

WHY DOCTORS AND ATTORNEYS CHOOSE THE WHIPLASH GROUP

PERSONAL INJURY TODAY

**SUSTAINABLE
GROWTH THROUGH
EQUITABLE
PARTNERSHIPS**

**LOW SPEED VS
HIGH SPEED
COLLISIONS**

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

Feller | Wendt



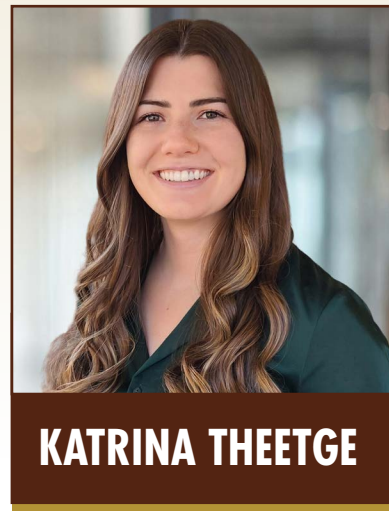
\$9.95



Letter from the EXECUTIVE DIRECTOR

Katrina Theetge serves as Executive Director of the Whiplash Group, bringing extensive experience in chiropractic and physical therapy practice operations. With a background in bookkeeping, practice management, and collections, she provides strong operational leadership and a systems-driven approach to organizational growth.

Katrina plays an integral role in coordinating professional education programs, including the Whiplash Group's three-day PI and Practice Success Summit. Her work includes continuing education coordination for medical-legal professionals, event planning, and operational oversight—ensuring each program is delivered efficiently, compliantly, and with a high standard of professionalism. She currently resides in Tennessee.



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Sustainable Growth Through Equitable Partnerships

In personal injury work, referrals are often discussed in terms of volume. But in our conversations with chiropractors, physical therapists, physicians, and fellow attorneys, we consistently hear something very different. What professionals want isn't more noise – it's reliability: Clear communication; respect for their expertise; and confidence that the client they're trusting to another professional will be cared for, not processed.

That realization shaped how we built Feller & Wendt.

At our core, we exist to deliver world class personal injury advocacy while caring deeply about the people and professionals who place their trust in us. For us, an equitable partnership begins with understanding the real pressures referral partners face every day. Medical providers don't want treatment decisions to be second-guessed or rushed. Attorneys don't want cases overpromised or underprepared. And everyone involved wants injured people to feel supported rather than overwhelmed.

When those needs aren't met, even well intentioned referrals can become strained.

Early on, we made a deliberate decision to build systems around partnership – not just case handling. That means respecting clinical autonomy, maintaining transparent timelines, and prioritizing fast, human communication when questions arise. It also means setting clear expectations up front so providers and partners aren't left guessing once a referral is made.

Every referral is handled through attorney led teams supported by structured training, defined processes, and ongoing oversight. This approach ensures consistency, accountability, and clarity – for clients and for the professionals who entrust cases to us.

Just as important, our work is fundamentally collaborative in holding insurance companies accountable. We work closely with medical providers and co-counsel to develop a unified, evidence-based narrative that accurately reflects the client's injuries, treatment, and long-term needs. Rather than treating medical care and legal strategy as separate tracks, we align them – pushing back against delay tactics, undervaluation, and premature pressure from insurers. That coordinated approach strengthens cases, protects clinical judgment, and improves outcomes for the people we all serve.

As we've grown, that commitment has only deepened. Over the past year, our team has more than doubled and firm revenue has grown by nearly 50% year over year. That growth didn't come from shortcuts or volume chasing. It came from building dependable systems and relationships that support everyone involved in a case. For our partners, that translates into predictability, responsiveness, and fewer surprises.



The outcomes reflect that alignment, but we view them as shared results rather than a scorecard. To date, we've recovered more than \$100 million for injured clients, including two verdicts recognized among the nation's top 75 in 2024 and a \$4.6 million unanimous jury verdict in 2025. Our work has also been recognized with more than 30 local and national honors for responsiveness, client experience, and complex injury matters. These results are only possible when legal strategy and medical insight are aligned around the same goal: helping people recover and move forward.

