

NUTRITION FOR BRAIN HEALTH: SUPPLEMENTS FOR THE TRAUMATIZED BRAIN

PERSONAL  
**INJURY**  
TODAY UTAH

KIDS IN CAR  
**ACCIDENTS**

WHAT IS  
**WHIPLASH?**

I WAS IN A  
**WRECK!**

LOW SPEED VS  
**HIGH SPEED  
COLLISIONS**

CERVICAL CURVE  
AND BLOOD FLOW  
TO THE BRAIN  
**CURVE AND  
SPINAL CORD  
TRACTION**

**SALT LAKE  
CHIROPRACTIC  
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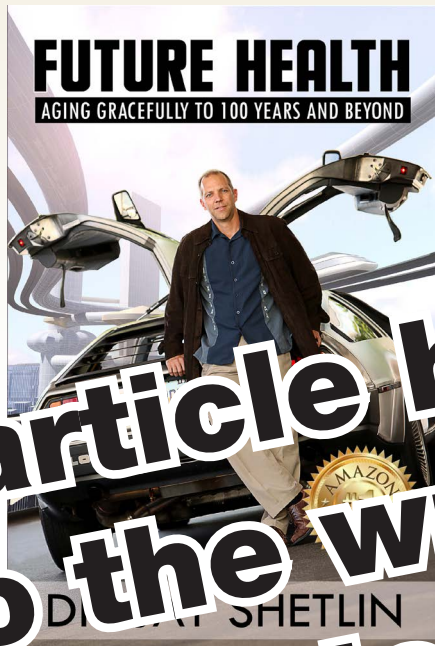
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# Salt Lake Chiropractic and The Injury Clinic

## Healing Bodies and Aiding Justice

**O**n August 5, 2017, Dr. Jay Shetlin's life changed forever when he and his wife were involved in a serious motor vehicle collision. His extensive recovery involved surgery to fuse his neck, as well as homeopathic elements such as massage, laser light therapy, anti-inflammatory nutrition, and hyperbaric oxygen therapy. As a chiropractor himself, Dr. Shetlin also used chiropractic before his surgery and as soon as possible after. His experience prompted him to create a multi-therapy practice that all collision victims can benefit from again—physically and financially.



report, which strengthens cases brought by personal injury attorneys on behalf of accident victims. Using an Independent Medical Validation Report can have a lasting impact on the outcome of court cases, lending much-needed weight to a demand letter. This simple step can, in fact, aid in a settlement offer by up to \$250,000.

Getting lives back on track—in the purpose of Chiropractic Healthcare.

**Your article here.**  
**We do the writing**  
**from an interview with you**

South Jordan Chiropractic Healthcare into both short and long term health. His team of doctors have advanced training in personal injury, making them true, certified experts. On-site services include chiropractic, physical therapy, massage, oxygen therapy, decompression and laser for disc injuries, nutrition for healing, and more! According to the San Diego Spinal Research Institute, nearly 50 percent of collision patients end up with lifelong problems, but the Sojo Chiro/Injury Clinic team's combination of therapies boasts a success rate of greater than 90%.

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*Shetlin's personal car accident in 2017 changed the way he treats personal injury victims*

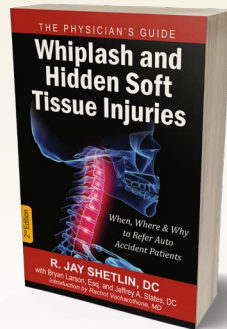
**350 WORDS PER ARTICLE**



# Kids in Car Accidents



By **Becky Altman, DC**  
**Sandy, UT**



One of the most often overlooked patients in a motor vehicle collision is the pediatric occupant. Naturally, a parent wants to think, “Everything is fine with my child.” Small hints may tell a different story with the little ones. For example: are they still sleeping through the night? Are they latching on correctly if they are nursing? Do they rub their head or tug on their ears? Has their mood changed since the collision? Are they irritable when they used to be happy? These are issues for parents to look for.

Often, the insurance adjusters will say, “Oh, kids aren’t hurt in car crashes.” That’s the most dangerous understatement in the industry. According to research referenced in Dr. R. Jay Shetlin’s book, “*The Physician’s Guide to Whiplash and Hidden Soft Tissue Injuries*,” motor vehicle collisions are the leading cause of death and injury to pediatric patients, comparable to Shaken Baby Syndrome (SBS). SBS is when a baby has experienced an acceleration deceleration injury or whiplash – purposefully – at the hand of an

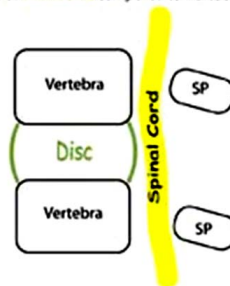
***“By law we are required to replace a child’s car seat after a crash, why are we not required to have our precious cargo (the child) checked and possibly treated by a certified MVC specialist physician?”***

**– Dr. R. Jay Shetlin**

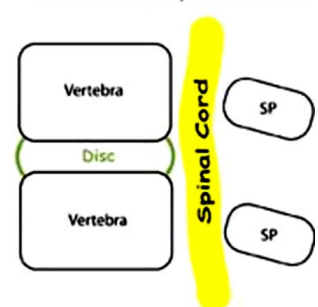
agitated adult. Whiplash in a car is the same dynamic but the trauma was – unintentional – or induced by accident.

There are anatomical reasons why infants and children may not show the same signs of injury or elicit the same symptoms as adults. That doesn’t mean injury has not occurred and the formation of arthritis has not begun. Infants and younger children anatomically have more “space” for swelling to occur before it triggers a pain sensation. Note the illustration where an adult spine has large bones and smaller disc spaces. Infants and young children, on the other hand, have much larger disc space to bone space than adults, allowing for more swelling before pain is experienced. However, soft tissue injury can occur in the crash that will lead to early arthritic change affecting the child in their 20s if proper diagnosis and treatment is not given. Sadly, ER doctors and even pediatricians are not trained to look for nor treat these childhood soft tissue injuries.

Size of Infant Disc compared to Vertebrae



Size of Adult Disc compared to Vertebrae

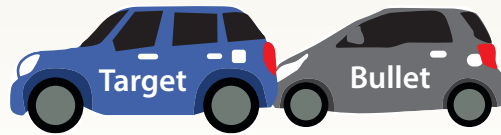


I urge parents everywhere, have your precious cargo checked by a certified specialist physician after any motor vehicle collision. If you are required to throw out the car seat, the least we can do as parents is to properly check the precious cargo.

