregular and sexual manner.
- Related to the first one, any inappropriate kind of touching of the patient, on any part of their body that has nothing to do with a medical examination.
- The making of sexual comments
- Interrogating the patient about their sexual history when it is not related to the patient's appointment and medical examination
- Making critical remarks about a patient's sexual history or their sexual orientation

# A little advice from NY Scope of Practice

Good communication can prevent misunderstandings between people, especially health care professionals and their patients. Also, clear, concise documentation of all procedures provided and the reasons for them can form a record that may make the difference between credible and defensible actions and questionable, indefensible practice.

As you prepare to provide care to a patient, consider using every reasonable means available to you to provide the patient with the following information:

- what will be done
- how it will be done
- why it will be done, and
- request him or her to signal when ready.

"During an interview with Erickson at the Sheriff's Office he denied being inappropriate with his patients. Erickson explained to me that he does offer breast mapping and that it is modeled off a product that he found on the internet. I asked Erickson if he has ever had any training on breast mapping or any continued education related to breast mapping and he indicated that he had not. Erickson stated that breast mapping was his own idea."



GEPHARDTDAILY.COM

**Cache County chiropractor charged with forcible sexual abuse | Gephardt Daily**

A Cache County man has been arrested after allegedly touching chiropractic patients inapprop...

# Sigh.....

# NO Innovative or original "choreography"!





THEDAILYBEAST.COM

**Fake Brain Doc at ‘Filthy’ Special-Needs School Uses Kids as ‘Guinea Pigs,’ Lawsuit Claims**



CBC.CA

**Former Vancouver chiropractor charged with attempted murder of 2 children in Florida | CBC News**




CBSNEWS.COM

**Sacramento-area chiropractor arrested on sexual assault charges**

On Sunday (8/28), Michael Jimenez Ruiz, 55, was arrested after an investigation by the Sacram...

Authorities said Ruiz has been working as a chiropractor in several different locations across Sacramento County. It's not clear if the victim was a client. However, one of the charges against him includes that he did these sexual acts under the pretense that it was part of his job.



TECHNOTRENZ.COM

**Brian Mann: Who Is He? Chiropractic Doctor Accused of Giving Lead Pills to Wife - Techno Trenz**



# Vicarious Liability

# A few other things to think about from your scope of practice!!

a. Repeated attempts to solicit a person who expresses hesitancy or reluctance to schedule an appointment may be perceived as harassment or intimidation, rather than well-meaning persistence.
b. Refrain from using scare tactics or threats when attempting to solicit new patients or schedule continued care with current patients. Instead, offer your recommendations on evidence-based knowledge or clinical findings.
c. You have the responsibility for substantiating any claims you make relating to professional services or products; the burden of this proof is with you, not your patient.
d. Avoid claiming professional superiority in any area of practice. You may inform the public of any practice specialization credential(s) you have earned that are generally accepted by the profession.
e. Written authorization and consent from a patient should be obtained prior to using his/her portrayal in a testimonial or demonstration of professional practice. You should include clear disclaimers pertaining to any statement or outcome of care.
f. Maintain all advertising copy, transcripts, audio or videotapes for a period of at least one year after their last appearance, and make them available to the State Education Department, if requested.



# Websites and “Telehealth”/Chat Groups

# Risk Factors for Stroke

- NON-MODIFIABLE
  - Genetics
  - Ethnicity – African American Hispanic
  - Heredity
- MODIFIABLE
  - Hypertension
  - Cardiovascular Disease
  - Diabetes
  - Hyperlipidemia
  - Asymptomatic carotid stenosis
  - Cigarette smoking
  - Excessive Alcohol use
  - Chronic Inflammation
  - Steroid Use
  - Oral contraception
  - Obesity



