

IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY
PENNSYLVANIA

YVONNE KUHENBEAKER : NO. 2003-FC-0647
Plaintiff, :
vs. :
LAWRENCE A. WOOD :
Defendant. :

DEPOSITION OF GREGORY PLAUGHER

Taken at the Law Offices of King, Spry,
Herman, Freund & Faul, LLC, One West Broad Street,
Suite 700, Bethlehem, Pennsylvania, on Thursday,
January 27, 2005, commencing at 10:00 a.m. before
Deborah K. Marshall, Registered Professional
Reporter.

* * *

SLIFER, VOICE & SHADE
A Veritext Corporation
3055 College Heights Blvd.
2nd Floor
Allentown, PA 18104
(610) 434-8588

<p style="text-align: right;">2</p> <p>APPEARANCES:</p> <p>PAVLACK & KLEIN, P.C. BY: DON S. KLEIN, ESQUIRE 1908 Allen Street Allentown, PA 18104 For the Plaintiff</p> <p>KING, SPRY, HERMAN, FRUEND & FAUL, LLC BY: DONALD SPRY, ESQUIRE One West Broad Street, Suite 700 Bethlehem, PA 18018 For the Defendant</p> <p style="text-align: center;">* * *</p>	<p style="text-align: right;">4</p> <p>1 (The parties agreed to waive the reading 2 and signing of the deposition, to reserve all 3 objections except as to the form of the question, 4 until the time of trial, and to waive the necessity 5 for calling the court reporter for purposes of 6 authenticating the deposition, in the event that it 7 should be used at trial.) 8 * * * 9 10 *via telephone* 11 12 GREGORY PLAUGHER, having been first duly 13 sworn, was examined and testified as follows: 14 15 MR. SPRY: Doctor, in the room, we have a 16 court stenographer, we have Doctor Wood. We have 17 attorney Don Klein, who represents Mother. Mother 18 is in the courtroom. And there's also a medical 19 doctor by the name of Steven Barrett, who may be 20 called as an expert by Mr. Klein. He's not going to 21 be testifying today, but he is attending the 22 deposition and I wanted you to know everyone that 23 was in the room before we start. 24 THE WITNESS: Okay. 25 MR. SPRY: Mr. Klein, if I could, this is a</p>
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<p style="text-align: right;">3</p> <p style="text-align: center;">INDEX</p> <hr style="width: 10%; margin: auto;"/> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">WITNESS</th> <th style="text-align: left;">EXAMINED BY</th> <th style="text-align: left;">PAGE</th> </tr> </thead> <tbody> <tr> <td style="border-top: 1px solid black;">G. Plaugher</td> <td style="border-top: 1px solid black;">Mr. Spry</td> <td style="border-top: 1px solid black;">4</td> </tr> <tr> <td></td> <td>Mr. Klein</td> <td>19</td> </tr> <tr> <td></td> <td>Mr. Spry</td> <td>70</td> </tr> <tr> <td></td> <td>Mr. Klein</td> <td>77</td> </tr> </tbody> </table> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">EXHIBIT</th> <th style="text-align: left;">MARKED</th> </tr> </thead> <tbody> <tr> <td style="border-top: 1px solid black;">1 Curriculum Vitae</td> <td style="border-top: 1px solid black;">5</td> </tr> </tbody> </table>	WITNESS	EXAMINED BY	PAGE	G. Plaugher	Mr. Spry	4		Mr. Klein	19		Mr. Spry	70		Mr. Klein	77	EXHIBIT	MARKED	1 Curriculum Vitae	5	<p style="text-align: right;">5</p> <p>1 trial deposition of Doctor Plaugher in the case of 2 Kuhenbeaker versus Wood, which is a custody matter 3 scheduled before Judge McGinley. 4 Since it is a trial deposition, I would ask 5 that each of us put any objections on the record for 6 the judge to rule upon at the time of trial. And if 7 an objection is made, I will ask the witness to 8 answer so that the judge can rule on the bench. Any 9 objection to that procedure? 10 MR. KLEIN: No. 11 EXAMINATION 12 BY MR. SPRY: 13 Q Tell us your name. 14 A Greg Plaugher. 15 Q And you are a Doctor of Chiropractic? 16 A Yes. 17 Q Doctor, I have given opposing counsel and 18 I've put into the record, a copy of your curriculum 19 vitae. And I've marked it as D-1 so I will be 20 referring to that document for a couple of moments 21 while I qualify you. 22 A Okay. 23 Q Okay? How long have you been a Doctor of 24 Chiropractic? 25 A About 18 years.</p>
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<p style="text-align: right;">6</p> <p>1 Q Your CV, if I'm reading it correctly, shows 2 that you were a graduate of Los Angeles College of 3 Chiropractic, graduate education in 1986? 4 A Yes. 5 Q Have you practiced chiropractic since then 6 or have you taught? 7 A Both. 8 Q And how long have you been in private 9 practice? 10 A I was in private practice full time for 11 about four years, and since that time I've had a mix 12 of private practice, teaching, and research. 13 Q And -- 14 A Right now I'm an educator and director of 15 research in chiropractic college. 16 Q Could you give us -- in your curriculum 17 vitae, you reflect the appointments that you have on 18 page two. 19 A Okay. 20 Q Does that pretty much set forth your 21 educational appointments? 22 A Yes. 23 MR. KLEIN: If the question is can we use 24 him as an expert on behalf as a chiropractic expert, 25 I'll stipulate to that.</p>	<p style="text-align: right;">8</p> <p>1 to children under the age of 24, would be the age of 2 end of adolescence. 3 Q And does your school teach pediatrics as a 4 course? 5 A Yes. 6 Q And is it a required course of graduates of 7 your school? 8 A Yes. 9 Q Could you tell us approximately how many 10 hours of pediatric course is given? 11 A That course is 60 hours. 12 Q Is your textbook used in that course? 13 A Yes. 14 Q Since you were in private practice and 15 since you have taught, do you have any knowledge of 16 the percentage of chiropractic practices that are -- 17 let me rephrase that. It's confusing. Could you 18 give us an idea on average, of the percentage of 19 children that chiropractors treat in their 20 practices? 21 A Well, the entire case mix, if you went to 22 older age down to birth, then this would be about 10 23 to 15 percent of an average person's practice. 24 There are some chiropractors that specialize and 25 might see upwards of let's say 50 percent of their</p>
<p style="text-align: right;">7</p> <p>1 BY MR. SPRY: 2 Q We have a stipulation as to your 3 qualifications. I may ask you some questions from 4 your CV in the course of your direct examination. 5 Okay? 6 A Okay. 7 Q One question is, have you written on the 8 subject of chiropractic? 9 A Yes. 10 Q And your writings are reflected in your CV? 11 A Yes. Most of them. 12 Q And I notice on page four, you wrote a 13 textbook called Pediatric Chiropractic? 14 A Yes. 15 Q Is that right? 16 A Yes. 17 Q When was that written? 18 A That was published in 1998. 19 Q And is that used at your school? 20 A Yes. 21 Q Do you know if it's used in other schools? 22 A Yeah. Many of them. 23 Q How would you define pediatric 24 chiropractic? 25 A The practice of chiropractics, specifically</p>	<p style="text-align: right;">9</p> <p>1 practice could be children. But an average figure 2 across the United States would be about 10 to 15 3 percent. 4 Q Are there any figures that you're aware of 5 on percentage of a chiropractic practice for six 6 year old children and younger? 7 A There's no specific statistics on that. 8 Q At what age is chiropractic practiced on 9 children? 10 A From pregnancy and newborns up through 11 adolescence. 12 Q What are the most common complaints that 13 are presented for children of six years and younger? 14 A There was a paper done some years back that 15 showed that the primary chief complaints were ear, 16 nose, and throat conditions, specifically colds, 17 respiratory diseases, and ear infections. 18 Q What was that paper? 19 A That was a paper by Spiegel Blott. That 20 was published in the Journal of Pediatrics. 21 Q Okay. Is that a professional publication? 22 A Yes. That's a peer review journal. 23 Q Are x-rays performed on children six years 24 and younger? 25 A Sometimes.</p>

<p>10</p> <p>1 Q What circumstances would cause a 2 chiropractor to x-ray children that young? 3 A It depends on the clinical examination, 4 those findings. And specifically it's children 5 under the age of four that have a lot more 6 difficulty in having a film taken of them because of 7 movement during the film procedure. So it's a 8 little bit more common when you get past the age of 9 four. Under age four, it's a little less common. 10 Under age four it would be significant trauma, and 11 less so as you move past the age of four. 12 Q What reasons would you have to give an 13 x-ray to a child? 14 A You're -- 15 Q Other than trauma? 16 A You're trying to determine the course of 17 action of the adjustment. You're trying to look at 18 the posture and alignment of the spine to when you 19 adjust the spine you normalize the posture. 20 Q Is there any special type of x-ray used for 21 children? 22 A Generally you want to use high speed films. 23 Q Why is that? 24 A It minimizes the radiation. But there's a 25 wide range of types of films ranging from sectional</p>	<p>12</p> <p>1 with? 2 A By Bronfort, B-R-O-N-F-O-R-T. There was a 3 paper by Balon, published in New England Journal of 4 Medicine, back in 1998. 5 Q Tell me about -- tell us about the Balon 6 study that was reported in the New England Journal 7 of Medicine in 1998. 8 A That was a study of chiropractic and 9 medical care. It didn't show range of spirometry in 10 the patients, but it evaluated quality of life in 11 the children who received chiropractic care. They 12 found substantial improvements in the quality of 13 life. 14 Q Doctor, let me strike that. Did you have 15 an opportunity to review any information regarding 16 Gavin Wood? 17 A Yes. 18 Q What information did you review? 19 A I was sent some court documents and some 20 information that was provided by Gavin's father and 21 mother relating to those court documents. Some 22 information regarding the exams that were performed 23 by Larry Wood. I received, also, some reports by a 24 pediatrician and an allergist. And I think that's 25 pretty much it. I also reviewed some x-rays of</p>
<p>11</p> <p>1 films to full spine films. 2 Q Do you know whether chiropractors treat 3 children for asthma? 4 A Yeah. They treat patients with asthma all 5 the time. 6 Q How? 7 A How do I know that? Or how do they treat 8 them? 9 Q I'm sorry. How do they treat them? 10 A They treat them generally by the methods 11 that are commonly used in adults, which are 12 adjustments of the spinal column. However, the 13 chiropractor may also have advice about certain 14 ergonomic living situations, diet, exercise, sleep. 15 Most chiropractors do a variety of things to their 16 patients, including adjustments, so it's this 17 combination of nutrition, exercise, and adjustments. 18 Q Are you familiar with any studies or 19 research or writings on the effect of any 20 chiropractor treatment for asthma? 21 A Yeah. There's a couple of studies ongoing. 22 I'm involved in one of them. There's a couple of 23 studies that have been published. 24 Q Could you give us the names of some of the 25 studies that were published that you're familiar</p>	<p>13</p> <p>1 Gavin. 2 Q Okay. What did the x-rays reveal? 3 A They showed some postural abnormalities and 4 some alignment issues in the sense that there was 5 malalignment of the spinal column in certain areas. 6 Q What does malalignment mean? 7 A Not in good alignment. That the deviation 8 of the spine is not in normal position. 9 Q How is that typically treated? 10 A By adjustments. It's been severe and 11 complex as in scoliosis. Maybe exercises would also 12 be used. 13 Q Was Gavin's severe, such as scoliosis? 14 A No. 15 Q And in your review of the patient records, 16 what did those records reveal to you? 17 A It showed he had clinical signs of 18 subluxation where there was edema, tenderness over 19 certain spinal regions, also changes in the range of 20 motion of certain spinal regions. 21 Q And what did your interview with Doctor 22 Wood, Gavin's father, reveal? 23 A Nothing too much more specific than the 24 records that he supplied. 25 Q Okay. And what did those records reveal to</p>

