


BACK TALK



Advertising Material

March/ April 2004

This year's seminar possibly the best ever!

Announcing Utah's Best Chiropractic Seminar! **Thursday, May 20, 2004, 8:00 to 4:30** Miller Entrepreneurial Center at the Miller Campus of Salt Lake Community College.

We have a star studded line up of speakers that is probably the the best we have ever had. These heavy weights include:

- **Richard Rosenthal, M.D.** Neurological Surgeon from UT County, Nationally known Neurological Surgeon, Member of Intl. Spinal Injection Society
- **Dr. James Loong, PhD.** nationally known Neurological Psychologist
- **Dr. Richard Christy, J.D., D.C.** nationally known attorney and Chiropractor, Speaking about becoming an expert witness and other criti-

cal practice related subjects in the personal injury/ chiropractic area.

- Utah's own **Dr. Jeffery States, D.C.** a nationally known Seminar giver and Chiropractic hot-shot.
- **Dr. Robert Rothfeder, M.D.,** a local friend of chiropractic and Physician extraordinaire.
- **Dr. William Orrison, M.D.,** a nationally recognized Neuro Radiologist.

We are extremely lucky to have booked such an impressive program. Please take advantage of this great opportunity to receive instruction from the top names in the country in this business. If you would like to sign up for this important conference, the cost is \$40.00 per person and receipt of your check reserves your spot. Please call Megan or Kari at (801) 446-6464 for information or to reserve your spot. *The end.*

Referral Mistakes and Myths

Mistake: Do not include in the written paper work of your practice, a written requirement that patients must seek legal counsel or you will not be able to continue to treat them. In order to inspire patients to get legal counsel simply explain to them verbally that the care they need and are receiving needs to be paid for and they do not have or you do not accept their insurance. You may also verbally explain to your patient that No Fault Personal Injury Protection has or will soon run out and that the best way for

them to get money for care is to pursue a claim. Tell them that you office will act on a lien basis if and only if they retain appropriate legal counsel. Tell them their best choice for legal counsel is attorney Bryan A. Larson. However, again, this information should be made verbally and not in writing.

Myth: It is not necessary to recommend a choice of attorneys to your patient. If you have a preference, your patient should know that. Otherwise, your patient will wander into the abyss of being represented

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Thank you to Dr. Jeff States for submitting this article

Another Report Fails to Show a Correlation Between Vehicle Delta V and Outcome in Acute Whiplash Injuries

By Dr. Art Croft, D.C.

A recent study by Kasch et al. (1) looked at, among other things, the relationship between speed change in patients who suffered an acute whiplash injury and neck mobility, neck pain, or headache. These researchers followed a group of 141 patients for six months in a prospective manner, primarily to compare neck mobility in patients with acute whiplash injury to a control group with acute ankle sprain. They wanted to see if they could relate any loss of

neck mobility to headache, neck pain, and speed of the car at the time of collision. They indicated that a major problem after whiplash injury is re-

striction of neck mobility immediately subsequent to trauma, however, it is unclear whether the neck mobility changes after the acute injury are related to the associated headache and neck pain. They assessed the 141 patients' cervical range of neck motion, neck pain, and headache after 1 week, then 1, 3, and 6 months after acute whiplash injury, and 40 patients with acute non-sport ankle sprain. They found that patients with whiplash injury had significantly reduced flexion, extension, lateral flexion, and rotation of the neck immediately after injury, as compared with patients with ankle sprain. However, neck mobility was similar in the two groups after 3 months. They concluded that in patients with whiplash injury, neck pain and neck mobility were found to be related inversely to reported headache and neck mobility during the first 6 months after acute whiplash injury. They also found that neck mobility was not significantly related to a difference in car speed at the time of collision.

"They concluded that in patients with whiplash injury, neck pain and neck mobility were found to be related inversely to reported headache and neck mobility"

Critique

This study, comparing differences between a CAD (Cervical Acceleration/Deceleration) group and a control group, consisting of persons with sprained ankles (referred to as ankle distortions in the paper), was one of the more important papers of the year 2001. The authors' primary interest was in cervical range of motion (CROM) as it relates to neck pain and headaches. Secondary issues were vehicle property damage, speed differences (which I interpret as meaning speed changes or delta Vs), body mass index (BMI), and age. These were all rear impact motor vehicle collisions (MVCs), but they were not categorized in terms of grades of severity. The median reported speed change was 40 km/h (24.8 mph). However this figure is unlikely since most injuries occur between 6-12 mph delta V in rear impact collisions (2). If true, it would also suggest a highly selected group. Moreover, spinal cord injuries become more likely beyond 15 mph delta V and 85% of the subjects in this study self-rated their condition as minor.

