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Chiropractic Quality Assurance Commission Newsletter – March 2024; Edition 1 Welcome to the Chiropractic Quality Assurance Commission Newsletter

Our newsletter's purpose is to help inform the chiropractic community of issues related to Washington State chiropractic [statutes](#) and [rules](#), and the work of the [Chiropractic Quality Assurance Commission](#) (Commission).

Message from the Chair – Dana Clum, DC

As chiropractors, we focus on helping our patients restore and maintain optimal health. But what are we doing to ensure we are expressing optimal health ourselves?

These have, no doubt, been challenging times. For the past 4 years chiropractors have experienced varying degrees of hardship. Some have weathered the storm with grace and ease. However, many have endured great levels of stress while practicing through a pandemic, lockdowns, mandates, lower patient volume, early retirement, polarizing political arguments, lower income, and rising inflation.

Increased levels of stress over a prolonged period can have a negative impact on our physical and mental health. While many of these stressors are out of our control, we do have control over how we take care of ourselves. There has never been a more important time to make sure our body and mind are adaptive and resilient to stressful environments. We advise our patients on the value of chiropractic care and a healthy lifestyle to achieve this resilience. It may be a good time to make sure we are practicing what we preach.

Get Adjusted

First and foremost, make sure you're getting your spine checked. It is well known that chiropractic care, specifically spinal adjustments, helps to regulate the nervous system as a whole. However, it also plays a huge role in helping the nervous system effectively adapt to stress. When we are in a state of chronic stress we are in sympathetic dominance. The sympathetic nervous system plays an important role when we are in dangerous situations. It changes our physiology, sending us into "fight or flight" mode so we can get ourselves to safety. However, when we are in a chronic state of stress, this sympathetic dominance can wreak havoc on our health and overall wellbeing. Over time, an overactive sympathetic nervous system can affect sleep patterns, blood pressure, digestion, our ability to think clearly and in

turn spill over into our personal relationships. Chiropractic care, specifically upper cervical adjustments, can activate the parasympathetic nervous system. While the sympathetic nervous system is our “fight or flight” response, the parasympathetic nervous system is our rest, relax, digest, and heal response. By activating the parasympathetic nervous system, we downregulate the sympathetic response bringing it back to a healthy balance. During stressful times make sure you and your patients are under regular chiropractic care.

Exercise

Exercise is often one of the first things that falls by the wayside when things get stressful but if we can stick to it, it can help us adapt in a very powerful way. If you’re someone who maintains a regular workout routine, you are ahead of the game. If exercise is not part of your daily activities, you may be surprised to learn that it doesn’t take a huge time commitment to reap the benefits. All you need is 8-12 minutes of an activity that gets your body moving and your heart rate up. It can be as easy as a short walk, a quick run, a bike ride or a simple bodyweight workout. You can do it by yourself or enlist your team, your patients or your family and friends in some daily Flash Fitness.

Eat Well

Nutrition always packs a big punch in our overall wellness. Steer clear of comfort foods and be sure to eat nutrient-dense whole foods.

Sleep Well

The body heals at a cellular level when we are sleeping. Make it a habit to follow a sleep routine that ensures that you’re getting enough sleep. It’s not uncommon to have trouble sleeping during stressful times. There are many resources out there to help guide you to better sleep. Lean into all the tips such as unplugging from electronics before sleep, keeping your bedroom cool, breathwork and other stress management tools.

Connect with Others

Fuel your emotional and mental wellbeing. This is a big category and is also referred to as stress management. Using all your resources here means making sure you have a network of support. This looks different for different people. This may be connections with your family, your community, your colleagues, your church, your therapist and more. After a long day of taking care of patients, sometimes it’s hard to think about connecting with more people but it can make a world of difference.

We, as chiropractors, are all on a very similar journey. We have similar struggles in life and in practice. Make sure you’re getting together with colleagues regularly. When we do this, we learn from each other and grow stronger as individuals and as professionals.

Ultimately, we are all in this together. If you’re having a hard time, make sure you are using all your resources. If you’re sailing through life and practice with ease, check in on your friends and colleagues, they may need help.

COMMISSION NEWS

CE Requirements

We are back to normal again for Continuing Education (CE) requirements. Keep this in mind as you are planning your CE for license renewal. Online CE is limited to twelve hours per reporting period. This means that you are required to complete a minimum of 13 hours CE in person each year.