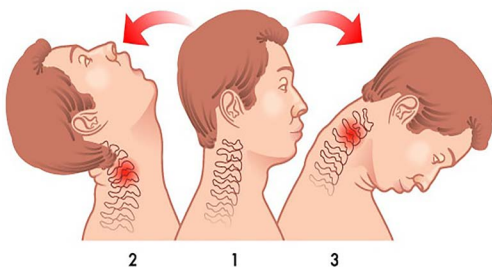
# What is Whiplash?

By Dr. Earle Sequoia  
Ogden, UT

**W**hiplash is a term that is used to describe the abnormal motion of the neck that occurs as a result of a Motor Vehicle Collision, most commonly, a rear impact or rear-end collision, similar to the effect used to get a whip to “crack”. The term “Whiplash” has been used since the late 1920s. It is now commonly used as a descriptive noun to denote injuries and symptoms that result from a car crash: neck pain and swelling, headaches, nausea, dizziness, back pain, etc. Professionally, the term evolved to Whiplash Associated Disorder (WAD) in the 1980s. Today, the proper medical term is a “Cervical Acceleration Deceleration Injury” (CAD).



The mechanism of a Whiplash injury (rear-end collision) is well known and has been studied for decades. The driver of the target vehicle (the rear-ended vehicle) is pictured at a stop, at rest, and unaware of what will happen. As the bullet vehicle (the striking vehicle) impacts the target vehicle, the target vehicle moves forward. The driver of the target vehicle feels himself pushed back into his seat while his head continues to be moved backwards while the vehicle is moving forwards causing hyperextension (too much backward bending) of the neck. As his vehicle slows suddenly from its forward momentum, the head rebounds forward (whipped) until it is stopped by boney, ligament, and muscle attachments which causes hyperflexion (too much forward bending) of the neck. All of this forceful motion has happened in less than one second!



The dynamics of this type of injury cause the muscles, ligaments, and joints (particularly of the neck) to be forced beyond the limits of anatomical integrity resulting in micro tears to these tissues. These are also known as strain/sprain injuries. These are considered to be soft-tissue injuries as opposed to hard tissue injuries (fractures). Although fractures and dislocations do occur, they usually occur in higher speed crashes. Here we are discussing low speed collisions that occur under 10 mph.

The body's reaction to these injuries is to initiate an inflammatory response. This response can last for 72 hours up to several weeks. The body also starts a repair process that lays fibers back into the injured areas. This process can last for several months. The body also remodels these fibers over months to years. This healing process works best in the presence of motion. Chiropractic manipulation has been shown to be the best modality to use for the restoring of injured joint motion. Therapeutic massage is utilized as well for healing the musculature to its best potential. Rehabilitation is then used to improve overall function of the healed tissues. Finding a clinician well versed in treating traumatic soft-tissue injuries is crucial to healing to your best potential.

— “ —

“After my accident I was sore and bruised all over. It wasn't my fault. But the bills were piling up. My health care providers and my lawyer worked together... constantly communicating with me, and each other so that no detail was dropped. I felt like I was in good hands the whole time I was healing and receiving my settlement. The Whiplash Group doctors and attorneys really made a positive difference in my life!”

- Carrie M.



# I was in a WRECK!

## What is this going to cost me?

By Savanna Shetlin  
Qualified Chiropractic Coder

**S**o, you or someone you know was involved in a car crash. The crash itself is just the tip of the iceberg.

Best case scenario there is minimal damage to your car to fix and maybe a little chiropractic care, massage or physical therapy.

More often, there is the stress of new aches and pains, missed work, lack of sleep, the stress of fixing your car or replacing your car, ER bills, chiropractic bills, Physical Therapy bills, falling behind at work, possible surgery, MRI bills, and many more unexpected problems that build up over time. Just when you think it is almost over or going to resolve in a few short months...it goes on for years!

The typical person in this situation is thinking, "wait, this wasn't even my fault! Why do I have to deal with this nightmare?"



The good news: We live in a country with auto insurance to help protect us. Also, doctors and attorneys with protocols in place to help those injured through this uninvited scenario.

The bad news: Many people fail to find the right help and get "chewed up and spit out," by "THE SYSTEM." This often leads to financial challenges or even bankruptcy. As bad or worse, they are left with chronic pain and suffering.

By Savanna Shetlin  
Qualified Chiropractic Coder

The solution is surprisingly simple and affordable. Hire a personal injury attorney sooner rather than later. Personal injury is different from family law, divorce, or corporate law, where you are responsible to pay a "retainer fee" up front. **A Personal injury attorney is FREE to the no-fault party.** They work for you but are actually paid out of the settlement from the at-fault party's insurance. I still highly recommend an attorney that is "certified" and studies with the *Whiplash Group* so you can rest assured they do not "dabble" in the very complex legal quagmire of personal injury. Whatever you do, don't hire uncle bill, the divorce attorney in the family, to handle your personal injury case. It will cost you in the end.

Most personal injury cases, if you have the proper insurance in advance and the right attorney on the case, will result in **little to no out-of-pocket expense to you.** Some attorneys introduce their clients to medical financing groups, like *Injury Care Solutions*, who contract to pay all your necessary medical expenses on your behalf. These companies have a "lien" with your attorney which secures their reimbursement after your case is settled. This is just another way to make sure you get the care you need after a motor vehicle

collision, without personal expense to you. Medical and Chiropractic physicians who specialize and are *certified* in personal injury care, typically take liens directly but only from attorneys they trust will take care of both the patient/client and the doctor's office. Businesses like Injury Care Solutions help bridge that gap.

Thus, building a "team" of professionals to serve you after a crash is the best way to obtain a successful outcome with minimal or no cost to you.

If the occasional medical prescription, pillow, nutritional supplement, or therapeutic device is not covered, but is recommended, don't shortchange yourself and your health. Invest in your own health with the purchase and be patient, the right attorney will get you fully reimbursed (and then some) when he/she is done settling your case.

Ultimately, the doctors are working for you, the patient. Your medical bills are between them and you. The insurance works for you. The at-fault insurance company works for neither you nor the doctors. For this reason, it is important to have an attorney involved to make sure all parties are fairly looked after by the third-party payers so you have little or no cost in your recovery from a crash you did not cause.

The Fix

# Low Speed vs HIGH SPEED COLLISIONS

By Dr. Russell Terry



One of the many variables in a Motor Vehicle Collision (MVC) is "Speed." This is probably the most misunderstood of all the variables. A collision may occur at a speed that needs to clarify the difference between low speed and high speed. Surprisingly, most people do not have a clear understanding of what a motor vehicle collision needs to be considered a high-speed collision. In fact, the **brake speed is just 10 miles per hour.** A collision over 10 miles per hour is considered a high-speed or high energy collision. Anything less than 10 miles per hour (change of Velocity) is classified as a low speed or low energy collision.

