

Name: Richard A. Laviano, D.C.
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Occupational History

Chiropractic Physician, Brower Chiropractic Physicians PA, Raleigh, NC, October 2013 – present.

Chiropractic Physician, Gonstead Family Chiropractic, Albuquerque, NM, October 2012 – October 2013.

Patient Services Assistant, Wake Med Hospitals, Raleigh, NC, 2006-2009

Education and Licensure

Doctorate of Chiropractic, Palmer College of Chiropractic, Port Orange, FL, 2012.

Bachelor of Science in Mathematics Education, North Carolina State University, NC, 2008.

Selected Post-Graduate Education and Certifications

Credentialed in MRI Interpretation, ACCME Joint Sponsorship with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Recognized by the PACE Program of the Federation of Chiropractic Licensing Boards, Buffalo, NY, 2015.

Interprofessional Hospital Based Spine Care, Trends in hospital and emergent care in the healthcare delivery system inclusive of policies, hospital staffing and current care paths for mechanical spine issues. Texas Chiropractic College, Academy of Chiropractic Post-Doctoral Division, Long Island, NY, 2016

Spinal Trauma Pathology, Triage and Connective Tissue Injuries and Wound Repair, Triaging the injured and differentially diagnosing both the primary and secondary complaints. Connective tissue injuries and wound repair morphology focusing on the aberrant tissue replacement and permanency prognosis potential. Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, New York, 2016

Spinal Trauma Pathology, Ligament Anatomy and Injury Research and Spinal Kinematics, Spinal ligamentous anatomy and research focusing on wound repair, future negative sequelae of abnormal tissue replacement and the resultant aberrant kinematics and spinal biomechanics of the spine. Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, New York, 2016

Spinal Trauma Pathology, Spinal Biomechanics, Central Nervous System and Spinal Disc Nomenclature, The application of spinal biomechanical engineering models in trauma and the negative sequelae it has on the central nervous system inclusive of the lateral horn, periaqueductal grey matter, thalamus and

cortices involvement. Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, New York, 2016

Spinal Trauma Pathology, Biomechanics of Traumatic Disc Bulge and Age Dating Herniated Disc Pathology, *The biomechanics of traumatic disc bulges as sequelae from trauma and the comorbidity of ligamentous pathology. Age-dating spinal disc pathology in accordance with Wolff's Law*. Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, New York, 2016

Spinal Trauma Pathology, Clinical Grand Rounds, *The review of case histories of mechanical spine pathology and biomechanical failures inclusive of case histories, clinical findings and x-ray and advanced imaging studies. Assessing comorbidities in the triage and prognosis of the injured*. Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, New York, 2016

Spinal Trauma Pathology, Research Perspectives, *The review of current literature standards in spinal trauma pathology and documentation review of biomechanical failure, ligamentous failure and age-dating disc pathology*. Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, New York, 2016

Spinal Biomechanical Engineering: Cartesian System, *The Cartesian Coordinate System from the history to the application in the human body. Explanation of the x, y and z axes in both translation and rotations (thetas) and how they are applicable to human biomechanics*. Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2016

Spinal Biomechanical Engineering: Cervical Pathobiomechanics, *Spinal biomechanical engineering of the cervical and upper thoracic spine. This includes the normal and pathobiomechanical movement of both the anterior and posterior motor units and normal function and relationship of the intrinsic musculature to those motor units. Nomenclature in reporting normal and pathobiomechanical findings of the spine*. Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2016

Spinal Biomechanical Engineering: Lumbar Pathobiomechanics, *Spinal biomechanical engineering of the lumbar spine. This includes the normal and pathobiomechanical movement of both the anterior and posterior motor units and normal function and relationship of the intrinsic musculature to those motor units. Nomenclature in reporting normal and pathobiomechanical findings of the spine*. Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2016

Spinal Biomechanics in Trauma, *To utilize whiplash associated disorders in various vectors of impact and whiplash mechanisms in determining pathobiomechanics. To clinically correlate annular tears, disc*

herniations, fractures, ligament pathology and spinal segmental instability as sequellae to pathobiomechanics from trauma. The utilization of digital motion x-ray in diagnosing normal versus abnormal facet motion along with case studies to understand the clinical application. Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2016

Spinal Biomechanical Engineering & Organizational Analysis, *Integrating spinal biomechanics and pathobiomechanics through digitized analysis. The comparison of organized versus disorganized compensation with regional and global compensation. Correlation of the vestibular, ocular and proprioceptive neurological integration in the righting reflex as evidenced in imaging. Digital and numerical algorithm in analyzing a spine.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2016