The Commission is blessed to have an amazing team that helps coordinate initial licensure, renewals, preceptor applications and other credentialing functions. However, we have been short-staffed (like many businesses) and are training new staff. If you, or someone you know has an application in process, please be sure you pay close attention to the items needed, keep an eye out for any emails you may receive regarding deficiencies and if you have any questions regarding your application, please be sure to call or email yourself, do not have office staff call on your behalf. If you call and our staff doesn't pick up, be sure to leave a voicemail with sufficient information for staff to research your questions. Our voicemail is checked regularly and if you leave a message, you will receive a call back.

If you are thinking about starting a preceptor application, be sure to leave yourself plenty of time. Coordinating all necessary applications, requirements and documents with your student intern, their school and the Commission may take longer than you expect.

Commission Member Spotlight

By: Brian Chan, DC

Dr. Brian Chan is a second-generation chiropractor who graduated from Palmer-West Chiropractic College in 2002. He is originally from the Seattle area and returned to Seattle to join his late father, Dr. Austen Chan, and his brother, Dr. Michael Chan, in full-time practice in 2003. Although Dr. Chan has treated patients with a variety of conditions, he specializes in the treatment and management of whiplash injuries. In 2009, he became a graduate of the Spine Research Institute of San Diego's Whiplash and Brain Injury Traumatology program, which offers the most in-depth, science-based training available today covering the entire spectrum from the physics of motor vehicle crashes to human biomechanics to diagnostics and management. In 2010, he completed the Advanced Certification in Whiplash and Brain Injury Traumatology, the highest achievement offered by the Spine Research Institute of San Diego (SRISD).

Because of his interest in understanding occupant biomechanics in motor vehicle collisions, he pursued further training in traffic crash reconstruction and vehicle dynamics at Northwestern University in Chicago, Illinois in 2012. He then became certified as a Crash Data Retrieval (CDR) Technician and Data Analyst, which allows him to access a vehicle's event data recorder (sometimes known as the "black box") through the airbag control module. Using the information gained from the event data recorder, along with his training as an accident reconstructionist, he can better understand what happens when vehicles collide, the forces and energies transferred, and how the occupant may be exposed to injury. In 2014, 2016, and 2022, he also participated in fully-instrumented live crash testing, conducting multiple tests in low-speed vehicle-to-vehicle collisions. With this additional training in crash reconstruction, along with a thorough clinical examination of the occupant and an understanding of risk factors as supported by the most recent published scientific literature, he can form a more accurate diagnosis and treatment plan for his patients.

Dr. Chan is co-owner of Back and Neck Pain Centers, with four locations in the Puget Sound area, offering chiropractic and massage services. He also performs IMEs, records reviews, and expert witness work through his consulting firm, Clinical Accident Reconstruction Experts, LLC. Dr. Chan has testified in areas including chiropractic care, accident reconstruction, and injury biomechanics, and has been qualified as an expert witness in six counties. Dr. Chan also is a business partner at Seattle Spine & Sports Medicine, an interventional physiatry clinic, which offers second opinion and co-treatment/co-management medical care for chiropractic patients who have been injured on the job or in a motor vehicle collision.

Dr. Chan was appointed by Governor Inslee to the Chiropractic Quality Assurance Commission in 2019 and was re-appointed in 2023 to serve a second four-year term.

Dr. Chan has been married to his spouse Rebecca since 2004 and they have three boys, aged 16, 13, and 10. He enjoys deep sea fishing (the largest caught Alaskan King Salmon was 46.5 pounds) and has recently enjoyed catching bluefin tuna in Southern California (San Diego).

Citations and Fines Under the Uniform Disciplinary Act

By: Lydia Koroma, Department of Health Staff Attorney

In addition to setting what conduct by providers is considered “unprofessional,” the Uniform Disciplinary Act (UDA) establishes a uniform procedure for disciplinary action against a healthcare professional (provider) in the state of Washington. RCW 18.130.010.

The Department of Health (DOH) disciplinary process begins with a complaint. RCW 18.130.080. If the disciplining authority determines that the complaint warrants an investigation, it will pursue one to determine whether there has been unprofessional conduct. RCW 18.130.060(4). During this process, the provider under investigation is allowed to submit a written statement about the complaint. RCW 18.130.095(1)(a).