<p>14</p> <p>1 you?</p> <p>2 A It showed that Gavin had some spinal</p> <p>3 problems from clinical exam. When I reviewed the</p> <p>4 x-rays, it was supported by what I saw in the x-ray,</p> <p>5 as well.</p> <p>6 Q As a result of the review of the</p> <p>7 information, did you -- were you aware of any course</p> <p>8 of treatment that Father had performed on Gavin?</p> <p>9 A Yeah. I looked at these visits notes, so I</p> <p>10 was aware that he was being adjusted by his father.</p> <p>11 Q And are you aware from the information that</p> <p>12 was provided to you, that Gavin suffers from asthma?</p> <p>13 A Yes.</p> <p>14 Q Do the treatment notes, did you deem the</p> <p>15 treatment appropriate for treatment of asthma?</p> <p>16 A Or treatment of a patient with asthma would</p> <p>17 be a better way to say it. Yes. However, I felt</p> <p>18 that the frequency was a lot less in what I would</p> <p>19 typically see in a patient with asthma who is being</p> <p>20 treated by a chiropractor.</p> <p>21 Q Now, is it right that those treatment notes</p> <p>22 reflect adjustments?</p> <p>23 A Yes. And examinations of the patient.</p> <p>24 Q How do adjustments treat a patient with</p> <p>25 asthma?</p>	<p>16</p> <p>1 outcome measure, a very specific outcome measure</p> <p>2 that would look at his quality of life. And if I</p> <p>3 had that information, then I could gauge the</p> <p>4 results. So all I have is he's being treated and he</p> <p>5 has asthma. But what I'm concerned about is the</p> <p>6 frequency of care seems to be somewhat intermittent.</p> <p>7 Q What do you mean by frequency of care?</p> <p>8 A Well, how often he's adjusted. He seems to</p> <p>9 be adjusted at a schedule that is somewhat</p> <p>10 intermittent and sort of disruptive, compared to a</p> <p>11 normal course of action. Typically a child with</p> <p>12 asthma might be adjusted a couple times a week for a</p> <p>13 few weeks. He seems to be adjusted at a frequency</p> <p>14 of let's say a few times over the course of months.</p> <p>15 Q Doctor, chiropractic does not cure asthma.</p> <p>16 Does it?</p> <p>17 A It affects the quality of life in children</p> <p>18 with asthma in a positive way. And there are no</p> <p>19 studies that show it actually cures the asthma</p> <p>20 condition, such that they no longer have that</p> <p>21 diagnosis. But in children with that diagnosis,</p> <p>22 they seem to do better in terms of their quality of</p> <p>23 life, their experience with asthma. Be it their use</p> <p>24 of escape medicine, bronchodilators, to whether or</p> <p>25 not they could exercise, to whether or not they</p>
<p>15</p> <p>1 A There's not a specific area of the spine</p> <p>2 you use to treat the patient with asthma. What you</p> <p>3 try to do as a chiropractor is affect the spine and</p> <p>4 try to make it more normal. In patients who have</p> <p>5 that done, typically their symptoms go down and</p> <p>6 quality of life goes up.</p> <p>7 Q How do you know that?</p> <p>8 A There are scientific studies that look at</p> <p>9 back pain, neck pain, headache issues. Studies</p> <p>10 looking at infantile colic in children. And these</p> <p>11 are mostly randomized clinical trials, so there's</p> <p>12 scientific evidence. Then I have a lot of personal</p> <p>13 experience in watching patients under my care and</p> <p>14 how they respond to my treatment.</p> <p>15 Q Do you know enough about Gavin to know if</p> <p>16 he has positively responded to Doctor Wood's</p> <p>17 treatment?</p> <p>18 A I think he's modestly responded, but it's</p> <p>19 very difficult to say.</p> <p>20 Q What do you mean by modestly?</p> <p>21 A I don't see a dramatic change in his</p> <p>22 condition in the sense that he no longer has asthma.</p> <p>23 He still suffers from asthma. Still is on</p> <p>24 medications for asthma. So in terms of response to</p> <p>25 treatment, the best thing would be to look at an</p>	<p>17</p> <p>1 sleep well. So those factors have been looked at.</p> <p>2 Q I have a couple of other questions for you,</p> <p>3 Doctor. Based upon the patient records that you've</p> <p>4 seen and the interview with Doctor Wood and the</p> <p>5 x-rays that you reviewed, do you have an opinion</p> <p>6 based upon reasonable medical certainty as to</p> <p>7 whether or not the x-rays --</p> <p>8 MR. KLEIN: I object to that. He didn't</p> <p>9 have an opinion as to reasonable medical certainty.</p> <p>10 BY MR. SPRY:</p> <p>11 Q I'll rephrase. Do you have an opinion</p> <p>12 within reasonable chiropractic certainty as to</p> <p>13 whether or not the x-rays have been harmful to</p> <p>14 Gavin?</p> <p>15 A I couldn't hear the objection.</p> <p>16 Q I had asked you whether you had an opinion</p> <p>17 based upon reasonable medical certainty. And</p> <p>18 Attorney Klein objected to my phraseology of</p> <p>19 reasonable medical certainty. So I rephrased it to</p> <p>20 say, Do you have an opinion based upon reasonable</p> <p>21 chiropractic certainty, since you are a</p> <p>22 chiropractor, as to whether or not the x-rays that</p> <p>23 were taken of Gavin were harmful to him?</p> <p>24 A Yes.</p> <p>25 Q And what is your opinion?</p>

<p style="text-align: right;">18</p> <p>1 A That they were not.</p> <p>2 Q Why?</p> <p>3 A It's very typical to take x-rays of</p> <p>4 children. Whenever you take x-rays of children, you</p> <p>5 have to compare the risk to the benefit. So there's</p> <p>6 benefit in terms of diagnosis of his spine. And you</p> <p>7 have to weigh that risk to that benefit.</p> <p>8 If you look at occupational exposure where</p> <p>9 someone doesn't receive any diagnostic benefit, the</p> <p>10 amount of exposure that is allowed by federal law is</p> <p>11 about five rads per year. And Gavin's exposure was</p> <p>12 a fraction of that.</p> <p>13 Q And Doctor, do you have an opinion based</p> <p>14 upon reasonable chiropractic certainty, as to</p> <p>15 whether or not the type of treatment given by Doctor</p> <p>16 Wood is appropriate for a patient suffering from</p> <p>17 asthma?</p> <p>18 A Yes.</p> <p>19 Q What is that opinion?</p> <p>20 A That it's appropriate; however, the</p> <p>21 frequency seems to be less than what I would</p> <p>22 typically see.</p> <p>23 Q And you explained earlier that your typical</p> <p>24 frequency is several times a week in the initial</p> <p>25 stages?</p>	<p style="text-align: right;">20</p> <p>1 TH WITNESS: Okay.</p> <p>2 EXAMINATION</p> <p>3 BY MR. KLEIN:</p> <p>4 Q Good morning, Doctor.</p> <p>5 A Good morning.</p> <p>6 Q Although I stipulated to your</p> <p>7 qualifications, I would like to get some information</p> <p>8 from you. First of all, what is your pre</p> <p>9 chiropractic education?</p> <p>10 A Excuse me?</p> <p>11 Q My question is, what was your degree prior</p> <p>12 to going to chiropractic school?</p> <p>13 A I had the prerequisites which was two</p> <p>14 years. I did not have a degree before I entered</p> <p>15 chiropractic college.</p> <p>16 Q So you did not have any type of college</p> <p>17 degree prior to entering college and you were still</p> <p>18 admitted to chiropractic school?</p> <p>19 A Right. That was part of the requirements.</p> <p>20 In medical school, you're not required to have a</p> <p>21 degree, either. You're required three years in</p> <p>22 prerequisites. When I ascended it was two years in</p> <p>23 prerequisites. Then I had some course work to</p> <p>24 finish to get my Bachelor of Science degree, which I</p> <p>25 did while I was in chiropractic college.</p>
<p style="text-align: right;">19</p> <p>1 A Yes. And depending on how active the child</p> <p>2 is, if the child is an athlete or, you know, falling</p> <p>3 down a lot or injuring their spine, the frequency</p> <p>4 would change as a result of that.</p> <p>5 Q And is there a difference between x-rays</p> <p>6 that are full spine films as opposed to bisectonal</p> <p>7 films?</p> <p>8 A Yes.</p> <p>9 Q What is that difference?</p> <p>10 A Well, one shows the whole spine and the</p> <p>11 other one shows a portion of the spine. You can</p> <p>12 take sectionals or small areas of the spine and take</p> <p>13 a number of sectional x-rays. But the full spine</p> <p>14 x-ray would have less radiation associated with it,</p> <p>15 compared to sectional x-rays of the whole spine.</p> <p>16 And that's because there's some overlap of sectional</p> <p>17 x-rays where certain regions of the spine get an</p> <p>18 overlap in radiation dose. And the full spine</p> <p>19 minimizes that.</p> <p>20 Q And what kind of x-rays did Gavin have?</p> <p>21 A Full spine.</p> <p>22 MR. SPRY: I have no further questions on</p> <p>23 direct. I reserve my right for redirect. Attorney</p> <p>24 Klein has some questions for you on cross</p> <p>25 examination.</p>	<p style="text-align: right;">21</p> <p>1 Q Could you tell me how much time you spent</p> <p>2 teaching versus patient care versus writing? How</p> <p>3 would you divide that into percentages?</p> <p>4 A Patient care would be about 10 percent, and</p> <p>5 teaching would be about 60 percent. And 30 percent</p> <p>6 would be research.</p> <p>7 Q Okay. Now, by the way, did you go over</p> <p>8 these questions with the attorney for Larry Wood,</p> <p>9 prior to today's deposition?</p> <p>10 A Yes. Some of his questions.</p> <p>11 Q Um-hum. And you feel you're qualified to</p> <p>12 give an expert opinion as to whether or not</p> <p>13 chiropractors should be treating asthma in children?</p> <p>14 A Yeah. Treating children with asthma. Yes.</p> <p>15 Q The question I have is treating asthma in</p> <p>16 children. You're saying that you're treating a</p> <p>17 person with asthma. Isn't that different?</p> <p>18 A No. In chiropractic and in medicine as</p> <p>19 well, you treat the person who has the disease.</p> <p>20 Q Now, you say you've seen the child's</p> <p>21 medical records?</p> <p>22 A I've seen some chiropractic records and</p> <p>23 I've seen some reports. I saw a report from a</p> <p>24 pediatrician, an allergist, and I've seen his x-ray</p> <p>25 records. I have not seen his actual medical records</p>

<p style="text-align: right;">22</p> <p>1 from an allergist.</p> <p>2 Q So you did not see any records from an</p> <p>3 allergist?</p> <p>4 A Well --</p> <p>5 Q Is that correct?</p> <p>6 A I saw a report from the allergist.</p> <p>7 Q But you've never seen his medical history,</p> <p>8 the child's medical history?</p> <p>9 A Except for how it's described by the</p> <p>10 pediatrician and allergist.</p> <p>11 Q What pediatrician report did you see?</p> <p>12 A I would have -- I'm not sure of his name.</p> <p>13 Schenkel is the name of the allergist.</p> <p>14 Q Did you see the workup and the patient</p> <p>15 history from Doctor Schenkel, or did you just see a</p> <p>16 letter that was provided to you by Attorney Spry?</p> <p>17 A I saw the letter.</p> <p>18 Q So you did not see his medical history, is</p> <p>19 that correct?</p> <p>20 A Correct.</p> <p>21 Q And in terms of the pediatrician, you also</p> <p>22 saw a letter. Is that correct?</p> <p>23 A Yes.</p> <p>24 Q Giving a report? Or a letter stating his</p> <p>25 condition. Is that correct?</p>	<p style="text-align: right;">24</p> <p>1 seen him in practice?</p> <p>2 A No.</p> <p>3 Q If I were to tell you that he has never</p> <p>4 treated a child other than his own child, what would</p> <p>5 your opinion be on that?</p> <p>6 A It wouldn't sway me one way or the other.</p> <p>7 Because I realize that he's graduated from a</p> <p>8 chiropractic college, and I know his training from</p> <p>9 that. That qualifies him to treat a child who has</p> <p>10 asthma.</p> <p>11 Q With no experience?</p> <p>12 A With no experience?</p> <p>13 Q This being his very first child and it</p> <p>14 being his own child?</p> <p>15 A It's not particularly difficult to manage a</p> <p>16 patient with asthma with chiropractic care. And so</p> <p>17 no. The fact that he has limited experience in</p> <p>18 treating children with asthma, no, that wouldn't</p> <p>19 affect me.</p> <p>20 Q Now, you say that you're doing a study, a</p> <p>21 children's asthma study. Is that correct?</p> <p>22 A Yes.</p> <p>23 Q Okay.</p> <p>24 A Then I'm aware of another study.</p> <p>25 Q Now, you're doing this study. It's said to</p>
<p style="text-align: right;">23</p> <p>1 A Correct.</p> <p>2 Q But you never saw the medical history of</p> <p>3 the child from that pediatrician. Isn't that</p> <p>4 correct?</p> <p>5 A I'm not sure if that was in the original</p> <p>6 packet given to me or not. I would have to go back</p> <p>7 and look at that packet.</p> <p>8 Q So you don't know?</p> <p>9 A I don't know if any of those records were</p> <p>10 in that original packet. There weren't much, if</p> <p>11 there were.</p> <p>12 Q Now, you stated when Mr. Spry was</p> <p>13 questioning you that Mother provided you with</p> <p>14 information. That's not true, is it?</p> <p>15 A No. I stated that I reviewed some court</p> <p>16 documents that had statements from the mother and</p> <p>17 the father.</p> <p>18 Q So you never received anything from Miss</p> <p>19 Kuhenbeaker?</p> <p>20 A No. Not directly.</p> <p>21 Q Are you prepared to give an expert opinion</p> <p>22 on whether or not Larry Wood has sufficient training</p> <p>23 to treat a child with asthma?</p> <p>24 A Yes.</p> <p>25 Q You're prepared to do that. Have you ever</p>	<p style="text-align: right;">25</p> <p>1 be whether chiropractic care improves the quality of</p> <p>2 life for children with asthma. Would you tell me</p> <p>3 what that study is saying?</p> <p>4 A I did a study which is a pilot study. And</p> <p>5 the specific research question was whether or not a</p> <p>6 full scale randomized clinical trial can be</p> <p>7 executed. And so the pilot study is to address to</p> <p>8 do the full scale study. It's not a study to test</p> <p>9 as a hypothesis of whether chiropractic care</p> <p>10 influences quality of life in children with asthma.</p> <p>11 Q So what you're saying is this is a study to</p> <p>12 do a study. It's not an actual study of asthma in</p> <p>13 children?</p> <p>14 A No. It's a random crossover trial. It has</p> <p>15 children with asthma in it.</p> <p>16 Q How many children are in it?</p> <p>17 A Eight children. It's a pilot study.</p> <p>18 Q Okay. Now, when did it start?</p> <p>19 A That study, the data has been collected.</p> <p>20 The results were presented at a research conference.</p> <p>21 Q Do you have a date on that?</p> <p>22 A The paper is being written. The paper was</p> <p>23 presented at a research conference in either 2000 or</p> <p>24 2002. It's probably listed in my CV under the</p> <p>25 conference proceedings.</p>

