

	<b>MD: Stanford Curriculum</b>	<b>DC: UWS Curriculum</b>	<b>PA: OHSU Curriculum</b>
<b>Q1</b>	Fundamentals of Medicine: Cells to Tissues Molecular Foundations of Medicine Applied biochemistry Development of Disease Mechanisms Basic Cardiac life support Gross Anatomy Practice of Medicine I	Spinal Anatomy Gross Anatomy I Biochemistry I Cell Biology Philosophy and Principles I Biomechanics/Palpation I Lecture Biomechanics/Palpation I Lab Clinical Topics I Radiographic Anatomy I	Physical Diagnosis Physical Diagnosis Lab Principles of Professional Practice I Introduction to Epidemiology and Evidence based Medicine Introduction to Medical Genetics Intro to Pathophysiology Introduction to Pharmacotherapeutics. Foundations of Clinical Anatomy
<b>Q2</b>	Human Health and Disease: Intro to Infectious Disease Intro to Pharmacology Intro to Respiratory Disease The Nervous System Immunology Gross Anatomy; Head and Neck Practice of Medicine II	Gross Anatomy II Biochemistry II Histology Philosophy and Principles II Biomechanics/Palpation lec II Biomechanics/Palpation Lab II Adjustive Physcomotor Skills Information Mastery Radiographic Anatomy II	Allergy, Immunity and Infection Skin, Muscle and Bone Clinical Medicine Tutorials Principles of Professional Practice II Clinical Practicum
<b>Q3</b>	Human Health and Disease II: Pulmonary Cardiovascular Practice of Medicine III	Neuroanatomy Gross Anatomy III Physiology I Human Development Adjustive Technique Lec I Adjustive Technique Lab I Philosophy and Principles III	Heart Lung and Kidney Gut and Metabolism Hormonal Regulation and Reproduction Clinical Medicine Tutorials II Principles of Professional Practice III Clinical Practicum II Electrocardiography
<b>Q4</b>	Human Health and Disease III: Renal/Genitourinary Gastrointestinal Skin/Endocrine Reproduction and women's Health Practice of Medicine IV	Neurophysiology Physiology II Microbiology, Immunology and Public Health General Pathology I Adjustive Technique Lect II Adjustive Technique Lab II Soft Tissue Therapies and Rehabilitation I Clinical Topics II Evidence Based Practice I Radiographic Anatomy III	Infants and Elders Brain and Behavior Emergent and Surgical Medicine Clinical Medicine Tutorials III Principles and Professional Practice IV Clinical Practicum III Applied Clinical Skills Foundations of Patient Safety and Interprofessional Practice

	<b>MD: Stanford Curriculum</b>	<b>DC: UWS Curriculum</b>	<b>PA: OHSU Curriculum</b>
Q5	Human Health and Disease IV: Brain and Behavior Hematology Systemic Disease Practice of Medicine V	Nutrition Genetics Clinical Microbiology and Public Health General Pathology II Adjustive Technique Lec III Adjustive Technique Lab III Philosophy and Principles IV Biomechanics/Palpation III Physical Diagnosis Lec I Physical Diagnosis Lab I Patient Practice Management I Dermatology and Infections Disease Evidence Based Practice II	Clinical Rotations
Q6	Practice of Medicine VI Transition to clinical Internships Study for USMLE Preperations for clerkship	Neuromusculoskeletal Diagnosis and Treatment Lec I Neuromusculoskeletal Diagnosis and Treatment Lab I Adjustive Technique Lec IV Adjustive Technique Lab IV Biomechanics/Palpation Lec IV Biomechanics/Palpation Lab IV Adjustive Technique V Clinical Topics III Physical Diagnosis Lec II Physical Diagnosis Lab II Clinical Topics III Radiographic Technique I	Clinical Rotations