A properly prepared police report, or a medical report formulated by a Professional Motor Vehicle Collision Investigator, is essential to determine whether a high-speed or low-speed collision. The exact speed of the collision is quite difficult to determine, providing a range of speeds for low-speed collisions.

A common mistake is to classify a low-speed collision as a high-speed collision. This is a mistake because the physics of a low-speed collision are quite different from those of a high-speed collision.

This surprising fact is often overlooked. It is important to have to do with the physics of low speed collisions.

Your full page article that we write for you after doing an interview with you



Reference: "The physician's Guide to Whiplash and other Hidden Soft Tissue Injuries." 2nd Edition 2013

# CRUMPLE ZONES

By Dr. R. Jay Shetlin, DC  
South Jordan, UT

Older cars were built like chrome-plated tanks. Their framework was incredibly strong and rigid. They were able to withstand forceful impacts with minimal body damage. These older cars had such rigidity that the vehicle itself would experience less **deceleration**. This meant the occupants inside the vehicle would experience a greater **deceleration** or **impulse**.

To avoid the often-deadly results of rigidly designed vehicles, newer vehicles are now designed with crumple zones which purposefully collapse upon impact and by so doing allow more time ( $\Delta t$ ) over which force ( $f$ ) can be distributed, thereby reducing the actual deceleration or impulse to the occupants.

By design, crumple zones will engage only during high energy collisions, not lower energy collisions. Cost is a factor in every manufactured product, and it simply would not be cost effective to have them engage in minor collisions. The reason for this is that when crumple zones are activated, there is typically significant damage to the vehicle. Oft times the vehicle is “totaled.” In the automotive industry it would be wasteful to have every car in the slightest fender-bender to end up as scrap metal. As for the insurance industry, it would be devastating to pay damages related to this many vehicles per year.

Thus, there has to be a happy medium. There are two solutions to this dilemma:

1. Crumple zones for high-speed collisions.  
(more vehicle damage hopefully yielding less occupant injury)
2. 5 mph bumpers for low-speed collisions.  
(Less/minimal visible vehicle damage)

As a result, vehicles are engineered such that in a high-speed frontal or rear impact collision, the crumple zone engages to absorb as much force as possible while keeping the “cage” or occupant compartment intact. This crumple zone engineering combined with seat belts and airbags saves lives in high speed collisions. Even with these technological advances in automotive engineering, thousands of occupants in the US involved in high-speed collisions are killed.

There are two remarkable reasons why “more people are injured in low-speed collisions than high-speed.” The first, is because more individuals are killed in high-speed collisions, leaving fewer in the data category of “Injured.”

Another factor brings us back to basic physics. If a vehicle is involved in a low-speed collision or, in other words, no crumple zone is engaged to help absorb (f) force over (t) time, then where do all the forces go? This is pivotal as to why more people are injured in low-speed collisions.

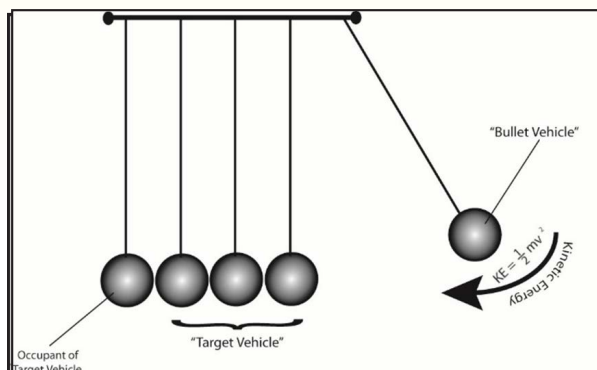
In a low-speed impact, one might ask what happens with momentum, kinetic energy, and change of velocity, Force = (mass)x(acceleration), g's and impulse?

The laws of physics tell us that no two solid objects can occupy the same space at the same time. If we have a vehicle stopped at a red light that is rear-ended at speeds less than 10 miles per hour, there should be no absorption of force by the crumple zone. The bumpers are designed to hide or minimize property damage thereby reducing expensive repairs. Much like a Newton's cradle (see images), upon impact **ALL the energy and force of the 2000 lb-4000 lb vehicle in motion is transferred through the frame of the stopped vehicle directly into the occupants.** If a collision report were properly documented, it would label the vehicle in motion as the "bullet vehicle" and the vehicle which was struck while at a standstill the, "target vehicle."

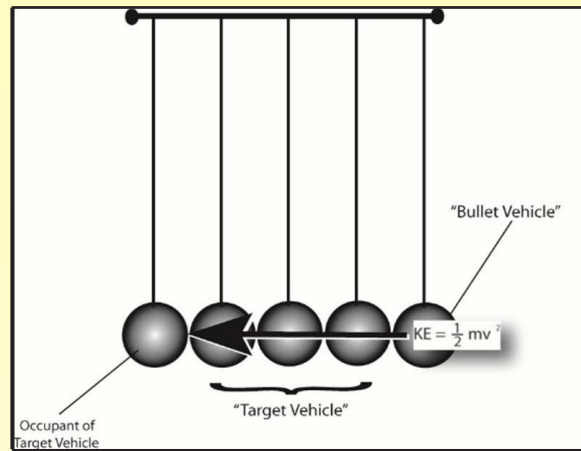


**Newton's Cradle**

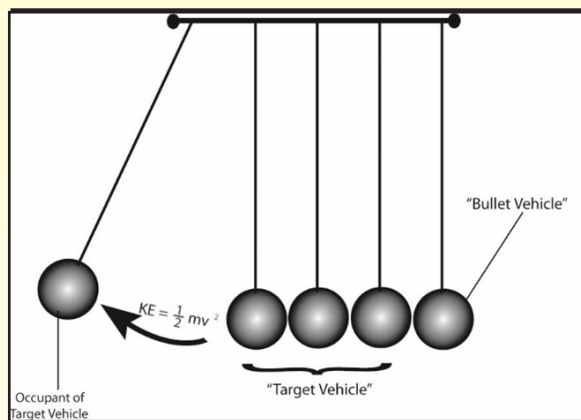
This demonstration illustrates how the energy and force of the *bullet vehicle* is transmitted through the frame and mass of both vehicles directly into the occupants of the *target vehicle*.