Spinal Biomechanical Engineering: Cervical Digital Analysis, *Digitizing and analyzing the cervical spine in neutral, flexion and extension views to diagnose pathobiomechanics. This includes alteration of motion segment integrity (AMOSI) in both angular and translational movement. Ligament instability/failure/pathology are identified all using numerical values and models. Review of case studies to analyze pathobiomechanics using a computerized/numerical algorithm.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2016

Spinal Biomechanical Engineering: Lumbar Digital Analysis, *Digitalizing and analyzing the lumbar spine images to diagnose pathobiomechanics. This includes anterior and posterior vertebral body elements in rotational analysis with neutral, left and right lateral bending in conjunction with gate analysis. Ligament instability/failure/pathology is identified all using numerical values and models. Review of case studies for analysis of pathobiomechanics using a computerized/numerical algorithm along with corrective guidelines.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2016

Spinal Biomechanical Engineering: Full Spine Digital Analysis, *Digitalizing and analyzing the full spine images to diagnose pathobiomechanics as sequellae to trauma in relation to ligamentous failure and disc and vertebral pathology as sequellae. This includes anterior and posterior vertebral body elements in rotational analysis with neutral, left and right lateral bending in conjunction with gate analysis. Ligament instability/failure/pathology is identified all using numerical values and models. Review of case studies for analysis of pathobiomechanics using a computerized/numerical algorithm along with corrective guidelines.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2016.

Spinal engineering, A detailed biomechanical presentation on the structure, function and physiology of the spine and pelvis as it relates to the primary mechanical goals of static equilibrium, gait and functional efficiency. Structural and functional analyses are presented from a mechanical engineering perspective to describe normal joint position, loading and function. Abnormal loading factors common to disc failure are identified. Scoliosis assessment includes structural and functional analyses which identify potential corrections and limitations Case studies demonstrate application of the spinal

analyses for clinical consideration. Academy of Chiropractic, Recognized by the PACE Program of the Federation of Chiropractic Licensing Boards, Melville NY, 2016.

Interprofessional Spine Care, Clinical analysis of anatomic versus biomechanical spine pain and clinical triage protocols. Relating current research trends in the Whole Spine Model of patient including normal versus abnormal sagittal curvature in the adolescent and adult spine, pelvic incidence as a parameter for sagittal balance in the human spine and current methods of assessment. Patient centered approach to Evidenced Based Spine care with a focus on diagnosis, prognosis and triage of the spine pain patient, Texas Chiropractic College Post-Doctoral Division, Academy of Chiropractic Post-Doctoral Division, Melville NY 2017

Epidemiology of Spine Pain, Review of the current Centers for Disease Control [CDC] data on the frequency of musculoskeletal pain in the United States population with emphasis on pain of spinal origin. CDC guidelines on opioid medication were discussed and correlated to persistent pain syndromes. Research was reviewed showing the importance of managing the spine pain patient properly from the entry point of care with a concentration on maintenance of spinal biomechanics, Texas Chiropractic College Post-Doctoral Division, Academy of Chiropractic Post-Doctoral Division, Melville NY 2017

Connective Tissue and Spinal Disc Pathology, The morphology and pathology of connective tissue, inclusive of spinal disc disorders and prognosticating wound repair with permanency implications. Disc bulge, herniation, protrusion and extrusion classifications based upon contemporary literature and how to age-date disc pathology, Texas Chiropractic College Post-Doctoral Division, Academy of Chiropractic Post-Doctoral Division, Melville NY 2017

Physiology and Anatomy of Spinal Manual Adjusting, Understanding the role of mechanoreceptors, proprioceptors and nociceptors with facets, ligaments, tendons and muscles in aberrant spinal biomechanics. MRI and imaging studies of decompressing via a chiropractic spinal adjustment of the bio-neuro-mechanical lesion and its effects on the central nervous system both reflexively and supratentorially, Texas Chiropractic College Post-Doctoral Division, Academy of Chiropractic Post-Doctoral Division, Melville NY 2017

Medical-Legal Documentation, The contemporary documentation required in a medical-legal environment that is evidenced based and meets the standards of the courts and academia. Utilizing the scientific data to support a diagnosis, prognosis and treatment plan while meeting the admissibility standards based upon a professional's credentials. Texas Chiropractic College Post-Doctoral Division, Academy of Chiropractic Post-Doctoral Division, Melville NY 2017

Medical-Legal-Insurance Documentation, Accurate and compliant documentation of history and clinical findings inclusive of functional losses, loss of activities of daily living, duties under duress and permanent loss of enjoyment of life. Prognosing static vs. stable care, gaps in care both in the onset and in the middle of passive care with a focus on detailed diagnosing. The integration of chiropractic academia, the court system and the insurance reimbursers' requirements for complete documentation. PACE Approved for the Federation of Chiropractic Licensing Boards', Academy of Chiropractic Post-Doctoral Division, Long Island, NY, 2016.