<p style="text-align: right;">26</p> <p>1 Q Does it have institutional review board 2 approval? 3 A Yes. 4 Q From which review board? 5 A Life Chiropractic College West 6 Institutional Review Board. 7 Q So from your own college? 8 A That's where you get approval of an 9 institutional review board is from the institution. 10 Q Can you describe the design of this study? 11 A Sure. It's a randomized clinical trial. 12 Q How is it controlled? 13 A It has a crossover design. So the patients 14 get in one group, three weeks of chiropractic care. 15 And another group waits and gets monitored. Then at 16 the end of three weeks, the groups switch. The 17 group that was previously not getting chiropractic 18 care does so. The group that was getting the care 19 stops getting the care. 20 Q Are they all on medication for their 21 asthma? 22 A These patients were all on base 23 medications, not necessarily using escape bronchial 24 dilators, but they were on steroids. 25 Q And they were never taken off those.</p>	<p style="text-align: right;">28</p> <p>1 simply if your studies come to some result, would it 2 have some impact on what Doctor Wood is saying to 3 do? 4 A Well, the fact that if we have a result 5 that shows we can execute a full scale clinical 6 trial, I think that's almost completely irrelevant 7 to Doctor Wood. The question is whether or not we 8 can execute a clinical trial here in the Bay area 9 using the parameters we're using in the study. I 10 think it's an irrelevant question to Doctor Wood. 11 Q In your home page, you state, and I'll 12 quote it to you, Minor displacements of the spinal 13 bones known as vertebral subluxations can cause 14 endangering stresses to the spinal cord which act as 15 the main line of intelligence for the whole body. 16 These subluxations are the cause of many of the 17 unwanted health conditions that people suffer from 18 every day. Do you agree with that statement? 19 A I don't know what you're talking about in 20 the sense of my home page. I'm not sure what you're 21 even referring to. 22 Q Well, you have a home page? 23 A I do? 24 Q Well, let me -- 25 A Can you tell me what you're referring to?</p>
<p style="text-align: right;">27</p> <p>1 Correct? 2 A No. 3 Q Now, should their medical records be 4 reviewed? 5 A Their medical -- no. They come in with a 6 diagnosis previously from a pediatrician. It's 7 confirmed with spirometry in the history of the 8 asthma medications. 9 Q What do you advise them about the 10 medications that they're taking? 11 A That wasn't a variable in the study. We 12 didn't address it one way or the other. We didn't 13 say to take them off the medications or to increase 14 medications. They were co-managed by pediatricians 15 and allergists and general practitioners. 16 Q Would you say the outcome has some effect 17 on what Doctor Wood would recommend doing? 18 A The outcome of my study? 19 Q Um-hum. Would that be relevant to his 20 recommendation? 21 A Is the outcome of my study relevant to 22 Doctor Wood's recommendations? 23 Q Yes. 24 A I'm not sure if I understand that question. 25 Q I think it's a simple question. It's just</p>	<p style="text-align: right;">29</p> <p>1 Q I'm referring to the Gonstead home page, 2 Gonstead Chiropractic? 3 A The Gonstead Clinical Studies Society? 4 Q Yes. 5 A That I'm the director of research of? 6 Q That's right. 7 A Yes. But do I write the home page or is it 8 my home page? No. I'm the director of research of 9 the organization. 10 Q Well, this is what they determined to be 11 important in terms of their philosophy on 12 chiropractic. I just wondered if you agree with 13 their statement. 14 A Oh, okay. I don't have a personal home 15 page, so I didn't know what you were referring to. 16 Q Now -- 17 A Can you repeat the statement? 18 Q The statement is, Minor displacements of 19 the spinal bones known as vertebral subluxations, 20 can cause endangering stress to the spinal cord 21 which act as the main line of intelligence for the 22 whole body. These subluxations are the cause of 23 many unwanted health conditions that people suffer 24 from every day. 25 A Yes. I agree with that.</p>

<p style="text-align: right;">30</p> <p>1 Q What unwanted conditions do subluxations 2 cause? 3 A Pain. 4 Q Okay. Do they cause asthma? 5 A They could. 6 Q Well, I'm a little unsure of what you're 7 saying because you originally said that you're 8 treating a person with asthma, and that's supposed 9 to help offset the asthma. Now you're telling me 10 that the subluxations cause the asthma. Is that 11 what you're saying? 12 A Yes. They add to the effect of the 13 disease. The disease is a disease of the nervous 14 system and immune system. 15 Q Could you refer me to any scientific 16 medical study anywhere that states that? 17 A That asthma is a disease of the nervous and 18 immune system? It's in virtually every medical 19 textbook -- 20 Q No. That subluxations are the cause of 21 asthma. 22 MR. SPRY: Objection. I just object on the 23 basis that I don't think that was what the doctor 24 said. You can answer. 25 BY MR. KLEIN:</p>	<p style="text-align: right;">32</p> <p>1 asthma. They seem to report increased quality of 2 life when they do so. 3 Q Well, I want to refer you to the New 4 England Journal of Medicine article that you 5 referred to. 6 A Okay. 7 Q Published in 1998? 8 A Right. 9 Q I'm going to quote their conclusion which 10 says, In children with mild or moderate asthma, the 11 addition of chiropractic spinal manipulation to 12 usual medical care provided no benefit. 13 A You probably are reading from the abstract? 14 Q I'm reading from the article itself. I'm 15 corrected. It is the abstract. 16 A There are two outcome measures that were 17 looked at. One is a primary outcome measure. That 18 was change in spirometry. They had a change in the 19 spirometry in both the sham manipulation group and 20 real manipulation group. Because the sham group was 21 thought to have no effect or was a benign effect 22 then because the chiropractic care was compared to 23 that, in terms of spirometry. It showed no 24 difference. Because that was their primary outcome 25 measure, that's why that statement is supported.</p>
<p style="text-align: right;">31</p> <p>1 Q You can answer. 2 A Can you repeat the question? Can you 3 please repeat it? 4 Q Is there any scientific data that says 5 subluxations are the cause of a party having asthma? 6 A There is no study where humans are 7 subluxated and to see if this causes asthma. There 8 are studies that look at chiropractic care of 9 adjustments of subluxations and those show that 10 there are improvements in quality of life. But 11 there are no studies where you experimentally induce 12 a subluxation into a human being and it produces 13 asthma. There are no such studies. 14 Q And -- 15 A There are no such studies, for example, in 16 back pain in terms of causing a spinal problem like 17 a subluxation and then producing back pain. 18 Q Let me ask you this. Isn't it true that 19 the basis of chiropractic is that most disease or 20 illness is a result of subluxations of the spine? 21 A That much disease comes from there. 22 Q And what would you say chiropractics -- 23 well, can you tell me this? Strike that. Can 24 chiropractic treatment cure asthma? 25 A Chiropractors can treat patients with</p>	<p style="text-align: right;">33</p> <p>1 However, their secondary outcome measure 2 was quality of life. If you refer to the tables in 3 seven of the eight intricacies of quality of life, 4 the active group improved. And in only one of the 5 eight did the sham group. That was by a factor of 6 point one. So in terms of quality of life, there 7 was a difference. 8 Q Quality of life -- 9 MR. SPRY: Objection. Let him finish. 10 THE WITNESS: There was a series of letters 11 to the editor that addressed those issues after the 12 paper was published. The original authors of that 13 paper, Balon, reported in a research conference, I 14 believe it was either the American Respiratory 15 Association or Chest, Research Conference. They 16 showed in their trial, the preliminary data showed 17 there was a decrease in night time symptoms in the 18 children who got active care versus the sham group. 19 So there was a little more detail in that study. 20 BY MR. KLEIN: 21 Q Let me read more for you. It says the 22 addition of chiropractic spinal manipulation to 23 usual medical care for four months had no effect on 24 the control of childhood asthma. Previous trials in 25 which there had been evidence of benefit of</p>

<p style="text-align: right;">34</p> <p>1 chiropractic treatment of asthma were inadequately 2 controlled. How do you respond to that? 3 A It's true, previous studies were 4 inadequately controlled. But as I mentioned, the 5 addition of no benefit is an issue relating to the 6 primary outcome measure of spirometry. It is how 7 much air the child can get into their lungs. 8 Q I know what it is. 9 A Okay. 10 Q So what you're really saying to me and what 11 you're testifying here is that a child who comes 12 with asthma will have a better quality of life but 13 not necessarily improve their asthma? Isn't that 14 what you're saying? 15 A My anecdotal and clinical experience 16 suggests that children might be free of medications, 17 and they may actually be cured. However, in terms 18 of scientific evidence, the scientific evidence to 19 date only shows changes in quality of life in terms 20 of the studies that have been published and not 21 spirometry. However there's a large scale clinical 22 trial that is very well controlled. It's enormous 23 in terms of numbers and size. 24 Q What is that? 25 A It's being done in Australia by Raymond</p>	<p style="text-align: right;">36</p> <p>1 A In medical circles, there is no definitive 2 cause of asthma. However, there are triggers in 3 children with asthma, specifically dust and things 4 like that. Chemicals. Sometimes exercise. But 5 these aren't the cause of the asthma. It's 6 considered essentially an auto immune or very poorly 7 understood type of disorder in terms of its cause. 8 There is some speculation about 9 environmental triggers early in life, whether or not 10 children are exposed to certain food substances that 11 might trigger allergies. There are issues relating 12 to duration of breast feeding and formula. But 13 children that get antibiotics in the first year of 14 life seem to have elevated risk of asthma. There is 15 a study that looks at DPT and tetanus shots. That 16 seems to elevate the risk for allergy and asthma. 17 But there are no definitive studies of cause of 18 asthma. 19 Q When someone has an attack, what is 20 happening to them? 21 A Bronchials are constricting. 22 Q And you feel that chiropractic can cure 23 that? 24 A I've seen that happen. 25 MR. SPRY: Objection.</p>
<p style="text-align: right;">35</p> <p>1 Hayek that has been published in research 2 conferences and shows dramatic changes in the 3 children that get chiropractic care versus the 4 controlled treatment. So the Balon study is one 5 piece of that puzzle. 6 Q Is it your opinion that a chiropractor 7 should be the primary care doctor for children or 8 adults? 9 A In children, or parents who choose that, 10 they could be the primary care provider. It's 11 really quite rare for that to be the case. I would 12 say probably 5 percent of children might have that. 13 In most cases children have pediatricians. And 14 children are seen by chiropractors, as well. 15 Q Have any subluxations been found to be 16 specific ones to be involved with asthma? 17 A There's no very definitive studies on that. 18 There's a lot of an anecdotal reports, but not a 19 specific scientific study that looked at lesions and 20 particular areas of the spine and whether or not 21 they cause asthma or not. 22 Q Now, are you familiar with what is usually 23 considered by physicians, the cause of asthma 24 attacks? Is it a subluxation problem, or what would 25 it be?</p>	<p style="text-align: right;">37</p> <p>1 THE WITNESS: I've seen the quality of 2 life. And I've seen them -- -- 3 MR. SPRY: I just want to object on the 4 basis that I don't think the testimony was that 5 asthma would be cured by chiropractic, but managed. 6 You with can answer the question, Doctor. 7 THE WITNESS: I would rephrase that to you 8 manage a patient who has the condition and they have 9 a combination of psycho social issues, whether or 10 not their breathing is good and whether or not it's 11 being triggered by certain environmental influences 12 and their quality of life, how they perceive their 13 disease, whether or not they're active or not. Yes, 14 I've seen quality of life changes in children with 15 asthma when they get adjusted. 16 BY MR. KLEIN: 17 Q Isn't it true that the autonomic nervous 18 system is involved in asthma? 19 A Yes. 20 Q And that would not be the spinal nerves 21 that you're referring to in chiropractic? 22 A I wouldn't say that. 23 Q Well, what would you say? 24 A I would say that the autonomic nerves are, 25 you know, their origins come from the spinal column.</p>

<p>38</p> <p>1 Q How would adjusting the spine directly 2 affect the autonomic nervous system? 3 A Well, there are many studies not 4 specifically in children with asthma, but in terms 5 of rats and looking at -- 6 Q We're just dealing with asthma, so let's 7 try to limit ourselves and focus on that. 8 A It's just your question was how does it 9 affect the autonomic nervous system? 10 Q Involved in asthma. That's involved with 11 the asthma. 12 A There's no experimental study of, for 13 example, a rat or a rabbit with asthma where you're 14 studying the autonomic nervous system. There are 15 only studies of looking at generalized autonomic 16 effects independent of any disease. 17 Q So there are no definitive research reports 18 that clearly indicate that what you're saying is 19 effective in a child who is six or under with 20 asthma, is that correct? 21 A Well, there are some interesting words 22 there. Do you say definitive reports? 23 Q Yes. That clearly and definitively 24 indicate that what you're saying is effective in 25 children six or under with asthma?</p>	<p>40</p> <p>1 specific areas were measured. 2 Q Can a person who doesn't have a subluxation 3 get asthma? 4 A Sure. 5 Q Has this been confirmed? 6 A No. 7 Q Now, let me ask you a little bit about your 8 chiropractic training in pediatrics. My 9 understanding is you graduated from 1986 from 10 school? 11 A Yes. 12 Q Then in 1990, you started teaching 13 pediatrics? 14 A Well, I started teaching in 1987. And part 15 of the technique courses involve adjustments of 16 children. If you want to talk about specifically 17 teaching the diagnosis course in pediatrics, I think 18 I taught that specific course at Palmer West around 19 1998. 20 Q Well, who taught you pediatrics that you 21 started teaching in 1990? I guess that would be my 22 question. 23 A I have a variety of educational 24 experiences. Some comes from chiropractic college. 25 Some come from seminars and my own research.</p>
<p>39</p> <p>1 A There are two studies in peer review 2 journal that show increases of quality in life in 3 those that are adjusted. 4 Q You've answered the question. You're 5 talking about quality of life? 6 A And there's a quality of life study, also 7 spirometry study that is not in a peer review 8 journal but is in a research conference that shows 9 changes both in spirometry and quality of life. 10 Q Can you give me the names? 11 A Hayek. Ray is the first name. 12 Q What is the name of the document? 13 A It's a conference proceeding. Can I get 14 that to you at another time? I don't have the 15 citation. 16 Q If you would provide that to myself and 17 Attorney Spry, that would be fine. 18 A Sure. 19 Q Do those reports identify subluxations? 20 A Yes. 21 Q Do they measure the effect of the 22 corrections? 23 A They measure the effect of the correction 24 of the asthma and quality of life. I'm not sure 25 about the outcome measures for subluxation in which</p>	<p>41</p> <p>1 Q So you can't name anybody -- 2 A I had a course in pediatrics. My 3 instructor was Keith Wells. 4 Q What credentialing does he have? 5 A He's a DC and a physician's assistant. And 6 he's the Dean at Southern California University of 7 Health Sciences, or one of the associate deans 8 there. 9 Q How many hours did you have in chiropractic 10 school? 11 A I believe I had 60. The standard. 12 Q How many children have you treated as a 13 chiropractic student? 14 A As a chiropractic student? 15 Q Um-hum. 16 A I saw 864 patients when I was in clinic. I 17 had two patients with asthma when I was in college 18 clinic. 19 Q How old were these students, these 20 children? 21 A One was, well, I had her for about eight 22 months. I think she started about age two. And the 23 other one was adolescence. I don't recall the exact 24 age, but teenage. 25 Q That was while you were at school?</p>

