

BIENNIAL REPORT OF EXAMINING AND LICENSING BOARDS

(M.S. 1985 Supplement, Section 214.07)

BOARD: MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS

LOCATION: 2700 University Avenue West, Suite 102

Minneapolis, MN 55114-1089

STATUTORY AUTHORITY: \_\_\_\_\_

REPORT PERIOD: July 1, 1984 To: June 30, 1986

SUBMITTED BY: Kent J. Erickson, D.C., Executive Director Nov. 7, 1986  
Name Title Date

Clerk Typist: Jeanette Marie Hyzy

Copies of this report shall be delivered to: (A) the Legislature in accordance with Section 3.195 (1 copy to the Secretary of the Senate, 1 copy to the Chief Clerk of the House of Representatives and 10 copies to the Legislative Reference Library); (B) the Governor; and (C) Commissioner of Administration. Each health-related board shall also deliver a copy of their report to the Board of Health.

Clause a: GENERAL STATEMENT OF BOARD ACTIVITIES

**This description should cover both FY 85 and FY 86 and include any changes (additions/deletions) in activities between those years.**

**The Chiropractic Board purpose is to ensure qualified and competent Doctors of Chiropractic practicing in Minnesota.**

**In order to meet this objective, the Board's activities involved:**

- a) Testing applicants for licensure
- b) Licensing applicants who meet all requirements
- c) Renewing registration of existing licensees
- d) Processing complaints
- e) Approving programs for continuing education
- f) Registering professional corporations

MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS BOARD

Clause b: TOTAL NUMBER MEETINGS HELD FY 85 42 FY 86 55 FY 85 AND 86 97

APPROXIMATE TOTAL NUMBER OF HOURS SPENT BY BOARD MEMBERS IN MEETINGS AND ON OTHER BOARD ACTIVITIES.

BOARD MEMBER'S NAME	MEETING	HOURS			OTHER ACTIVITIES	HOURS		
	TYPE	FY 85	FY 86	FY 85 & 86	TYPE	FY 85	FY 86	FY 85 & 86
Robert L. Thatcher, D. C.	Examination	3	2	5	Exam Review	0	2	2
	Board Meeting	3	3	6				
	Board Bus. Mtg.	0	2	2				
Ronald Hocevar, D. C.	Examination	3	2	5				
	Board Meeting	2	5	7				
	Board Bus. Mtg.	0	0	0				
George W. Arvidson, D.C.	Examination	3	2	5	Legislative Mtg.	0	2	2
	Board Meeting	3	5	8	x-rays for exams	0	1	1
	Board Bus. Mtg.	0	4	4	Other	0	1	1
Terry L. Franks, D. C.	Examination	2	2	4	Complaint Mtr.	0	1	1
	Board Meeting	1	5	6	Physiotherapy Mtg.	0	1	1
	Board Bus. Mtg.	0	2	2				

Clause b: TOTAL NUMBER MEETINGS HELD FY 85 \_\_\_\_\_ FY 86 \_\_\_\_\_ FY 85 AND 86 \_\_\_\_\_

**APPROXIMATE TOTAL NUMBER OF HOURS SPENT BY BOARD MEMBERS IN MEETINGS AND ON OTHER BOARD ACTIVITIES.**

BOARD MEMBER'S NAME	MEETING	HOURS			OTHER ACTIVITIES	HOURS		
	TYPE	FY 85	FY 86	FY 85 & 86	TYPE	FY 85	FY 86	FY 85 & 86
Wilma E. Behm, D. C.	Examination	0	2	2	Legislative Mtg.	0	2	2
	Board Meeting	0	3	3				
	Board Bus. Mtg.	0	2	2				
Mrs. Suzanne Petrusic	Examination	3	2	5				
	Board Meeting	2	4	6				
	Board Bus. Mtg.	0	0	0				
Mrs. Gertrude Hendrickson	Examination	2	2	4				
	Board Meeting	1	3	4				
	Board Bus. Mtg.	0	0	0				
Roger Larum ,D. C. (Past President)	Examination	3	1	4				
	Board Meeting	3	2	5				
	Board Bus. Mtg.	0	0	0				

Clause b: TOTAL NUMBER MEETINGS HELD FY 85 \_\_\_\_\_ FY 86 \_\_\_\_\_ FY 85 AND 86 \_\_\_\_\_

APPROXIMATE TOTAL NUMBER OF HOURS SPENT BY BOARD MEMBERS IN MEETINGS AND ON OTHER BOARD ACTIVITIES.