1. *Bullet vehicle is moving. Target vehicle and occupant(s) are stopped.*



2. *Bullet vehicle strikes target vehicle. There is no "absorption of force" thus the energy is transferred into (or through) the target vehicle.*



3. *Transfer of energy to the occupant(s) is instant and far greater than typically understood.*

Occupants of both vehicles will experience these forces. However, it is common for the target vehicle occupants of rear-end or side-impact collisions to experience greater injury. Reasons will be discussed in the "complicating factors" section of *The Physician's Guide to Whiplash and Hidden Soft Tissue Injuries* – book. These factors contribute to the misunderstood fact that more people are injured in low-speed collisions than high speed collisions.

Insurance adjusters typically view low-speed collisions and minimal vehicle damage as equal to less or no injury to occupants. There is no research to support this false claim. However, this is a topic for another day.

References:

- \* Dr. Arthur Croft
- \* San Diego Spinal Research Institute
- \* The Physician's Guide to Whiplash and other Hidden Soft Tissue Injuries. 2013
- \* Brault JR, Wheeler JB, Siegmund GP, Brault EJ; Clinical response of human subjects to rear-end automobile collisions. Archives of Physical Medicine and Rehabilitation 79: 72-80, 1998.

# Nutrition for Brain Health: SUPPLEMENTS FOR THE TRAUMATIZED BRAIN

By Dr. Jerry Dugger, DC  
Functional Medicine Expert

There is no debate that the modern world in which we all live is a representation of a dazzling display of human imagination and intelligence. On the surface, it could appear that we are close to solving many of the challenges with advanced technology. As you dig deeper, you will find that our push for new technological innovation might have surpassed our own biology's ability to adapt. Case in point...our brains.

So, what should we be thinking about nutritionally after a concussion or other brain injury? Here's a short list of the major nutrients that are needed to support healing.

**Vitamin D3 is Critical for Brain Health**

Vitamin D3 is one of the most important brain boosting supplements. Vitamin D3 is extremely critical for brain development and maintenance throughout life. Lowered Vitamin D3 levels are associated with autism, dyslexia, ADHD, and neurodegenerative diseases like Alzheimer's & Parkinson's in adults.

Researchers have found that the optimal vitamin D3 levels are between 50-90 ng/ml. Over 90% of society is well under these levels. Taking 5-10,000 IU of vitamin D3 is a great way to ensure your levels are optimized so your brain is capable of repairing effectively.

**Fatty Acids Build Brain Resilience:**

Fatty acids are one of the key brain-boosting nutrients. They help to reduce neurological inflammation and improve brain function. Omega 3's help to improve cell membrane receptor activity and are essential in the development of the brain and the production of neurotransmitters.

While there are plant sources of omega 3 fats in flax, chia, and nuts, that form of omega 3 is called ALA and not everyone can convert ALA into the most beneficial forms of omega 3 fats called EPA and DHA. These are found in high amounts in grass fed beef and cold-water fish. Of course, it is wise to get them in their food form whenever possible, but it also helps to supplement them from a high-quality source.

Typically 1-2 grams of EPA/DHA daily is adequate for health but these needs increase to 3-4 grams per day after brain injury.

**Your 2 page article we write for you after interviewing you**

**650 WORDS PER ARTICLE**

We are in the midst of an epidemic of brain illness. More than 1 in 7 people on the planet have a neurological condition. Dementia, Alzheimer's, Parkinson's, Multiple Sclerosis, brain tumors, MS, traumatic brain injuries, and more.

Of course, the list of causes of these conditions is long and long and complicated, but there is one common factor that impacts all of them... nutrition. Put simply, our brains need the proper nutrients in order to function at their full capacity and when we are depleted of these nutrients, we suffer.

## The Brain after Trauma

According to researchers [1], after traumatic injury to the brain, most of the initial damage to the nerves is due to anatomical shearing, but rather involves a process of chemically driven neurodegeneration. The repair process is driven by the flow of blood and nutrients to the damaged area and these events are orchestrated by the immune system via inflammatory chemicals and cells that repair these delicate tissues of the brain. When it comes right down to it, these processes are mediated by the person's nutritional status.

After a traumatic event like a concussion, the demand for many of these nutrients increases dramatically, often rising to levels that are very difficult to obtain even from diet alone. Proper supplementation can go a long way to speeding the healing process.

## Magnesium

Research has shown that magnesium helps to support the blood brain barrier and preventing synapse loss and reversing memory decline in individuals with neurodegenerative diseases.

Magnesium is a basic element of life much like water and air. We need a lot of magnesium, roughly 1000 mgs/day for a healthy active individual to keep up with the demands of the body. Magnesium is to the body like oil is to a car's engine and if we are deficient problems will arise.

My favorite form of magnesium for brain health is called magnesium L-Threonate.

This form has been shown to cross the blood brain barrier easier than other forms of magnesium which is a significant connection.

## B Complex Vitamins

The family of B vitamins is the most important of all. From a brain perspective they play an important role in the formation of neurotransmitters. Deficiencies in B vitamins can cause neurotransmitter formation and balance. Individuals with certain genetic variants are more likely to be deficient in B2, B6, folate and B12 and are at greater risk for the development of long-term symptoms after concussion.

## Neurotransmitter Support Nutrients

The body makes key neurotransmitters such as dopamine, serotonin, GABA, acetylcholine, glutamate and others. After a brain injury, these neurotransmitters are affected in predictable ways. Particularly of note is the shift in the balance between GABA, which is described as the "brakes" of the brain, and glutamate, which is like the "gas pedal" of the brain.

Traumatic injury causes dramatic shifts in the action of these neurotransmitters [2] that can affect long-term healing.

While using specific nutrients to modulate levels of these neurotransmitters can be done, it is beyond the scope of this article to address the specifics, however, there are several things that can be taken to support the general balance of these systems.

The first suggestion would be to increase a substance called **phosphatidylcholine** or PC. This is a key precursor to the neurotransmitter acetylcholine and it helps the brain cells recover from injury as well as regulate memory, focus and muscle control. [3]

## Herbal Anti-inflammatories

Inflammation lies at the root of all processes of injury and repair in the body. On the one hand, it is critical to bring new blood, carrying nutrients to the injured area and removing cellular debris. On the other hand, if it is prolonged and unregulated, the inflammatory process can lead to other

issues. Trying to manage inflammation from the outside of the body with other medications is often ineffective. In fact, there is evidence that these medications help the brain heal from trauma.

There are several that have been proven to be effective in reducing inflammation without impeding healing.

Particular note are **curcumin, resveratrol and flavonoids**. These natural compounds have been shown to modulate inflammation through a multitude of pathways and to provide antioxidant support on a cellular level to limit oxidative stress that accompanies the injured tissues.