# 68,000% Increase in Stroke Following COVID Vax

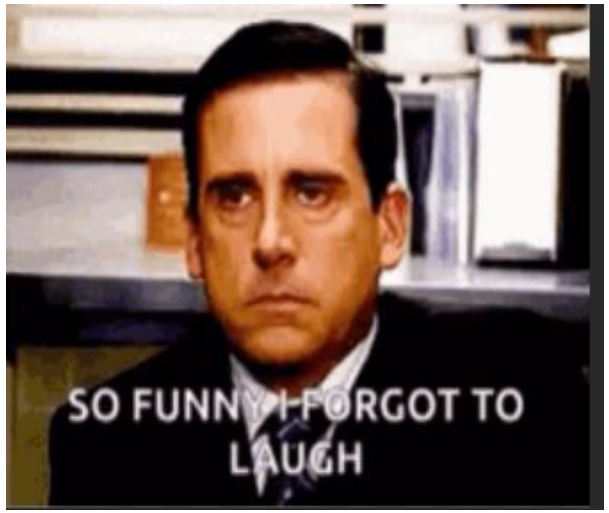
By way of comparison, for the previous 30+ years starting in 1990 when VAERS was established, using the exact same search for every symptom containing "stroke," we get a result of only **104 cases** for ALL FDA-approved vaccines for the past 30+ years **combined**. (Source.)

The yearly averages then look like this:

- **2385 cases** of stroke per year following COVID-19 vaccines
- **3.5 cases** of stroke per year following all FDA-approved vaccines combined

That's an astounding 68,043% increase in the cases of stroke following COVID-19 vaccines!

**2,783 cases where Vaccine is COVID19 and Symptom is Stroke Since December 2020 - 14 Months**



# Stroke Prevalence

Overall, researchers found an 11% increase in the rate of ICH among U.S. adults over the 15-year study period. ICH increased at a faster rate for adults under age 65 compared to those 75 and older. The rate of increase also varied by region, climbing faster in the South, West and Midwest than it did in the Northeast. ICH stroke rates were 43% higher for men than women.



**Katie May**
@Ms_katiemay

Follow

Pinched a nerve in my neck on a Photoshoot and got adjusted this morning. It really hurts! Any home remedy suggestions loves? XOXO

5:36 PM - 29 Jan 2016

32 62



**Katie May**
@Ms_katiemay

Follow

Thanks love! It still hurts, going back to chiropractor tomorrow xoxoxo twitter.com/avelarde2/stat...

11:53 PM - 31 Jan 2016

13 35



# Stephen May

"A far greater risk lies in the exacerbation of pre-existing injuries to the vertebral artery in the course of neck adjustment.

To this end, several questions arise:

What precautions are taken by chiropractors to ensure that the artery has not been in any way compromised prior to adjustment of the neck?
Are these precautions standard?
If not, why not?
If so, how can they be made more rigorous?

Given the devastating consequences of vertebral artery dissection, these questions are not only worthy of exploration but in my family's view, essential."