That partnership first mindset is reinforced by firm leadership. Rather than prioritizing visibility or short-term growth, our focus has been on building a structure that scales ethically – one where collaboration is embedded in daily operations, and accountability is part of the culture. We emphasize long term relationships over transactional referrals and discipline over shortcuts.

Looking ahead, our focus remains the same as we continue to grow: scaling systems and partnerships in a way that strengthens professional collaboration, supports communities, and protects the human experience at the center of every case.

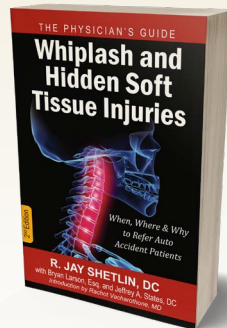
We believe the future of personal injury work depends on this kind of alignment. When legal and medical professionals work together with clarity, integrity, and mutual respect, clients feel it – and outcomes improve across the board. We're always open to working alongside partners who value communication, accountability, and shared responsibility, because equitable partnerships don't just strengthen businesses - they better serve the people who rely on all of us.

Kids in Car Accidents



By Dr. R. Jay Shetlin, DC

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 agitated adult. Whiplash in a car is the same

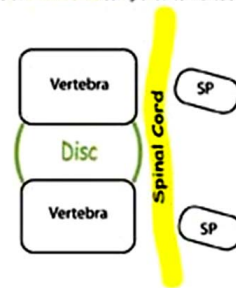
“By law we are required to replace a child’s car seat after a crash, why are we not required to have our precious cargo (the child) checked and possibly treated by a certified MVC specialist physician?”

– Dr. R. Jay Shetlin

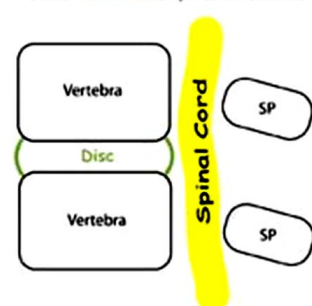
dynamic, but the trauma was – unintentional – or induced by accident.

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 are not given. Sadly, ER doctors and even pediatricians are not trained to look for or treat these childhood soft tissue injuries.

Size of Infant Disc compared to Vertebrae



Size of Adult Disc compared to Vertebrae



I urge parents everywhere to have their 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.

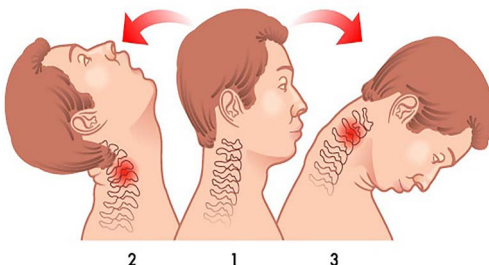
What is Whiplash?

By Dr. Dan Yen

Whiplash 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 refer to injuries and symptoms resulting from a car crash, such as neck pain and swelling, headaches, nausea, dizziness, and back pain. Professionally, the term evolved to Whiplash Associated Disorder (WAD) in the 1980s. Today, the proper medical term is “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 bony, ligament, and muscle attachments which causes hyperflexion (too much forward bending) of the neck. All this forceful motion has happened in less than one second!



The dynamics of this type of injury force the muscles, ligaments, and joints (particularly the neck) beyond the limits of anatomical integrity, resulting in micro tears in 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 restoring injured joint motion. Therapeutic massage is utilized as well for healing the musculature to its best potential. Rehabilitation is then used to improve the 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

Certified Chiropractic Coder & Paralegal

So, 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 be resolved 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 have 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

Certified Chiropractic Coder & Paralegal

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 who 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*, which 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 ensure you get the care you need after a motor vehicle

collision, without personal expense to you. Medical and Chiropractic physicians who specialize in and are *certified* in personal injury care typically accept liens directly only from attorneys they trust to handle 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