The health care investigator typically sends the provider a Letter of Cooperation outlining the alleged violations of the UDA, describing the allegations and informing them that they are required by state law to cooperate with the investigation. The letter also informs the provider that they must respond to requests for records and documentation, and that failure to do so may result in fines and/or being charged with a further violation of unprofessional conduct under RCW 18.130.180(8).

RCW 18.130.050(7) and (11) and RCW 18.130.230 (1)(b) authorize the disciplining authority to issue citations and assess fines when a provider fails to produce documents or records.

RCW 18.130.230 outlines with specificity the process governing citation and assessment of fines related to a provider’s failure to produce documents or records. The statute requires a provider to produce documents or records within 21 days of the request. The provider can request an extension of up to 30 days to fulfill the request if they can demonstrate there is good cause for the request.

If the provider fails to produce the documents or records, or if they fail to request an extension, the disciplining authority may issue a written citation and assess a fine of up to \$100.00 per day until the documents or records are produced. However, the fines are capped at \$5,000.00. When notice of the citation and fine is sent to the provider, s/he will have 20 days to request a hearing on the issue.

RCW 18.130.230 Production of documents—Administrative fines.

(1)(a) A licensee must produce documents, records, or other items that are within his or her possession or control within twenty-one calendar days of service of a request by a disciplining authority. If the twenty-one calendar day limit results in a hardship upon the licensee, he or she may request, for good cause, an extension not to exceed thirty additional calendar days.

(b) In the event the licensee fails to produce the documents, records, or other items as requested by the disciplining authority or fails to obtain an extension of the time for response, the disciplining authority may issue a written citation and assess a fine of up to one hundred dollars per day for each day after the issuance of the citation until the documents, records, or other items are produced.

(c) In no event may the administrative fine assessed by the disciplining authority exceed five thousand dollars for each investigation made with respect to the violation.

(2) Citations issued under this section must include the following:

(a) A statement that the citation represents a determination that the person named has failed to produce documents, records, or other items as required by this section and that the determination is final unless contested as provided in this section;

(b) A statement of the specific circumstances;

(c) A statement of the monetary fine, which is up to one hundred dollars per day for each day after the issuance of the citation;

- (d) A statement informing the licensee that if the licensee desires a hearing to contest the finding of a violation, the hearing must be requested by written notice to the disciplining authority within twenty days of the date of issuance of the citation. The hearing is limited to the issue of whether the licensee timely produced the requested documents, records, or other items or had good cause for failure to do so; and
- (e) A statement that in the event a licensee fails to pay a fine within thirty days of the date of assessment, the full amount of the assessed fine must be added to the fee for renewal of the license unless the citation is being appealed.
- (3) RCW 18.130.165 governs proof and enforcement of the fine.
- (4) Administrative fines collected under this section must be deposited in the health professions account created in RCW 43.70.320.
- (5) Issuance of a citation under this section does not preclude the disciplining authority from pursuing other action under this chapter.
- (6) The disciplining authority shall establish and make available to licensees the maximum daily monetary fine that may be issued under subsection (2)(c) of this section. The disciplining authority shall review the maximum fine on a regular basis, but at a minimum, each biennium.

RCW 18.130.050 Authority of disciplining authority.

Except as provided in RCW 18.130.062, the disciplining authority has the following authority:

- (1) To adopt, amend, and rescind such rules as are deemed necessary to carry out this chapter;
- (2) To investigate all complaints or reports of unprofessional conduct as defined in this chapter;
- (3) To hold hearings as provided in this chapter;
- (4) To issue subpoenas and administer oaths in connection with any investigation, consideration of an application for license, hearing, or proceeding held under this chapter;
- (5) To take or cause depositions to be taken and use other discovery procedures as needed in investigation, hearing, or proceeding held under this chapter;
- (6) To compel attendance of witnesses at hearings;
- (7) In the course of investigating a complaint or report of unprofessional conduct, to conduct practice reviews and to issue citations and assess fines for failure to produce documents, records, or other items in accordance with RCW 18.130.230;
- (8) To take emergency action ordering summary suspension of a license, or restriction or limitation of the license holder's practice pending proceedings by the disciplining authority. Within fourteen days of a request by the affected license holder, the disciplining authority must provide a show cause hearing in accordance with the requirements of RCW 18.130.135. In addition to the authority in this subsection, a disciplining authority shall, except as provided in RCW 9.97.020:
 - (a) Consistent with RCW 18.130.370, issue a summary suspension of the license or temporary practice permit of a license holder prohibited from practicing a health care profession in another state, federal, or foreign jurisdiction because of an act of unprofessional conduct that is substantially equivalent to an act of unprofessional conduct prohibited by this chapter or any of the chapters specified in RCW 18.130.040. The summary suspension remains in effect until proceedings by the Washington disciplining authority have been completed;
 - (b) Consistent with RCW 18.130.400, issue a summary suspension of the license or temporary practice permit if, under RCW 74.39A.051, the license holder is prohibited from employment in the care of vulnerable adults based upon a department of social and health services' final finding of abuse or neglect of a minor or abuse, abandonment, neglect, or financial exploitation of a vulnerable adult. The summary suspension remains in effect until proceedings by the disciplining authority have been completed;