	<b>MD: Stanford Curriculum</b>	<b>DC: UWS Curriculum</b>	<b>PA: OHSU Curriculum</b>
Q7	Clinical Clerkship Internal Medicine Pediatrics Surgery	Neuromusculoskeletal Diagnosis and Treatment Lec II Neuromusculoskeletal Diagnosis and Treatment Lab II Taping and Splinting Adjustive Technique VI advanced Adjustive Technique VI Clinical Internship I Clinical Phase I Chiropractic Physiological Therapeutics I Cardiorespiratory Diagnosis and Treatment Narrative Report Writing Clinical Pathology Patient Practice Management I Patient Practice Management II Emergency Care Radiographic Technique II Bone Pathology I	Clinical Rotations
Q8	Clinical Clerkships Obstetrics and Gynecology	Clinical Internship II Clinical Phase II Neuromusculoskeletal Diagnosis and Treatment Lec III Neuromusculoskeletal Diagnosis and Treatment Lab III Soft Tissue Therapies and Rehabilitation II Taping and Splinting II Gastroenterology Diagnosis and Treatment Chiropractic Physiological Therapeutics II Clinical Nutritiona and Botanicals I Radiographic Technique III Bone Pathology II	Clinical Rotations

	<b>MD: Stanford Curriculum</b>	<b>DC: UWS Curriculum</b>	<b>PA: OHSU Curriculum</b>
Q9	Clinical Clerkship: Family Medicine Phsychiatry Neurology Critical Care	Clinical Internship III Clinical Phase III Clinical Neurology Adjustive Technique Lec VII Adjustive Technique Lab VII Genitourninary Jurisprudence and Ethics Clinical Nutrition and Botanicals II Intro to Pharmacology Patient Practice Managment Bone Pathology III	Clinical Rotations
Q10	Clinical Clerkship: Ambulatory Practice Subinternship	Clinical Internship IV Phiolosophy and Principles VI Adjustive Technique VIII Correlative and Differential Diagnosis Minor Surgery Proctology Patient Practice Managment IV Obstetrics Minor Surgery Lab Evidence Based Practice III Soft Tissue Interpretation	
Q11	Electives	Clinical Internship V Phiosophy and Principles V Adjustive Technique IX Adjustive Technique X Clinical Pediatrics Clinical Geriatrics Clinical Psycology Patient Practice Managment V Patient Practice Management III Evidence Based Practice IV Bone Pathology IV	
Q12		Clinical Internship VI Patient Practice Management IV	



Oregon School Activities Association  
**Sports Medicine Advisory Committee**  
Minutes – September 9, 2014 Meeting



1. Present: Dr. Michael Koester (chairperson); Mark Boren, Erin Cramer, ATC PA-C (OSPA); Marlee Hanson, MS ATC (OATS); Dr. Thomas Van Veen; Shelley Jones, ATC/R (OATS); Dr. Brad Butler; Dr. James Chesnutt; Brad Garrett, Peter Weber and Tom Welter (OSAA).
2. Welcome and Introductions
3. Minutes of April 8, 2014 meeting reviewed and approved.
4. Old Business
  - a. Concussion Management
    - 1) OSAA Practice Model – Shelly Jones commented on the new Heat Index Alert system – really likes it. Indicated that she was not notified during the pre-season.

Brad pointed out where most questions centered with the new policy. Specifically, issues related to form tackling and the definition of teaching sessions. The group asked the staff to come back with some revised language to address the problems with these two areas.
    - 2) **Max's Law and Jenna's Law** – Proposed Solution – Tom reviewed the conflict with Jenna's Law. Tom, Pete, and Ozzie Rose are meeting with **Senator Elizabeth Steiner Hayward**, the bill's sponsor, to **revise the bill to exclude OSAA member schools in Jenna's Law.**
    - 3) Review NFHS Concussion Summit – Dr. Koester reviewed the draft version of the document produced by those members of the NFHS Concussion Task Force. He noted that the representation on the group included many different interests including the NFL, NCAA, NFHS, USA Football but all worked in the common interest of minimizing risk for kids.