<p style="text-align: right;">42</p> <p>1 A That was while I was at school.</p> <p>2 Q How many children have come to you</p> <p>3 specifically to have their asthma treated?</p> <p>4 A Let's say about ten, and if we're going to</p> <p>5 'exclude people coming to me for the purposes of a</p> <p>6 clinical trial --</p> <p>7 Q Did you accept them for care because they</p> <p>8 had asthma?</p> <p>9 A No. They wanted chiropractic care in</p> <p>10 general. And in the course of the history, it was</p> <p>11 discovered that they had asthma symptoms, as well as</p> <p>12 other symptoms.</p> <p>13 Q Do you order any special tests for this?</p> <p>14 A For asthma?</p> <p>15 Q Um-hum.</p> <p>16 A No. There's no special test that's needed,</p> <p>17 unless you consider x-ray a special test.</p> <p>18 Q Um-hum. Now were they on medication --</p> <p>19 A Yes.</p> <p>20 Q -- at that time? Did you have them stop</p> <p>21 taking it?</p> <p>22 A No. But one of the medications typically</p> <p>23 is a bronchial dilator. So the patient decides when</p> <p>24 they need that.</p> <p>25 Q So it's up to the patient in terms of the</p>	<p style="text-align: right;">44</p> <p>1 before, and they had some residual the next morning.</p> <p>2 After they were adjusted it was less so. But I've</p> <p>3 never had a patient come in and not have an asthma</p> <p>4 attack and in the middle of the exam they get an</p> <p>5 asthma attack.</p> <p>6 Q Would you say that it's -- strike that.</p> <p>7 Would you say it's true that many people with</p> <p>8 asthma, it's a result of stress?</p> <p>9 A Yes. Stress can be triggering in children</p> <p>10 with asthma.</p> <p>11 Q If you had a five year old child that was</p> <p>12 undergoing these manipulations, would that perhaps</p> <p>13 cause stress in that child?</p> <p>14 A If they're inappropriately done, it could</p> <p>15 cause stress. If they're appropriately done, it</p> <p>16 should not cause stress.</p> <p>17 Q Should not. But it could?</p> <p>18 A Well, anything is possible.</p> <p>19 Q Well, we're talking about a five year old</p> <p>20 now.</p> <p>21 A Right.</p> <p>22 Q Are you aware that --</p> <p>23 A My experience has been that when children</p> <p>24 get adjusted, it usually decreases stress and</p> <p>25 doesn't increase the stress. I've never seen when</p>
<p style="text-align: right;">43</p> <p>1 bronchial dilators. Do you tell them to stop taking</p> <p>2 their medication?</p> <p>3 A Oh, no.</p> <p>4 Q What would you consider appropriate for</p> <p>5 children that are in the midst of having acute</p> <p>6 attack?</p> <p>7 A Medication.</p> <p>8 Q And did you or do your students get any</p> <p>9 training on how to treat a child with an acute</p> <p>10 attack?</p> <p>11 A The child knows how to handle the attack.</p> <p>12 They have escape medicine. They usually use a</p> <p>13 bronchial dilator. If that fails, they should be</p> <p>14 referred to the emergency room.</p> <p>15 Q They wouldn't be treated by chiropractic at</p> <p>16 that point in time. Correct?</p> <p>17 A They could be adjusted but if there's no</p> <p>18 change in the symptoms after using escape medicine,</p> <p>19 they should be referred to an ER.</p> <p>20 Q Have you ever had a child in your office</p> <p>21 have an acute asthma attack?</p> <p>22 A Yes.</p> <p>23 Q What did you do?</p> <p>24 A During the course of care -- actually they</p> <p>25 came in. They had a bad asthma attack the night</p>	<p style="text-align: right;">45</p> <p>1 they're adjusted and it causes the patient to be so</p> <p>2 anxious, it triggers an asthma attack.</p> <p>3 Q What would your opinion be if a child is</p> <p>4 being adjusted when he knows that his mother is not</p> <p>5 informed of this? In other words, Father is doing</p> <p>6 this. But he knows that Mother has no awareness and</p> <p>7 is not in agreement?</p> <p>8 MR. SPRY: Objection. I object to it on</p> <p>9 the basis of relevance. You can answer the</p> <p>10 question, Doctor.</p> <p>11 THE WITNESS: Okay. You're saying that the</p> <p>12 child realizes that the mom doesn't want this done?</p> <p>13 Is that what you're saying?</p> <p>14 BY MR. KLEIN:</p> <p>15 Q I'm saying that the child is being adjusted</p> <p>16 without the knowledge of Mother and has become</p> <p>17 fearful of the adjustments.</p> <p>18 A I think it's important for both the mother</p> <p>19 and father to be aware of what is happening to their</p> <p>20 child.</p> <p>21 Q Now, by the way, do you own an otoscope?</p> <p>22 A Yes.</p> <p>23 Q Do you examine the ears and nose of</p> <p>24 children?</p> <p>25 A Yes.</p>

<p style="text-align: right;">46</p> <p>1 Q Why do you do that?</p> <p>2 A Sometimes children have foreign objects in</p> <p>3 their ears. Sometimes they will have ear</p> <p>4 infections, so it's important to look at the ear and</p> <p>5 see if it has an infection.</p> <p>6 Q Have you published any journals, by the</p> <p>7 way, or articles on the treatment of asthma?</p> <p>8 A I've done a conference report. And I've</p> <p>9 edited text that has information about children with</p> <p>10 asthma. But I've not written other than this one</p> <p>11 study in the conference report, a specific article</p> <p>12 on children with asthma.</p> <p>13 Q So it's fair to say that you have no</p> <p>14 results that have ever been published --</p> <p>15 A They've been published in a conference</p> <p>16 proceeding specifically. My textbook is published</p> <p>17 by a publisher.</p> <p>18 Q But you have no reports or anything that</p> <p>19 are out there?</p> <p>20 A A scientific article on asthma? A peer</p> <p>21 reviewed scientific journal, no.</p> <p>22 Q Now, students at your school, do they treat</p> <p>23 children?</p> <p>24 A Yes.</p> <p>25 Q What are the circumstances that they do</p>	<p style="text-align: right;">48</p> <p>1 most common types of things.</p> <p>2 Q How many children under six do these</p> <p>3 students see?</p> <p>4 A I couldn't give you a precise figure.</p> <p>5 Q So you don't know?</p> <p>6 A No. I would have to look at the clinic</p> <p>7 records and look at the ages of patients.</p> <p>8 Q Would you know over a year's time, how many</p> <p>9 children with asthma attacks are being treated for</p> <p>10 asthma at the clinic?</p> <p>11 A What is that?</p> <p>12 Q Can you tell me over a year's time, about</p> <p>13 how many children are being treated for asthma?</p> <p>14 A At our college clinic?</p> <p>15 Q Yes.</p> <p>16 A I cannot tell you.</p> <p>17 Q Do your students learn about the medical</p> <p>18 management of asthma with drugs?</p> <p>19 A Yes.</p> <p>20 Q And is that enough to provide a basis for</p> <p>21 advising a parent on whether or not prescribed drugs</p> <p>22 should be used?</p> <p>23 A Yes. Chiropractors don't give any</p> <p>24 particular advice about discontinuing medications.</p> <p>25 That's under the purview of a medical doctor. And</p>
<p style="text-align: right;">47</p> <p>1 that? Where do they do that?</p> <p>2 A They do that in the college clinic.</p> <p>3 Q And how many children did the student see?</p> <p>4 A I don't know here at the college.</p> <p>5 Q Okay. So you have no idea? You don't have</p> <p>6 a ballpark figure?</p> <p>7 A Yeah. It probably reflects family practice</p> <p>8 in general. So that figure of 10 to 15 percent is</p> <p>9 probably close to the age range. But I would have</p> <p>10 to do a survey of the clinic records to give you a</p> <p>11 precise answer.</p> <p>12 Q What type of conditions do the students</p> <p>13 see?</p> <p>14 A Based on other reports of chiropractors, as</p> <p>15 well as what I've seen anecdotally here at the</p> <p>16 clinic, there's a wide variety. So there's a</p> <p>17 combination of children with no symptoms whatsoever.</p> <p>18 But a quarter of children in America have asthma, so</p> <p>19 that's quite frequently a co-morbidity.</p> <p>20 Roughly 90 percent of children will have an</p> <p>21 ear infection before they're two years of age, so</p> <p>22 many children have come in and they've had history</p> <p>23 of ear infections. So I would say ear, nose, and</p> <p>24 throat conditions, pain, and in rare instances,</p> <p>25 other types of disorders. But those would be the</p>	<p style="text-align: right;">49</p> <p>1 chiropractic students are trained in that.</p> <p>2 Q So if I were to tell you that Doctor Wood</p> <p>3 has stated to his wife -- sorry. Not to his wife,</p> <p>4 to the mother. They were never married. That</p> <p>5 medication is superfluous in this matter and that if</p> <p>6 he proceeded to give the child 60 or 70 adjustments,</p> <p>7 he would be cured, would you consider that proper</p> <p>8 chiropractic care?</p> <p>9 A Is the statement, proper chiropractic care?</p> <p>10 Q For asthma.</p> <p>11 A Well, let's break that down. The</p> <p>12 medications are superfluous in the sense that, you</p> <p>13 know, I'm not there during this conversation. Is</p> <p>14 what he's saying is the medications are there but it</p> <p>15 doesn't actually cure the asthma? That is very much</p> <p>16 true that the --</p> <p>17 Q No. Let me rephrase the question.</p> <p>18 A But we try to use those medications to</p> <p>19 minimize --</p> <p>20 Q Doctor, let me rephrase the question to</p> <p>21 you. You're answering something that I'm not</p> <p>22 asking. Okay?</p> <p>23 A Okay.</p> <p>24 Q I think you've already made those</p> <p>25 statements earlier. If Larry Wood said to the</p>

<p style="text-align: right;">50</p> <p>1 mother, I am not giving him any medications. He 2 doesn't need medications. If I gave him 60 or 70 3 adjustments, he would be cured. I am not going to 4 give him medications. Do you consider that proper 5 chiropractic care? 6 A I wouldn't recommend that a chiropractor 7 cease all medications in a child with asthma. 8 However, if a child was adjusted, it's possible that 9 their need for medications would be reduced. 10 Q Can you just -- 11 A If he had more regular treatment, he might 12 have a reduction in the need for medications. And I 13 agree with that. Whether or not 60 or 70 is the 14 magic number in Gavin's case or if we're talking 15 about abortive medications, escape medications or 16 certain steroids, then there would be differences in 17 that. 18 Q Going back to my original question that I 19 just asked you, can you just tell me yes or no to 20 that? 21 A Well, you asked if it was proper 22 chiropractic care. You didn't describe proper 23 chiropractic care. Proper that if the -- that the 24 medications may not be able to help him in the sense 25 that it doesn't cure his asthma. And Doctor Wood</p>	<p style="text-align: right;">52</p> <p>1 scores, hip dislocation, things like that. And if 2 there's trauma, for example, during the delivery, 3 then they could be examined more specifically at the 4 spinal column. 5 Q Well, what diseases does a chiropractor 6 treat here? What diseases do chiropractors treat? 7 A In this case, I just described what would 8 be subluxation. In children -- are you talking 9 about newborns now? 10 Q I'm just responding to your statement. 11 Well, let me ask you another question. Do you have 12 any views on vaccinations? 13 A Yes. 14 Q And should children be vaccinated or not? 15 A I believe that parents should have the 16 freedom of choice of whether or not to vaccinate 17 their child. It is their decision. I personally do 18 not have my child vaccinated. Other people may not 19 feel as comfortable with that and would have their 20 child vaccinated. I believe in freedom of choice to 21 make that decision. I do not tell patients to not 22 get vaccinated; however, I do present evidence of 23 the benefits and risks of vaccination. Parents 24 ultimately make those decisions. 25 Q Do you consider yourself an expert on the</p>
<p style="text-align: right;">51</p> <p>1 believes that adjusting the patient might help in 2 this and reduce his need for medications, then I 3 agree with that. If you're saying that a person 4 with asthma should be stopped on all medications and 5 then begin a course of 60 to 70 treatments, then no. 6 That's not proper. 7 Q All right. Are there children who 8 shouldn't have any chiropractic treatment for 9 asthma? 10 A Yeah. If they have no indications for 11 chiropractic treatment, they shouldn't be adjusted. 12 Q Who would make that determination if they 13 need chiropractic treatment? 14 A A chiropractor could analyze the spine and 15 make that determination. 16 Q Do all children need chiropractic care? 17 A All children would be benefited by an 18 examination to determine the need for chiropractic 19 care, but not every child needs chiropractic care. 20 Q Well, maybe you can tell me at what age a 21 child should have his spine examined and adjusted. 22 A After they're born. 23 Q Okay. And what is that going to show? 24 A Well, after a child is born, they should be 25 examined in terms of normal things like appar</p>	<p style="text-align: right;">53</p> <p>1 diagnosis of asthma? 2 A An expert on the diagnosis of asthma? I 3 feel I am qualified to make the diagnosis of asthma. 4 I don't consider myself an expert diagnostician in 5 an allergy clinic where people would be referred to 6 me after they've gone through other levels of care. 7 I consider myself more of a general type of 8 practitioner as a chiropractor. And I feel I'm 9 perfectly qualified to make the diagnosis of asthma. 10 Q Are you comfortable saying that you're an 11 expert on the treatment of asthma? 12 A I'm an expert on chiropractic treatment. 13 Q How did you become an expert? 14 A I have years of experience, education, 15 research, study, in the treatment of children by 16 chiropractors. 17 Q But you yourself have not done that because 18 you indicated to me that patient care is only 10 19 percent of your practice. And if I took your 20 figures of 10 percent of that -- 21 A I think you asked currently what my 22 percentages were. We're kind of forgetting years of 23 full-time practice, as well. 24 Q Didn't you indicate that you've been 25 teaching since 1990?</p>