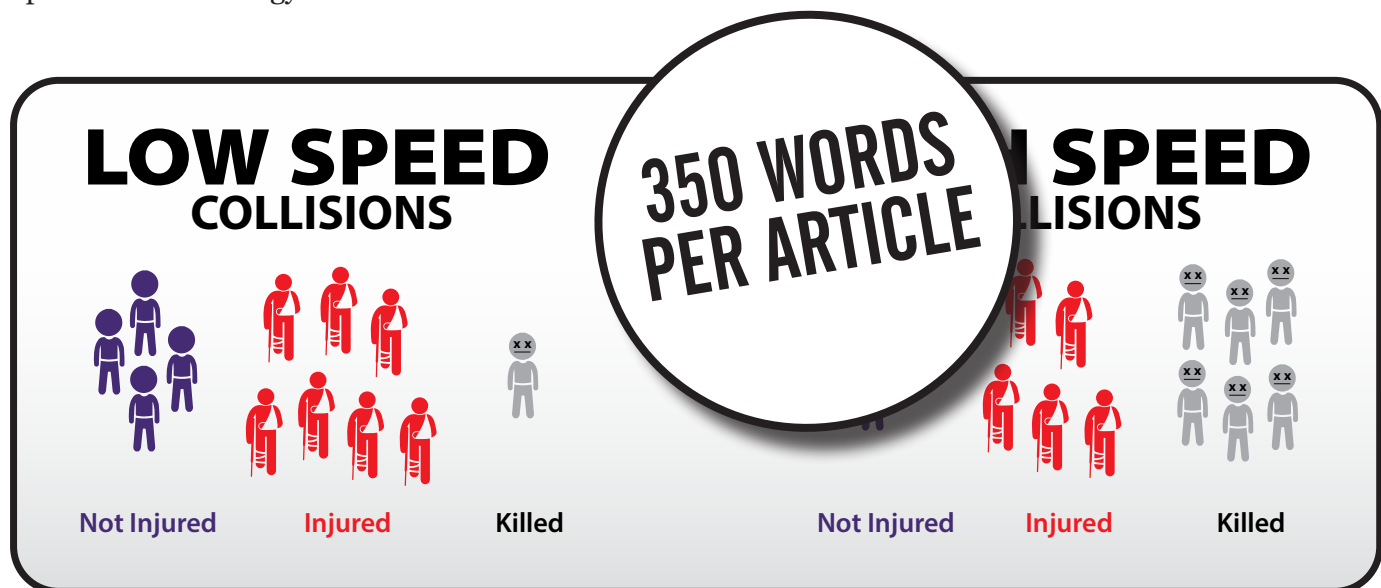
One of the many variables in a Motor Vehicle Collision (MVC) is “Speed.” This is probably the most misunderstood variable regarding MVCs and occupant injuries. First, we need to clarify the difference between low speed and high speed. Surprisingly, vehicles do not have to be traveling at 50+ miles per hour for a motor vehicle collision to be considered a high-speed collision. In fact, the **break-off point is just 10 miles per hour**. That’s right – any collision over 10 miles per hour is considered – and should be documented as – a high-speed or high-energy collision. Anything less than 10 miles per hour (change of Velocity) is classified as a low-speed or lower-energy collision.”



A properly prepared police report, or a medical report formulated by a certified Motor Vehicle Collision Occupant Injuries Professional¹, should distinguish whether the incident was a high-speed or low-speed collision. The exact speed of the collision is quite difficult to determine, but providing a reference point of high speed or low speed is relatively simple.

A common mistake is to equate a low-speed collision to a reduced chance of injury. Statistically speaking, more people are injured in low-speed collisions than in high-speed collisions.

This surprising statistic can be attributed to several key factors, all of which have to do with the physics of motor vehicle collisions.



¹Reference: “The physician’s Guide to Whiplash and other Hidden Soft Tissue Injuries.” 2nd Edition 2013

CRUMPLE ZONES

By Dr. R. Jay Shetlin, DC

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 (Δt) 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. Oftentimes, the vehicle is “totaled.” In the automotive industry, it would be wasteful to have every car in the slightest fender-bender end up as scrap metal. As for the insurance industry, it would be devastating to pay damages for this many vehicles

each 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 collisions.” 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.