- (9) To conduct show cause hearings in accordance with RCW 18.130.062 or 18.130.135 to review an action taken by the disciplining authority to suspend a license or restrict or limit a license holder's practice pending proceedings by the disciplining authority;
- (10) To use a presiding officer as authorized in RCW 18.130.095(3) or the office of administrative hearings as authorized in chapter 34.12 RCW to conduct hearings. Disciplining authorities identified in RCW 18.130.040(2) shall make the final decision regarding disposition of the license unless the disciplining authority elects to delegate in writing the final decision to the presiding officer. Disciplining authorities identified in RCW 18.130.040(2)(b) may not delegate the final decision regarding disposition of the license or imposition of sanctions to a presiding officer in any case pertaining to standards of practice or where clinical expertise is necessary, including deciding any motion that results in dismissal of any allegation contained in the statement of charges. Presiding officers acting on behalf of the secretary shall enter initial orders. The secretary may, by rule, provide that initial orders in specified classes of cases may become final without further agency action unless, within a specified time period:
- (a) The secretary upon his or her own motion determines that the initial order should be reviewed; or
 - (b) A party to the proceedings files a petition for administrative review of the initial order;
- (11) To use individual members of the boards to direct investigations and to authorize the issuance of a citation under subsection (7) of this section. However, the member of the board shall not subsequently participate in the hearing of the case;
- (12) To enter into contracts for professional services determined to be necessary for adequate enforcement of this chapter;
- (13) To contract with license holders or other persons or organizations to provide services necessary for the monitoring and supervision of license holders who are placed on probation, whose professional activities are restricted, or who are for any authorized purpose subject to monitoring by the disciplining authority;
- (14) To adopt standards of professional conduct or practice;
- (15) To grant or deny license applications, and in the event of a finding of unprofessional conduct by an applicant or license holder, to impose any sanction against a license applicant or license holder provided by this chapter. After January 1, 2009, all sanctions must be issued in accordance with RCW 18.130.390;
- (16) To restrict or place conditions on the practice of new licensees in order to protect the public and promote the safety of and confidence in the health care system;
- (17) To designate individuals authorized to sign subpoenas and statements of charges;
- (18) To establish panels consisting of three or more members of the board to perform any duty or authority within the board's jurisdiction under this chapter;
- (19) To review and audit the records of licensed health facilities' or services' quality assurance committee decisions in which a license holder's practice privilege or employment is terminated or restricted. Each health facility or service shall produce and make accessible to the disciplining authority the appropriate records and otherwise facilitate the review and audit. Information so gained shall not be subject to discovery or introduction into evidence in any civil action pursuant to RCW 70.41.200(3);
- (20) To enter into contracts with persons or entities to review applications for licensure or temporary practice permits, provided that the disciplining authority shall make the final decision as to whether to deny, grant with conditions, or grant a license or temporary practice permit.

Chiropractic Techniques in Washington

By: Vanessa Wise, DC

Chiropractic has a long history of diverse techniques and every state has a different scope concerning the practice of chiropractic.

In Washington State certain techniques have been reviewed and deemed approved and others determined to be experimental - those appear on a separate list.

Chiropractic schools also teach a variety of techniques to their students. This can also be state-dependent as a school in one state may teach things that a school in another state does not, which can also depend on the local scope of practice laws.