<p style="text-align: right;">54</p> <p>1 A I taught part time in 1987. That's when I 2 began teaching.</p> <p>3 Q And are you an expert in chiropractic 4 treatment of asthma?</p> <p>5 A I would rephrase that. But if you wanted 6 to use those words, I'll say yes.</p> <p>7 Q You're an expert on the treatment of asthma 8 by chiropractic methods?</p> <p>9 A Yes.</p> <p>10 Q And what would that entail?</p> <p>11 MR. SPRY: You mean what causes him to be 12 an expert? Or what the treatment is?</p> <p>13 BY MR. KLEIN:</p> <p>14 Q One, what causes you to be an expert? You 15 can answer that first.</p> <p>16 A I have personal, clinical experience in 17 treating children over many years. I have academic 18 experience and training. I have research experience 19 and training. I have been lecturing around the 20 world on the subject of children in chiropractic 21 care for almost a decade. And that's what I would 22 base my qualifications on. I'm part of the 23 pediatric faculty in the UK for a particular group. 24 I've written a textbook in pediatric chiropractic. 25 I published numerous papers in peer review journals,</p>	<p style="text-align: right;">56</p> <p>1 comes in, explains that their child has asthma, 2 shows that the child is on certain medications, and 3 the parent gives a detailed history of when did the 4 asthma first begin. What did it first trigger? And 5 that history is what is taken before the physical 6 exam. The physical exam would involve in addition 7 to a spinal exam, auscultation of the lungs to see 8 if there's any sounds emanating from the lung fields 9 that would indicate that a child might be having an 10 attack right now.</p> <p>11 Q Can you tell me what the path of physiology 12 of asthma is?</p> <p>13 A Yes. It's bronchial constriction due to 14 relative decrease in sympathetic activation. 15 There's also a theory that certain allergens, dust, 16 and chemicals create a situation where the 17 bronchials are hyper responsive to that allergen, 18 resulting in bronchial constriction.</p> <p>19 Q Now, you've said that chiropractors treat 20 subluxations, right? Not asthma per se?</p> <p>21 A Well, they treat children with subluxations 22 and adults with subluxation.</p> <p>23 Q If chiropractors treat these subluxations, 24 doesn't the medical history mean anything?</p> <p>25 A The medical history. What is the medical</p>
<p style="text-align: right;">55</p> <p>1 so I'm considered by my peers to be an expert in 2 this area.</p> <p>3 Q How would a chiropractor evaluate a child 4 with asthma?</p> <p>5 A It would do a detailed medical history, as 6 well as a medication history.</p> <p>7 Q When you say a medical history --</p> <p>8 A You would review the diagnosis that the 9 patient had.</p> <p>10 Q From his doctor?</p> <p>11 A You would review medications that the 12 patient may be on.</p> <p>13 Q I'm just saying are you saying the history 14 from his medical doctor?</p> <p>15 A The history of the child. When a child 16 comes in, you're going to take a history mostly from 17 the parent about the child's condition.</p> <p>18 Q So what you're saying is I think what 19 you're saying here is that he would take a history 20 of the child when he comes in, but he would not have 21 looked at the child's medical history and does not 22 need to?</p> <p>23 A It would be good to request those records. 24 Sometimes they're pretty scant and there's not much 25 there. Typically what happens is that the parent</p>	<p style="text-align: right;">57</p> <p>1 history? The one that's brought by the parent to 2 the chiropractor? A previous medical history in a 3 medical doctor's office that that medical physician 4 took? I'm not sure. Which history are you talking 5 about? Are you talking about a previous 6 practitioner, taking history? No. But a detailed 7 history from the parent is needed.</p> <p>8 Q So the child's medical history is not 9 needed in order to treat an asthma problem in a 10 child with a subluxation?</p> <p>11 A It's not absolutely needed to have the 12 exact history that was taken by the medical doctor 13 in those reports. Those are usually pretty scant 14 compared to what the parent is supplying. But it is 15 critical to take a detailed history from the parent 16 about the child's condition.</p> <p>17 Q Could you tell me what role allergies play 18 in asthma?</p> <p>19 A Yeah. Allergies, asthma is considered 20 essentially an allergy.</p> <p>21 Q So are you saying that subluxation in the 22 spine is the cause of this asthma, and that allergy 23 has no effect?</p> <p>24 A No. Asthma, I'm saying, is actually an 25 allergic disease in the sense that the person's</p>

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1 responding to an allergen inappropriately causing
 2 bronchial constriction. What was the second part of
 3 your question?
 4 Q I actually don't recall, so I'll have to
 5 move to the next question. What questions would you
 6 ask someone if you were investigating whether or not
 7 an asthmatic child has allergies?
 8 A Well, when the parent first comes in, you
 9 would ask general questions. The parent would
 10 describe the birth of the child, the developmental
 11 history of the child, any particular visits to
 12 doctors, hospitals, traumas the child may have
 13 experienced. Is that what you're getting at?
 14 Q Yes. Are you familiar with the indications
 15 or contra indications of asthma medications?
 16 A I'm anecdotally familiar with the
 17 indications. Very unfamiliar with the contra
 18 indications.
 19 Q Okay. And --
 20 A But I would not say I'm an expert on
 21 medications, nor would I want to proffer that or
 22 make any statements about medications.
 23 Q So would it be fair to say that a
 24 chiropractor would probably not be competent to
 25 advise a parent about whether or not their child

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1 needs asthma medication?
 2 A I don't know of any chiropractor who would
 3 say, stop taking medications when the child has
 4 asthma because the child could possibly have an
 5 acute attack and if they didn't have escape
 6 medication they could die.
 7 Q Contrary to what doctor --
 8 A When they see the child under care and they
 9 might see a decrease in frequency of asthma attacks,
 10 they often bring that up to their pediatrician. Or
 11 they may have an issue with a particular type of
 12 medication, whether or not it's effective or not.
 13 Q What circumstances do you believe would be
 14 appropriate for a chiropractor not to treat a child
 15 with asthma?
 16 A When there are no indications that the
 17 child has any problems with the spine, then the
 18 child doesn't need any chiropractic treatment.
 19 Q Are there any circumstances where a doctor
 20 should advise a parent not to administer any asthma
 21 medications?
 22 A No.
 23 Q Are you familiar --
 24 A Double negative there. But I think you got
 25 my point.

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1 Q I understand. Are you familiar with the
 2 National Institute of Health, their national asthma
 3 education and research program?
 4 A I'm not -- I don't have that web site up in
 5 front of me. I'm aware of the existence of that.
 6 Q So you're not aware of their guidelines for
 7 asthma or allergies?
 8 A I'm not aware of what they specifically
 9 state. I'm aware of the American Academy of
 10 Pediatrics guidelines. Probably very similar.
 11 Q Do you think you're qualified to judge the
 12 validity of these guidelines?
 13 MR. SPRY: Which guidelines?
 14 BY MR. KLEIN:
 15 Q The ones provided by the National Institute
 16 of Health?
 17 A Absolutely.
 18 Q Yet you've not seen them, and you're not
 19 familiar with them?
 20 A You said, can I have an ability to critique
 21 them or evaluate them? Yes.
 22 Q Are you familiar with the step wise
 23 approach to managing asthma?
 24 A If it is referring to --
 25 Q I mean you yourself. Not to review the

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1 article. Do you yourself know that?
 2 A Yes. There's a step wise approach in the
 3 sense that certain medications are applied. If the
 4 child responds, then you don't escalate to other
 5 medications. When a child has moderate to severe
 6 asthma, they typically are on corticosteroids.
 7 That's why they're diagnosed as having moderate to
 8 severe asthma.
 9 Even if they have mild variety they are
 10 typically put on an anti mucous medication like
 11 Singulair. When you get into the moderate severe,
 12 then you have the steroids put out. Then all
 13 children typically are given escape medicine,
 14 bronchial dilator. That's my understanding of the
 15 medical approach from the American Academy of
 16 Pediatrics.
 17 Q How many randomized controlled studies have
 18 you done with respect to asthma in children under
 19 six?
 20 A One.
 21 Q One. Is that the one and only one you're
 22 going to be doing?
 23 A No. That's the pilot study. It's going to
 24 be written up. Then we'll try to get funding for
 25 the second phase.



<p style="text-align: right;">62</p> <p>1 Q So there's no results on this yet?</p> <p>2 A Other than the conference report. But we</p> <p>3 can execute the full scale clinical trial. If</p> <p>4 you're asking the result of the long term hypothesis</p> <p>5 of how effective Gonstead chiropractic care, a</p> <p>6 specific type of chiropractic intervention, no. I'm</p> <p>7 studying one particular type of chiropractic</p> <p>8 procedure.</p> <p>9 Q So nothing had been published on this?</p> <p>10 A Other than a conference. Right. However,</p> <p>11 this type of care, this Gonstead care has also been</p> <p>12 used in the Hayek paper that I referred to before.</p> <p>13 I've done another paper but it was on adults with</p> <p>14 lung function. But you asked specifically about</p> <p>15 children with asthma.</p> <p>16 Q In your book, your textbook, you refer to a</p> <p>17 Canadian study of asthma called The Child Study?</p> <p>18 A Which text book are you looking at?</p> <p>19 Q Your textbook.</p> <p>20 A I have two of them.</p> <p>21 Q The pediatrics textbook. Was that study</p> <p>22 completed?</p> <p>23 A I think you're referring to the Balon</p> <p>24 paper.</p> <p>25 Q No. I'm referring to a study that was done</p>	<p style="text-align: right;">64</p> <p>1 A Page 7. Okay. You're looking at what?</p> <p>2 Pediatric subluxation and chiropractic care? Or</p> <p>3 case mix and demographics.</p> <p>4 Q Let me get the book out here. I'm reading</p> <p>5 from my notes. It's under the pediatric subluxation</p> <p>6 and chiropractic care.</p> <p>7 A Okay.</p> <p>8 Q The last paragraph of that section.</p> <p>9 A Right.</p> <p>10 Q It says their thorough analysis and</p> <p>11 specific adjustments to the pregnant female in</p> <p>12 pediatric spine may have a far reaching impact on</p> <p>13 whole body health. So I'll ask you what that means.</p> <p>14 A It means addressing the spine may have a</p> <p>15 far reaching impact on whole body health. Do you</p> <p>16 want me to define whole body health?</p> <p>17 Q I want you to tell me what its use is. In</p> <p>18 other words, you're researching what? To make a</p> <p>19 statement that taking vitamin C helps your whole</p> <p>20 body health, what does that mean?</p> <p>21 A Well, vitamin C is a necessary nutrient in</p> <p>22 the body. It's used in a lot of chemical reactions</p> <p>23 in the body. So when you have a deficiency of C,</p> <p>24 you don't have good functioning and good health. Is</p> <p>25 that what you're asking?</p>
<p style="text-align: right;">63</p> <p>1 in Canada.</p> <p>2 A Yeah. That's the Balon study.</p> <p>3 Q And was that study completed?</p> <p>4 A Yeah. That was published in the New</p> <p>5 England Journal of Medicine in 1998.</p> <p>6 Q You also state in your book that provided</p> <p>7 no contra indications exist, an adjustment should be</p> <p>8 administered on signs of subluxation exist,</p> <p>9 regardless of the patient's current disease states.</p> <p>10 What does that mean, in simple English?</p> <p>11 A It means if they have signs of subluxation</p> <p>12 then those should be addressed. It's sort of</p> <p>13 independent of other disease states; for example,</p> <p>14 whether or not they have pain or not or asthma or</p> <p>15 not or hypertension or not.</p> <p>16 Q Well, are you saying that --</p> <p>17 A Spinal disease, that's the indication.</p> <p>18 Whether or not they have pain is a secondary issue.</p> <p>19 Q Well, maybe I should couch it in this --</p> <p>20 refer back to prior in your book where you talk</p> <p>21 about thorough analysis and specific adjustments to</p> <p>22 the pediatric spine may have a far reaching impact</p> <p>23 on the whole body health. What impact do you mean?</p> <p>24 A There's 900 pages in there.</p> <p>25 Q Page 7.</p>	<p style="text-align: right;">65</p> <p>1 Q I'm saying to you, your statement is just a</p> <p>2 general statement that there could be whole body</p> <p>3 health. But you're not talking about anything that</p> <p>4 it could actually cure or benefit. Isn't that true?</p> <p>5 A Well, I didn't write the exact statement.</p> <p>6 Doctor Anrig did. I would say she's probably trying</p> <p>7 to look at things beyond let's say local symptoms.</p> <p>8 For example, just pain reducing would be one thing.</p> <p>9 But if the pain reduces and it makes somebody get</p> <p>10 back to work and be happy in their lives and less</p> <p>11 depressed, that would be under the purview of whole</p> <p>12 body health.</p> <p>13 You might adjust a patient and they don't</p> <p>14 need -- seem to have the need for medications for</p> <p>15 any particular disorder. And the fact that you've</p> <p>16 changed the person to the point where they don't</p> <p>17 have a need for medications and let's say for</p> <p>18 example, they had a chronic disease and they would</p> <p>19 need medications normally throughout their life,</p> <p>20 those medications over that long duration might have</p> <p>21 a negative impact.</p> <p>22 So minimizing the use of medications could</p> <p>23 influence quality of life and whole body health.</p> <p>24 Getting advice from the chiropractor on exercise and</p> <p>25 nutritional issues could influence whole body</p>