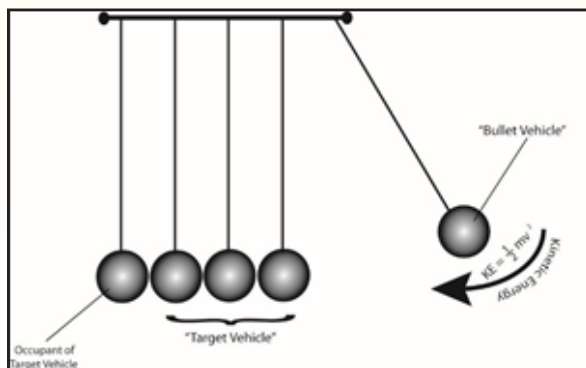
In a low-speed impact, one might ask what happens with momentum, kinetic energy, and change of velocity, Force = (mass)x(acceleration), g's and impulse?

The laws of physics tell us that no two solid objects can occupy the same space at the same time. If a vehicle stopped at a red light is rear-ended at speeds under 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 that was struck while at a standstill, the "target vehicle."

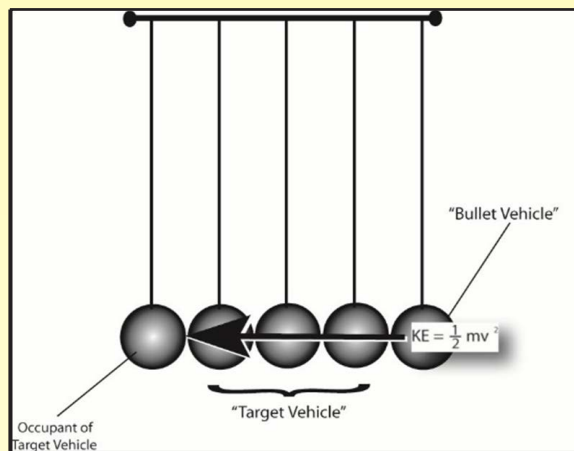


Newton's Cradle

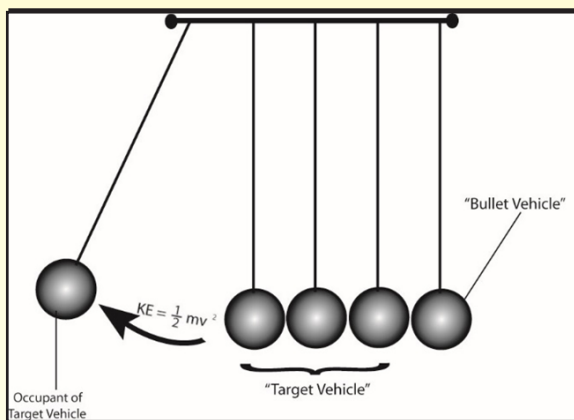
This demonstration illustrates how the energy and force of the *bullet vehicle* is transmitted through the frame and mass of both vehicles directly into the occupants of the *target vehicle*.



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 as equivalent to no or minimal 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.

Why **Doctors** and *Attorneys* Choose **The Whiplash Group**

Personal injury work demands more than good intentions—it requires expertise, discipline, and collaboration. The Whiplash Group brings together doctors and attorneys who commit to higher professional standards in serving injured patients.

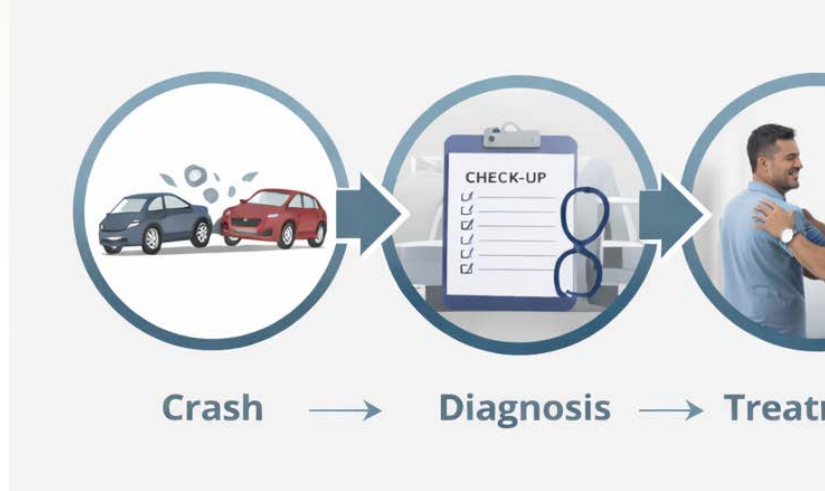
Members pursue advanced training in personal injury care and case management, strengthening their ability to diagnose trauma, document injuries clearly, and navigate the medical-legal process effectively. Accurate documentation, ethical billing practices, and organized case development are foundational expectations within the network.