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Your 2 page article we write for you after interviewing you

# It is best to have an independent medical validation exam after a motor vehicle accident

## Insurance Medical Exam

**I**n the Personal Injury world, a patient's case takes on many dimensions. It is a medical case. It is a legal case, it is an insurance case, and it is a personal case to the individual. It can even be a family concern as the injuries may affect the patient's ability to care for or provide for their family.

In the business of paying for injury rehabilitation following a motor vehicle collision, the insurance company is legally responsible to pay "100% of what is medically necessary." In order to save money, they will often hire an "Independent Medical Examiner," meaning a doctor hired by the insurance company to find reasons not to pay for the patient's other medical bills or a settlement for their lost wages, pain and suffering, etc. This is not "Independent" by any stretch of the word. This is a doctor working for the insurance company with his/her own interest and the interest of his/her boss (the insurance company) at heart. The proper title for an IME is an "Insurance Medical Exam."

IME doctors are paid thousands of dollars before your case is settled to find excuses NOT to pay your other medical bills NOR give you the restitution for your time.



Insurance companies will take their information and plug it into software programs, like "Colossus," that de-values your case so they can make a low settlement offer. This can leave the patient with outstanding medical bills for injuries that were not even their fault!



A doctor with no training nor understanding of the motor vehicle collision mechanism of injury can perform an IME. They are "hired guns" to damage or destroy a patient/client's healing and financial restitution.

\*Greatly Devalue Personal Injury cases

## Independent Medical Validation

The good news!

There is a powerful defense to an IME. It is called the Independent Medical Validation Exam, or IMV for short. This exam and report provides "the greater weight" medically and legally. It also gives more leverage in the legal system than an IME.



**VS.**

An IMV is performed by a physician that is looking at "the big picture" of how the patient was injured, and what immediate and future effect these injuries may have on their life. An IMV provides an "impairment rating" or measurable account of how the patient's injuries ARE truly affecting their lives. An IMV is cross-referenced with the American Medical Association guidelines for injury and impairment and is practically irrefutable.

Additionally, an IMV is not a single doctor's opinion, but rather it is reviewed by medical peer(s) to truly "validate" and minimize mistakes.

\*\* Greatly Increase or CORRECTLY value Personal Injury cases.

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# What *determines* Settlement?

By: Attorney Bryan A. Larson at Larson Law

**N**umerous factors determine when a case should be settled or when a case should be pushed to trial. Here are only a few.

The most important factor is the strength as a witness, of the patient/plaintiff himself or herself. If the plaintiff is particularly credible and sympathetic, the case is probably a strong one. However, some people make poor witnesses on their own behalf. Some people are not creditable. Some people appear to have alterative motives or agendas every time they speak. For some, no amount of coaching or preparation can help. "You can't fix stupid." A plaintiff like this will generally not do well in front of a jury. Juries are human beings and they make judgments on others often within seconds of hearing them speak. This might not be "fair" but it is reality.

The other witnesses are also a factor. If the main treating physician is creditable, well organized, articulate, and provides credible answers, the case will be stronger. Likewise, if the physician's records are strong, the case will be stronger.

A third factor in determining whether a case should go to trial is the anticipated cost of trial versus the risks associated with possible loss. If liability issues in a case are not favorable it will decrease the chances of having a successful result regardless of how badly injured and sympathetic the plaintiff. If the health care

provided is not creditable or appears to be overreaching, the chances of obtaining enough money at trial to pay all the liens could also be at risk. Much of this relates to the health care management that went into providing care for the patient. Along these lines, were there gaps in treatment? Was the care duplicative or provided no clear benefit? Was the healthcare too highly priced? Juries are instructed by the judge that they are only to pay for health care which was both necessary and reasonable. If individual modality charges far exceed the usual customary standards for such procedures, the defense will attack it and convince the jury that healthcare is too expensive and should not be paid. Juries understand the high cost of health care and are sympathetic to this argument. Juries will compare the health care provided against their own experience. For example, if a juror has previously had an automobile crash and had chiropractic bills in the range of \$5,000 to \$10,000, they may reject bills in the \$15,000 to \$25,000 range.

The defense will also argue that some procedures are "experimental" "unproven" or completely outside of the norm and they will challenge the medical necessity of those particular procedures. Even if those procedures work, they will still be scrutinized by the jury. Treating physicians must be familiar with recognized studies that demonstrate the efficacy of the modalities they use for

the symptom addressed. These studies should be mentioned in any narrative report provided. It is also helpful for the treating physicians to have a reasonable understanding and explanation of the nature of the studies.

Perhaps most important in a physician's testimony is honesty and transparency. If the patient had problems in their history (the physician won't know this unless they have actually reviewed prior medical records). There must be an assessment of that preexisting condition and proper comparison of it to the current problems the patient has.

Another factor in determining whether the cases are appropriate for trial includes the nature of the bad acts of the defendant. If the defendant merely committed a "whoopsy" type of mistake, it is possible that a jury could feel sympathetic towards him, recognizing that we all make mistakes. On the other hand, if the defendant caused the accident by driving 90 MPH through a crowded school zone, then the bad nature of the acts would likely increase the verdict.

The issue of when to litigate or when to settle is complex. Only an experienced attorney and litigator can effectively evaluate all of the factors.

We invite those reading this to contact us if you have any questions about the individual facts of a case. Every case is different. No hard and fast rule can be established and every case is potentially "fact sensitive". - Bryan Larson

# Insurers love it.

## Why you shouldn't



By Tom Grant, DC

SOCIAL MEDIA

**A**ccording to this October's issue of Claims Journal, an insurance industry publication, "Fraud steals \$80 billion a year across all lines of insurance, according to the Coalition Against Insurance Fraud. The number of fraud cases has been rising over the last few years, primarily because of the increase of "soft" insurance fraud, which involves exaggerating a legitimate claim..."

What do they mean? Whenever someone makes a claim of injury, one of the best tactics the insurers use is to check your social media account to see if you are posting activities that contradict your claim of lower quality of life/impaired ability to engage in your pre-injury activities. Things like sports, hobbies, dancing, hiking, side work, etc. Even expressing that you had fun at a swim party, even though you didn't swim, results in a cry of fraud.

So how do you protect yourself for such flagrant claims of fraud, when you're just trying to get along, still have a little diversionary fun from your pain and suffering after a terrible injury?