The document contains a series of recommendations and guidelines that will be distributed to all state associations, but will not require them to adopt the guidelines.

Brad noted the importance of integrating USA Football Heads Up program within the OSAA – this is also one of the recommendations mentioned in the document. Brad will provide all committee members with a link and password so they can view the content in the Heads Up certification course. Dr. Koester asked the group to focus on the Heat and Hydration component to determine if they feel it would be commensurate with the NFHS Heat course – if the group feels it is comparable then coaches could complete three different requirements with the same course.
    - 4) Headgear in 7-on-7 Passing Leagues – The group discussed the potential to allow use of helmets or other types of protective equipment. They reviewed a sample product currently on the market designed to prevent scalp lacerations. After discussion, it was unanimous to continue the practice of not allowing any type of protective equipment during 7-on-7.
    - 5) American Journal of Sports Medicine article – published July 24, 2014 – The group review the article.
    - 6) ImPact Concussion Management – Tom mentioned that the OSAA is negotiating a bulk purchase of tests that they would then sell back to schools using Impact at cost – this will save schools significant money. Dr. Chesnutt pointed out that we should be careful about the liability involved with schools buying the tests but not having the correct person read the results – establishing a standard of care.

The group suggested collaborating with OCAMP on having training to certify more health care professionals to interpret the results.
  - b. Pre-Participation Physical Exams
    - 1) OSAA SMAC Position Statement on Sudden Cardiac Arrest and Pre-Participation Screening – The group reviewed the position statement.
    - 2) Sports Physical Goal: Reduce Liability Risks While Assessing Student Fitness – Mick reviewed an article submitted by Dr. Van Veen regarding the need for athletes to sign a waiver acknowledging that a sports physical may not discover potential health issues that could lead to death. The article outlines why those who provide free physicals to student athletes need to have some type of waiver.

- 3) Randall Children's Hospital Teen Heart Screening Event – October 4 / Free Travelling Defibrillators – The group discussed taking a position on cardiac screening opportunities and whether or not to endorse these types of efforts. Dr. Chesnutt reminded the group that false positives do occur and that can cost families thousands of dollars to find out the nothing is wrong.
  - 4) Electronic Health Records and PPE's (add language to protocol and send to State Board of Educations) – The group reviewed the language and will be forwarded to the ODE for review
  - 5) Anyone Can Save A Life Pilot Program – 20+ schools are involved in the program – Marci and Mick are working together to get the program implemented.
  - c. Appropriate Health Care Professional (PPE / Concussion / Skin Care) – The group discussed and ultimately made the decision by a vote of 8-0 to define "appropriate health care professional" the same as those allowed to perform physical exams with the exception of Chiropractors.
  - d. Baseball – Pitching Limitations – The Committee discussed the results of a survey sent to coaches in early June. The plan is to form a group of coaches to review the survey data and suggest a possible revision to the current established innings limitation. This group would include Dr. Koester or another representative of the OSAA SMAC and a mixture of current head coaches at different classification levels.
5. New Business
- a. Review OSAA Chemical Health Position policy – Erin Cramer will review the current position statement and suggest necessary revisions.
6. Fall State Championship Coverage
- |                               |                                   |                                |
|-------------------------------|-----------------------------------|--------------------------------|
| a. Cross Country              | Saturday, November 1              | Lane Community College, Eugene |
| b. Volleyball – 6A, 5A Friday | Saturday, November 7-8            | Liberty HS, Hillsboro          |
| 4A, 3A                        | Friday – Saturday, November 7-8   | Lane Community College, Eugene |
| 2A, 1A                        | Friday – Saturday, November 7-8   | Ridgeview HS, Redmond          |
| c. Soccer – 6A, 5A B/G        | Saturday, November 15             | Hillsboro Stadium, Hillsboro   |
| 4AB, 3A/2A/1A B/G             | Saturday, November 15             | Liberty HS, Hillsboro          |
| d. Football – Semifinals      |                                   |                                |
| 5A, 4A, 3A, 2A, 1A            | Friday - Saturday, November 21-22 | TBD                            |
| 6A                            | Saturday, November 28             | TBD                            |
| e. Football – Finals          |                                   |                                |
| 5A, 4A, 3A, 2A, 1A            | Saturday, November 29             | TBD                            |
| 6A                            | Saturday, December 6              | TBD                            |
7. Future Meeting Dates – 6:30pm at Wild Pear Restaurant, Salem.
- Tuesday, Nov 4, 2014
  - Wednesday, Feb 11, 2015
  - Tuesday, April 7, 2015