Equally important is collaboration. Whiplash Group members operate within a professional community that values communication, respect for each other's expertise, and proactive case coordination. Doctors and attorneys work together throughout the life of a case rather than trying to reconstruct it after the fact.

This team-driven approach benefits everyone involved. Patients receive better care and stronger advocacy. Professionals experience greater clarity, efficiency, and satisfaction in their work.

By elevating standards and strengthening professional relationships, Whiplash Group

members not only improve outcomes for injured patients—they also build practices and firms that grow through trust, credibility, and consistent results.





WG Standards at a Glance

Members of The Whiplash Group commit to higher professional standards in personal injury care and case management. These include accurate diagnosis, trauma-based patient care, timely documentation, ethical billing practices, organized legal case development, and respectful collaboration between medical providers and attorneys. Continuous education and professional accountability help ensure that patients receive competent care and strong legal advocacy.

What Injured Patients Should Expect

After an accident, patients deserve professionals who listen, examine thoroughly, and document injuries accurately. Proper injury care often includes detailed examinations, appropriate imaging, clear treatment plans, and careful medical records. Patients should also expect their doctors and attorneys to communicate with each other, helping guide both medical recovery and fair financial resolution.

Why Collaboration Matters

Personal injury cases involve both healthcare and legal systems. When doctors and attorneys communicate early and work together, patients experience fewer delays, clearer documentation, and stronger case development. Collaboration allows injuries to be properly understood, treatment to be well supported, and legal outcomes to more accurately reflect the patient's experience and recovery.



Diagnosis & Treatment → **Rehabilitation** → **Legal Resolution**

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

In 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 interests and the interests of his/her boss (the insurance company) at heart. The proper title for an IME is an "Insurance Medical Exam."

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 devalue 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 or 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 provide "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 who is looking at "the big picture" of how the patient was injured, and what immediate and future effects 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.



*Grow your Personal Injury Practice
faster linking to motivated providers
USA nationwide*

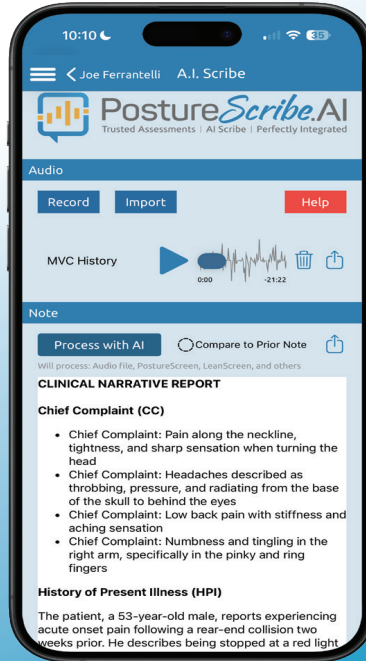
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Legal Perspective

on the Multidisciplinary Approach to Managing Personal Injury Cases



As a personal injury attorney, my role is to see the big picture and strategically measure and calculate every move in a case. I call this “Active Case Management.” In my opinion, this is the best and most effective strategy to deliver the best and most effective outcome for our clients.

When a patient hires an attorney to represent them for a motor vehicle accident, the attorney should handle the case like an orchestra. The body shop, the adjusters, the physicians, the clients, and the attorney each play an important role, and if those roles are utilized in harmony, then the flow of the case will be impeded.