Here are 2 tips:

**1 – STOP USING SOCIAL MEDIA!** Yes, as simple as it seems, but for some people it's like a sentence of death. Insurer attorneys scour the web looking for evidence that you are a liar. Blog posts, FB, Instagram, Snapchat, etc. can be used to paint the picture of your being a liar about how bad your life is now that you've been injured. Sometimes people look for sympathy or a sympathetic ear to soothe their feelings, by posting how violated they feel. You might even find yourself going off on a rant about how bad the insurer was in getting your car fixed, short changing you on a car rental bill, or not paying for your care, and you find yourself warning the world about your terrible experience with such and such insurer, or even state that you want "to get even" with the insurance company. That is a stupid thing to state. Even if you secretly harbor such resentment. Keep it that way SECRET! STOP POSTING!

If this sounds like you, then the next tip needs to be followed precisely

**2 – Until your claim is settled, STOP POSTING**

**PICTURES, STOP BLOGGING, STOP TWEETING ETC.** These innocent, fun-loving, tension-relieving actions can have a devastating effect on your case. Your postings can be easily manipulated to show you as a con artist, looking to make a buck from your injuries. Remember, insurers will try to interpret your social media persona as an effort at gaming their coverage benefits for your personal gain. **STOP POSTING PICTURES, STOP BLOGGING, STOP TWEETING ETC.** and review rule #1.

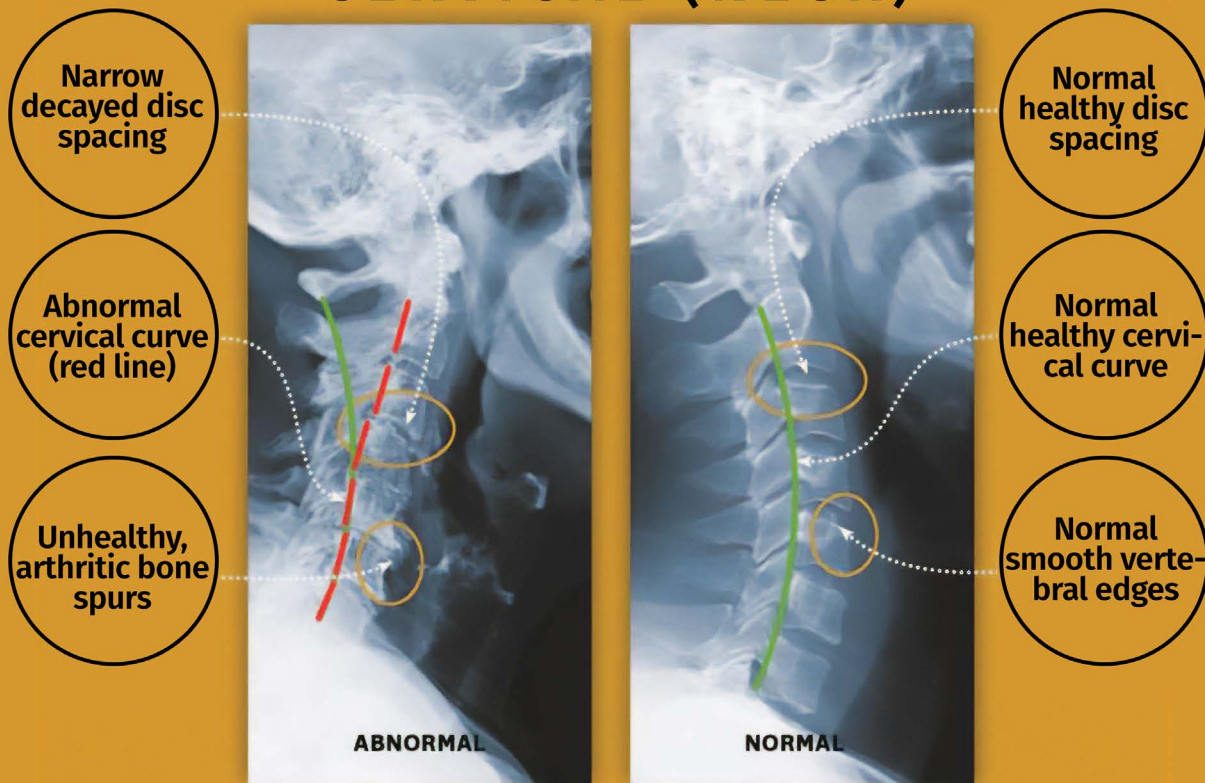
What can you do if you have a social media addiction? Keep your postings focused on things that can have nothing to do with your injuries or any activities that can be tied back to your injury claims. This is impossible to do, so just take my advice, STOP ALL SOCIAL MEDIA for a short while. Your attorney will tell you when you can resume. Use this time as a retreat from the connected word, heal, find your inner self for a few months and remember, it's not forever. However, your ability to recover from your injuries when there isn't enough money to pay for it, because your bills were slashed by a fraud-paranoiac insurance company is far worse.

# Cervical curve and blood flow to the brain

## Curve and spinal cord traction

### What's normal?

#### CERVICAL (NECK)



**Maintained or Restored**  
with Chiropractic & PT

More healthy nerve flow,  
more healthy blood flow,  
more volume,  
more oxygen,  
more nourishment.

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#### GREEN CURVE IS NORMAL

**Post-traumatic loss of curve**  
1) Traction/stress to the spinal cord  
2) Restricts blood flow to the brain

**Arthritis and Disc Decay**  
\* Due to trauma or joint disfunction, over time  
\*\* Not visible on x-ray for 7 to 10 years  
\*\*\* Early intervention post-trauma is vital

“Loss of the cervical curve directly affects health, longevity, and quality of life by impeded nerve flow between the brain and body, as well as, reduced blood flow to the brain.”

- R. Jay Shetlin, DC

Journal of Craniovertebral Junction Spine  
v.8(1); Jan-Mar 2017

Clevelandclinic.org/health/disease/  
22868-cervical-kyphosis

Braincirculation.org | Jan-Mar 2019 | Vol 5  
Issue 1 | pp 19-26

Evan A Katz, Seana B Katz, Curtis A Fedorchuk,  
Douglas F Lightstone, Chris J Banach, Jessica D Podoll

Pain Management 2009  
Norman Stealy MD PhD

https://cbpnonprofit.com/

~ Numerous articles from 1959 to current

# **5 THINGS**

## **You Need To Do Immediately After Being In A Car Accident**

**1** *Immediately attend to your injuries.*

**2** *Report any accident to the police and your insurance company.*

**3** *Schedule a chiropractic exam within 24 hours of your injury.*

**4** *Get an injury assessment by a health care professional (such as a chiropractor) before signing anything.*

**5** *Don't worry about money!*

**Your AD  
goes here**

**Size 7.6 x 5 inch**

# Get Records

By: Attorney Bryan A. Larson at Larson Law

**I**t's impossible to appropriately handle personal injury chiropractic care in a forensic setting without reviewing the available prior medical records of the patient. The number one area of attack that the insurance industry uses against claimants for insurance benefits is the argument that the patient had the subject problems prior to the traumatic event.