# Caitlin Jensen

**Georgia Southern University Department of Biology**

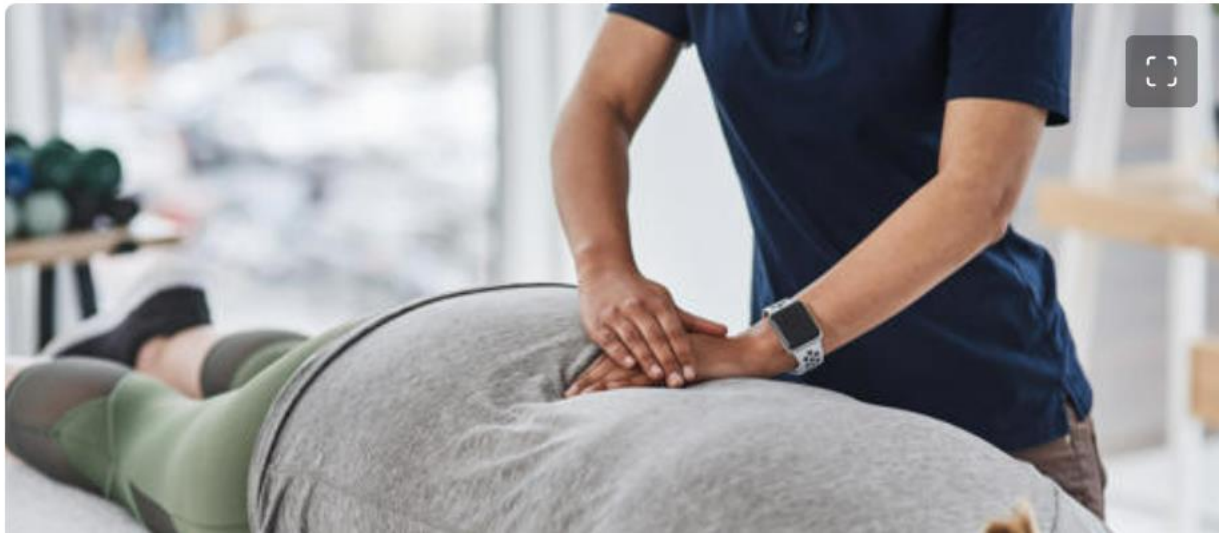
June 27 ·

We are devastated to hear about injuries last week to one of our recent alumna. Caitlin Jensen graduated last month with a degree in Chemistry and Biology. She was active in the Biology Department on both our campuses. Last week during chiropractic care, Caitlin suffered dissected arteries in her neck. This damage led to cardiac arrest, a stroke, as well as a loss of pulse for over 10 minutes. Caitlin is now in the ICU at Memorial Hospital in Savannah. She is conscious and able to respond to verbal commands by blinking her eyes and wiggling the toes of her left foot. The rest of her body is in a state of paralysis. Caitlin has a long road to recovery, and as a college student who has a modest health care plan, she will need significant financial resources. Please consider making a donation to her care.
https://www.gofundme.com/f/caitlin-jensen-medical-expenses



# A 31-year-old woman had a stroke after visiting a chiropractor. A jury just awarded her $1 million.

Story by amichelson@insider.com (Andrea Michel... 6 9 Comments



She vomited almost immediately after what was supposed to be a routine adjustment to her neck, the Louisville Courier Journal reported. The journal also reported that Barlow experienced vertigo, dizziness, numbness, and nausea — all of which can be signals of blocked blood flow to the brain, according to Cleveland Clinic.

At the hospital, Barlow needed emergency surgery to repair three torn arteries in her neck, the Courier Journal reported. Although she recovered well from her physical injuries, she told the outlet she will never see a chiropractor again.

- As a nurse, she recognized that her vertigo and numbness were stroke symptoms.

At the hospital, Barlow needed emergency surgery to repair three torn arteries in her neck, the Courier Journal reported. Although she recovered well from her physical injuries, she told the outlet she will never see a chiropractor again.

In a court case tried in March 2022, the chiropractor's defense lawyer claimed that when a patient has a stroke immediately after an adjustment, it's likely due to preexisting injuries or risk factors. However, the jury sided with Barlow in a 9-3 vote, awarding her a total of $1,130,800 for her pain, suffering, and medical expenses.

Most of the 35 million Americans who see a chiropractor each year walk away injury-free, but medical experts with the American Heart Association (AHA) say that chiropractors need to better communicate the potential risks.

## Other chiropractic patients have been left paralyzed

Barlow was fortunate to fully recover from the physical affects of her stroke, but other clients of Clare's weren't so lucky.

Amber Burgess visited a chiropractor in Elizabethtown, Kentucky, for the first time when she was 33, in May 2020, according to the Courier Journal. She visited a different clinic than where Barlow was injured, but she also believes her neck adjustment caused a stroke.

Burgess was left with partial paralysis in her arms and legs, so she needs a wheelchair or walker to get around now. Her trial date is set for August 28, 2023, in Hardin County, Kentucky.

# 2nd Stroke Case Pending

# According to the Attorney

Brian Clare, the attorney who represented Barlow and has represented other similar cases, told the Courier Journal that chiropractic neck adjustments are particularly risky. The procedure runs the risk of tearing important arteries in the neck, which can cause blood clots that may lead to stroke.

