

COMPLAINT SUBMISSION DISCLAIMER - NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information.

The Department of Consumer Affairs and the Board of Chiropractic Examiners (BCE) collects the information requested on this form to follow up on your complaint.

Providing Personal Information Is Voluntary.

You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. However, the BCE Enforcement Unit may not be able to contact you and/or assist you in resolving your complaint.

Access to Your Information.

You may review the records maintained by the BCE that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information.

We make every effort to protect the personal information you provide us. In order to follow up on your complaint, however, we may need to share the information you give us with the chiropractor you complained about or with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

In response to a Public Records Act request, as allowed by the Information Practices Act;

To another government agency as required by state or federal law;

In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about the Department of Consumer Affairs privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 1625 N. Market Blvd., Sacramento, CA 95834, or email dca@dca.ca.gov.

COMPLAINT FORM

The Board of Chiropractic Examiners (Board) regulates the chiropractic profession in California and enforces the provisions of the Chiropractic Initiative Act of California, Business and Professions Code, and California Code of Regulations relating to the practice of chiropractic.

All complaints submitted to the Board are reviewed by the Enforcement Unit. Complaints involving allegations of sexual misconduct, fraud, use of drugs or alcohol, or gross negligence/incompetence are given priority attention.

Please be aware that the Board is unable to obtain monetary restitution on behalf of a patient. In addition, the Board has no jurisdiction over fee/billing disputes, general business practices, or personal conflicts.

To file a complaint, complete this complaint form, upload a copy of your authorization form and any supporting documentation you may have (or mail these items to the Board's office after you submit your complaint), and click the "Submit" button.

Subject (Person Complaint Filed Against)

First Name:

Middle Name:

Last Name:

Suffix:

License No.:

Practice Name:

Practice Address:

Street Line 1:

Street Line 2:

City:

State:

Zip:

Phone Number:

Email:

Complainant (Person Filing Complaint)

I wish to remain anonymous. I understand that by filing an anonymous complaint, the Board will not be able to contact me to gather additional information regarding my complaint, and I will not be notified of the status or outcome of my complaint.

First Name:

Falkyn

Middle Name:

Last Name:

Luouxmont

Suffix:

Mr.

Address:

Street Line 1:

Street Line 2:

City:

State:

Zip:

Phone:

Phone Type:

Email:

Communication Preference for Complaint Correspondence:

Email Mail

Patient Information

First Name:

Middle Name:

Last Name:

Suffix:

Patient's Date of Birth:

Your Relationship to Patient:

This section does not apply to my complaint.

Nature of the Complaint

Check the box(es) that best describes the nature of your complaint:

- Substandard Care (Misdiagnosis, negligent care, excessive or unnecessary treatment, delay in treatment, injured by treatment, treatment causing side effects, etc.)
- Unprofessional Conduct
- Office Practice (Failure to provide records to patient, inaccurate billing, etc.)
- False/Misleading Advertising
- Provider Impairment (Under the influence of drugs or alcohol, mental or physical impairment)
- Sexual Misconduct/Harassment
- Fraud
- Unlicensed Activity (Aiding and abetting unlicensed practice, unlicensed provider)
- Other

Please Specify:

Details of the Complaint

Type of Illness or Injury/Reason for Appointment:

Measurements that provide indication for no subluxation and no adjustment force to apply, and how this indication should count toward state board graduation requirements.

Date(s) of Visit(s):

2021-current

State your complaint in chronological order and in detail. It is important that you be specific regarding any allegations against the chiropractor. Providing a comprehensive narrative of your complaint allows for a more expeditious review process. You may also upload a copy of your statement in the Supporting Documentation section below.:

For whom this request/inquiry might involve,

Currently, I am a student/health clinic intern for Life Chiropractic College West in Hayward, CA. As an intern within the student health clinic, I understand the requirements that are needed to progress through it, including the number of chiropractic adjustments used to signal my progress. The option to practice as an intern within a particular modality has been made available to me. This particular modality that I have chosen for my internship is NUCCA, the National Upper Cervical Chiropractic Association and its protocol.

The NUCCA protocol utilizes measures from the Anameter to detect the Atlas Subluxation Complex Syndrome within units of partial degrees and 1/2" sensitivity, which is a procedural format in accordance with the National Institute of Health. As an intern of the health center, I meet with my patient at office visit appointments at least as often as any other intern would meet with their patient for any other modality type (diversified technique, for example) at about once per week.

The difference between modalities has been found to be significant during my experience as an intern at the health center. Specifically, the parameters used within the diversified technique to indicate a vertebral subluxation and permit its subsequent adjustment application, without the use of standards units of measurement, like the partial degree and 1/2" sensitivity that NUCCA implements for its own protocol, allows the intern that utilizes the diversified technique protocol to progress through clinic with the adjustment credit that is required for advancement. The problem is this: there is no guarantee that if that same patient who was analyzed with the diversified technique was instead analyzed with the NUCCA protocol that the subluxation indication would match. On the contrary, I have found more often than not, that a patient's measurements indicate no subluxation detected and therefore no adjustment force to apply is needed.