Patients are terrible historians. They forget. Sometimes they obfuscate. Sometimes the patient does not appreciate the potential relationship of their history to the current problems. Hopefully, the prior problems have nothing to do with the current problems. It is also possible that the prior injuries are contributory to the explanation for the patient's current injuries. However, without the records, the physician will never know.

In every personal injury case the treating physician needs to offer an opinion concluding what he or she believes is the most likely cause of the patient's injuries. To do so without reviewing the prior records of the patient minimizes the validity of that opinion.

Under Utah law, a defendant is only obligated to pay for

those harms which they caused. The court allows all sources of potential causation of injuries to be evaluated by the jury. Preexisting injuries can be apportioned with the effects of the new traumatic event. Hopefully, every patient you treat will have no prior injuries and the injuries caused by the traumatic event will be 100% of all possible causes. If not, money damages can also be awarded to the extent of the aggravation of prior injuries, but, only to the extent of that aggravation. Apportionment of injuries by the treating physician is critical. If, as the treating physician, you do not make an apportionment, the insurance company's doctor will do so. You know how that will likely turn out.

In short, get the prior medical records. Go back 5 years if possible. Compare those records to the history given to you by the patient. Incorporate at least a reference to those records in your opinion concerning causation or aggravation of injuries. If it is apparent that the prior records do not indicate any preexisting condition, you can include a statement to the effect that you have reviewed the prior records and conclude that 100% of the patient's injuries were due to the crash in question. In some cases, you will not honestly be able to make that statement. However, without the records you are opining in the dark. If you need help in determining how to apportion injury causation, feel free to call us at Larson Law!

# I can't Drive-55, but I better keep out of the passing lane

By MATTHIESEN, WICKERT & LEHRER, S.C. Law Firm

**I**t is the universal trigger and a pet peeve of millions of drivers.

You're making good time traveling 75 MPH in the left lane of a freeway with a 70 MPH posted speed limit. You tap your brakes, turning off the cruise control, because a midnight blue 2012 Buick Regal is firmly ensconced in the left passing lane, traveling at 65 MPH and staying abreast of a Kenworth tractor pulling a 53-foot trailer. Fifteen minutes later traffic is bumper to bumper behind you as far as you can see, and you resort to flashing your lights, to no avail.

The driver of the Buick Regal believes that traveling at or near the speed limit in the fast lane is acceptable—and that they are teaching the impatient drivers behind

them a valuable lesson in driving safety. In a perfect world, a sheriff's deputy would suddenly appear and pull the Buick Regal over for unsafe driving and violation of state driving statutes. Far too often, however, instant karma doesn't occur, but an accident does.

All states allow drivers to use the left lane (when there is more than one in the same direction) to pass. **Most states** restrict use of the left lane by slow-moving traffic that is not passing. A few states restrict the left lane only for passing or turning left. Some states have "yield laws" which require drivers to move into the right-hand lane if they are blocking traffic in the left lane. Most states follow the Uniform Vehicle Code and require drivers to keep right if they are going slower than the normal speed of traffic (regardless of the speed

limit). According to the Utah Highway Patrol, "Following too close because people are not moving to the right and are obstructing traffic in the left lane, is the #2 cause of crashes in Utah. We suspect it is the same in most states." Please move to the right if you are not actively passing another vehicle.



# ICE *and* Air Hockey

By Dr. Dusty Dubois, DC

Bothell, WA

**A** Common misconception in Motor Vehicle Collisions is that being on ice makes the impact less intense. I have heard patients say, "Thank goodness it was icy, I just slid away when the car hit me."

Sounds nice on a global scale. But when we look closely at the physical forces that take place it is much worse for the occupants when the impact takes place on the ice.

Imagine an air hockey table. If the air is off and you hit the puck with the paddle the puck does not move very far nor very fast. This is due to the friction between the puck and the table. If we turn the air on, thus reducing the friction between the table surface and the puck, then hit the puck with the same amount of force from the paddle, it will shoot across the table at a high rate of speed.



In the moment of energy transfer from the paddle and the puck, when the air is off, the friction reduces the "Change of velocity," the "g-forces," and the "impulse of energy" applied to the puck. In this scenario, if you were riding the puck, there would be much less energy transfer through the puck to you, the occupant.

When we compare this to a scenario with less friction to the vehicle (puck in this case) more forces are transferred to the occupant.

With the air on and the friction reduced, there is less physical damage to the puck as it vacates the space now occupied by the paddle with ease and minimal damage to the puck itself. However, in the moment of transfer, the physical forces are greatly increased. So if you were riding the puck with the air on, or an occupant in a vehicle on the ice, the physical forces applied to your body would be greatly increased thus increasing the change of physical harm to you while minimizing damage to the vehicle.

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## Size 7.6 x 5 inch

# Millions awarded to the Millions in fraudulent claims A True Win-Win.

By David Marcarian, MA

Can you imagine a world where IME's and insurers no longer control patient care? With US Patent 9,808,173 you can. **Your** to imagine. The DynaROM Motion Standard per the AMA Medical Text on Range of Motion Assessment and has been named "the lie detector for back pain" by prestigious attorneys for its ability to detect the presence or absence of soft tissue injury.

The DynaROM technology is actually quite simple; it combines wireless dual inclinometry with EKG technology to simultaneously measure range of motion and muscle guarding. It's commonly known that muscle guarding is the body's natural defense in response to pain in motion; so, when you measure these simultaneously, sensitivity to actual soft tissue injury and symptom magnification increase dramatically. We have all seen patients with normal range of motion, yet with muscle guarding and pain. Currently when that normal ROM data is provided to the insurer, it damages the claim that the patient is truly injured. DynaROM solves that problem. We have also seen patients intentionally limiting their ROM. The DynaROM exposes them as symptom magnifiers, as without the muscle guarding response, their limited ROM is clearly misleading. A fitting example is the yoga instructor involved in a rear end MVA: they had excellent range of

motion prior to the MVA and won't be considered abnormal post MVA. When the muscle guarding component is measured alongside ROM, their normal ROM is clearly abnormal. The muscle guarding component is clearly exposed, and injury is clear.

So, is this a win-win? A Supreme Court in Merritt OH. In this landmark State of FL questioned the validity of the DynaROM and removed from the diagnostic device. The inventor of the device, the only expert with the benefit of the court, won against the insurance company and 9 expert witnesses and exhibits not only but subsequent appeal the Superior Court upholding decision, and the State Supreme Court rejecting the insurance company appeal. You can download the Judge's 47-page decision at [www.dynarom.com](http://www.dynarom.com).