## Brain Injury Alliance of Oregon

Creating a better future through brain injury prevention, research, education and advocacy

September 22, 2015

Dear Member of the Oregon Legislative Assembly

RE: ORS 336.485 "Health care professional" Inserting *chiropractic physicians* concussion and return to play.

We support inserting chiropractic physicians into Oregon law (ORS 336.485) as one of the health care professionals qualified to triage a school athletic team member to rule out concussion and make a determination if that athlete can return to play. A chiropractic physician's clinical training and skill sets more than qualify them in this regard with many current acting as team doctors for many schools across our state. When we first envisioned Max's law, our intention was to keep the types of health care professionals qualified to make the call to return to play when a concussion was suspected in an athlete as broad as possible, since in rural areas of the state there is usually a paucity of available health care professionals. Additionally, in 2013, Dr. Bonnie Malone of Sisters, Oregon, personally helped in the passage of Jenna's Law, Jenna Sneava being a patient of Dr. Malone.

We ask that you please support this proposed legislation,

Sincerely,

Sherry Stock, MS, MGert, CBIST  
Executive Director – NeuroGerontologist  
Brain Injury Alliance of Oregon

Tel: 800-544-5243

Becki Sparre 503-961-5675

Fax: (503)961-8730

Offices - By Appointment Only: Salem Regional Rehabilitation Center, 2561 Center Street NE, Salem OR 97301

Portland: Brain Injury Help Center, 1220 SW Morrison #433, Portland OR 97205

biaor@biaoregon.org

www.biaoregon.org

Mailing Address: Executive Director

PO Box 549

Molalla OR 97038

Sherry Stock, MS CBIST

BIAOR is a 501(c)(3)

Tax-exempt organization

Tax ID: 93-0900797



UNIVERSITY of WESTERN STATES  
*Integrating Health and Science*

September 17, 2015

Re: Review of UWS Doctor of Chiropractic Program

The following is a general review of the DCP at University of Western States as it pertains to diagnosis and management of sports related injury, as well as pre-participation evaluation of athletes.

The curriculum at UWS is very comprehensive and trains the student to provide primary care within scope and license and in Oregon, can include minor surgery. The courses that generally cover diagnosis and management of sports related conditions and general physical exam are as follows:

Biomechanics I, II, and III (as well as labs)  
Neurophysiology  
General Pathology I and II  
Physical Diagnosis I and II (as well as labs)  
Neuromusculoskeletal Diagnosis I, II, and III (as well as labs)  
Clinical Pathology I and II  
Bone Pathology I, II, III, and IV  
Clinical Pediatrics  
Clinical Neurology  
Correlative and Differential Diagnosis  
Emergency Care  
Taping and Splinting I and II  
Cardiac Emergency Care  
ENT/ Clinical Phase II and lab  
Physiological Therapeutics I and II  
Soft Tissue Evaluation and Treatment I and II  
Soft Tissue Interpretation  
Clinical Internship I-V

Specific course mapping will indicate the following:

Diagnosis of internal disorders occurs in:

Physiology 1 QTR 3  
Physical Diagnosis I and II QTR 5 and 6  
Correlative and Differential Diagnosis QTR 10 and 11