# According to the Attorney

“ They can go too far, too fast, turning the neck past therapeutic limits”

# $75M Verdict in Med Mal Trial Over Stroke That Profoundly Paralyzed Patient

Posted by *Arlin Crisco* on Oct 24, 2022 4:06:34 PM

Tweet Like 56 Share



Microsoft Bing

can chiropractic adjustments cause strokes



1,270,000,000 Results Any time Open links in new tab

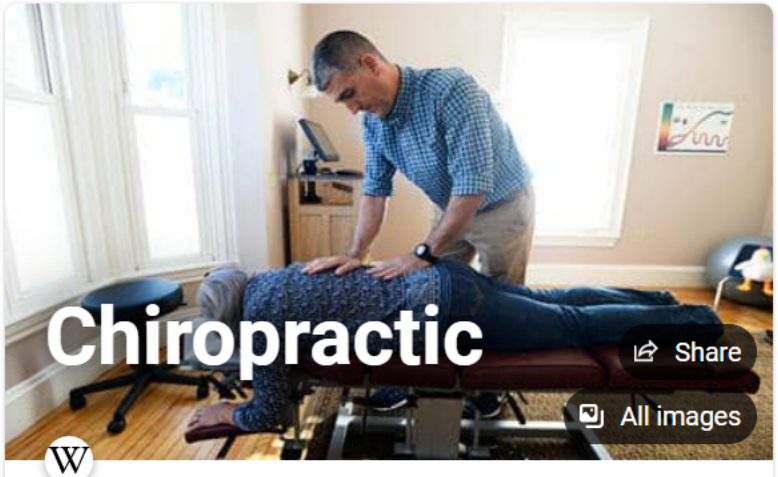
chiropractic **neck** adjustment stroke | chiropractic **and** stroke **risk** | stroke **after** chiropractic adjustment | **chiropractor and** stroke

# Yes

According to 4 sources

However, **chiropractic adjustments have also been associated with adverse consequences including herniated disk, nerve compression, and even stroke**. If a chiropractor's negligence leads to a patient's injury or death, the chiropractor may be subject to a medical malpractice claim. Chiropractic Treatments and Vertebral Artery Dissection

THURSDAY, Aug. 7, 2014 (HealthDay News) -- Getting your neck adjusted by a chiropractor or osteopathic doctor **may be associated with an increased risk of stroke**, according to a scientific statement released Thursday by the American Heart Association.




Chiropractic is a form of alternative medicine concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, especially of the spine. It has esoteric ... +

Wikipedia




- NUMBER 5 – cleaning the BBQ
- NUMBER 4 – bounce houses
- NUMBER 3 – E cigarettes
- **NUMBER 2 – VISITING A CHIROPRACTOR**
- NUMBER 1 – petting zoos

# BRADFORD HILL CRITERIA OF CAUSALITY

1. Strength of Association
2. Consistency of Evidence
3. Specificity
4. Temporal Sequence
5. Biologic Gradient (Severity)
6. Biologic Rationale (Plausibility)
7. Coherence (Consistency)
8. Experimental Evidence (again consistency)
9. Analogous Evidence (sketchy)

# Mitigation

**mit i gate**

**verb**

**Make less severe, serious, or painful**

**Similar: alleviate reduce**

**lessen the gravity of (an offense**

**or mistake)**



**Science News** *from research organizations*

## Stroke Warning Signs Often Occur Hours Or Days Before Attack

*Date:* March 15, 2005

*Source:* American Academy Of Neurology

*Summary:* Warning signs of an ischemic stroke may be evident as early as seven days before an attack and require urgent treatment to prevent serious damage to the brain, according to a study of stroke patients published in the March 8, 2005 issue of Neurology, the scientific journal of the American Academy of Neurology.