Is the experience gathered via NUCCA's protocol on par with the value of the

experience gathered by the diversified technique's protocol? For example, how else can the patient learn that applying a destructive force, like the chiropractic adjustment is, might commit further injury instead of their own betterment? Currently, since the no-adjustment office visit does not count toward the credit that an intern needs to progress through the school's health clinic, it seems like NUCCA's protocol is not valued as much as the current standard that brings credence to the diversified technique instead.

It is this discrepancy that I feel is paramount to address directly. I do not think it makes sense that it seems that an intern who adopts the NUCCA protocol seems burdened, even penalized, not rewarded for their efforts and findings for providing care for their patient's health.

It is my request that an amendment be made to the current standards that govern a student of chiropractic's progress through the clinical program. It is my hope that the change that is made recognizes the alternate approach to doctor-patient interventions. Perhaps there is no need to adjust the 250 chiropractic adjustment requirement that the state board currently has for students to graduate. Instead, my request would be to implement an option for students who choose the route of clinical care that the NUCCA protocol provides instead. And to demonstrate a NUCCA intern's ability to perform the current standard of 250 adjustments, besides what is gained particularly through the NUCCA protocol, a separate proctored test be implemented in lieu of what is applied on patients.

Please contact me for further inquiry and direction you might have about this case. I am approaching the start of my outpatient clinic internship experience, and would like the regulations placed upon this timed trial to be optimized for what I consider a worthy chiropractic protocol standard.

Has the patient been examined or treated by another health professional for this same condition?:

Yes No

Health Professional

									Add New Health Professional
First	Last	Street Line 1	Street Line 2	City	State	Zip	Phone	Action	

What is your expected resolution regarding this complaint? (Your response will not alter the Board's decision.):

Amendment to current chiropractic student regulation.

Have you filed this complaint with any other organization or government entity?:

Yes No

Please Specify:

Life Chiropractic College West

Witness Information

Witness

									Add New Witness
First	Last	Street Line 1	Street Line 2	City	State	Zip	Phone	Action	

Supporting Documentation

Provide a copy of any supporting documents you may have in your possession pertaining to your specific complaint against the chiropractor. Documents may include patient records, photographs, audio or video recordings, correspondence, billing statements, proof of payments, court documents, etc.

Drop file(s) here to upload or click here to browse and select file(s) to upload.

- I do not have any supporting documentation.
- I will mail my documentation to the Board's office.

Please Specify:

I have my current patient's clinical records that I will provide upon request for reference on actual

Signature and Date

NOTICE: Except for the name of the chiropractor, all information requested is voluntary, but failure to provide the requested information may delay or prevent the investigation of your complaint. Information on this form will be used in part to determine whether a violation of state law has occurred. If a violation is substantiated, the information may be transmitted to other governmental agencies, including the Attorney General's Office.

Signature:

[Redacted Signature]

Date:

08/25/2022

From: [REDACTED]
To: [Ah Po, Amanda@DCA](mailto:Ah_Po_Amanda@DCA); DCA_ChiroInfo@DCA
Subject: Written public comment to the Board on agenda item [6. Public Comment for Items Not on the Agenda] for Board Consideration
Date: Friday, September 23, 2022 5:40:20 PM

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: [REDACTED]

For whom this applies,

Here is what is written in the current regulations:

https://www.chiro.ca.gov/laws_regs/regulations.pdf

“§331.12.2. Curriculum.

(e) Clinics. Each student shall be provided with actual clinical experience in the examining, diagnosing, and treatment of patients. Said clinical experience shall include spinal analysis, palpation, chiropractic philosophy, symptomatology, laboratory diagnosis, physical diagnosis, X-ray interpretation, postural analysis, diagnostic impressions, and adjusting of various articulations of the body, psychological counseling, dietetics and physical therapy. Individual case files on each patient together with a record of dates and treatments given and student treating shall be kept and available to the board for inspection.

Clinical hours, as described in this section, including those relating to physiotherapy, must be completed in a clinic operated or supervised by a chiropractic college.

Each student shall be required to complete, as a minimum for graduation, the following:

(...)

(2) Students shall perform a minimum of two hundred and fifty (250) patient treatments (visits), including diagnostic procedures, chiropractic adjustive technique and patient evaluation.”

Within the 3 minutes allowed for this public comment, I will request for an addendum to clarify the definition of “patient treatments (visits)” in Item (2).

Currently, the interpretation is this:

A patient treatment (visit) must include all 3 elements of

1. Diagnostic procedures
2. Chiropractic adjustive technique
3. Patient evaluation

to be counted as a single patient treatment (visit).

The proposed addendum is this:

If Diagnostic procedures find that no subluxation is indicated, thereby cancelling any subsequent chiropractic adjustive technique, then the patient encounter is counted as a *partial* patient treatment (visit).

The point of the addendum request is to recognize that these *partial* patient treatments (visits) do still count as “actual clinical experience” as defined in §331.12.2. (e), and therefore a student should receive a partial point reward for it that counts toward the 250 patient treatments (visits) minimal requirement.

It would be a misinterpretation of our profession if it is thought that the inclusion of Diagnostic

procedures and a patient evaluation, with no chiropractic adjustive technique applied equates to no benefit toward the patient's health.

Thank you for this space.

Farewell,

Falkyn Luouxmont

Student Intern at Life Chiropractic College West

[REDACTED]

[REDACTED]

email:

[REDACTED]

Sent from [Mail](#) for Windows