This can get confusing as students may know how to perform certain things but not be allowed to do them in the state they practice in due to that state's scope. Therefore, it is up to new chiropractic graduates and current chiropractors to know the rules and understand their state's chiropractic scope. Washington state's scope varies from its neighboring states, so it is important to know and understand our laws and where to find these rules.

The law is quite clear on what and how chiropractic is defined in our statutes therefore looking at a technique through the lens of this definition is helpful to better understand which techniques fall into the approved category.

This approved list is occasionally updated so it is best to familiarize yourself with the list, know how to go about finding it and then check back periodically to see if anything has changed. The Washington State list of approved techniques can be found at: [Washington State Chiropractic Quality Assurance Commission Classification of Chiropractic Procedures and Instrumentation List](#).

The Washington Chiropractic Quality Assurance Commission does not endorse any specific technique, product, or company. Also, devices that have combined diagnostic/analytical/rehabilitative components must be pre-approved by the Commission. Inquiries can be directed to: [Chiropractic Commission | Washington State Department of Health](#)

Tips for your office

By: Michael Long, DC

Have you ever heard the old adage, “you can lead a horse to water, but you can't make them drink”? Are you on an emotional roller coaster dependent on how well your patients adhere to your care recommendations? Or do you blame yourself when patients aren't experiencing the results you were expecting?

Early in my career my ego — and even my self-worth as a chiropractor — was tied to the results my patients experienced. It really bothered me when patients would miss their appointments or decide to only come in twice a week rather than adhere to my recommendation of three visits per week. Instead of recognizing how my patients' choices affected their rate of improvement, I would blame myself.

Over the years I have come to realize I have no control over my patients' choices. People often come into the office desperate for help and highly motivated to do “whatever it takes” to get better. This problem they have has become the most important thing in their life. It is likely interfering with their work and home life and the things they enjoy. But often, once they start to feel better, their motivation starts to wane. Other priorities in

their life start to take precedence. I had to let go and recognize I could not care more about my patient's health and wellbeing than they do.

I grew up in a chiropractic family. I was exposed to some of the greatest chiropractors in the history of our profession. While in chiropractic college I heard some of the greats like Dr. Fred Barge, Dr. Reggie Gold, Dr. Arnio Burniè, Dr. Fred Carrick speak at seminars. They shared the miracles they witnessed throughout their careers. I graduated from chiropractic college with an intense passion and believed I was going to transform people's lives. I expected my patients would experience those same miracles that our chiropractic forefathers shared. But when that wasn't happening to the degree I expected, I would often think, what am I doing wrong? Am I not good enough? Am I failing my patients?

Over the years I have spoken to many chiropractors I admire and have heard them share that they too are not experiencing the miracles they expected. This led me to develop a theory. My theory is that the patients we are caring for today are dealing with a significantly higher level of physical, emotional, and chemical stress than patients experienced 30, 40, and 50 years ago. I'm not saying they didn't have stressors, but the toxicity in our environment, the deterioration of the American diet, the exponential increase in anxiety and depression, the addictive use of social media, and the explosion of the use of prescription and recreational drugs, as well as many other factors, has created a different human laying on our adjusting tables. We must recognize this is impacting our ability to help our patients get well. We can only do what we have been trained to do and ultimately, we must rely on the body to do the healing.

To paraphrase Dr Chuck Gibson - "Our job is to make the best recommendations we can based on our assessment of our patient's condition and then deliver the goods. Give them the best care we possibly can. Their job is to follow our recommendations, do the things we ask them to do and avoid doing the things we ask them not to do."

When we recognize we are ultimately not in control of our patient's results we can practice with greater peace. We can focus on giving, loving, and serving to the best of our ability.

RULES STATUS UPDATE

Rules in Process: Chiropractic Credentialing Requirements. The commission is considering revisions to [WAC 246-808-010](#), [246-808-105](#) through [246-808-140](#), [246-808-180](#) through [246-808-190](#), [246-808-510](#), [246-808-535](#) and [246-801-801](#) through [246-808-830](#) to clarify, streamline, and modernize the rule language, and to be consistent with current laws and practice standards.

The commission is considering consolidating rules by repealing some sections after incorporating language into other existing sections identified under the scope of this rulemaking; proposing the addition of a new temporary license for military status or military-related status and applicants applying through the substantially equivalent process; and performing housekeeping throughout the identified rule sections.