*Share:*

**RELATED TOPICS**

Health & Medicine

- Stroke Prevention
- Heart Disease
- Elder Care
- Diseases and Conditions

**FULL STORY**

ST. PAUL, Minn. – Warning signs of an ischemic stroke may be evident as early as seven days before an attack and require urgent treatment to prevent serious damage to the brain, according to a study of stroke patients published in the March 8, 2005 issue of Neurology, the scientific journal of the

# We KNOW this….not anything new…

# HISTORY

- CC – patient's words
- OPQRST
- PFSH – PAST HISTORY SHOULD NOW INCLUDE HX OF COVID (WILD VERSION – including number of infections)
- ROS
- MEDICATION –pay special attention to Pred use!!!
- AND NOW VACCINATIONS….WHEN AND HOW MANY (ANY SIDE EFFECTS)

# Stroke/Dissection Landscape

- **What you do next is EVERYTHING!**
  - **DID YOU TAKE HISTORY**
    - **PROTOCOL – HISTORY, EXAMINATION**
    - **DID YOU R/O IN DIFFERENTIAL DIAGNOSIS**
  - **IF NOT R/O – WHAT IS THE NEXT STEP**
  - **IMAGING**
  - **REFERRAL**
  - **RELATIONSHIPS ARE IMPORTANT ~ MDs are COLLEAGUES**

**THE ULTIMATE QUESTION IS WHAT DID YOU DO TO MAKE IT SAFE FOR THE PATIENT RATHER THAN WHAT YOU DID NOT DO!!**

# PROVOCATIVE TESTING

- George's Test- Auscultation first, BP
- Deklyn Maneuver
- Maigne's Maneuver
- Barre Test
- Hautant's Test

# VBI/Stroke/CVA

5 D's

- **D**izziness
- **D**rop attacks
- **D**iplopia
- **D**ysarthria
- **D**ysphagia

3 N's

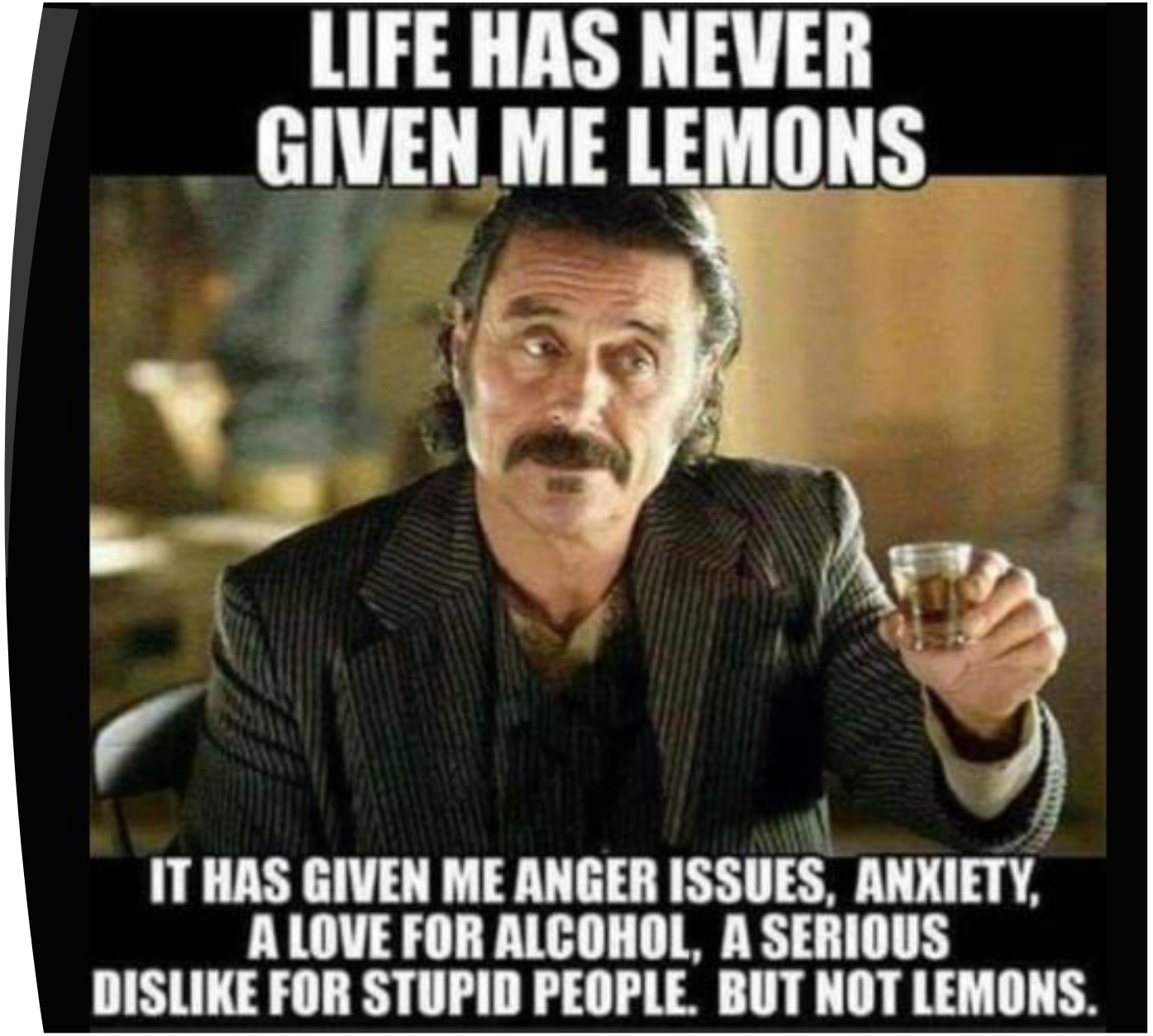
- **N**ausea
- **N**umbness
- **N**ystagmus