<p style="text-align: right;">66</p> <p>1 health. I think that's what she was getting at. 2 Q Well your name is on that portion, also. 3 It's not just her name. 4 A Absolutely. I just know that I didn't 5 write that exact paragraph. 6 Q Have there been any studies proving what 7 you just stated? 8 A Absolutely. There are numerous studies 9 that have shown that chiropractic care results in 10 greater patient satisfaction, quality of life 11 changes, work status. 12 Q Could you refer me to any of those articles 13 or studies? 14 A Yeah. Do you want me to get them to you 15 now? 16 Q No. You could provide that to Attorney 17 Spry. He'll send them to me. 18 A And you want specific studies that show 19 whether or not whole body health is influenced under 20 chiropractic care? 21 Q Yeah. I want to know what the definition 22 of far reaching is. 23 A Well, go beyond the spine. When somebody 24 gets back to work and they're less depressed and 25 they have money coming into the household, those are</p>	<p style="text-align: right;">68</p> <p>1 or that his son may be the only child he's ever 2 dealt with, you consider him competent to do that? 3 A Yes. He's had a variety of children that 4 he has adjusted as part of his clinical experience. 5 He's certainly qualified to have licensure as a 6 chiropractor once he graduates from chiropractic 7 college. So he has the minimal qualifications that 8 any graduate would have. I'm not sure of his exact 9 experience after he has graduated. You said he has 10 mostly associated with other doctors. Is that 11 correct? 12 Q That's right. He himself has not 13 practiced. 14 A Right. Do I think he's qualified to manage 15 any patient? Yes. 16 Q You think it's proper to treat your own 17 child? 18 A Yes. However, if the child was involved in 19 litigation like in a personal injury situation and 20 there were moneys involved, I think there would be a 21 perception of a conflict of interest. I wouldn't 22 recommend that in those situations. But I would say 23 most chiropractors who have children, adjust their 24 own children. 25 Q By the way, in all of these articles and</p>
<p style="text-align: right;">67</p> <p>1 what I would consider far reaching impacts. 2 Q Do you have any scientific measurement or 3 something that tells me that? 4 A Look at the disability rates. You could 5 look at patient satisfaction, quality of life under 6 chiropractic care. 7 Q Does that all relate to subluxation? 8 A Yes. In the sense that patients are being 9 adjusted at the spine for subluxation. 10 Q Let me ask you this question. What if I 11 were to tell you that Larry Wood, in fact, has never 12 privately worked as a chiropractor but has only 13 worked in chiropractic practices as a preparer of 14 people and so forth but has never had a private 15 patient. 16 A You mean he worked as an associate? 17 Q That's right. 18 A And the question is what would it mean to 19 me if I told you that? 20 Q In terms of his competence to treat a five 21 year old for asthma, or even an adult? 22 A Yeah. He is qualified to treat patients of 23 all ages after he becomes licensed as a 24 chiropractor. 25 Q So the fact that he has had no experience</p>	<p style="text-align: right;">69</p> <p>1 journals that you talk about, are there any 2 protocols that have been established? 3 MR. SPRY: For what? 4 MR. KLEIN: Treatment, whether it be asthma 5 or any other ailment or disease that you're using 6 chiropractic for? 7 THE WITNESS: Yes. You mean guidelines? 8 BY MR. KLEIN: 9 Q The protocols that the doctors would say 10 that these are the things you must do in order to 11 assess and evaluate and treat. 12 A Yeah. There are some guidelines out there. 13 Q And what would they be? 14 MR. SPRY: For what treatment? 15 THE WITNESS: You want the title? 16 BY MR. KLEIN: 17 Q Protocols just for the asthma. 18 A They would analyze the spine. 19 Q No. I mean but is there written protocols? 20 A Is there written protocol for children, 21 specifically with asthma, versus children with 22 visceral diseases in general, meaning ear 23 infections, allergies, et cetera? There are 24 specific protocols regarding general visceral 25 diseases. Is there a specific guideline for</p>

<p style="text-align: right;">70</p> <p>1 chiropractors and children with asthma? Not to this 2 date. However, I am writing one for International 3 Chiropractor Pediatric Association. 4 Q Would medical diagnosis make a difference? 5 A Absolutely. If the child does not have a 6 diagnosis, then where are we starting? 7 MR. KLEIN: I don't think I have any 8 further questions. If there's any redirect by 9 Attorney Spry, he'll do that now. 10 EXAMINATION 11 BY MR. SPRY: 12 Q Doctor, I just have a little bit of 13 redirect. I wanted to cover two things, just more 14 for clarification I think than anything. In the 15 beginning of Attorney Klein's cross examination of 16 you, he asked you for some percentages between 17 teaching, patient care, and writing and research. 18 And you indicated 60 percent teaching. 10 percent 19 patient care. 30 percent writing research? 20 A Yes. 21 Q Is that what your percentages are today, or 22 historically? 23 A No. That's just today, and it's a rough 24 estimate. 25 Q Do those percentages change? And I'm</p>	<p style="text-align: right;">72</p> <p>1 A Yes. 2 Q I want to clarify one other thing. There 3 was quite a bit of questioning regarding 4 subluxations. 5 A Yes. 6 Q Tell us what is a subluxation. 7 A Subluxation is defined in Oxford's 8 Dictionary of the English Language as a partial 9 dislocation or a sprain. What that means is there 10 are typically two vertebrae that are connected by 11 ligaments in the spinal column. And when these 12 vertebrae separate from themselves, they displace or 13 mal align. And that displacement is less than a 14 complete dislocation. And it causes damage to the 15 ligaments, which is called a sprain. 16 Q I think Attorney Klein asked you a question 17 of whether a subluxation causes an allergy. 18 A I believe it could make somebody more 19 susceptible to allergens. I think one of his 20 questions is, is there a specific study where 21 subluxations essentially were produced and then 22 caused a secondary condition like asthma? 23 Q Right. 24 A There are no such studies like that, where 25 the spinal column has been, for example, you were</p>
<p style="text-align: right;">71</p> <p>1 talking specifically about patient care. If we ask 2 that question for percentage of patient care since 3 you became a doctor of chiropractic? 4 A I'm not sure if I understand that. 5 Q You said your patient care today is about 6 10 percent? 7 A Yes. 8 Q Has it been greater than that over the 9 years? 10 A Yeah. I was full time for a number of 11 years. 12 Q How many years? 13 A Four years full time. 14 Q When was that roughly? 15 A 87 through 91. Since 91 I've had much more 16 academic as a percentage. 17 Q When you were in full-time patient care -- 18 you may have said that but I want to clarify it. 19 Could you give us an estimate of the percentage of 20 children you treated? Children under six? 21 A I would -- it probably would be around the 22 10 to 20 percent level, but I don't have the exact 23 figures. 24 Q And specifically do you recall treating 25 children with asthma conditions?</p>	<p style="text-align: right;">73</p> <p>1 whiplashed or injured and you see if the children 2 then develops asthma. There are no such studies. 3 Q Are there such studies that show that a 4 subluxation could exacerbate asthma? 5 A There are certainly studies that hint to 6 that effect in the sense that there are studies that 7 show that when children with asthma get chiropractic 8 care, their quality of life improves. One could 9 infer from that it's the adjustment and the level of 10 the subluxation that is causing that. But if you're 11 looking for an exact experimental study where we 12 take a rat or a human being and we injure their 13 spinal column and then see what disease they get, 14 there's no such study in humans or specifically in 15 children. 16 Might I add there's very few medical 17 studies in this regard, as well. Roughly 75 percent 18 of the medications that are given to children have 19 never even been tested in children. So what I'm 20 speaking to is a lack of evidence in general. Not 21 anything particularly deficient within chiropractic. 22 In terms of asthma, it's a very poorly understood 23 disease in medicine in the sense of what the 24 ultimate cause is. 25 We do know how to manage it. It's very</p>

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1 difficult to manage. We do know that the rates of
 2 asthma are increasing, and there's a lot of
 3 speculation as to why. But it's a very poorly
 4 understood disease. And it has a very poor cure
 5 rate. So there's lots of studies, but they mostly
 6 work or revolve around looking at the outcomes of
 7 medical care or chiropractic care. And there are
 8 fewer studies that look at the basic science
 9 question of injuring the spine and then producing a
 10 particular disease.

11 There are studies of that in rodents, in
 12 guinea pigs, where you injure the spine and then
 13 watch the change in the organs. But there's no way
 14 to produce, let's say asthma in a rat or make a rat
 15 susceptible to asthma such that you could
 16 investigate that. I know that's a little
 17 complicated.

18 MR. SPRY: That's okay. I may not have any
 19 further questions. I just want to check with my
 20 client for a moment before you do your recross, Mr.
 21 Klein.

22 (Recess taken.)

23 BY MR. SPRY:

24 Q Doctor, I just want to cover two other
 25 areas. The first is did you have an opportunity to

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1 review a scan that was done by Doctor Wood?
 2 A Yes.
 3 Q What is that scan called, any specific
 4 name?
 5 A It could have been myovision? I'm not sure
 6 of the exact manufacturer's name.
 7 Q What does the scan show?
 8 A Probably one that looked at temperature
 9 and/or electromyographic activity. So it looked at
 10 muscular changes.
 11 Q Does that show anything with respect --
 12 A It showed some abnormalities in the spine
 13 with respect to temperature and muscular activity.
 14 Q Does that show the autonomic system?
 15 A The temperature is a reflection of the
 16 autonomic component.
 17 Q What does autonomic mean?
 18 A It means through the autonomic nervous
 19 system, which has two divisions, parasympathetic and
 20 sympathetic. It's specifically blood flow, the
 21 surface of the skin is controlled by the sympathetic
 22 division of the autonomic nervous system.
 23 Q Can adjustments affect the autonomic
 24 nervous system?
 25 A Yes. There are many studies shown that you

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1 have effects on the autonomic nervous system, and
 2 also animal expert opinions where injuries affect
 3 the autonomic nervous system.

4 Q The other area is continuum of care. Do
 5 you have an opinion based upon reasonable
 6 chiropractic certainty, as to the type of
 7 chiropractic care that would be helpful to Gavin's
 8 condition?

9 A I would recommend very specific type of
 10 chiropractic care. Not any generalized
 11 manipulations. In terms of what I've seen and the
 12 fact he's still experiencing asthma and asthma
 13 attacks, then I would recommend that the frequency
 14 that I've seen in the past should be increased. And
 15 what that exact increase would be would be dependent
 16 on his current state, his current examination, what
 17 those findings are and how he responds to care
 18 during the course of call. All I would say is it
 19 appears it needs to be increased. I don't know the
 20 exact frequency or what the magical mix would be.
 21 But a chiropractor should be able to examine him and
 22 determine that.

23 Q The final question is you've mentioned
 24 specificity. Does that mean an exact location?
 25 A Exactly. I wouldn't want Gavin to

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1 experience a generalized manipulation. And there
 2 are some chiropractors that do that, some
 3 osteopathic doctors that do that. So I would
 4 recommend very specific chiropractic in the sense of
 5 how the adjustment is applied. And I would probably
 6 also give some advice for dietary issues,
 7 specifically eating more antioxidants, multi
 8 vitamins. Those are also shown to decrease asthma
 9 symptoms.

10 Q Why the recommendation for specificity as
 11 opposed to generalized adjustment?
 12 A That's my clinical experience which is it's
 13 much more easier to manage a patient when you do
 14 more specific types of adjustments. When you do a
 15 generalized adjustment, you introduce too many other
 16 variables.

17 MR. SPRY: No further redirect.
 18 EXAMINATION

19 BY MR. KLEIN:

20 Q Could you tell me if the scanning machine
 21 has FDA approval?
 22 A I couldn't tell you or not.
 23 Q You don't know. Is this device taught in
 24 your school, the use of it?
 25 A Well, we have a myovision machine at our

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1 school. Yes.

2 Q That's not the same as this machine,

3 though?

4 A I'm not sure what's the name of the

5 manufacturer of the machine you're talking about.

6 There are two on the market.

7 Q It's the one that they've presented.

8 A I looked at a scan, but I didn't look at

9 the exact manufacturer of that machine. I'm

10 familiar with both types.

11 Q Are you aware that the medical doctors that

12 are treating, both his pediatrician and his

13 allergist, are both extremely concerned that because

14 of these x-rays, they can no longer do the type of

15 diagnosis that should be done for his asthma

16 problem?

17 A It sounds like a pretty outrageous

18 statement. I would be very surprised if a medical

19 doctor stated that because Gavin had an x-ray, they

20 can no longer manage his asthma symptoms.

21 Q No. That they will not do anymore x-rays

22 which would help them in the care of his asthma

23 problem?

24 A That doesn't -- that's not consistent with

25 any medical guideline.

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1 Q So if a doctor came and testified to that,

2 you would disagree with him?

3 A Absolutely. And I would say that there is

4 no guideline in existence for medical doctors.

5 Q Are you aware that both his pediatrician

6 and his allergy asthma specialist have both

7 indicated they were prevented from doing x-rays on

8 the child because of the x-rays that Larry Wood

9 performed on the child?

10 A No, I'm not aware of that.

11 Q Okay.

12 A And also I would disagree with that as

13 being a fact, that that would prevent somebody --

14 Q From your opinion?

15 A And also the medical doctors would have

16 every right to review the x-rays that were taken on

17 Gavin.

18 Q I don't have a problem with them reviewing.

19 But by the way, how often should a child have their

20 spine examined for subluxation?

21 A It depends on age and activity of the

22 child. The history of whether or not they have had

23 traumas and injuries. It varied quite a bit.

24 Q So there's no protocol on that, either?

25 A There's no specific protocol for all

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1 children of all ages.

2 MR. KLEIN: This is not a question to you.

3 This is just a statement for the record. I want to

4 be sure that the record indicates clearly that

5 although I did stipulate to Doctor Plaugher's

6 ability to testify today on behalf of Mr. Wood, I'm

7 not stipulating to his expertise as an asthma expert

8 in chiropractic.

9 BY MR. KLEIN:

10 Q And I do have one other question for you.

11 Are you aware of the dietary supplements that Larry

12 Wood recommended for his son?

13 A I'm aware that there was an accusation

14 about particular dietary supplements relating to

15 herbs. And I'm aware of that the child is taking

16 multi vitamins or they have been recommended to him.

17 Who originally gave that recommendation, if it was

18 from the mother or the father or one of the

19 pediatricians --

20 Q So you're not aware of what the child is

21 being given by the father?

22 A No. I don't know what antioxidants or

23 multivitamins the child is being given by Larry.

24 MR. SPRY: Thank you, Doctor. I think

25 given the length of the testimony, Mr. Klein --

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1 given the length of the testimony and the big words

2 that you were using, I would like to have Doctor

3 Plaugher read and sign the deposition, as opposed to

4 just having it presented, to make sure that the

5 spellings are correct. Do you have any objection to

6 that?

7 MR. KLEIN: I don't think that that is

8 necessary. I mean, we could go over it ourselves.

9 MR. SPRY: So the record is clear on that,

10 Attorney Klein and I will talk about that. Doctor,

11 I appreciate your time. Thank you for being

12 available for this deposition. And we will be in

13 touch with you.

14 (Witness excused.)

15 (Deposition concluded.)

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February 14, 2005

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I hereby certify that the evidence and proceedings are contained fully and accurately in the notes taken by me of the testimony of the within witness who was duly sworn by me, and that this is a correct transcript of the same.

