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## **Chiropractic Quality Assurance Commission Newsletter – September 2024; Edition 2 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 – Vanessa Wise, DC**

I was appointed to serve on the Chiropractic Quality Assurance Commission in November of 2018. It has been both a learning and challenging experience. I was elected to a leadership role as vice-chair where I served for four years and am now honored to be serving as the chair of the Commission.

Serving the profession has always been a personal mission of mine and being able to serve on the Commission has allowed me to help make our amazing profession even better while also protecting the public.

I appreciate that as a Commission we've been able to accomplish a lot (even despite a few commission member vacancies) but this is due to our dedicated staff and commission members who go above and beyond. During each of our meetings, we have good participation and discussions so important topics are sussed out making sure we all agree, and the best decisions are reached. Each of our members has a different background and I think this diversity makes us a great commission. We have commission members who attended different chiropractic colleges, bringing different backgrounds in how we practice chiropractic to the group. Our public members have served in fairly prestigious ways and bring their public service heart to our meetings as well.

One thing we all have in common is our willingness to serve and dedication to help keep the public safe. There have been meetings at night and weekends that our commission members have attended in order to help. For example, our Animal Manipulation Committee is generally only able to meet after work and have even met on the weekend as we understand the importance of the work we're doing. We have all been working diligently on

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#### **Department of Health**

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Bob Nicoloff  
Executive Director

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#### **Commission Members**

Vanessa Wise, DC; Chair

Jaskirat Walia, DC; Vice-Chair

William Davis, DC; Vice-Chair

Dana Clum, DC; immediate past chair

Susan Bogni, MPA; Executive Committee Public Member

Brian Chan, DC

Stephen Chan, DC

David Folweiler, DC

Susan Jensen, JD; Public Member

Michael Long, DC

Judge Julie Spector (ret.), Public Member

Benjamin Zepeda, DC

researching each of the state laws on animal manipulation, having meetings with the Veterinary Board of Governors and the Washington State Chiropractic Association (WSCA). I am excited to continue this work in the future.

Washington State continues to be in the forefront of innovative ideas. One of these ideas the Commission has developed and implemented is a program called Early Remediation. This program is important as it is focused more on education and helping the chiropractor learn from their mistakes when no harm has been found. When speaking with chiropractors from other states, they're always interested in learning what we're doing and try to adopt what we do. I want to continue having our Commission be the gold standard into the future.

As a practicing chiropractor of just over fifteen years, I'm honored and humbled to serve our profession this way and hope to focus on continuing my committee work on Animal Manipulation and chiropractic rule updates.

We have had a roller coaster of a few years, and I hope that we can continue to improve and grow in positive directions. I feel that many chiropractors go to the office, adjust patients and then go home, often not talking to other chiropractors for long stretches at a time. We are not islands; we need to have interactions with each other to have an exchange of ideas and grow and develop. Those in practice for decades have institutional knowledge that those just entering the profession would do well to learn about. And those just out of school have knowledge of new technologies, practices and better ways of communication. Coming together at seminars and other chiropractic events allows for this communication to happen and future growth to occur. For we are not a static profession, movement is life and that is what we should always strive for.

### **What is the HEAL-WA Fee?**

By: Betty Moe, Director of Operations and Policy

HEAL-WA is Health Evidence Resource for Washington State. You may have noticed a HEAL-WA fee (\$16.00 per year) as part of your chiropractic license renewal.  
0 per year) as part of your chiropractic license renewal.

HEAL-WA is a collection of health information resources funded by license fees from selected healthcare providers in Washington State. Its mission is to provide evidence-based information to support patient care.

The [HEAL-WA portal provides access to full text journals and peer reviewed resources](#).

Your active or inactive status chiropractic license number provides you with access to the HEAL-WA portal, but you will need to create a UW ID to log in.

If you do not know your chiropractic license number and would like to look it up, [you may use Provider Credential Search](#).

If you have further questions regarding HEAL-WA, [see the HEAL-WA frequently asked questions page](#). If there are further questions, contact the HEAL-WA program at the University of Washington library directly: 206-221-2452.