1 A

- **A**taxia

# What if…..

- **IMMEDIATELY take care of patient.**
- **DO NOT try to deflect.**
- **DOCUMENT IMMEDIATELY**
- **CONTACT CHIROFUTURES IMMEDIATELY**
- **AVOID DISCUSSIONS**



# When the bad awful has happened…..



Charts

History

All tests

This is when a fabulous malpractice carrier comes in handy

This is when a fabulous malpractice carrier refers you to an equally fabulous law firm

Remember it is about composure, authority AND listening!

# VASCULAR MITIGATION

- Don't adjust the other side
- Don't send them to the hospital alone
- Don't adjust the patient again
- Don't send them home alone
- Don't let them go to the bathroom alone
- Don't tell them this was a normal reaction



# VASCULAR MITIGATION



# VASCULAR MITIGATION

- Call an Ambulance
- Monitor Vitals
- Monitor neuro signs and symptoms



# So…then what?

- **Contact malpractice insurer….**
- **Follow directions….**
- **Document any f/u…**

**If you have performed according to STANDARD OF CARE…..Legal vs Not…Shades of Grey**

**ONLY 2 TYPES OF DOCTORS!**

# A Cautionary Tale

- **Dr. X had a patient who experienced dizziness after the adjustment. Dr. X sent the patient to the ER to get an MRI. The ER did the appropriate test. It was a vertebral artery dissection. Dr. X immediately called her but unfortunately, she didn't answer (she just had a vertebral artery dissection and she was a little busy) so he left her a voicemail explaining to her that there was no way he could have torn the artery in her neck and that clearly, she was experiencing the dissection when she first came in and that's why she was dizzy. But for sure there is no way his gentle adjustments caused it.**

