Dynamic Chiropractic

CHRONIC / ACUTE CONDITIONS

Persistent Stiff Neck and Nausea Could Signal Meningitis

Dennis Semlow, DC

Facts

A friend referred Joan McDade, a 40-year-old housekeeper, to Dr. Dick Hopkins for a sore neck and headache that had plagued her for the past ten days. She had also experienced weakness and loss of appetite. McDade had a ten-year history of occasional severe headaches and used a pain reliever or anti-inflammatory prescribed by her MD.

Dr. Hopkins took x-rays and had McDade complete a medical history form. He diagnosed a degenerative condition in the neck caused by an injury ten years earlier.

Using the diversified technique, Hopkins made axial adjustments and C5 and C6 vertebral adjustments. He told McDade to return the next day.

Between Monday and Saturday, Dr. Hopkins adjusted his patient four times. On her fourth visit, McDade was slightly better, although her neck was still very tender and she felt weak. She also complained of nausea.

Dr. Hopkins, highly critical of prescribing antibiotics and drugs, spent more than an hour Saturday morning with the patient and her husband researching the pain killers her MD had prescribed. Dr. Hopkins said that the drugs she was using indiscriminately destroyed some of her body's immunities, making her more susceptible to a secondary infection.

McDade's husband called Dr. Hopkins' office the following Monday: "Doc, I'm worried about Joan. She's dizzy, the left side of her head hurts, and her neck is killing her. Besides, she says she's having trouble seeing and she's as weak as a kitten."

Dr. Hopkins suggested taking McDade to the emergency room for "drug toxicity" treatment.

The attending physician at the ER diagnosed severe bacterial meningitis and immediately admitted McDade to the ICU. Six weeks later, she was transferred to a rehabilitation hospital, where she was an in-patient for two months and out-patient for another five.

McDade suffered from post-meningitis retardation syndrome. After seven months of physical and occupational therapy, residual effects included poor cognitive skills, slow and slurred speech, impaired motor coordination, hearing loss, gait defect, and loss of the use of right hand and arm.

Outcome

Dr. Hopkins received a Summons and Complaint. The plaintiff alleged Hopkins improperly diagnosed the patient's condition and failed to refer her to an appropriate medical doctor.

The plaintiff asked for $200,000 for medical expenses, loss of earning capacity and loss of enjoyment of life.

Meningitis, an infection or inflammation of the membranes covering the brain and the spinal cord, is regarded as a medical emergency. The prognosis depends more on how soon therapy is instituted after the onset of the disease than any other factor.

The distinctive characteristic of meningitis is a severe headache with a stiff and painful neck. Vomiting is common.

A defense expert witness (an MD) acknowledged that "while a chiropractor is not expected to make a definite diagnosis for meningitis, symptoms that do not respond to chiropractic manipulation, or that include intense headache, weakness, and nausea require immediate referral to an MD." A second expert witness -- a chiropractor -- agreed that, in view of the persistent nature of the symptoms, the insured should have referred the patient. Further, the insured's advice to the patient that her medication had caused a secondary infection could be considered false and misleading, especially since the drugs in question were pain killers, not antibiotics.

Prevention

Be careful of the advice you give patients about medication prescribed by another doctor.

Pay close attention to severe or persistent symptoms that do not respond to chiropractic manipulations. Whenever patients have severe headaches combined with nausea, fever, and/or spinal rigidity, a spinal puncture test should be performed to determine if meningitis is present. When a patient requires referral, refer immediately.

Dr. Hopkins, with his confidence of chiropractic and criticism of the medical establishment, was prevented from thoroughly assessing his patient's condition and referring accordingly. This, combined with the degree of the patient's long-term injury, resulted in a settlement for $150,000.

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This case study is provided from the OUM Group Chiropractor Program claims files. The study is based on actual incidents, however cicumstances and names have been changed.

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