BOARD MEMBER'S NAME	MEETING	HOURS			OTHER ACTIVITIES	HOURS		
	TYPE	FY 85	FY 86	FY 85 & 86	TYPE	FY 85	FY 86	FY 85 & 86
Mrs. Patricia Papenfuss	Examination	1	0	1				
	Board Meeting	2	0	2				
	Board Bus. Mtg.	0	0	0				
William F. Hynan, D.C.	Examination	1	0	1				
	Board Meeting	2	0	2				
	Board Bus. Mtg.	0	0	0				

Clause c: THE RECEIPT AND DISBURSEMENT OF BOARD FUNDS

	FY 85	FY 86	FY'S 85 & 86
Total State Appropriations	117.7	93.5	211.2
Total Non-Dedicated Fee Receipts	99.4	119.0	218.4
Total Disbursements	109.8	128.7	238.5

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COMMENTS (Optional)

(\*) INCLUDES STATEWIDE INDIRECT COST AND GENERAL SUPPORT OF \$2.7 IN FISCAL YEAR 1985 AND \$3.0 IN FISCAL YEAR 1986.

Clause d: LIST OF BOARD MEMBERS WHO SERVED DURING FY 85 AND FY 86

FOR EASY REFERENCE PLEASE GIVE:

(A) Number of Board members required by statute: Seven.(B) The statutory length of term: Four Years.

NAME & ADDRESS	OCCUPATION	GIVE BEGIN AND END DATE OF APPOINTMENT AND EACH RE-APPOINTMENT
D. C. Robert L. Thatcher, 1233 Josephine Road Roseville, MN 55113	Doctor of Chiropractic	January 3, 1984 - January 1988
D. C. Ronald J. Hovevar, 307 First Street South Virginia, MN 55792	Doctor of Chiropractic	January 3, 1984 - January 1988
D. C. Terry L. Franks, 1601 E. Highway 13, Suite 209 Burnsville, MN 55337	Doctor of Chiropractic	January 28, 1985 - January 1989
D. C. George W. Arvidson, 1789 Alameda St. Paul, MN 55113	Doctor of Chiropractic	April 20, 1983 - January 1987

Clause d: LIST OF BOARD MEMBERS WHO SERVED DURING FY <sup>85</sup> AND FY <sup>86</sup>

FOR EASY REFERENCE PLEASE GIVE:

(A) Number of Board members required by statute: Seven.(B) The statutory length of term: Four Years.

NAME & ADDRESS	OCCUPATION	GIVE BEGIN AND END DATE OF APPOINTMENT AND EACH RE-APPOINTMENT
Wilma E. Behm, D. C.	Doctor of Chiropractic	January 6, 1986 - January 1989
4646 Colorado St. S. E.		
Prior Lake, MN 55372		
Mrs. Suzanne Petrusic	Registered Radiologic	April 20, 1983 - January 1987
9187 Jasmine	Technologist;	
Cottage Grove, MN	Personnel Manager,	
55016	Homemaker	
Mrs. Gertrude Hendrickson		February 27, 1985 - January 1989
129 South 11th Street		
Virginia, MN 55792	Homemaker	



**FOR EASY REFERENCE PLEASE GIVE:**

(B) The statutory length of term:\_\_\_\_\_.

[illegible]

Clause e: LIST BOARD EMPLOYEES WHO WERE EMPLOYED  
DURING FY 85 AND/OR FY 86

NAME	JOB CLASSIFICATION/TITLE & CLASS	CLASS CODE	STATUS		
			FT	PT	Dates of Service
Kent J. Erickson, D. C.	Executive Director			x	Sept.. 22, '83
					to present
Jeanette M. Hyzy	Clerk Typist		x		July 12, '82
					to present
Elizabeth White	Clerk Typist			x	Oct. 16, '85
					Jan. 7, '86

Clause f: BRIEF SUMMARY OF BOARD RULES PROPOSED OR ADOPTED DURING THIS REPORTING PERIOD, FY 85 AND FY 86. GIVE APPROPRIATE CITATIONS TO THE STATE REGISTER AND PUBLISHED RULES FOR THOSE ADOPTED.