Impairment Rating, The understanding and utilization of the protocols and parameters of the AMA Guide to the Evaluation of Permanent Impairment 6th Edition. Spine, neurological sequelae, migraine, sexual

dysfunction, sleep and arousal disorders, station and gait disorders and consciousness are detailed for impairment rating. Herniated discs, radiculopathy, fracture, dislocation and functional loss are also detailed in relation to impairment ratings. PACE Approved for the Federation of Chiropractic Licensing Boards', ACCME Joint Providership with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2016.

Head Trauma, Brain Injury and Concussion, *Brain and head physiology, brain mapping and pathology as a sequella to trauma. Traumatic brain injury, mild traumatic brain injury, axonal shearing, diffuse axonal injury and concussion are detailed in etiology and clinically. Clinical presentation, advanced diagnostic imaging and electrodiagnostics are detailed in analysis to create a differential diagnosis. Balance disorders that often occur as a result of trauma are also explored from clinical presentation to advanced imaging and differential diagnosis.* Texas Chiropractic College, Academy of Chiropractic Post-Doctoral Division, Long Island, NY, 2016.

New Blood Biomarkers Useful for Concussion Diagnosis, *The utilization of GFAP and UCH-L1 in determining, traumatic brain injury, mild traumatic brain injury and mild-moderate traumatic brain injury as a triage tool to manage head trauma patients,* Accreditation Council on Continuing Medical Education in cooperation with Medscape, 2016

Primary Spine Care – Central Nervous System Processing of Pain and Physiology, *Central neural pathways of pain and higher cortical responses to pain and the effect of high amplitude-low velocity forces on mechanoreceptors and proprioceptors. The effects of neuropeptides on the hypothalamus, pituitary and adrenal axis when treating patients.* Texas Chiropractic College, Academy of Chiropractic, Academy of Chiropractic, Recognized by the PACE Program of the Federation of Chiropractic Licensing Boards, Melville NY, 2016

Primary Spine Care – MRI, Bone Edema and Degeneration, *The effects of trauma on spinal vertebral segments and the short and long term sequella to morphology. Identifying and diagnosing bone edema, spurring, types of degeneration in assessing biomechanical stability in conjunction with Modic and Pfeiffer changes* Texas Chiropractic College, Academy of Chiropractic, Academy of Chiropractic, Recognized by the PACE Program of the Federation of Chiropractic Licensing Boards, Melville NY, 2016

Primary Spine Care – Hospital and Emergency Room Care, *Identifying spinal lesions inclusive of cord and root lesion through examination and advanced imaging in creating an accurate diagnosis, prognosis and treatment plan to effectively triage in collaboration and coordination with medical specialists and emergency department physicians. Differentially diagnosing and triaging disc degenerative bulges, traumatic disc bulges, protrusion herniations, extrusion herniations and fragmented herniations along with managing traumatically induced pain as sequella to degenerative disc trauma,* Texas Chiropractic College, Academy of Chiropractic, Academy of Chiropractic, Recognized by the PACE Program of the Federation of Chiropractic Licensing Boards, Melville NY, 2016

MRI Protocols Clinical Necessity, *MRI slices, views, T1, T2, STIR axial, stacking, FFE, FSE and sagittal images. Clinical indication for the utilization of MRI and pathologies of disc in both trauma and non-trauma sequelae, including bulge, herniation, protrusion, extrusion and sequestration.* ACCME Joint Sponsorship with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post Doctoral Division, Recognized by the PACE Program of the Federation of Chiropractic Licensing Boards, 2015.

MRI Interpretation of Lumbar Degeneration/Bulges, *MRI slices, views, T1, T2, STIR axial, stacking, FFE, FSE and sagittal images in the interpretation of lumbar degeneration. With the co-morbidities and complications of stenosis, pseudo-protrusions, cantilevered vertebrate, Schmorl's nodes and herniations. Central canal and cauda equina compromise interpretation with management.* ACCME Joint Sponsorship with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post Doctoral Division, Recognized by the PACE Program of the Federation of Chiropractic Licensing Boards, 2015.