An effective attorney will ensure that the body shop used is not one that is in bed with an insurance company, but rather one that is independent and will provide an honest and comprehensive assessment of the damage to the vehicle. The data that comes from an accurate assessment of property damage relates to the issue of “mechanism of injury” - attorneys have to prove that the forces involved were sufficient to have injured the client.

Thereafter, the choice of medical physicians and their ability to coordinate with other specialty

providers can make or break a case. I have seen so many cases botched by chiropractors who refused to refer patients out to specialists, resulting in injuries outside the scope of chiropractic care going undiagnosed, untreated, and consequently detrimentally affecting the outcome of the insurance settlement. An effective attorney will guide clients to medical providers that understand the importance of evaluating and documenting all injuries, even those outside the scope of chiropractic, and who will refer out when appropriate. One of the most impactful referrals that chiropractors make is to an imaging company for MRIs, x-rays and flexion/extension x-rays. The MRIs measure for disc injuries, whereas the x-rays detect fractures and ligament instability. In my opinion, the MRI is the centerpiece of almost every case because it gives objective data that attorneys and adjusters can see and analyze.

The choice of the imaging company is also very consequential because the neuroradiologist who reads the imaging findings could make or break a case. I always urge chiropractors to use neuroradiologists who do “trauma reads.” It is so important that we have the data in the medical records that details whether an injury is acute or degenerative, or an aggravation of a degenerative condition.

Early referrals lead to better patient outcomes, medically and legally. Chiropractors are often the entry point, and I consider them to be the champions of this space. Many injuries, however, fall outside the scope of chiropractic care. Traumatic brain injuries (TBIs), for example, are far more common than previously thought. In my opinion, TBIs are the second missed diagnoses in personal injury cases. The most missed? Psychological injuries. I am consistently surprised and

disappointed when I see how rarely patients are screened and referred out for trauma-related psychological conditions when the symptoms are presented to a chiropractor. The psychological ramifications (anxiety, PTSD, cognitive changes) can alter careers, academic futures, and relationships. I have seen athletes lose scholarships and professionals lose careers due to undiagnosed brain injuries. If it is not diagnosed and documented, it does not exist in the eyes of the insurance company.

Strong relationships with neurosurgeons for spine conditions and orthopedic surgeons for extremity injuries are also critical. In the medical hierarchy, neurosurgeons sit at the top of the “food chain” for spine injuries, and orthopedic surgeons dominate the world of extremity care such as knee and shoulder tears. Diagnoses and referrals coming from surgical specialists tend to carry significant weight in claims evaluation. It becomes a trickle-down system that strengthens the entire case.

When physicians and attorneys collaborate intentionally, the patient wins.



Insurers love it.

Why you shouldn't



By Tom Grant, DC

SOCIAL MEDIA

According 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 an injury claim, 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 a 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 from 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 you 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 at getting your car fixed, shortchanging you on a car rental bill, or not paying for your care. You find yourself warning the world about your terrible experience with such-and-such insurer, or even stating 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.