Insurers have had a tendency to quietly settle claims where the DynaROM was used, as they did not want court record of a loss to the DynaROM in a jury trial. A young attorney decided to challenge the tool in jury trial, where the patient was offered a max of \$10K. On March 26, 2018, (King County Superior Court Case # 16-2 29568-1 SEA) Mr. Marcarian demonstrated the patient's

injuries in simulated form and es... validity by the AMA's Range of Motion Assessment where author John Gerhardt referred to the DynaROM as "the new gold standard". The insurance expert, recognizing the validity of the data never rebutted Marcarian's testimony, and the

**2 page article goes here**

**650 WORDS PER ARTICLE**



# se in pain. prevented.



jury awarded an unprecedented \$958,387.22 jury award which was not appealed.

The outcome of this jury trial proves the old strategy of expert opinion against expert opinion no longer works.

What's more, the same week, three

other cases using the DynaROM data demonstrated symptom magnification, all receiving concomitant and fair reduced settlements. In one case, the patient claimed to be in so much pain, they almost did not finish the test, yet there was no muscle guarding to support the complaint. This establishes your credibility, as any

“real” test will demonstrate both injury and lack of injury.

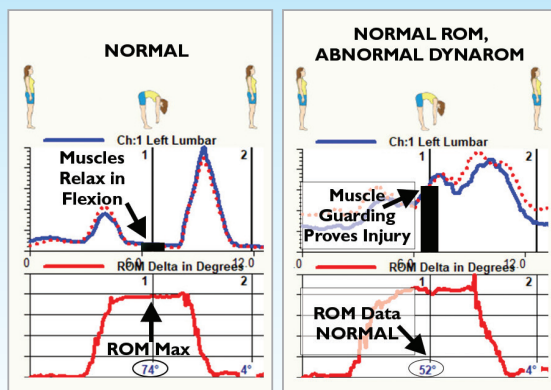
The idea that MDs don't want to refer to chiropractors is no longer relevant. MDs are data driven so, when you can show you have a tool that provides solid data, their respect for you and the profession grows. DynaROM users are reporting receiving referrals from orthopedic surgeons for DynaROM evaluations to determine whether a mechanical source of back pain can be treated through chiropractic care before considering potentially harmful, invasive procedures. The introduction of this truly objective data leads to a more efficient, cost-effective solution for both personal injury and workers compensation cases.

The bottom line? A tool that provides the objective proof of subjective complaints is invaluable to all parties. By determining whether a patient's complaints of pain are real or not, you are able to confidently provide proper care, making you the most credible source of information not only for PI attorneys, but workers comp cases and insurance adjusters too. Patients who are injured are properly cared for and those not injured are redirected or removed from the system. With solid, court-proven objective data, we all win.

**Contact Information:**

David Marcarian  
david@myovision.com

Do you have the objective data necessary to establish need for care?



Determine presence or absence of soft tissue injury with patented DynaROM.

- Gold standard per the AMA medical text on Range of Motion
- ADA tax credit = up to 50% savings
- CPT Code 96002, 96004
- Test time is equal to standard ROM



# Dr. Eric Brimhall, M.D.,

**D**r. Eric Brimhall, M.D., has had the unique fortune to live in many locations across the United States as well as internationally. He earned his undergraduate degree in Chemistry with a minor in Biology before earning his medical degree and then continuing his training with a Medical/Surgical internship followed by residency training in Physical Medicine and Rehabilitation. Following residency, Dr. Brimhall completed two subspecialty fellowships: first in Interventional Spine care at the Utah Center for Pain Management and Research and later in Multidisciplinary Pain Medicine at the University of South Florida in Tampa. He is board certified in Pain Medicine and Physical Medicine and Rehabilitation and is a diplomate of both the American Board of Pain Medicine and the American Board of Physical Medicine and Rehabilitation.



**You featured here. We write the article after interviewing you**

Dr. Brimhall is known for helping those injured in motor vehicle collisions, slip and fall accidents, and a variety of other medical incidents. He has had a variety of other medical incidents, including a rehabilitation physiotherapist. He gained expertise in the management of all forms of traumatic brain injury, battlefield injuries, and more. Additionally, an injured person needs someone well-versed in what the research says about their condition, as well as someone who understands how to navigate the complex legal system to get them the care they need despite the barriers the insurance companies and the attorneys who defend those companies try to impose by minimizing the extent of their injuries.

Those who have been injured in collisions, assaults, and any number of other personal injury situations need someone who will not only listen and treat with compassion, but be willing to take on the system that seeks to minimize the true extent of their injuries;

**350 WORDS PER ARTICLE**

- Dr. Brimhall is available in Utah and Nevada for second opinion exams, reports, expert witness, and Independent Medical Validation exams and reports.

# Professionals Who Specialize On Auto Accidents

Over the last 19 years of practice I've learned many things, but one of the most important points is not to step out of my lane! Almost from the start of my career I focused on personal injury. I know the ins and outs of everything related to auto accidents and death cases. I seek out the best information and education I can find so I can be the best attorney possible for my clients.

Sometimes I make mistakes, and I know I can do better. Because I know not to step out of my lane! I'm a personal injury focus on clients and death cases.

When someone is in an accident, the best thing they can do is seek out professionals who are focused on auto accidents. You want someone that is great! You wouldn't go to a foot surgeon when you have heart problems. Similarly, you wouldn't go to a divorce attorney. If you need an auto accident attorney. Having an attorney that specializes in auto accidents and personal injury cases will make a big difference.

When I served on the Utah Bar Association, other attorneys come to me on a regular basis for advice on their personal injury cases. At times, these attorneys were seeking resolutions to problems they had created on personal injury cases they were handling, as they were not focused on personal injury, but were more "jacks of all trades" when it came to lawyering. On one occasion, an attorney had advised his client to settle her case for \$25,000. After my review of his handling of the case, he realized his mistake and asked me to take over it over for him. In the end, we settled the case for \$925,000. Had the attorney moved forward with the settlement it would have been a blatant malpractice. Unfortunately, this same scenario has played out multiple times over the years with other attorneys coming to me for help.

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**350 WORDS PER ARTICLE**

*Jeff Metler*



## Chiropractic Truth Revealed: Not all doctors are the same

Chiropractic Revealed

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**LITIGATE/FIGHT FOR CLIENT/PATIENT**  
**GET PATIENT'S BILLS PAID FAIR**

**ETHICAL IN PRACTICE**