## Commission Member Spotlight

By: Michael Long, DC

Somewhere in the attic, I have an old cassette tape with the recording of a song I sang when I was eight years old. I was singing about when I grew up I was going to be a chiropractor. I was inspired by my father, Dr. Brian Long. He is one of the most passionate chiropractors I have ever known. Still to this day at 82 years of age, he tells anyone who will listen about the life-changing benefits of chiropractic. My father's passion ultimately led me, my oldest brother, two sisters, and two grandchildren to follow in his footsteps.

I grew up in the foothills of Mt Rainier, graduating from Eatonville High School in 1994. I attended the University of Washington, where I completed the required prerequisites for chiropractic college and then off to the Bay Area of California to attend Life Chiropractic College West. I graduated in June of 2000, newly married with a baby on the way.

Upon graduating, I immediately joined my father, uncle, brother, sister-in-law, cousin, and cousin-in-law at Renaissance Chiropractic Center, in Tacoma, Washington. That's right, we had seven Dr Longs under one roof. In 2002, my dad and uncle retired, allowing my brother, cousin and I to take over ownership of the practice.

While in school I knew I wanted to have a practice that focused on pregnancy, infants, and children. Soon after graduation my wife and I began attending a childbirth education class. Through this class, I had the opportunity to connect with other childbirth instructors, doulas, and midwives in our area and soon created a niche with a practice full of pregnant women and newborn babies. I became known amongst the birthing community in south Puget Sound as the doctor to see for pregnancy care and pediatrics. It has been one of my greatest joys when a parent places their precious child into my hands and allows me to care for their baby.

Our practice, Renaissance Chiropractic Center, is one of the largest in the state. We have a team of 6 doctors, 3 massage therapists, and 8 full-time staff working out of a 6500 square foot free-standing office custom built in 1980. My brother and I have partnered in running the practice for the past 20 years.

My wife and I have recently become full-time empty nesters. Our 23-year-old son lives in Atlanta, Georgia where he is beginning his journey through chiropractic college at Life University. Our 21-year-old daughter lives in Corvallis, Oregon where she graduated from Oregon State with her bachelor's degree in psychology and will soon begin a master's program to become a mental health counselor.

Outside of chiropractic, I love to play pickleball, go "glamping" in our camper, spend time in my yard on my tractor "Katie the Kubota", shoot archery, and bow hunt and I am an avid equestrian. I serve in children's ministry in my church, and I am on the board of the Tacoma chapter of Youth for Christ. I am busy, to say the least, but so grateful for the life Chiropractic has afforded me and my family.

I became interested in serving on the Chiropractic Quality Assurance Commission because I am passionate about this profession, and I want to make sure all chiropractors are held to the highest standard for the ultimate benefit and safety of our patients.

## **Changing with the Times and Needs of the Patient**

By: Michael Long, DC

I was raised in a subluxation-based chiropractic home and grew up with a deep belief in the body's ability to heal itself. When my dad started practicing in 1968, he focused on full spine, manual adjusting, and upper cervical specific instrument adjusting. Back then, being a straight chiropractor meant solely focusing on chiropractic care of the spine. He did not provide any nutritional counseling, muscle work, exercises, extremity adjusting, or adjunctive modalities.

In Washington State, our scope of practice limits chiropractors from using many of the modalities available in other states. However, two modalities that are permitted in our state are decompression and laser therapy. I used to believe that these modalities could confuse patients about what was helping them get well, shifting the focus away from the adjustment and leading them to choose what feels the best rather than what's most effective for their healing. I also worried that patients might spend more money on these modalities instead of their chiropractic adjustments.

After being in practice for 24 years and hearing many success stories about our chiropractic forefathers and the results their patients received, I expected to achieve the same results. However, I now believe that our culture has become more toxic over the last several decades, negatively impacting the body's ability to heal itself. Therefore, to enhance the benefits of chiropractic care and accelerate the healing process, we have added both decompression therapy and laser therapy to our practice in recent years.

This experience has opened my eyes to a different way of thinking. If you have been close-minded about adding these procedures to your office, I recommend doing some research and keeping an open mind.