PROPOSED RULES RELATING TO CHIROPRACTIC LICENSE FEES,  
VOLUME 10 - NUMBER 38 , MARCH 17, 1986. THESE RULES  
WERE ADOPTED IN F.Y. 1987, VOLUME 11 - NUMBER 5.





Clauses i, j, k: MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration

TYPE OF LICENSE/REGISTRATION CHIROPRACTIC

AGE GROUP	FY 85									FY 86									FY 85 AND FY 86								
	EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Under 18																											
18-25	14	9	23	14	9	23				16	9	25	16	9	25				30	18	48	30	18	48			
26-34	53	17	70	53	17	70				24	10	34	24	10	34				77	27	104	77	27	104			
35-59	6	4	10	6	4	10				27	11	38	27	11	38				33	15	48	33	15	48			
60-65																											
66 & Over																											
Total	73	30	103	73	30	103				67	30	97	67	30	97				140	60	200	140	60	200			
Calculate % of Male and % of Female to the Total of Each Category																											
% of Total	71	29	100	71	29	100			100	69	31	100	69	31	100			100	70	30	100	70	30	100			100

Clauses i, j, k: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Non-Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

TYPE OF LICENSE/REGISTRATION CHIROPRACTIC

AGE GROUP	FY 85									FY 86									FY 85 AND FY 86								
	EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Under 18																											
18-25	4	0	4	4	0	4				3	0	3	3	0	3				7	0	7	7	0	7			
26-34	7	5	12	7	5	12				4	0	4	4	0	4				11	5	16	11	5	16			
35-59	0	1	1	0	1	1				5	4	9	5	4	9				5	5	10	5	5	10			
60-65	-	-	-	-	-	-				-	-	-	-	-	-				-	-	-	-	-	-			
66 & Over	-	-	-	-	-	-				-	-	-	-	-	-				-	-	-	-	-	-			
Total	11	6	17	11	6	17				12	4	16	12	4	16				23	10	33	23	10	33			

Calculate % of Male and % of Female to the Total of Each Category

% of Total	65	35	100	65	35	100			100	75	25	100	75	25	100			100	70	30	100	70	30	100			100
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State

PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE


# **HOLDING A MINNESOTA LICENSE BUT PRACTICING OUT OF STATE**

<b>SATE</b>	<b>MALE</b>	<b>FEMALE</b>	<b>TOTAL</b>
Arkansas	1		1
Arizona	1		1
California	1	3	4
Canada	1		1
Georgia		1	1
Iowa	4		4
Kansas	1		1
Maine	1		1
Maryland		1	1
Montana	1		1
Missouri		1	1
North Dakota	3	2	5
South Dakota	1		1
Oregon	1		1
Virginia	1		1
Wisconsin	6	2	8
<b>TOTAL</b>	<b>23</b>	<b>10</b>	<b>33</b>

Page No. 2 of NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION  
 Clauses i, j, k ( Non-Residents)

Page 14 A



Clause 1: THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF .

TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 85 -0-	FY 86 -0-	FY 85 & 86 -0-
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	-0-	-0-	-0-

FOR EACH PERSON GIVE:

Type of lic./Regis.;	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	

\* IDENTIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.

\*\* REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

Clause m: **PERSONS PREVIOUSLY LICENSED OR REGISTERED BY THE BOARD**  
**WHOSE LICENSES OR REGISTRATIONS WERE REVOKED, SUSPENDED**  
**OR OTHERWISE ALTERED IN STATUS, WITH BRIEF STATEMENTS OF**  
**THE REASONS FOR THE REVOCATION, SUSPENSION OR ALTERATION.**

TOTAL number of revocations

TOTAL number of suspensions

TOTAL number of other status changes

FY 85	FY 86	FY's 85&86
0	2	2
0	4	4
3	3	6

TYPE OF LICENSE OR REGISTRATION (By case)	TYPE OF STATUS CHANGE			REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
	Revoked	Suspended	Restricted License	
Chiropractor	1			Alcohol
Chiropractor	1			Unprofessional Conduct
Chiropractor		1		Morals
Chiropractor			1	Improper Practice Methods
Chiropractor			1	Advertising Improper Practice Methods &
Chiropractor			1	Inadequate Record Keeping, Safety & Sanitary Clinic Standards & Advertising
Chiropractor		1		Insurance Fraud
Chiropractor		1		Insurance Fraud
Chiropracotr		1		Alcohol
Chiropractor			1	Alcohol

Clause m: PERSONS PREVIOUSLY LICENSED OR REGISTERED BY THE BOARD  
WHOSE LICENSES OR REGISTRATIONS WERE REVOKED, SUSPENDED  
OR OTHERWISE ALTERED IN STATUS, WITH BRIEF STATEMENTS OF  
THE REASONS FOR THE REVOCATION, SUSPENSION OR ALTERATION.