To determine speed changes, participants were asked to estimate their speed and that of their crash partner by selecting the number from among 5 km/h increments. This, of course, has the potential to introduce a rather frightening degree of uncertainty. On the other hand, the tendency to overestimate the crash speed is probably going to be fairly consistent from one subject to the next, so if we are looking at variations of speed change, it may be less of a problem than if we were concerned with absolute values. The vehicle masses were likewise estimated from three categories: 0-999 kg, 1,000-1,999 kg, and over 2,000 kg. The potential error in this estimation might have been reduced by attempting to determine the makes and models of the involved cars and actually looking them up.

The method used to determine or estimate property damage was not described. The authors only informed us that "No significant differences in neck mobility was found between participants with whiplash injury exposed to various degrees of car damage (0% to 100% total damage)." There was no mention of pain in this context, but the authors did associate pain with restricted ROM. Here again more effort could have been expended in collecting

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No correlation

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this information. As is, it is relatively meaningless to us since even relatively minor structural damage might be considered a total loss in an older, less valuable car.

The chief findings in the work were that there was a linear inverse association between CROM and neck pain as we would expect, but not with ankle sprain. At six months, however, there was no significant difference between the groups with regard to CROM. Perhaps the biggest question left unanswered here was how this related to symptoms. Although the mean total CROM and specific ranges were not statistically different at six months, we don't know whether there was any relationship between neck pain and symptoms. We don't even know how many of these subjects were symptomatic at six months.

There was also no dose-response relation between speed change and neck mobility, neck pain, or headache on day 90, meaning that **the speed change did not allow prediction of outcome**. So we can add this report to the others that have failed to show a correlation between speed change and outcome (3,4,5,6), an important piece of knowledge in this litigious field. The same was true for the weight of the cars and property damage in both the early phase of recovery and after three months. The findings suggest, the authors point out, that CROM is a valuable measure in the assessment of neck pain in whiplash.

References:

- (1) Kasch H, Stengaard-Pedersen K, Arendt-Nielsen L, Jensen TS. Headache, neck pain, and neck mobility after acute whiplash injury - A prospective study. *Spine*. 2001;26:1246-1251.
- (2) Hell W, Langwieder K, Walz F. Reported soft tissue neck injuries after rear-end car collisions. International Research Council on the Biomechanics of Impact (IRCOBI) Conference Proceedings. September 16-18, 1998, Göteborg, Sweden, 261-274.
- (3) Olsson I, Bunketorp O, Carlsson G, et al.: An in-depth study of neck injuries in rear end collisions. 1990 International IRCOBI Conference, Bron, Lyon, France, September 12-14, 1-15, 1990.
- (4) Pennie B, Agambar L: Patterns of injury and recovery in whiplash. *Injury Brit J Accid Surg* 22(1):57-59, 1991.
- (5) Evans RW: Some observations on whiplash injuries. *Neurologic Clinics* 10(4):975-997, 1992.
- (6) Ryan GA, Taylor GW, Moore VM, Dolinis J: Neck strain in car occupants: injury status after 6 months and crash-related factors. *Injury* 25(8):533-537, 1994.

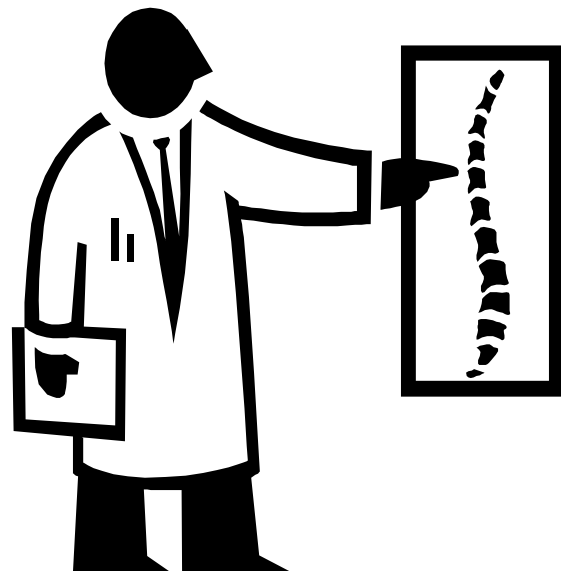
Referrals

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by lawyers who advertise on TV or other attorneys who will actively look for ways of significantly trimming your bill. Ask Dr. Ted Scott about his recent experience.

Correcting a Misconception: You can refer to Attorney Bryan A. Larson regardless of the location of your practice in the State of Utah. We have information packets which we can make available to you for your clients and they can sign up by mail, fax, telephone, email, or in person the very next time they are in Salt Lake or one of our attorneys is in the community where they live. For anything along the Wasatch Front, we routinely visit and make stops as we conduct other business for clients who are already signed up. For Wasatch Front patients, it is a simple matter for us to visit. If you would like one of our new patient or new client sign up packets, please give us a call and see to it that you get some. We also have pamphlets and simple business cards.