## **Animal Chiropractic**

By: Matt Waldron, DC

In a 2017 business meeting, the Washington State Chiropractic Commission (Commission) discussed the problems and burdens associated with not having a clear and reliable regulatory model for animal chiropractic care in Washington. The Commission discussion explored a variety of options, and ultimately the Commission unanimously voted to move forward with an exploratory project that included reaching out to the Washington State Veterinary Board of Governors (Veterinary Board). The stated mission was to initiate a meeting with the Veterinary Board, inform them of our concerns, and invite them to inform us of their concerns as well.

Establishing health care laws and regulations is an important part of our governmental systems. Health care providers need an open and transparent understanding of regulatory expectations so they can comply with those expectations that pertain to their specific license type. The general public needs the same open and transparent access and understanding so they can make informed health care decisions. In Washington however, it's difficult for chiropractors to understand and meet the regulatory expectations related to lawfully providing chiropractic adjustments to animals. The chiropractic practice act, chapter 18.25 RCW, does not contain language regarding animal chiropractic care, and there is also no regulatory language in chapter 246-808 WAC. Additionally, the veterinary practice act, chapter 18.92 RCW, contains language that appears to classify animal manipulation as the practice of veterinary medicine, but the term "manipulation" is not defined and chiropractors provide "chiropractic

adjustments” per RCW 18.25.006(9). Some chiropractors in Washington have been adjusting animals with no clinical or professional fees attached for a very long time, and some chiropractors have adjusted animals and charged fees. There is also a range of other scenarios, for example some chiropractors and veterinarians collaborate and work together providing animals with chiropractic care and adjustments.

Commission staff began reaching out to the Veterinary Board where eventually Commission representatives, Executive Director Bob Nicoloff, former Disciplinary Manager Tammy Kelley and Commissioner Matthew Waldron, D.C. were welcomed by the Veterinary Board at their June 11, 2018, business meeting. As we presented our concerns in-person about the lack of regulatory clarity regarding animal chiropractic, the Veterinary Board showed a substantial interest in this subject and also expressed some of their concerns as well. There was quick agreement that the vague and unpredictable regulatory model was problematic and improving it was worthy of consideration. A few of the Veterinary Board members stated that this is an important topic based on their personal clinical experiences. They requested that the Veterinary Board and the Commission form an Animal Chiropractic Joint Task Force so that we could continue on with analysis and possibly identify some solutions. The Veterinary Board also formed a sub-committee during that same meeting, and at the next Commission meeting an animal chiropractic sub-committee was formed. The Animal Chiropractic Joint Task Force was in place with both entities engaging with sub-committees. Over a period of several months, the joint task force worked on strategies that would engage stakeholders and other interested parties. The joint task force began hosting virtual online meetings where a large range of topics were brought forward and discussed. At that point the task force’s focus was on learning as much as possible about animal chiropractic from all key people and stakeholders.

In addition to public meetings, sub-committee meetings and joint task force meetings, the Veterinary Board AAG representative and the Commission AAG representative collaborated on a legal review of current laws and regulations that may be relevant. This legal review was shared at a joint task force meeting. We learned a lot from this review, including that some of our previous assumptions were not entirely correct. This solidified our commitment to advancing a clear and reliable regulatory model for the veterinary and chiropractic professions that prioritizes the needs of the general public, and their pet and property animals.

Like many things in business and government, as the COVID era began and persisted, many projects including the joint task force work slowed and only background information gathering, and concepts were worked on. Then in 2023 the Commission sub-committee re-energized and found it was time to push on with the animal chiropractic mission. The Commission recognized the subcommittee’s future work burdens and voted to continue with Matthew Waldron, D.C. as subcommittee chair, Susan Jensen, WA AAG ret. as vice-chair and subcommittee members David Folweiler, D.C and Vanessa Wise, D.C.

The Commission and its animal chiropractic sub-committee also deepened its discussions about animal chiropractic with the Washington State Chiropractic Association (WSCA). The topic of a regulatory model regarding animal chiropractic was of obvious interest to the WSCA, and they have extensive experience with statute changes and additions. The WSCA established their own animal chiropractic subcommittee to focus on these efforts.