MRI Interpretation of Lumbar Herniations, *MRI slices, views, T1, T2, STIR axial, stacking, FFE, FSE and sagittal images in the interpretation of lumbar herniations. With the co-morbidities and complications of stenosis, pseudo-protrusions, cantilevered vertebrate, Schmorl's nodes and herniations. Morphology of lumbar disc pathologies of central and lateral herniations, protrusions, extrusions, sequestration, focal and broad based herniations are defined and illustrated. Central canal and cauda equina compromise interpretation with management.* ACCME Joint Sponsorship with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post Doctoral Division, Recognized by the PACE Program of the Federation of Chiropractic Licensing Boards, 2015.

MRI Interpretation of Cervical Degeneration/Bulges, *MRI slices, views, T1, T2, STIR axial, stacking, FFE, FSE and sagittal images in the interpretation of cervical degeneration. With the co-morbidities and complications of stenosis, pseudo-protrusions, cantilevered vertebrate, Schmorl's nodes and herniations. Spinal cord and canal compromise interpretation with management.* ACCME Joint Sponsorship with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post Doctoral Division, Recognized by the PACE Program of the Federation of Chiropractic Licensing Boards, 2015.

MRI Interpretation of Cervical Herniations, *MRI slices, views, T1, T2, STIR Axial, FFE, FSE and sagittal images in the interpretation of lumbar herniations. With the co-morbidities and complications of stenosis, pseudo-protrusions, cantilevered vertebrate, Schmorl's nodes and herniations. morphology of lumbar disc pathologies of central and lateral herniations, protrusions, extrusions, sequestration, focal and broad based herniations are defined and illustrated. Spinal cord and canal compromise interpretation with management.* ACCME Joint Sponsorship with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post Doctoral Division, Recognized by the PACE Program of the Federation of Chiropractic Licensing Boards, 2015.

MRI Interpretation of Degenerative Spine and Disc Disease with Overlapping Traumatic Insult to Both Spine and Disc, *MRI slices, views, T1, T2, STIR Axial, FFE, FSE and sagittal images in the interpretation of degenerative spondylolesthesis, spinal canal stenosis, Modic type 3 changes, central herniations, extrusions, compressions, nerve root compressions, advanced spurring and thecal sac involvement from an orthopedic, emergency room, chiropractic, neurological, neurosurgical, physical medicine perspective.* ACCME Joint Sponsorship with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post Doctoral Division, Recognized by the PACE Program of the Federation of Chiropractic Licensing Boards, 2015.

Documentation and Reporting for the Trauma Victim, *Understanding the necessity for accurate documentation and diagnosis utilizing the ICD-9 and the CPT to accurately describe the injury through diagnosis. Understanding and utilizing state regulations on reimbursement issues pertaining*

to healthcare. [Insert the state licensure body sent to you], Academy of Chiropractic Post Doctoral Division, Long Island, NY, 2015.

Neurodiagnostic Testing Protocols, Physiology and Indications for the Trauma Patient, Electromyography (EMG), Nerve Conduction Velocity (NCV), Somato Sensory Evoked Potential (SSEP), Visual Evoked Potential (VEP), Brain Stem Auditory Evoked Potential (BAER) and Visual-Electronystagmosgraphy (V-ENG) interpretation, protocols and clinical indications for the trauma patient. [Insert the state licensure body sent to you], Academy of Chiropractic Post Doctoral Division, Long Island, NY, 2015.

MRI, Bone Scan and X-Ray Protocols, Physiology and Indications for the Trauma Patient, MRI interpretation, physiology, history and clinical indications, bone scan interpretation, physiology and clinical indications, x-ray clinical indications for the trauma patient. [Insert the state licensure body sent to you], Academy of Chiropractic Post Doctoral Division, Long Island, NY, 2015.

Crash Dynamics and Its Relationship to Causality, An extensive understanding of the physics involved in the transference of energy from the bullet car to the target car. This includes G's of force, newtons, gravity, energy, skid marks, crumple zones, spring factors, event data recorder and the graphing of the movement of the vehicle before, during and after the crash. Determining the clinical correlation of forces and bodily injury. [Insert the state licensure body sent to you], Academy of Chiropractic Post Doctoral Division, Long Island, NY, 2015.

Diagnostics, Risk Factors, Clinical Presentation and Triaging the Trauma Patient, An extensive understanding of the injured with clinically coordinating the history, physical findings and when to integrate neurodiagnostics. An understanding on how to utilize emergency room records in creating an accurate diagnosis and the significance of "risk factors" in spinal injury. [Insert the state licensure body sent to you], Academy of Chiropractic Post Doctoral Division, Long Island, NY, 2015.

Neurodiagnostics, Imaging Protocols and Pathology of the Trauma Patient, An in-depth understanding of the protocols in triaging and reporting the clinical findings of the trauma patient. Maintaining ethical relationships with the medical-legal community. [Insert the state licensure body sent to you], Academy of Chiropractic Post Doctoral Division, Long Island, NY, 2015.