Neuromusculoskeletal I – IV QTR 7  
Clinical Pathology QTR 7  
General Pathology I and II QTR 4 and 5  
Emergency Care QTR 7  
Clinical Internship I-V QTR 7-10

Cardiac arrhythmias and other cardiac conditions:

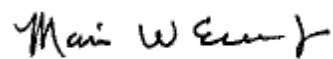
Physiology I QTR 3  
Physical Diagnosis I QTR 5  
Cardiac Emergency Care QTR 7  
General Pathology I and II QTR 4 and 5  
Differential Diagnosis of Chest Pain ATR 10 and 11  
Correlative and Differential Diagnosis QTR 10 and 11  
Clinical Internship I-V QTR 7-10

Head Trauma:

Neuromusculoskeletal Diagnosis I QTR 4  
Physical Diagnosis II ( and lab) QTR 6  
General Pathology I and II QTR 4 and 5  
ENT Clinic Phase II and III with lab QTR 8  
NMS Lecture I and II QTR 6 and 7  
Emergency Care QTR 7  
Bone Pathology II-IV QTR 8-11

Approximately 33% of DCP students at UWS concurrently complete a master of science in sports medicine to provide specialty status in the field of sports medicine. UWS remains on a typical university quarter system.

Respectfully,



Marion Willard Evans, Jr. DC, PhD  
Provost and Executive Vice President

**Draft, Version 2, Final Report**  
**Concussion Subcommittee of OSAA Sports Medicine Advisory Committee**  
**December 17, 2013**

The subcommittee charged with reviewing qualifications for concussion clearance, at the request of chiropractic colleagues, has met on multiple occasions. The outcomes of its work and recommendations to the full Sports Medicine Advisory Committee are summarized here:

1. The credential-based qualification model currently in use is appropriate at present, given the financial, geographic, and validity barriers which could hamper a competency-based qualification model today.
2. Chiropractic physicians who have attained either the CCSP or DACBSP certifications are appropriately educated and qualified to physically evaluate and apply appropriate neuropsychological assessments to determine a concussed player's readiness to resume full participation.

- a. The CCSP (Certified Chiropractic Sports Physician) certification requires the doctor to attend a minimum of 100 class hours of a 120 hour postgraduate CCSP program. Following the completion of these hours, the doctor must take and successfully pass a comprehensive written examination to receive the CCSP certification.\*
- b. The DACBSP (Diplomate American Chiropractic Board of Sports Physicians) certification requires the doctor to first achieve CCSP (Certified Chiropractic Sports Physician) certification. Once CCSP status has been achieved, the doctor may work toward DACBSP certification. To do so, the doctor must attend an additional minimum of 200 class hours. Doctors wishing to achieve DACBSP status then have four basic components they must successfully complete within 3 years of completion of the DACBSP Program. The four components are 1) Written Exam; 2) Practical Exam; 3) Practical Experience Hours; and 4) Written Project. \*

\*<http://www.acbsp.com/certificationdetails.htm>...accessed 12/17/13.

3. At such future time as the Department of Education may seek to change its administrative rules regarding those permitted to manage and return concussed athletes to play, the subcommittee recommends that the SMAC support inclusion of chiropractors who maintain CCSP or DACBSP certification to those professionals permitted by rule. The subcommittee recommends that chiropractors with CCSP or DACBSP certifications be expressly permitted by name in the relevant Department of Education administrative rules to clear individuals to resume participation following concussion, when appropriate to do so.
4. No recommendation is made about future qualification model for concussion management at this time. The subcommittee recognizes that the diversity in access to and standard of health care across the state makes a single application of a competency-based model more difficult to implement in some communities than in others. The current and proposed qualification-based model is recognized to be suboptimal.

Submitted 12/17/2013

\*Erin L. Cramer ATC, PA-C (chair)  
\* Shelly Jones, ATC  
Robert Sandmeier, MD

Jonathan Crist, MD  
Craig Kawaoka, DC  
Shane Espinoza, DC

Dissent: Charles Webb, DO