The Commission subcommittee had acquired data tables regarding animal chiropractic statutes and regulations in several other states, but the tables were aged, not entirely reliable and lacked information. The subcommittee organized a strategy to create a more up-to-date table of information by grabbing

relevant data from each of the 50 United States. This state-by-state (link) inspection revealed some surprising information, such as several more states had created statutes and/or regulations regarding animal chiropractic than we were aware of, and that some of those states made these changes and additions in recent years. Additionally, we learned that some of the states that had statutes and/or regulations beginning years ago, have updated their statutes based on lessons learned.

The Commission has also inspected and become familiar with other stakeholders:

1. Associations and Societies: American Veterinary Chiropractic Association (AVCA), International Veterinary Chiropractic Association (IVCA), Veterinary Society of Chiropractic, and others.

\*Associations can also act as a type of oversight agency and/or animal chiropractic school program accreditation resource, similar but much smaller in scale than the CCE.

\*Associations appear to have determined that a 3-year re-certification cycle that includes proof of 30 hours of animal chiropractic continuing education is reasonable.

2. Animal Chiropractic Schools - there are approximately 6 animal chiropractic post-graduate programs in the United States and 1 in Germany.

\* Some chiropractic colleges have animal chiropractic courses and electives that are available based on demand and resource availability.

\* The baseline animal chiropractic educational structure appears to be a minimum of 210 hours of instruction, including self-study and multiple trips to “campus” where animals are provided for hands-on lab-components.

The Commission sub-committee continued working on acquiring and sharing information regarding regulatory models in other states, educational resources and models, and certification standards. Additionally, the subcommittee was provided the results of a 2023 WSCA survey that appeared to support the need for an improved regulatory model for animal chiropractic. In late 2023 and early 2024, as a result of the subject matter expertise that the subcommittee had acquired, a "best concept" emerged that the creation of a new section within RCW 18.25 that provides an “Animal Chiropractic Endorsement” available to chiropractors who are qualified. The sub-committee made presentations regarding the “Endorsement” model to both the full Commission and the full WSCA board at their recent retreat.

Following the subcommittee presentation to the WSCA board retreat, the WSCA through its lobbyist Lori Grassi, informed the Commission that they are interested in prioritizing the lobbying efforts for an animal chiropractic endorsement statute based on the work of the Commission subcommittee and the joint task force.

This brings us to here and now. The subcommittee’s current task has been to create an outline document that highlights approximately 16 items that need consideration when statutory language is being developed. The Veterinary Board collaborated with the Commission on several of the items within the outline. This “outline” was presented and discussed at the September 20, 2024, Commission meeting. There’s much more work to do on this project. If the WSCA succeeds with a new animal chiropractic statute signed into law, the Commission will then be required to begin necessary rule-



writing. It's important to note that the Veterinary Board subcommittee members have consistently exceeded our teamwork expectations; they have been outstanding colleagues and collaborators.

## **Trauma Informed Care**

By: Dana Clum, DC

### **Trauma Informed Care**

Last year, I had the opportunity to attend the Washington Medical Commission's training on Trauma Informed Sexual Assault – the Neurobiology of Trauma: Minimizing Trauma – Building Trust. The Workshop was led by Chief Tom Tremblay (Ret), a retired Chief of Police from Vermont with an extensive 30-year policing career. He is a subject matter expert and passionate leader in the field of prevention of domestic and sexual violence.

The workshop I attended was geared towards health care regulators and investigators. However, understanding how trauma affects the nervous system and physiology of a patient warrants the attention of all health care providers, especially chiropractors who often spend much more time with their patients over the course of a year than other health care providers. Trauma Informed Care (TIC) is based on the understanding that trauma can have a significant impact on an individual's physical, emotional and social health; and that healthcare providers can help to mitigate this impact by taking a trauma-informed approach to care.

### **The Neurobiology of Trauma**

It was remarkable and valuable to see how trauma informed consideration can be applied in the regulatory setting. While there were many key learning points to the workshop, the neurobiology of trauma was exceedingly interesting and can help us serve our patients better.

Any traumatic event where one feels threatened will elicit a fear response. As soon as we have high stress and increased fear it affects our brain. It shuts down the prefrontal cortex and ramps up the amygdala. The prefrontal cortex helps us navigate social interactions by evaluating potential outcomes thoughtfully while taking others' feelings and social norms into consideration. It is crucial for managing relationships since it assists in regulating our emotions and understanding others. It helps with critical thinking, foresight and management of your actions.