DEBORAH K. MARSHALL, RPR

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Curriculum Vitae of Gregory Plaughter

Updated: September 3, 2004

Place and Date of Birth

Castro Valley, California, May 24, 1963

Addresses

1. Life Chiropractic College West, 25001 Industrial Blvd., Hayward, CA 94545
2. 622 Morgan Common, Livermore, CA 94551

E-mail and Web Site

gplaughter@lifewest.edu

www.lifewest.edu

Voice Mail

Tel. 510.780.4599 ext. 4390; Hm/cell. 510.909.1268, FAX. 510.780.4514 (Life-West)

Graduate Education

D.C. (Doctor of Chiropractic) Los Angeles College of Chiropractic 1985-1986
Doctor of Chiropractic Course Work, Life Chiropractic College West, 1983-1984

Undergraduate Education

B.S. (Human Biology) Los Angeles College of Chiropractic 1986
Coursework at Chabot College, Hayward, CA 1982-1983
Coursework at California State University, Hayward 1982

Current Appointments

1. 2000-Present. Director of Research, Life Chiropractic College West, Hayward, CA
2. 2000-Present. Associate Professor: Geriatrics and Research Methods. Life Chiropractic College West, Hayward, CA
3. 2002-Present. Honorary Associate. Department of Health and Chiropractic, Macquarie University, Sydney, Australia
4. 1989-Present. Director of Research, Gonstead Clinical Studies Society, Mount Horeb, WI
5. 1999-Present. College of Chiropractors Paediatric Faculty, United Kingdom
6. 1998-Present. Faculty, I.C.P.A. Pediatric Certificate and Diplomat Programs

Past Appointments

1. 1999-2000. Associate Professor, Palmer College of Chiropractic West, San Jose, CA.
2. 1998-1999. Associate Professor, Life Chiropractic College West, San Lorenzo, CA
3. 1995-1998. Associate Professor, Palmer College of Chiropractic West, San Jose, CA.
4. 1993-1997. Research Advisor, ACA Council on Technique
5. 1994-1996. Member, Advisory Committee for the Consortium for Chiropractic Research
6. 1994-1995. Visiting Research Fellow, Institute of Graduate Studies and Research, Palmer College of Chiropractic, Davenport, IA.
7. 1991-1995. Assistant Professor, Palmer College of Chiropractic West, San Jose, CA.
8. 1987-1991. Instructor, Life Chiropractic College West, San Lorenzo, CA.

Research

Publications in Peer-reviewed Journals

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26. Plaugher G, Hendricks AH, Doble RW, Bachman TR, Araghi HJ, Hoffart VM. The reliability of patient positioning for evaluating static radiological parameters of the human pelvis. *J Manipulative Physiol Ther* 1993; 16:517-522.
27. Plaugher G, Bachman TR. Chiropractic management of a hypertensive patient. *J Manipulative Physiol Ther* 1993; 16:544-549.

28. Plaughner G. Letter to the editor, re: Spinal Manipulation for Low back Pain by Shekelle. et. al. *Ann Intern Med* 1993; 118:651-653.
29. Plaughner G. Letter to the Editor; re: Fractures and Spinal Manipulative Therapy by Haldeman S. *J Manipulative Physiol Ther* 1993; 16:193-195.
30. Plaughner G. Letter to the Editor; re: Specifics in Clinical Trials. *J Manipulative Physiol Ther* 1993; 16:199-201.
31. Plaughner G. The role of plain film radiography in chiropractic clinical practice. *Chiropractic Journal of Australia* 1992; 22(4):153-161.
32. Plaughner G, Cremata EE, Phillips RB. A retrospective consecutive case analysis of pre-treatment and comparative static radiological parameters following chiropractic adjustments. *J Manipulative Physiol Ther* 1990; 13:498-506.
33. Plaughner G, Lopes MA, Melch PE, Cremata EE. The inter- and intraexaminer reliability of a paraspinal skin temperature differential instrument. *J Manipulative Physiol Ther* 1991; 14:361-367.
34. Plaughner G, Hendricks AH. The inter and intraexaminer reliability of the Gonstead pelvic marking system. *J Manipulative Physiol Ther* 1991;14: 503-508.
35. Plaughner G, Lopes MA. The knee chest table: indications and contraindications. *Chiropractic Technique* 1990; 2:163-167.
36. Cremata EE, Plaughner G, Cox WA. Technique system application: the Gonstead approach. *Chiropractic Technique* 1991; 3:19-25.
37. Plaughner G. Letter to the Editor, Re: Gonstead Technique. *Chiropractic: The Journal of Chiropractic Research and Clinical Investigation* 1991; 7:62.

Research Grants

1. \$7,430. Foundation for Chiropractic Education and Research. 2001, Plaughner G, Menke M. Re-analysis of scoliosis data.
2. \$20,000. The California Endowment: Plaughner G, Kostanian V, Pistolese R, et. al. A randomized controlled comparison clinical trial of chiropractic adjustments in children with subluxations and asthma: a pilot study.
3. \$84,310.00, Foundation for Chiropractic Education and Research (1994): Plaughner G, Long CR, Menke JM, Meeker WC. Randomized controlled-comparison clinical trial of chiropractic adjustments and brief massage treatment in patients with essential hypertension: a pilot study.
4. \$10,000.00, 1st Prize in Clinical Sciences. Chiropractic Centennial Foundation (1995): Plaughner G, Long CR, Menke JM, Meeker WC. Randomized controlled-comparison clinical trial of chiropractic adjustments and brief massage treatment in patients with essential hypertension: a pilot study.
5. \$1,100.00, Eastman Kodak Company (1988), Plaughner G. Reliability of patient positioning for pelvic radiographs.

Textbooks

- ✓ 1. Anrig CA, Plaughner G, eds. *Pediatric Chiropractic*. Baltimore: Williams & Wilkins, 1998.

2. Plaugher G, ed. Textbook of clinical chiropractic: a specific biomechanical approach. Baltimore: Williams & Wilkins, 1993.

Chapter Contributions

1. Callender A, Plaugher G, Anrig CA. Introduction to chiropractic pediatrics. In: Anrig CA, Plaugher G, eds. Pediatric chiropractic. Baltimore: Williams & Wilkins, 1998.
2. Alcantara J, Plaugher G. Spinal Subluxation. In: Anrig CA, Plaugher G, eds. Pediatric chiropractic. Baltimore: Williams & Wilkins, 1998.
3. Kent C, Plaugher G, Borges D, et. al. Diagnostic imaging. In: Anrig CA, Plaugher G, eds. Pediatric chiropractic. Baltimore: Williams & Wilkins, 1998.
4. Brodeur RR, Plaugher G, Lantz CA. Scoliosis. In: Anrig CA, Plaugher G, eds. Pediatric chiropractic. Baltimore: Williams & Wilkins, 1998.
5. Plaugher G, Rowe DJ, Cichy DL, et. al. Chiropractic management of adolescent patients with acute spinal fractures and dislocations. In: Anrig CA, Plaugher G, eds. Pediatric chiropractic. Baltimore: Williams & Wilkins, 1998.
6. Plaugher G. Specific-contact, short-lever-arm articular procedures: advances in the Gonstead technique. In: Lawrence DJ, ed. Advances in chiropractic. Vol. 1, St. Louis: Mosby, 1994:341-372.
7. Keating JC, Plaugher G, Lopes MA, Cremata EE. Introduction to clinical chiropractic. In: Plaugher G, ed. Textbook of clinical chiropractic: a specific biomechanical approach. Baltimore: Williams & Wilkins, 1993:1-11.
8. Plaugher G, Lopes MA. Clinical anatomy and biomechanics of the spine. In: Plaugher G, ed. Textbook of clinical chiropractic: a specific biomechanical approach. Baltimore: Williams & Wilkins, 1993:12-51.
9. Lopes MA, Plaugher G. Vertebral subluxation complex. In: Plaugher G, ed. Textbook of clinical chiropractic: a specific biomechanical approach. Baltimore: Williams & Wilkins, 1993:52-72.
10. Lopes MA, Plaugher G, Walters PJ, Cremata EE. Spinal examination. In: Plaugher G, ed. Textbook of clinical chiropractic: a specific biomechanical approach. Baltimore: Williams & Wilkins, 1993:73-111.
11. Plaugher G. Lumbar spine. In: Plaugher G, ed. Textbook of clinical chiropractic: a specific biomechanical approach. Baltimore: Williams & Wilkins, 1993:190-242.
12. Tanaka ST, Plaugher G. Thoracic spine. In: Plaugher G, ed. Textbook of clinical chiropractic: a specific biomechanical approach. Baltimore: Williams & Wilkins, 1993:243-265.
13. Plaugher G, Lopes MA. Scoliosis. In: Plaugher G, ed. Textbook of clinical chiropractic: a specific biomechanical approach. Baltimore: Williams & Wilkins, 1993:266-278.
14. Plaugher G, Doble RW, Lopes MA. Lower cervical spine. In: Plaugher G, ed. Textbook of clinical chiropractic: a specific biomechanical approach. Baltimore: Williams & Wilkins, 1993:279-302.
15. Plaugher G, Lopes MA, Konlande JE, Doble RW, Cremata EE. Spinal management for the patient with a visceral concomitant. In: Plaugher G, ed. Textbook of clinical chiropractic: a specific biomechanical approach. Baltimore: Williams & Wilkins, 1993:356-382.

Citable Abstracts (1989-2001)

1. Moroney S, Plaughner G, Cremata E, Jansen R, Nansel D. Critique of a biplanar stereoradiometric method. International Conference on Spinal Manipulation 1989.
2. Moroney S, Plaughner G, Cremata E, Jansen R, Nansel D. Experimental motions of a calibrated physical model with a biplanar radiometric method. International Conference on Spinal Manipulation 1990.
3. Plaughner G, Lopes MA, Melch PE, Cremata EE. The inter and intraexaminer reliability of a paraspinal skin temperature differential instrument. International Conference on Spinal Manipulation 1990.
4. Plaughner G, Hendricks AH. The interexaminer reliability of the Gonstead pelvic marking system. International Conference on Spinal Manipulation 1990.
5. Plaughner G, Hendricks AH, Doble RW et al. The effects of natural history and patient positioning on radiographically evaluated static configurations of the pelvis. International Conference on Spinal Manipulation 1991.
6. Plaughner G, Cox DB, Thibodeau P. Chiropractic treatment of spinal fractures: a report of six cases. International Conference on Spinal Manipulation 1991.
7. Lopes MA, Plaughner G, Ray S. Technique for closed reduction of retrolisthesis of the lumbar spine: a report of two cases. International Conference on Spinal Manipulation 1991.
8. Plaughner G, Cremata EE, Phillips RB. A retrospective consecutive case analysis of pre-treatment and comparative static radiological parameters following chiropractic adjustments. Conference on Research and Education (CCR/CCF) 1989.
9. Plaughner G, Lopes MA, Melch PE, Cremata EE. The inter and intraexaminer reliability of a paraspinal skin temperature differential instrument. Conference on Research and Education (CCR/CCF) 1990.
10. Plaughner G, Hendricks AH. The inter and intraexaminer reliability of the Gonstead pelvic marking system. Conference on Research and Education (CCR/CCF) 1990.
11. Plaughner G. Skin temperature assessment for neuromusculoskeletal abnormalities of the spine: a review of the literature. Conference on Research and Education (CCR/CCF) 1991.
12. Plaughner G. Approaches to validating chiropractic technique: the Gonstead perspective. International Conference on Spinal Manipulation. Washington D.C. 1991 pp 365-369.
13. Plaughner G, Hendricks AH, Doble RW, Bachman TR, Hoffart VM. The effects of patient positioning and natural history on radiographically evaluated static configurations of the pelvis after 18 days. International Conference on Spinal Manipulation 1992.
14. Plaughner G. Rowe DJ, Gohl RA. Chiropractic management of spinal fractures and dislocations with closed reduction methods: a report of nine cases. International Conference on Spinal Manipulation 1992.
15. Plaughner G, Lopes MA, Cremata EE, Doble RW, Hoffart VM, Lantz C. The interexaminer reliability of a galvanic skin response instrument. International Conference on Spinal Manipulation 1992.
16. Plaughner G, Hendricks AH, Doble RW, Bachman TR, Hoffart VM. The effects of patient positioning and natural history on radiographically evaluated static configurations of the pelvis after 18 days. Conference on Research and Education (CCR/CCF) Palm Springs, CA 1992, Platform Presentation.
17. Plaughner G, Bachman TR. Chiropractic management of a hypertensive patient: a report of a case. Conference on Research and Education (CCR/CCF) Palm Springs, CA 1992, Poster Presentation.

18. Plaugher G, Lopes MA, Cremata EE, Doble RW, Hoffart VM, Lantz C. The interexaminer reliability of a galvanic skin response instrument. Conference on Research and Education (CCR/CCF) Palm Springs, CA 1992, Poster Presentation.
19. Plaugher G. Invited speaker for Consensus Panel on Leg Length Inequality. Conference on Research and Education (CCR/CCF) Palm Springs, CA 1992
20. Plaugher G, et. al. Randomized Comparison Clinical Trial of Chiropractic Adjustments vs. Brief Massage Treatment in Subjects with Essential Hypertension: A Pilot Study. Chiropractic Centennial Foundation, Washington, D.C. July 5-9, 1995 (Poster presentation)
21. Menon M, Plaugher G, Jansen R, Dhimi MSI, Sutowski J. Effect of thoracic spinal adjustment on peripheral airway function in normal subjects: a pilot study. Chiropractic Centennial Foundation, Washington, D.C. July 5-9, 1995 (Platform presentation)
22. Plaugher G, Long CR, Menke JM, Meeker WC. Randomized controlled-comparison clinical trial of chiropractic adjustments and brief massage treatment in patients with essential hypertension: a pilot study. Platform Presentation. American Public Health Association 124th Annual Meeting (Chiropractic Health Care Section), New York, 1996.
23. Plaugher G, Long CR, Menke JM, Meeker WC. Randomized controlled-comparison clinical trial of chiropractic adjustments and brief massage treatment in patients with essential hypertension: a pilot study. Poster Presentation. Conference on Research and Education, San Diego, 1996.
24. Plaugher G, Alcantara J, Doble RW. Missed sacral fracture prior to chiropractic adjustment: a case report. Poster Presentation. Conference on Research and Education, San Diego, 1996.
25. Plaugher G, Alcantara J, Hart CR. Chiropractic management of a patient with a Chance fracture of the lumbar spine and concomitant subluxation. Poster Presentation. Conference on Research and Education, San Diego, 1996.
26. Plaugher G, Alcantara J, Cichy DL. Chiropractic management of a patient with a superior end-plate burst fracture of C7 and concomitant subluxation. Poster Presentation. Conference on Research and Education, San Diego, 1996.
27. Plaugher G, Long CR, Menke JM, Meeker WC. Randomized controlled-comparison clinical trial of chiropractic adjustments and brief massage treatment in patients with essential hypertension: a pilot study. Platform Presentation. International Conference on Spinal Manipulation. Foundation for Chiropractic Education and Research. Bournemouth, England, Oct.18-20, 1996.
28. Plaugher G. RCT-Pilot of Chiropractic Care in Childhood Asthma, Poster presentation, ACC Conference, March 13-16, 2002
29. Coleman RR, Hagen JO, Troyanovich SJ, Plaugher G. A Retrospective case series of lateral cervical curve changes in patients receiving chiropractic care following motor vehicle collisions. Poster presentation, ACC Conference, March 13-16, 2001.
30. Plaugher G, Keating JC jr, panelists. Subluxation forum. Sponsored by the Saskatchewan Chiropractors' Association, March 22, 2003, Regina, Canada.