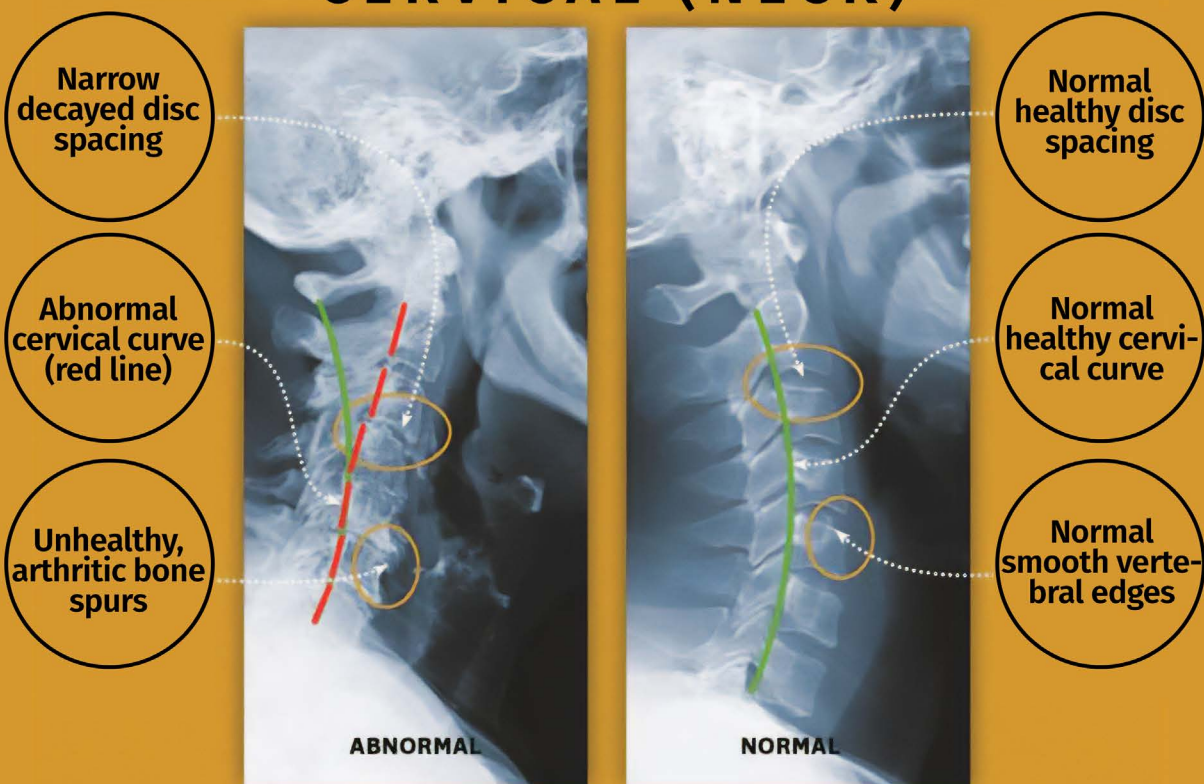
What can you do if you have a social media addiction? Keep your postings focused on things that can have nothing to do with your injuries or any activities that can be tied back to your injury claims. This is impossible to do, so just take my advice: STOP ALL SOCIAL MEDIA for a short while. Your attorney will tell you when you can resume. Use this time as a retreat from the connected world, 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)



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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.”

- Dr. 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 Shealy 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!*

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Get Records

By: Attorney Bryan A Larson

It's impossible to provide appropriate chiropractic care for a personal injury case in a forensic setting without reviewing the patient's prior medical records. 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 contributing 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 patient's prior records minimizes the validity of that opinion.

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

those harms that they caused. The court allows the jury to evaluate all potential sources of injury causation. 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 with the history provided by the patient. Incorporate at least a reference to those records in your opinion concerning the 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 be able to make that statement honestly. 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

It 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 the 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" that 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. R. Jay Shetlin, DC

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 or very fast. This is due to the friction between the puck and the table. If we turn the air on, thereby reducing friction between the table surface and the puck, and hit the puck with the same amount of force from the paddle, it will shoot across the table at high 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 transferred through the puck to you, the occupant.

When we compare this to a scenario with less friction between the vehicle and the puck (in this case), more force is transferred to the occupant.

With the air on and 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 chance of physical harm to you while minimizing damage to the vehicle.

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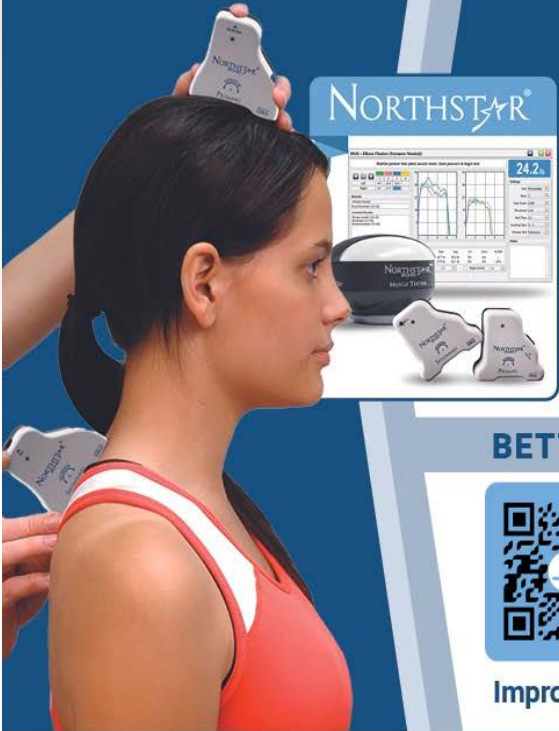
Whiplash Group attorneys bring the same level of professionalism and preparation. They actively build cases in real time, maintain organized documentation, and communicate closely with treating doctors to ensure your injuries are properly understood and represented.