The end.



Test your knowledge

Tort quiz

1. In 1962 the average federal judge conducted:
 - a. 39 trials a year.
 - b. 13 trials a year.
 - c. 27 trials a year.
 - d. 60 trials a year.
2. What percent of all civil cases in federal court went to trial in 1962?
 - a. 67.3%
 - b. 46.7%
 - c. 1.8%
 - d. 11.5%
3. In 2002 the average judge conducted:
 - a. 39 trials a year.
 - b. 13 trials a year.
 - c. 27 trials a year.
 - d. 60 trials a year.
4. What percent of all civil cases in federal court went to trial in 2002?
 - a. 67.3%
 - b. 46.7%
 - c. 1.8%
 - d. 11.5%
5. Since 1989 (the past 15 years), Utah law has required that 50% of all punitive damage awards in excess of \$20,000 (after attorney's fees and costs) be remitted to the state treasurer for deposit into the General Fund (U.C.A. § 78-18-1(3)). Since enactment of this law the total punitive damage awards in Utah have enriched the General Fund by:
 - a. More than \$100,000 but less than \$1M.
 - b. More than \$10,000 but less than \$100,000.
 - c. Less than \$10,000.
 - d. More than \$1,000,000.
6. Huge numbers of injury and death lawsuits are filed every year, clogging the courts.
 - a. True
 - b. False

Answers:

1. **A** 39 trials a year. "U.S. Suits Multiply, but Fewer Get to Trial, Study Says," NYTimes.com Article, Adam Liptak, December 14, 2003. Study: Marc Galanter, who teaches law at the University of Wisconsin and the London School of Economics, for the American Bar Association.
2. **D** 11.5% (1962). "U.S. Suits Multiply, but Fewer Get to Trial, Study Says," NYTimes.com Article, Adam Liptak, December 14, 2003. 12,539 civil cases were tried in federal court in 1985.
3. **B** 13 trials a year. "U.S. Suits Multiply, but Fewer Get to Trial, Study Says," NYTimes.com Article, Adam Liptak, December 14, 2003. Study: Marc Galanter, who teaches law at the University of Wisconsin and the London School of Economics, for the American Bar Association. 4,569 civil cases were tried in federal court in 2002.
4. **C** 1.8% (2002). "U.S. Suits Multiply, but Fewer Get to Trial, Study Says," NYTimes.com Article, Adam Liptak, December 14, 2003. Study: Marc Galanter, who teaches law at the University of Wisconsin and the London School of Economics, for the American Bar Association. The percentage in Utah was approximately 1.2%. Source: Paul Cassell, United States District Judge.
5. **C** Less than \$10,000. Utah State Treasurer's office and Utah Attorney General's office.
6. **False**. Tort lawsuits (including personal injury of all types, property damage only, medical malpractice and wrongful death) constitute a tiny fraction of all filings. In 2002, those cases accounted for 0.735% of all filings in the State's District Courts (not seven percent, **less than 3/4 of one percent**). In 2003, they accounted for 0.944% of filings. Nearly as many were disposed of as were filed each year. By contrast, other general civil filings (business disputes, contract claims, foreclosures, and other similar categories) accounted for between a quarter and nearly a third of all filings (2002= 26.77%, 2003=31.72%). Likewise, the numbers of criminal and domestic cases filed each year were dramatically higher than tort cases: 2002- criminal 18.44%, domestic 7.19%, 2003- criminal 16.39%, domestic 8.13% Source: Utah State Courts website, statistics page: <http://www.utcourts.gov/stats/>

The Numbers

From Modern Physician, Dec. 17, 2003

Revenues for physicians' offices rose 8% from 2001 to 2002, to \$236 billion, while hospital revenue rose 10%, to \$507 billion, the U.S. Census Bureau reports.

Major sources of physician office revenue were private insurance (\$115 billion, up 9%), Medicare (\$57 billion, up 8%), and Medicaid (\$17 billion, up 13%), the bureau reports in its "2002 Service Annual Survey: Health Care and Social Assistance Services."

Major sources of hospital revenue were private insurance (\$188 billion, up 11%), Medicare (\$163 billion, up 10%), and Medicaid (\$61 billion, up 8%), it adds.

Pauline Fontaine, Executive Director
Utah Trial Lawyers Association

Remember the Seminar

Here is another reminder about the seminar coming up **Thursday, May 20, 2004**, from 8:00 to 4:30 at eh Miller Entrepreneurial Center, SLCC Miller Campus.

This Seminar will be one of our best yet, be sure to mark your calendar today so you don't miss this great opportunity.

The cost is \$40.00 per person. Please call Megan or Kari at (801) 446-6464 for information and to reserve your spot.



Bryan A. Larson, P.C.

Specializing in help for injured accident victims and the doctors who treat them.

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