The commission is also considering technical amendments to implement Substitute Senate Bill (SSB) 5496 (Chapter 43, Laws of 2022). SSB 5496 updated terminology, definitions, and references for chiropractors. SSB 5496 also made clarifications to confidentiality protections in RCW 18.130.070 for health professional monitoring programs.

Rules Adopted: Health Equity Continuing Education for Chiropractors and Chiropractic X-ray Technicians

The Chiropractic Quality Assurance Commission has amended [WAC 246-808-150](#) (chiropractors) and [WAC 246-808-209](#) (new) (chiropractic X-ray technicians) to implement [Engrossed Substitute Senate Bill \(ESSB\) 5229 \(chapter 276, Laws of 2021\)](#). This adoption implements the health equity model rules, [WAC 246-12-800](#) through [246-12-830](#), for chiropractors and chiropractic X-ray technicians to comply with [RCW 43.70.613](#). These rules were filed in two separate rule-making packages. The rules for chiropractors were filed under [WSR-23-20-114](#) on October 3, 2023, and took effect on January 1, 2024. The rules for chiropractic X-ray technicians were filed under [WSR-4-03-095](#) on January 18, 2024, and take effect on July 1, 2024.

[RCW 43.70.613\(3\)\(b\)](#) directs the rulemaking authority for each health profession licensed under [Title 18 RCW](#) that is subject to continuing education (CE) to adopt rules requiring a licensee to complete health equity CE training at least once every four years. The statute also directed the Department of Health (department) to create model rules establishing the minimum standards for health equity CE programs. The department filed model rules for health equity CE minimum standards on November 23, 2022, under [WSR 22-23-167](#). Any rules developed by the commission must meet or exceed the minimum standards in the model rules in WAC 246-12-800 through 246-12-830.

The adopted rule adds two hours of health equity education, as required in the model rules, to be completed as part of the current continuing competency requirements every four years. The adopted rule does not change the total CE hours but requires two hours in health equity CE every four years which is absorbed into the existing number of CE hours required. The health equity CE requirement is counted under existing, unspecified CE requirements for the profession.

The Department of Health has identified training courses to meet the health equity CE requirements.

[Health Equity Continuing Education | Washington State Department of Health](#) on the webpage you will find:

- Background information
- Course requirements
- Free trainings
- Paid trainings
- Educational opportunities

Curriculum will continue to be reviewed and updated every 6 months.

Rules Adopted: Chiropractic X-ray technicians.

The Chiropractic Quality Assurance Commission (commission) is adopting changes to chapter 246-808 WAC pertaining to chiropractic X-ray technicians. The adopted changes amend WAC 246-808-201, create new sections WAC 246-808-203, 246-808-205, 246-808-207, 246-808-209, 246-808-211, and repeal WAC 246-808-215.

In general, the revised chapter now:

- Creates new sections:
 - WAC 246-808-203 Definitions
 - WAC 246-808-205 Registration of chiropractic X-ray technicians,
 - WAC 246-808-207 Course requirements and approval
 - WAC 246-808-209 Continuing education for chiropractic X-ray technicians
 - WAC 246-808-211 Expired credential – Requirements for reactivating a chiropractic X-ray technician.
- Repeals WAC 246-808-215 Registration of chiropractic X-ray technicians.
- Clarifies that a chiropractor may also employ another chiropractor to operate X-ray equipment.

- Amends the number of training hours to obtain the credential from 48 hours to 72 hours, with 30 hours required to be in-person.
- Amends the examination requirements to include a written and practical proficiency examination and decreases the passing grade from 75% to 70%.
- Creates additional exceptions for those who may obtain the chiropractic X-ray technician without obtaining the required training or examination.
- Clarifies when the first continuing education (CE) period is due.
- Adopts the health equity CE model rules.
- Provides clarity about what is required to renew an expired chiropractic X-ray technician.
- Proposes additional training requirements for chiropractic X-ray technicians who have allowed their credential to expire for five years or longer.

The adopted amendments to chapter 246-808 WAC will become effective on July 1, 2024 and were filed as [WSR-24-03-095](#).

Reminder: Suicide Screening and Referral Continuing Education Requirement

As part of the continuing education requirements, a chiropractor must obtain a one-time, three-hour training in suicide screening and referral from a qualified suicide prevention training program. The training must be completed during the first full reporting period after initial licensure.

A qualified training program is empirically supported training in suicide screening and referral that is at least three hours in length and may be provided in one or more sessions.