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Kathryn Gardner JD

Dr. Eric Brimhall, M.D.,

Dr. Eric Brimhall, M.D., has had the unique good fortune to live in many locations across the United States and internationally. He earned his undergraduate degree in Chemistry with a minor in Biology, then his medical degree, and continued 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.



Dr. Brimhall's interest in helping those injured in motor vehicle collisions, slip and falls, and a variety of other medical-legal circumstances had its root in his training as a rehabilitation physician where he gained expertise in the management of all forms of trauma: from battlefield injuries sustained by those serving in the armed forces, to those injured in motor vehicle and motorcycle collisions, burns, traumatic brain injury, spinal cord injury, assault and more. Managing pain was a major component of caring for such people, and this is what drew him to subspecialize in the field of Pain Management, where he treats a large variety of pain conditions.

Those who have been injured in collisions, falls, 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;

seeking to treat them with all the appropriate tools and methods available, while also helping to quarterback with others involved in their care: Chiropractors, Physical Therapists, Surgeons, Primary Care Doctors, Neurologists, and more. Additionally, an injured person needs someone well-versed in what the research shows about their condition, as well as someone who understands how to navigate the complex legal system to get them the care they need and deserve, despite the barriers the insurance companies and the attorneys who defend those large companies try to impose by minimizing the true extent of their injuries.

Dr. Brimhall is a strong believer in not just treating pain but also in working with his patients to improve function and quality of life, utilizing a multifaceted treatment approach. It is a privilege to help patients and get them the help and treatment they rightfully deserve!

- *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 In Auto Accidents

Over the past 22 years of practice, I've learned many things, but one of the most important points is not to step out of your lane! Almost from the start of my law practice, I focused on personal injury. I wanted to know the ins and outs of everything related to auto accidents and death cases. I sought out as much information and education on this matter as I could. I wanted to be the best attorney possible for my clients.

When I served as president of the Central Utah Bar Association, other attorneys came to me regularly for advice on their personal injury cases. At times, these attorneys sought resolutions to problems they had created in 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 blatant malpractice. Unfortunately, this same scenario has played out multiple times over the years, with other attorneys coming to me for

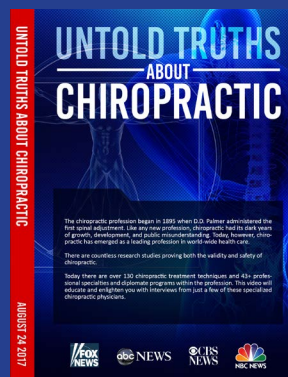
help. Sometimes I can fix their mistakes, and sometimes there is nothing I can do. Because of this, I know not to step out of my lane! I'm a personal injury attorney specializing in auto accidents and death cases, not a jack of all trades.

When someone is in an accident, the best thing they can do is seek out professionals who are focused and/or specialize in auto accidents. There are many good doctors and attorneys, but you want someone who is great! You wouldn't go to a foot surgeon for heart problems. Similarly, you wouldn't go to a divorce attorney when you need an auto accident attorney. Having an attorney who specializes in auto accidents and death cases will make your life easier, allowing you to focus on getting the treatment you need to heal physically while they focus on the insurance companies. That is what I do! I focus on letting my clients get better, and I deal with the insurance companies.

Jeff Metler



Chiropractic Truth Revealed: Not all doctors are the same



Chiropractic Revealed

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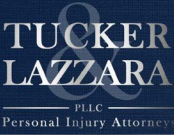
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