Non-Peer Reviewed Publications

1. Plaugher G. Juvenile kyphosis. Dynamic Chiropractic 1997; 15(4):17,42
2. Plaugher G. Chiropractic and cerebrovascular accidents: dispelling the myths. Dynamic Chiropractic. July 15, 1994

3. Plaugher G. Outcomes research: misuse and misinterpretation. Today's Chiropractic 1992; Nov/Dec:18-20.
4. Plaugher G. Gonstead society intensifies research efforts. Today's Chiropractic 1992; Nov/Dec:20-21.
5. Plaugher G. Research, politics and practice. Today's Chiropractic 1992; Nov/Dec:21.
6. Plaugher G. Debating Gonstead principles. Letter to the Editor. Int'l Review of Chiropractic 1990:57.
7. Plaugher G. International Journal of Chiropractic. Contributing author and writer of the research report. 1989-present
8. Plaugher G. Letter to the Editor. "Letter Writing Campaign Foolish" The Chiropractic Journal. 1990[Feb];4(5):9
9. Plaugher G, Lopes MA. The intervertebral disc: review of the literature and case management. "The Tapes" 1997; 1(1).
10. Plaugher G, Lopes MA. Clinical biomechanics: review of the literature and case management. "The Tapes" 1997; 1(2).
11. Plaugher G, Lopes MA. Chiropractic pediatrics: review of the literature and case management. "The Tapes" 1997; 1(3).
12. Plaugher G, Lopes MA. Neurovisceral relationships: review of the literature and case management. "The Tapes" 1997; 1(4)
13. Plaugher G, Lopes MA. Whiplash: Part 1. Review of the literature and case management "The Tapes" 1997; 1(5).
14. Plaugher G, Lopes MA. Spondylolisthesis: review of the literature and case management. "The Tapes" 1997; 1(6).
15. Plaugher G, Lopes MA. The sacroiliac joint: review of the literature and case management. "The Tapes" 1997; 1(7).
16. Plaugher G, Lopes MA. Current research review. "The Tapes" 1997; 1(8).
17. Plaugher G, Lopes MA. Headache: review of the literature and case management. "The Tapes" 1997; 1(9).
18. Plaugher G, Lopes MA. Hypertension: review of the literature and case management "The Tapes" 1997; 1(10).
19. Plaugher G, Lopes MA. Ulcers and associated GI disorders: review of the literature and case management. "The tapes" 1998; 1(11).
20. Plaugher G, Lopes MA. Vaccinations and neuroimmunology. "The Tapes" 1998; 1(12).
21. Plaugher G, Lopes MA. Clinical radiographic findings of the lumbar spine and pelvis. "The Tapes" 1998; 2(1).

Awards

1. Presidential Award presented by Dr. Peter Martin, President, Palmer College Of Chiropractic West on May 7, 1993 in recognition for extraordinary commitment and exceptional performance.
2. Distinguished Service Award presented by the Council on Technic of the American Chiropractic Association on October 17, 1992 for significant contribution toward research and education in chiropractic technic, during this council's "Conference on Fundamentals."
3. Certificate of Appreciation presented by Dr. William Meeker, President, Consortium for Chiropractic Research in 1992 for outstanding contributions to the chiropractic profession through the support of chiropractic research.

Teaching

Presently

1. Geriatrics (4 units, Senior I), Life Chiropractic College West, Hayward, CA
2. Research II (2 units, Junior III), Life Chiropractic College West, Hayward, CA
3. Gonstead A (laboratory), Life Chiropractic College West, Hayward, CA

Past

- ✓ 1. 1999-2000. Pediatrics (5 units), Palmer College of Chiropractic West, San Jose, CA
2. 1999-2000. Principles of chiropractic analysis (2 units). Palmer College of Chiropractic West, San Jose, CA
3. 2000-2000. Gonstead Technique (3 units), Palmer College of Chiropractic West, San Jose, CA
4. 1999-1999. Lower extremity technique laboratory (1.5 units), Palmer College of Chiropractic West, San Jose, CA
5. 1998-1999. Public Health II:Chiropractor in the Community (4 units) Life Chiropractic College West, San Lorenzo, CA.
6. 1998-1999. Introduction to Research (2 units), Life Chiropractic College West, San Lorenzo, CA.
7. 1998-1999. Biomechanics of the Spine (5 units), Life Chiropractic College West, San Lorenzo, CA.
8. 1998-1999. Gonstead B (2 units), Life Chiropractic College West, San Lorenzo, CA.
9. 1998-1999. Gonstead A (2 units), Life Chiropractic College West, San Lorenzo, CA.
10. 1995-1998. Chiropractic Procedures II (Lumbar Spine and Pelvis) (4 units), Lecture, Palmer College of Chiropractic West, San Jose, CA.
11. 1995-1997. Clinical Epidemiology (2 units), Palmer College of Chiropractic West, San Jose, CA.
12. 1992-1994. Introduction to Chiropractic Science (3 units), Palmer College of Chiropractic West, San Jose, CA.
13. 1992-1993. Spinal Trauma, Palmer College of Chiropractic West, San Jose, CA.
14. 1991-1992. Student Clinic Intern Supervisor, Palmer College of Chiropractic West, San Jose, CA.

15. 1990-1991. Outpatient Clinic Intern Supervisor, Life Chiropractic College West, San Lorenzo, CA.
16. 1989-1991. Biomechanics of the Spine (5 units), Life Chiropractic College West, San Lorenzo, CA.
17. 1987-1988. Gonstead Technique A (Lumbar Spine and Pelvis), Lecture and Laboratory, Life Chiropractic College West, San Lorenzo, CA.
18. 1988-1988. Gonstead Extremity Technique (3.5 Units), Lecture and Laboratory, Life Chiropractic College West, San Lorenzo, CA.
19. 1987-1987. Subluxation Pathology (2 units, Life Chiropractic College West, San Lorenzo, CA.

Post Graduate Teaching Experience

2002

1. May 1, 2002. San Jose, California. Chiropractic case management of patients with spinal fractures and dislocations. Gonstead Club, Palmer College of Chiropractic West
2. February 23, 2002. Bellevue, Washington. Pediatric Chiropractic. Washington State Chiropractic Association.
3. February 2-3, 2002. Bournemouth, United Kingdom. Gonstead Technique Series Module #2 (Gonstead literature review and chiropractic spinography). Anglo-European College of Chiropractic and the Gonstead Clinical Studies Society
4. January 12-13, 2002. Edmonton, Alberta, Canada Module #7 (Examination procedures, Scoliosis and Current Research), International Chiropractic Pediatric Association 120 hr. Certificate program

2001

1. October 13-14, 2001. Toronto, Ontario, Canada. Module #7 (Examination procedures, Scoliosis and Current Research), International Chiropractic Pediatric Association 120 hr. Certificate program
2. July 27-29, 2001. Kansas City, Missouri. Research Agenda Conference VI. Discussant and panel member on subluxation and the state of chiropractic science.
3. July 14-15, 2001. Dallas, Texas. Module #7 (Examination procedures, Scoliosis and Current Research). International Chiropractic Pediatric Association 120 hr. Certificate program
4. June 23-24, 2001. Detroit, Michigan. Module #7 (Examination procedures, Scoliosis and Current Research), International Chiropractic Pediatric Association 120 hr. Certificate program
5. April 21-22. Kansas City, Missouri. Module #7 (Examination procedures, Scoliosis and Current Research), International Chiropractic Pediatric Association 120 hr. Certificate program
6. February 24, 2001. Birmingham, United Kingdom. Pediatric Chiropractic. College of Chiropractors Paediatric Faculty presentation.
7. February 22, 2001. Bournemouth, United Kingdom. Gonstead technique and chiropractic pediatrics. Anglo-European College of Chiropractic.
8. February 17-18, 2001. Solihull, United Kingdom. Module #7 (Examination procedures, Scoliosis and Current Research), International Chiropractic Pediatric Association 120 hr. Certificate program

2000

1. November 4-5, 2000. Los Angeles, California. Module #7 (Examination procedures, Scoliosis and Current Research), International Chiropractic Pediatric Association 120 hr. Certificate program
2. September 16-17, 2000. Montreal, Quebec, Canada. Module #7 (Examination procedures, Scoliosis and Current Research), International Chiropractic Pediatric Association 120 hr. Certificate program
3. August 26-27, 2000. Dallas, Texas. Module #7 (Examination procedures, Scoliosis and Current Research), International Chiropractic Pediatric Association 120 hr. Certificate program
4. July 8-9, 2000. Philadelphia, Pennsylvania. Module #7 (Examination procedures, Scoliosis and Current Research), International Chiropractic Pediatric Association 120 hr. Certificate program
5. March 25-26. Seattle, WA. Module #7 (Examination procedures, Scoliosis and Current Research), International Chiropractic Pediatric Association 120 hr. Certificate program
5. February 4-6, 2000. Bloomington, MN. Homecoming: Chiropractic instrumentation and x-ray.

1999

1. March 13-14, 1999. Toronto, Ontario, Canada. Module #7 (Examination procedures, Scoliosis and Current Research), International Chiropractic Pediatric Association 120 hr. Certificate program
2. August 14-15, 1999. Kansas City, MO. Module #7 (Examination procedures, Scoliosis and Current Research), International Chiropractic Pediatric Association 120 hr. Certificate program
3. November 20-21. Marietta, GA. Module #7 (Examination procedures, Scoliosis and Current Research), International Chiropractic Pediatric Association 120 hr. Certificate program

Past

1. Specific Chiropractic. Palmer Chiropractic University. Presentations in the United States and Canada, 1995-1998
2. Subluxation Correction and Management Seminars, LCCW 1989-90

Awards

1. Teacher of the Quarter, Clinic III, Winter 2004, Life Chiropractic College West
2. Teacher of the Quarter, Senior III, Summer 2003, Life Chiropractic College West
3. Student Services Award. Winter 2002, Life Chiropractic College West
4. Teacher of the Quarter, Senior I of Life Chiropractic College West, June 8, 2001
5. Teacher of the Quarter, Senior III of Life Chiropractic College West, September 6, 1999
6. Teacher of the Quarter, Sophomore I of Life Chiropractic College West, Dec. 11, 1998
7. Teacher of the Quarter, Senior III of Life Chiropractic College West, Dec. 11, 1998
8. Certificate of Merit Award presented by the Student Council of Life Chiropractic College West on May 10, 1991 for service to Life Chiropractic College West, the student body, student body organizations, the profession and the community.

Service

Editorial Review

Presently

1. Extramural Reviewer, Journal of Manipulative and Physiological Therapeutics
2. Member, Editorial Review Board, Journal of Clinical Chiropractic Pediatrics
3. Associate Editor, JNMS: Journal of the Neuromusculoskeletal System
4. Member, Editorial Review Board, International Journal of Chiropractic Member
5. Member, Editorial Review Board, Australasian Journal of Clinical Chiropractic

Past

1. Extramural Reviewer, The Journal of Chiropractic Research and Clinical Investigation

Professional Memberships

1. International Chiropractors Association
2. American Public Health Association
3. Gonstead Clinical Studies Society
4. International Chiropractic Pediatric Association
5. Council on Pediatrics of the International Chiropractors Association

Invited Presentations

1. February 23, 2002. Washington State Chiropractic Association, talks on Pediatric Chiropractic: Clinical and radiological Examination procedures for Subluxation and Pediatric Chiropractic: Case Management and Current Research
2. 2001, July 27-29, Research Agenda Conference VI: Lessons and advice from the front lines of the chiropractic research effort: who needs to hear it; what should be done?
3. 2001. April 28-29. Gonstead Symposium, Life Chiropractic College West, Hayward, CA. On applying research to clinical practice.
4. Chiropractic: Its Role in the New Millenium. Life Chiropractic College West's Grand Premiere, March 10 and 11, 2001; Gonstead Technique: Focus on the Low Back
5. Complementary Medicine Rounds, Invited Presentation: Chiropractic and Subluxation, Alta Bates Medical Center, January, 2001.
6. Gonstead Technique, LCCW, Palmer College of Chiropractic West and Los Angeles College of Chiropractic 1987- 1998

7. Approaches to Validating Chiropractic Technique. Invited Presentation. International Conference on Spinal Manipulation. Washington D.C. 1991

8. Chiropractors' Association of Australia. Invited presentation on the subject of plain film radiology in chiropractic. Oct. 9-11 1992

9. Skin temperature assessment for neuromusculoskeletal abnormalities of the spinal column: a review of the literature. Presentation at the Gonstead Seminar of Chiropractic, Mount Horeb WI, 1991

10. High Tech Forum: Exploring Management Issues in Chiropractic Practice. Gonstead Technique. Sponsored by the College of Chiropractors of Alberta and Canadian Memorial Chiropractic College. Calgary, Canada Other Speakers: Adrian Grice, D.C. (Diversified technique) and Hans Boehnke, D.C. (Applied Kinesiology), April 23 and 24, 1993.

11. First national Symposium on the comparison of chiropractic treatment procedures. Wisconsin Chiropractic Association and the ACA Council on Technic. October 15-17, 1993, Milwaukee, WI. Invited Speaker on the Gonstead Technic.

12. Complications and Contraindications of Spinal Manipulative Therapy. Chiropractic Centennial Foundation, Washington, D.C. July and Davenport, IA, September, 1995.

Clinical Consultations

I have qualified as an expert in chiropractic standard of care matters in the U.S.A. (California, Connecticut, Louisiana, Florida, and Arkansas) and Canada (Saskatchewan).

Licenses

1. California, 1987-present. No. DC 18592, Status: Active
2. Iowa, 1994-present, License No. A05822, Status: Active