The hours spent completing a training program in suicide screening and referral count toward meeting any applicable continuing education requirements.

To meet the suicide screening and referral training requirements, a chiropractor must obtain the three-hour training in suicide screening and referral from a qualified suicide prevention training program identified on the [Department of health's model](#) list as required under RCW [43.70.442](#).

Disciplinary Actions

Information about healthcare providers is included at the Department of Health's website. Select [Provider Credential Search](#) on the Department of Health home page (www.doh.wa.gov). The site includes information about a healthcare provider's license status, the expiration and renewal date of his or her credential, disciplinary actions if any, and copies of any legal documents issued after July 1998. You may also get this information by calling 360-236-4700. Consumers who are concerned that a healthcare provider acted unprofessionally are encouraged to report a [complaint here](#).

The Chiropractic Quality Assurance Commission has taken the following disciplinary actions:

Clark County

In February 2024 the Chiropractic Quality Assurance Commission released **Troy Michael Dreiling** (CH00003052) from the terms and conditions on his chiropractor license.

In October 2023 the Chiropractic Quality Assurance Commission released **John Anthony Lewis** (CH00002998) from the terms and conditions on his chiropractor license.

In September 2023 the Chiropractic Quality Assurance Commission charged **Harley Orville Youngblood** (CH00003002) with unprofessional conduct. Youngblood allegedly touched a patient in a sexual manner during multiple treatment sessions.

Cowlitz County

In February 2024 the Chiropractic Quality Assurance Commission and **Anik J. St. Martin** (CH00033965) agreed to placing her chiropractor license on monitoring. St. Martin must submit a written report on adhering to state law, pass a jurisprudence examination, and pay a \$5,000 fine. Martin owns a clinic where, in 2021 and 2022, staff failed to comply with COVID-19 masking requirements.

King County

In November 2023 the Chiropractic Quality Assurance Commission indefinitely suspended the chiropractor license of **Alexsandr Borisovich Asaturov** (CH60176644). Prior to petitioning for reinstatement, Asaturov must pass an ethics course. In June 2021, Asaturov admitted to sending multiple inappropriate text messages to a patient.

In November 2023 the Chiropractic Program suspended the chiropractor license of **John Babich** (CH00002224) for 60 months. Prior to petitioning for reinstatement, Babich must complete an ethics examination and pay a \$500 fine. Between 2019 and 2021, Babich engaged in a sexual relationship with multiple patients.

In August 2023 the Chiropractic Quality Assurance Commission ended the probation on the chiropractor license of **Sean Jackson Fryer** (CH00034301).

In August 2023 the Chiropractic Quality Assurance Commission released **Grace Zel Lee** (CH60911095) from the conditions on their chiropractor license.

In January 2024 the secretary of health issued a cease-and-desist order to **Staten C. Medsker** (CH00002796). Medsker must permanently cease and desist from all chiropractic practice in the state of Washington and pay a \$1,000 fine. In November 2022 the Chiropractic Quality Assurance Commission revoked Medsker's license to practice as a chiropractor. In December 2022 and January 2023, Medsker provided chiropractic treatment to a patient and represented himself as a sports chiropractor without a current license.

In December 2023 the Chiropractic Quality Assurance Commission released **Malik Bjsingh Prihar** (CH00034750) from the terms and conditions on his chiropractor license.

In August 2023 the Chiropractic Quality Assurance Commission and **Robert B. Ulrich** (CH00033882) entered an Agreed Order on his chiropractor license. Ulrich's license is suspended for at least five years and on reinstatement, Ulrich will be on probation for at least five years, and he must pay a \$5,000 fine. Ulrich is permanently restricted from treating patients under the age of 18 years old. For the duration of the probation his employer must submit quarterly performance evaluations and he may have at least five patient records audited and his practice reviewed on an unannounced basis up to two times per year. Prior to any request for reinstatement, Ulrich must undergo a psycho-sexual evaluation. In January 2023, Ulrich was charged with possession and dealing of depictions of a minor engaged in sexually explicit conduct, both class B felonies, and attempted viewing of depictions of a minor engaged in sexually explicit conduct, a gross misdemeanor.