With the amygdala on overdrive, we move into a "fight or flight" response or survival mode. Our awareness shifts from focus on specific details of events to coping mechanisms and getting ourselves to safety. Our memory of events may be fragmented, unorganized and scattered. With the prefrontal cortex offline, we have less attention to detail, dysregulated emotions, poor logical or rational thought, poor planning and decision making and trouble with connecting, communicating or being in relationship with others. We may become withdrawn and isolated.

If a person remains in a prolonged trauma response or has not processed and healed from a traumatic event, the amygdala may remain on high alert essentially looking for, and perceiving, threat everywhere.

## **Impact of COVID-19/Pandemic Stress**

As I reflect on the training received at that workshop, I can't help thinking about the trauma we have all been through over the past several years. While there is no comparison to the trauma of sexual assault, none of us were prepared for the trauma that living through a pandemic would bring. It has been a tremendous strain on leaders, organizations, health care providers, the public, and regulators.

Studies have now been conducted which assess the impact of how the Covid-19/Pandemic restrictions caused such significant stress that it negatively affected the mental health of people around the world, leading to increased levels of depression and anxiety. The cause of the traumatic stress varied greatly. Groups that experienced the greatest levels of traumatic distress included people who had a Covid-19 diagnosis or symptoms, lost a loved one, identified as transgender, non-binary, or cisgender women, were from a higher income country, unemployed, had a higher level of government-imposed restrictions and/or had difficulty working from home. These groups are quite different yet all experienced high levels of stress. Such trauma affects us all at a neurological level, keeping us in survival mode and making it hard to communicate, relate to others and be in relationship. This trauma response has put family members at odds with each other, caused teams to break down and has ended friendships and relationships. We seem to have lost our ability to disagree, communicate, come up with creative solutions and maintain respect for each other's viewpoints.

## **Trauma Informed Practice**

Considering the extraordinary events of the past few years, the likelihood that providers may encounter patients who have experienced traumatic stress is significantly higher than it ever has been. Yet, our patients may not even recognize they are acting in a trauma response. Even if a patient is unaware they are experiencing post-traumatic stress, they may exhibit the neurological challenges that go along with it.

Understanding how trauma can have a significant impact on an individual's physical, emotional, and social health, we can help mitigate this for our patients and contribute to their healing. In addition to working with a trained mental health professional, chiropractic care can help regulate a patient nervous system and restore a healthy balance between the sympathetic and parasympathetic nervous system. We should be able to direct our care accordingly so all patients can achieve these benefits. But how can we identify a trauma response in a patient and how can we structure our practice to help these patients feel at ease and receive the care they need?

As a provider, it's never been more important to recognize this trauma response. Your ability to connect with a patient, modify your communication accordingly and have them feel safe in your office can increase the likelihood of a patient committing to their care plan, obtaining excellent health changes, leaving positive reviews and referring their friends and family members. If you miss identifying a trauma response, you run the risk of a patient leaving your practice, leaving bad reviews, speaking poorly of your office in the community and potentially filing a complaint.

## **Identifying Trauma Without Disclosure**

Patients may not always articulate their trauma. This may be due to discomfort discussing it or a lack of awareness about its influence on their health. You never want to force the disclosure, however,



recognizing trauma involves being attentive to signs and symptoms that may indicate a traumatic response.

**Behavioral Indicators:** Patients who exhibit increased anxiety, agitation, or avoidance behaviors may be struggling with trauma. They may be unusually alert, easily startled or have difficulty concentrating. They might avoid certain topics, physical contact, or specific areas of the office. Patients may seem disconnected or detached, either during conversations or procedures. These behaviors can be subtle, but their presence often signifies an underlying issue.

**Physical Symptoms:** Trauma can lead to a heightened stress response in the body which affects the central nervous system pushing us into a consistent state of sympathetic dominance - “fight or flight”. This will produce a systemic inflammatory response in the body, which may manifest physically through chronic pain, headaches, or gastrointestinal issues. Patients with unexplained, recurrent symptoms might be dealing with trauma that affects their overall health.