Documenting Clinically Correlated Bodily Injury to Causality, Understanding the necessity for accurate documentation, diagnosis and clinical correlation to the injury when reporting injuries in the medical-legal community. Documenting the kinesiopathology, myopathology, neuropathology, and pathophysiology in both a functional and structural paradigm. [Insert the state licensure body sent to you], Academy of Chiropractic Post Doctoral Division, Long Island, NY, 2015.

Mastering Brain Chemistry. Learned the key concepts of brain chemistry, recognize patterns of imbalances, recognize cases that may need to be referred for further consult or evaluation, and improve overall clinical competency in neurochemical assessment. Looked at brain neurochemistry and neurodegenerative disorders. Apex Energetics, University of Bridgeport College of Chiropractic, 2015.

Cervical Differential Assessment. Reviewed differential diagnosis of cervical conditions including origins in joint, soft tissue, neurological, and non-musculoskeletal. Looked at morphology and pathophysiology of discogenic origins of pain patterns of cervical region. Reviewed how to develop a care plan, appropriate referrals, X-ray findings, objective VS subjective findings, and MRI orders for cervical region. Chiropractic continuing education seminars, North Carolina board accredited, 2014.

Pain. Focused on pain generating mechanisms from the receptor to central processing. Central mechanisms for pain inhibition and facilitation were covered with emphasis placed on the clinical syndromes associated with pain integration. Methodology specific to chiropractic modalities were addressed. Carrick Institute for Graduate Studies, Clinical Neuroscience program, 2013.

Dry Needling. Learned the core of contemporary dry needling modality as well as taught its science and application. We reviewed physiological mechanisms of needling, mechanisms of trigger point formation, and the mechanisms of formation of the “twitching response”. Instructed on needle placement and integration of dry needling therapy into practice. Integrative Dry Needling, American Dry Needling Institute, New York Chiropractic College, 2013.

Applied Kinesiology. Focused on advanced muscle testing. How to use Applied Kinesiology assessment to find factors of inhibition including origins in endocrine, neurological, gait, acupuncture-meridian, Sacral-Occipital, and nutritional. International College of Applied Kinesiology, 2012.

Herbology. Studied herbs and their application. Exposed to a compilation of researched herbs backed by clinical studies. Received a foundation of knowledge for the preparation of the herbal or natural health professional. Subjects covered: History of herbalism, classification of herbs, herbal combinations, herbal assessments, herbal glossary, herbal preparations, essential oils, herbal solutions A to Z Vivid pictures of hundreds of herbs were included in this course. New Eden School of Natural Health & Herbal Studies, Accredited by the American council of Holistic Medicine, 2011.

Fascial Manipulation. Learned the current anatomy and physiology of the fascial system, its evaluation and treatment. It is based on the latest information on the relationship of fascia to muscles, tendons and ligaments. Learned anatomy and physiology of the fascial system, how to evaluate myofascial planes: upper and lower extremities and spine, and functional testing of areas of complaint. Developed skill and understanding to assess abnormal functional findings with fascial points of involvement to restore normal function. Fascial Manipulation Workshops, 2010.

Gonstead Technique. Trained in proper Gonstead technique adjusting - from the condyle and upper cervical spine to the lower cervical spine and upper dorsal spine adjustments as they are given in the cervical chair. The thoracic spine adjustment instruction was given. The lumbar spine and pelvic instruction included both pelvic bench and knee-chest adjustments. Gonstead Seminars of Chiropractic, 2010.

Extremities Assessment and Adjustive Technique. Taught how to evaluate and treat most issues of the extremities. Functional anatomy, clinical biomechanics, in depth joint analysis and multiple adjustment techniques were reviewed. Diagnosis, case management, and effective treatment protocols for common extremity conditions were presented and discussed. Motion Palpation Institute, National University, 2009.

Selected Memberships

International College of Applied Kinesiology, Member, 2010 – present.

Florida Chiropractic Association, Member 2009-2012.

Selected Honors and Awards

Voted *Best of City Chiropractor*, Albuquerque NM, 2012-2013.

Nominated for Clinical Excellence, Palmer College of Chiropractic, September, 2012.

Received Leadership Award, Palmer College of Chiropractic, 2010.

Selected Community Service

Service trip, provided free chiropractic care to local natives, Dominican Republic, 2011. Treated patients in local hospitals.

Service trip, provided free chiropractic care to local natives, Bequia, Grenadines, 2012.

Selected Affiliations

Carolina Ballet Inc. Brower Chiropractic Physicians PA, provide chiropractic care to the dancers and staff members.

References

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