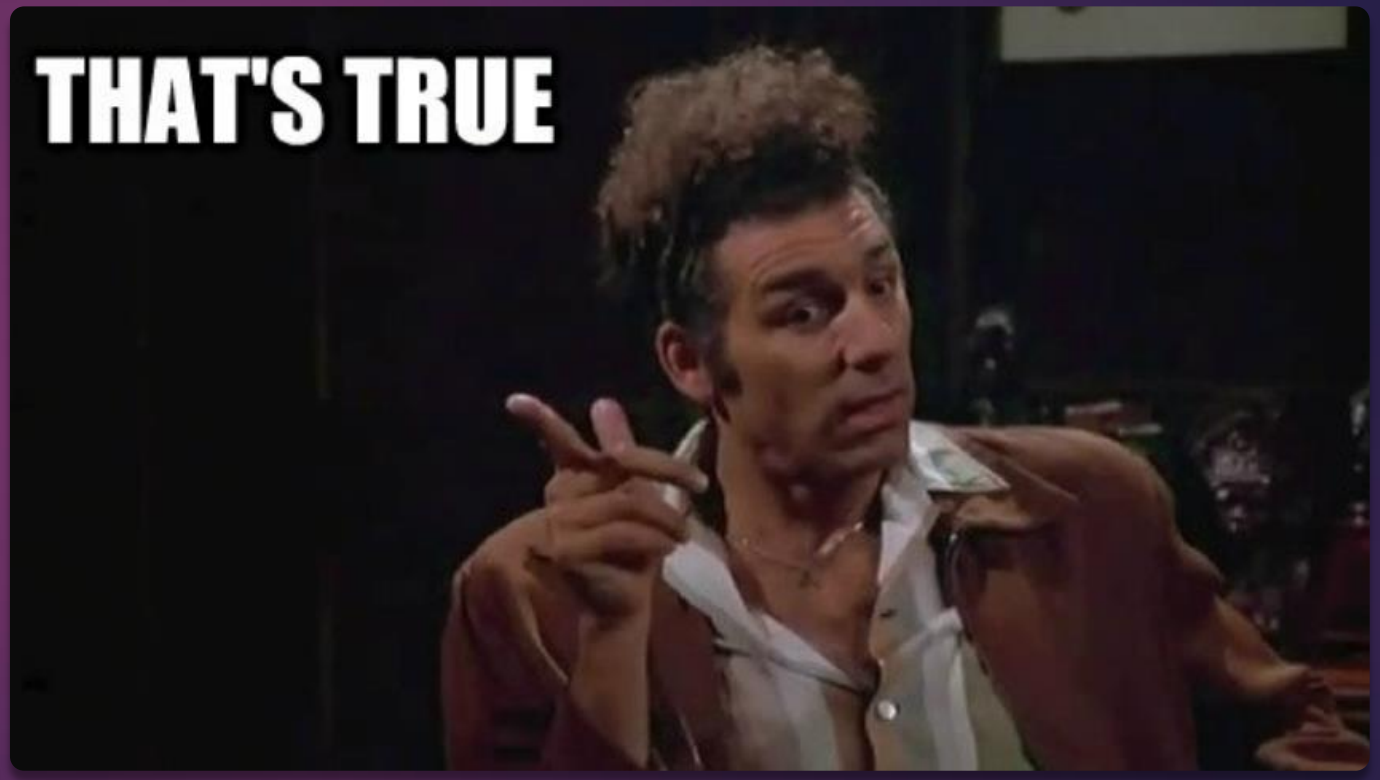
# Some things to consider….

- IF you are concerned about a possible stroke….the appropriate test is an MRA. M R A
- DO follow up with the patient or their emergency contact to check on them. Simply find out how they are and express that you are there if they should need anything. DOCUMENT THE PHONE CALL.
- DO NOT suggest you could not have done it….DO NOT suggest you may have MISSED something vital.
- DO NOT leave that on VOICE MAIL