**Communication Patterns:** Patients might have difficulty discussing certain topics or may appear detached when discussing their health history. They may also exhibit signs of distrust or skepticism. These responses may indicate they feel a general lack of safety or may be linked to past experiences of trauma. If a patient doesn’t feel safe, they may exhibit hypervigilance which may lead them to misread communication and encounters in relationships, at work or in environments such as in healthcare.

### **Adopt a Trauma Informed Approach in Practice**

In addition to learning how to identify a trauma response, it’s fairly simple to implement some practical strategies to help all of your patients feel at ease in your office.

**Create a Safe Space:** Set your office up with comfort and privacy in mind. Ensure spaces are well-lit, quiet, and exam spaces are private to help patients feel more at ease. If you are examining a member of the opposite sex, keep the exam room door open to help them feel less isolated and safe. Outside of exam visits, an open adjusting concept can help patients feel connected to others in the office and less vulnerable.

**Mindful Communication:** Use compassionate and non-judgmental language. Instead of using medical jargon, explain a patient’s care in simple terms to ensure they understand. Always explain what is about to happen and what the next steps are, so they feel at ease and know what’s coming next. Describe what you are going to do next, what an exam procedure entails or what will happen during an adjustment.

**Build Trust:** Approach the topic sensitively and build a trusting relationship with the patient. Avoid pressing them for disclosure, but make sure they feel supported and safe. It may take time to build trust, but consistency is the key.

**Ensure Safety:** Prioritize the patient’s immediate safety. Make sure your patients are never placed in a vulnerable position while in your office. Additionally, if you learn there is a risk of imminent danger in a patient’s life, ensure that the patient has a safe place to go or contact appropriate services to provide immediate protection.

**Training and Education:** Providers should engage in ongoing training about trauma and TIC principles. This helps them recognize signs of trauma and understand how trauma can manifest in various ways, influencing both physical and mental health.

## 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](http://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:

### Clallam County

In February 2024 the Unlicensed Practice Program issued a cease-and-desist order to **Frank Henry Springob** (CH00001149). Springob must permanently cease and desist from practicing chiropractic medicine in Washington state unless he obtains the proper license. Since at least 2017, Springob used the Morphogenic Field Technique with clients while his license was suspended.

### Clark County

In February 2024 the Chiropractic Quality Assurance Commission amended the charges of unprofessional conduct against chiropractor **Harley Orville Youngblood** (CH00003002). The acts of unprofessional conduct Youngblood allegedly committed now include abuse of a client or sexual contact with a client. In December 2021, Youngblood allegedly touched a patient in a sexual manner during multiple treatment sessions.

### King County

In January 2024 the Chiropractic Quality Assurance Commission amended the statement of charges of unprofessional conduct against chiropractor **Justin T. Goslin** (CH60264834). The alleged violations now include a violation of rules regarding standards of patient care or professional conduct. Charges state that in 2020, Goslin inappropriately touched a patient during treatment and discussed his personal relationship with the patient. In July 2022, Goslin allegedly smelled of alcohol, discussed his personal relationship with a patient and attempted to keep her from leaving the treatment session and parking lot.

In March 2024 the Chiropractic Quality Assurance Commission and **Justin T. Goslin** (CH60264834) agreed to the suspension of his chiropractor license. Prior to petitioning for reinstatement, Goslin must pass an ethics course and complete an ethics and boundaries assessment. He must also pay a \$3,000 fine. Goslin inappropriately touched a patient during treatment, discussed his personal relationship with patients, smelled of alcohol at work, and attempted to keep a patient from leaving a treatment session.

In February 2024 the Chiropractic Quality Assurance Commission charged chiropractor **Raymon Kooner** (CH00034656) with unprofessional conduct. Charges state that between November 2015 and

November 2020, Kooner owned a chiropractic clinic that advertised and/or billed for treatments outside the scope of chiropractic practice.

## **Pierce County**

In March 2024 the Chiropractic Quality Assurance Commission reinstated the chiropractor license of **James Calvin LaHoe** (CH60114798) with conditions on the license. The license is on probation for at least five years, during which time LaHoe cannot practice as a solo practitioner and he must work as an associate for a chiropractor. LaHoe must also allow for audits of his chiropractic practice and complete 18 hours of continuing education in the area of ethics and boundaries.