In October 2023 the Chiropractic Program suspended the chiropractor license of **Islamuddin Wardak** (CH00034030) for at least five years. Prior to petitioning for reinstatement, Wardak must pass a chiropractic examination, pass a jurisprudence examination, and undergo a psycho-sexual evaluation. Wardak must also complete 12 hours of continuing education in the areas of ethics and boundaries. In September 2020, Wardak was convicted of fourth-degree assault and two counts of violation of a court order. In February 2021 he was charged with second-degree rape and felony violation of a court order.

Snohomish County

In July 2023 the Chiropractic Quality Assurance Commission and chiropractor **Rodney Joe Dahlinger** (CH00002482) entered an Agreed Order. Dahlinger must pay a fine of \$4,000, submit a copy of his COVID-19 Compliance Plan, submit an essay on the importance of infectious disease protocols in a chiropractic clinic, and pass a jurisprudence examination. Between August 2020 and February 2021, the COVID-19 mask mandates were not followed in Dahlinger's chiropractic clinic.

Whatcom County

In July 2023 the Chiropractic Quality Assurance Commission and **Michael John Motel** (CH60544585) entered an Agreed Order on his chiropractor license. Motel must complete: four hours of continuing education in the areas of respiratory infections and compliance with COVID protocols; a jurisprudence examination; and an ethics assessment. Motel must write a 500-word report explaining what he learned from the four hours of continuing education. He must also pay a \$2,500 fine.

Out of State

Oregon: In December 2023 the Chiropractic Quality Assurance Commission granted **Mark Edward Walsh** (CH61442709) a license to practice as a chiropractor with conditions on the license. The license is on probation until terms and conditions are complete. The terms and conditions include that Walsh must complete an ethics and boundaries examination and provide proof of a valid Oregon Chiropractor license with no conditions on the license. In August 2006, the Oregon Board of Chiropractic Examiners suspended Walsh's license due to unprofessional conduct.

Commission Composition

The Commission is composed of eleven chiropractors and three public members, all appointed by the governor. Commission members may serve a maximum of two four-year terms. All members must be residents of Washington.

Commission duties include:

- Establishing qualifications for minimal competency to grant or deny licensure of chiropractors.
- Regulating the competency and quality of professional healthcare providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensure.
- Establishing and monitoring compliance with continuing education requirements.
- Ensuring consistent standards of practice.
- Developing continuing competency mechanisms.
- Assessing, investigating, and making recommendations related to complaints.
- Serving as reviewing members on disciplinary cases and serving on disciplinary hearing panels. Serving as members of standing committees, when appointed.
- Developing rules, policies and procedures that promote the delivery of quality healthcare to state residents.

If you are interested in [applying for a position](#) on the Commission, or in learning more about Commission member duties, please read the information on our website <https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Chiropractor/CommissionInformation> or contact the executive director at 360-236-4924 or at bob.nicoloff@doh.wa.gov.

Do you have ideas or suggestions for future Commission newsletters? Is there something specific that you think we should address or include? Please submit suggestions to tammy.kelley@doh.wa.gov or CQAC@doh.wa.gov

Remaining 2024 Meeting Dates

May 9, 2024	September 12, 2024
July 11, 2024	November 14, 2024

Earn Continuing Education Credit! Take the Continuing Education Quiz

The Commission allows one hour of continuing education credit for reading this newsletter. To qualify, please take the quiz below. Keep the completed quiz with your other continuing education proof of completion.

If you are audited, provide the quiz along with your other proof of continuing education and you will receive one hour of continuing education under [WAC 246-808-150\(5\)\(p\)](#).

1. How many hours of training in suicide screening and referral are chiropractors required to complete?
 - 1 hour every renewal cycle
 - 3 hours once every three years
 - 5 hours, one time
 - 3 hours, one time
2. A health care provider can be fined up to \$10,000 for not providing requested records to a Department of Health Investigator.
 - True
 - False
3. The Chiropractic Commission is currently considering revisions to which WAC's?
 - [246-808-010](#)
 - [246-808-180](#) through [246-808-190](#)
 - [246-808-510](#)
 - All the above
4. A licensee must produce documents, records, or other items that are within his or her possession or control within _____ calendar days of service of a request by a disciplining authority.
 - ten
 - fifteen
 - twenty
 - twenty-one
5. Dr. Brian Chan is certified as a Crash Data Retrieval Technician and Data Analyst, which allows him to access a vehicle's event data recorder through the airbag control module.
 - True
 - False