# AND another thing….

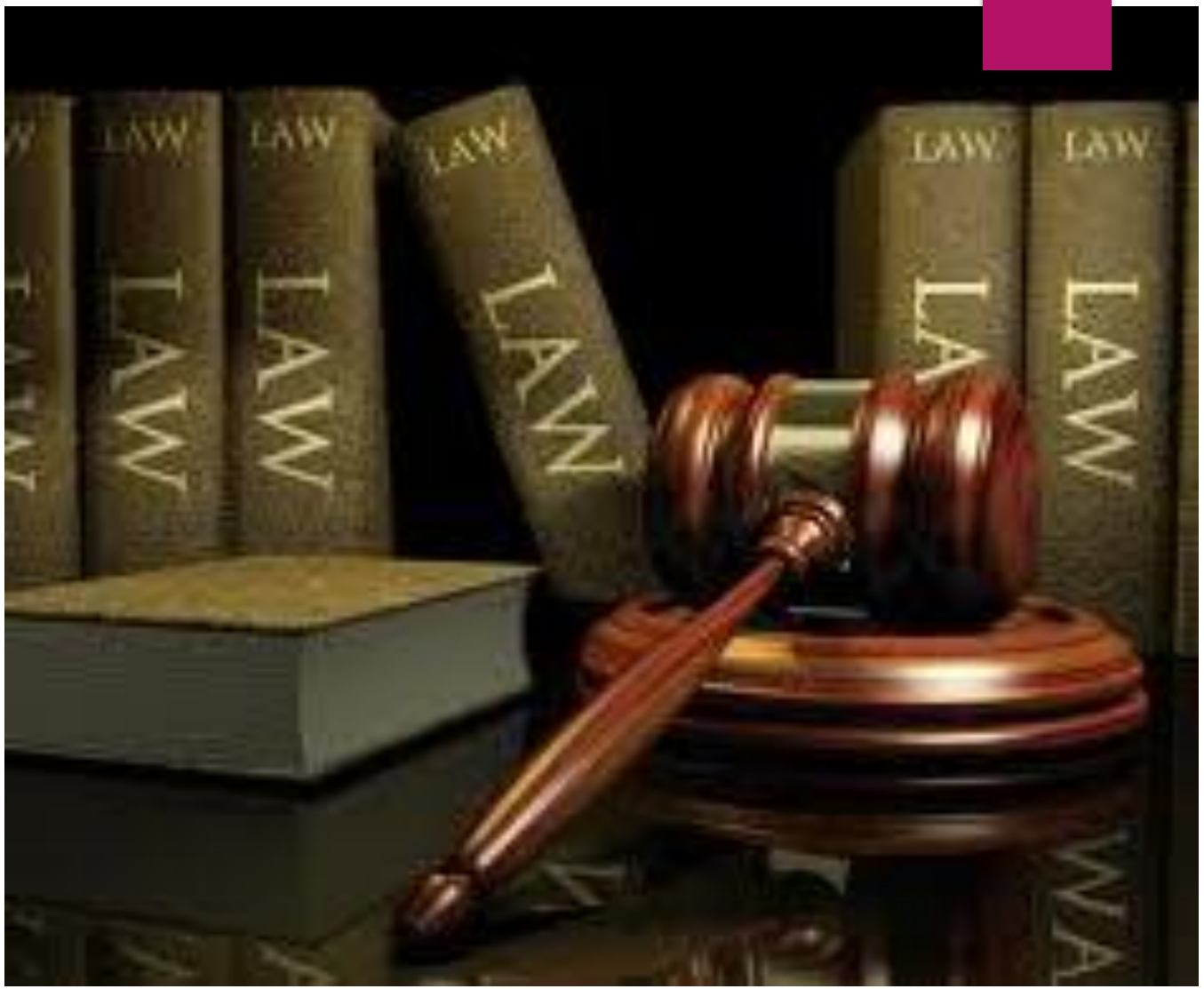
- YOU MUST MAINTAIN RECORDS.
- YOU MUST MAINTAIN LEGIBLE RECORDS.
- YOU MUST DOCUMENT ALL INTERACTIONS – INCLUDING THE PHONE CALLS.
- YOU MUST INITIAL AND DATE ALL REPORTS AND TESTS.
- YOU MUST DOCUMENT VISITS ON FRIENDS AND FAMILY. (THINGS CAN STILL GO WRONG!)
- YOU MUST NOT ALTER  YOUR RECORDS.

# YOU MUST NOT ALTER YOUR RECORDS!



# Malpractice

1. Somebody has to get hurt
2. It has to be a violation of the standard of care



# How to protect yourself….

- **Don't be stupid.**
- **Don't be reckless.**
- **Understand your licensure requirements.**
- **Understand your scope of practice in YOUR state.**
- **READ the rules and regs…**
- **Stay up to date on all the rules and regs.**
- **Have an office policy.**
- **Make sure your staff…ALL OF YOUR STAFF…understands the office policy.**

# So what did we learn….







# QUESTIONS????

