

Failure to Refer Leads to Suit

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Facts:

Twenty-eight-year-old bus driver, Marilyn Craig, went to Dr. Minor complaining of a stiff neck, low-grade headache, occasional fuzzy vision, and dizziness. Back pain was not new to Craig. In 1980 she suffered a lower back injury that was treated by a medical doctor. Several years later she was treated for the same problem by a chiropractor.

Craig also suffered from Raynaud's disease, a vascular disorder most commonly found in the fingers and toes of young women, and often secondary to other conditions, including arteriosclerosis.

Prior to any treatment, Dr. Minor followed his pretreatment, routine examination, obtaining a medical history and taking x-rays. Craig's x-rays revealed a build-up of plaque on her arteries. He advised Craig that she was at high risk for a stroke if cervical manipulations were performed. She acknowledged the risk and elected to go ahead with the treatment.

Dr. Minor employed ice, ultrasound, and manipulative therapy. On the tenth visit, as Dr. Minor was adjusting Craig's neck, she cried out that she was dizzy and couldn't see. Dr. Minor immediately stopped manipulations and calmed the patient. According to Dr. Minor, the patient's vision returned after two to three minutes. According to Craig, restoration of her vision took 10 to 15 minutes.

Outcome:

Craig claimed that Dr. Minor's cervical manipulations caused a cerebral vascular accident and permanent damage. She allegedly suffered a dissecting aneurysm, which, according to the plaintiff's experts, was the result of arterial tearing caused by chiropractic manipulation. By definition, a dissecting aneurysm, caused by an injury to the vertebral artery, cuts off the blood supply to the brain and can result in a loss of vision, dizziness, or brain death.

Craig also asserted that the cervical manipulations caused permanent dizziness and visual disturbance. She alleged that even after her vision returned, fluttering vision in each eye persisted. Furthermore, she stated that the chiropractor performed excessive treatment that was not medically indicated. She demanded \$1.2 million in damages.

Several of the plaintiff's expert witnesses concurred that Craig's visual impairment and slurred speech would be permanent and unchanging. Chiropractic manipulation was the stated cause. They also claimed that Craig's aneurysm could rupture spontaneously, causing death.

Also on the plaintiff's behalf, a medical doctor ordered a magnetic resonance imaging study (MRI) and performed a visual field exam. The MRI study revealed multiple abnormalities in the vertebral basilar distribution in the left occipital cortex and in both cerebral hemispheres. The doctor's final diagnosis

was a vertebral artery occlusion bilaterally, related to chiropractic manipulation. Pre-existing abnormalities, such as arteriosclerotic disease might have put her at higher risk for the occlusion.

Chiropractors serving as expert witnesses for the defense contended that the insured neither deviated from standards of care nor acted negligently.

Dr., Minor admitted he was manipulating the patient's neck at the time of her vision loss. He also indicated he discussed with her that the risk of a stroke was higher in her case because of the build-up of arterial plaque. However, he took no action to refer the patient for vascular testing, despite the apparent seriousness of the build-up. The case was settled out of court for \$500,000.

Prevention:

The build-up of plaque on Craig's arteries put her at extremely high risk for a stroke. A George's CV test should have been performed. The specialist and DC should have had a conference to determine cause.

If there is still a question to causal relationship with patients having arterial plaque build-up, refer them for examination by a vascular specialist to assess the degree of vascular impairment.

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

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