In July 2024 the Chiropractic Quality Assurance Commission indefinitely suspended the chiropractor license of **Bo Robert Mullen** (CH60582933). Prior to reinstatement, Mullen must pay a \$5,000 fine and provide a written COVID-19 proclamation compliance plan. In September 2021, Mullen, a co-owner of Harbor Life Chiropractic, did not comply with multiple Washington legal codes requiring the use of masks during the COVID-19 pandemic. In September 2024 the Commission reinstated his license.

In May 2024 the Chiropractic Quality Assurance Commission and **Jamie Kathleen Mullen** (CH60582943) agreed to the indefinite suspension of her chiropractor license. Prior to petitioning for reinstatement, Mullen was required to pay a \$5,000 fine and provide a COVID-19 compliance plan. In September 2021, chiropractors, staff, and patients at the clinic Mullen co-owned did not wear masks. The clinic also did not have COVID-19 safety signs. In July 2024 the Commission reinstated her license.

In March 2024 the Chiropractic Quality Assurance Commission and **Dennis Eugene Smith** (CH00001762) entered an agreed order on his chiropractor license. Smith must pass a jurisprudence examination and complete 12 hours of continuing education in the areas of documentation of care and orthopedic testing. Smith must also pay a \$700 fine. In November 2021, Smith incompetently performed a test that caused pain and injury to the patient and failed to keep accurate documentation of the treatment provided.

## **Skagit County**

In April 2024 the Chiropractic Quality Assurance Commission ordered that the chiropractor license of **Benjamin Joshua Bergevin** (CH60278305) be subject to oversight for at least three years. Bergevin must pass an ethics exam, a jurisprudence exam, and complete six hours of continuing education in the area of ethics and boundaries. Between May and December 2017, Bergevin touched two patients in a sexual manner.

In April 2024 the Chiropractic Quality Assurance Commission charged chiropractor **Steven M. Rindal** (CH00000920) with unprofessional conduct. Charges state that in May 2021, Rindal failed to respond to a letter of cooperation, issued in May 2022, regarding treating patients with a suspended license.

## **Snohomish County**

In February 2024 the Chiropractic Quality Assurance Commission indefinitely suspended the chiropractor license of **Kyle Matthew Osborne** (CH60450085). Prior to petitioning for reinstatement,

Osborne must pass an ethics course, pay a \$15,000 fine, and provide his plan for patient notification of his business interests and for complying with the anti-rebate statute. Osborne was the sole owner of a chiropractor business where his employee was referring patients to another business in which Osborne was co-owner. The patients were not notified of Osborne’s financial interest in the referrals to the other business.

## **Whatcom County**

In March 2024 the Chiropractic Quality Assurance Commission and **Brian David Boyd** (CH00003375) entered an agreed order on his chiropractor license. Boyd’s application to reactive his chiropractor license was denied, and he is prohibited from reapplying for an indefinite period. Prior to reapplying, Boyd must complete a chiropractic examination, pass a jurisprudence examination, and complete 50 hours of continuing education. Between October 2015 and March 2022, Boyd practiced as a chiropractor with an expired license.

## **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 serve 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](mailto: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](mailto:tammy.kelley@doh.wa.gov) or [CQAC@doh.wa.gov](mailto:CQAC@doh.wa.gov)

## **Remaining 2024 Meeting Date**

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. The HEAL-WA fee in Washington is?
  - \$ 18 every two years
  - \$ 20 every year
  - \$ 16 every year
  - \$ 30 every two years
2. Decompression and laser therapy are not allowed to be performed by Chiropractors in Washington State.
  - True
  - False
3. Dr. Michael Long graduated from what chiropractic college?
  - University of Western State
  - Sherman College of Chiropractic
  - Life Chiropractic College West
  - Palmer College of Chiropractic
4. A chiropractor in Washington can currently adjust an animal if:
  - the animal has been recently in a traumatic accident.
  - they don't charge a fee.
  - they also hold a veterinary license.
  - they are AVCA or IVCA certified.
5. Trauma can lead to a heightened stress response in the body which affects the central nervous system pushing us into a consistent state of sympathetic dominance - "fight or flight".
  - True
  - False