TOTAL number of revocations

TOTAL number of suspensions

TOTAL number of other status changes

FY 85	FY 86	FY's 85&86

TYPE OF LICENSE OR REGISTRATION (By case)	TYPE OF STATUS CHANGE			REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
	Revoked	Suspended	Restricted License	
Chiropractor			1	Improper Practice
Chiropractor			1	Drugs, Application for
				License Postponed

Clause n: LIST THE NUMBER OF COMPLAINTS AND OTHER COMMUNICATIONS RECEIVED BY THE EXECUTIVE SECRETARY, EACH BOARD MEMBER, EMPLOYEE OR OTHER PERSON PERFORMING SERVICES FOR THE BOARD

In FY 85     113     Written  
                    No.

1     Oral  
            No.

In FY 86     108     Written  
                    No.

0     Oral  
            No.

THAT ALLEGE OR IMPLY A VIOLATION OF A STATUTE OR RULE WHICH THE BOARD IS EMPOWERED TO ENFORCE. THESE TOTALS INCLUDE CASES REFERRED TO THE ATTORNEY GENERAL'S STAFF WHO ARE ASSIGNED TO ASSIST YOUR BOARD.

In FY 85     0     Written  
                    No.

0     Oral  
            No.

In FY 86     3     Written  
                    No.

0     Oral  
            No.

WHICH ARE FORWARDED TO OTHER AGENCIES AS REQUIRED BY M.S. 214.10.

Please indicate the number of complaints referred to each other governmental agency (Federal, State, and Local) in each fiscal year:

Clause o: SUMMARIZE, BY SPECIFIC CATEGORY, THE SUBSTANCE OF THE COMPLAINTS AND COMMUNICATIONS REFERRED TO IN CLAUSE (n) OF M.S. 214.07 AND AND, FOR EACH SPECIFIC CATEGORY, THE RESPONSES OR DISPOSITIONS THEREOF PURSUANT TO M.S. 214.10 and 214.11 (INDICATE AUTHORITY/ CITATIONS FOR DISPOSITION).

(Dispositions occurring during this period of complaints and communications received prior to July 1, 1984, and complaints and communications received but not disposed of as of June 30, 1986 should be included).

SUMMARY OF COMPLAINTS AND COMMUNICATIONS BY SPECIFIC CATEGORY (Give number in each specific category)	SUMMARY OF RESPONSES AND DISPOSITIONS FOR EACH SPECIFIC CATEGORY (Give number in each specific category)
Advertising 37	
Unlicensed Practice 1	
Unprofessionalism 94	
Unnecessary Services 6	
Failure ot Release Records 17	
Unconscionable Fees 56	
Fraud 18	
Morals 9	
Drugs & Alcohol 6	
Improper Practice Methods 20	
Non-Jurisdictional 13	
	Total resolved complaints for the Fiscal Year 1985 were.....80 Total resolved complaints for the Fiscal Year 1986 were.....76

Clause p: STATE ANY OTHER OBJECTIVE INFORMATION WHICH THE BOARD MEMBERS BELIEVE WILL BE USEFUL IN REVIEWING BOARD ACTIVITIES:

(For Example: In what other states do your licensees hold licenses? Number of Minnesota licenses verified/certified to other states? Number of inspections? Comparisons with past Biennial Reports?)

For health-related boards: (except Veterinary Medicine)

1) What progress has the board made so far in establishing procedures to exchange information with other Minnesota state boards, agencies, and departments responsible for licensing health related occupations, facilities, and programs, and for coordinating investigations involving matters within the jurisdiction of more than one licensing body? and,

2) What progress has the board made so far in establishing procedures for exchanging information with other states regarding disciplinary action against licensees? (see M.S. 1985 Supplement, Section 214.10, Subd. 8(d)(e).

The Board distributes to other states disciplinary actions through a clearinghouse within the Federation of Chiropractic Licensing Board. The disciplinary exchange network is new within the last two years and the Federation is encouraging participation from all Chiropractic Boards.

The current protocol is to await or cooperate with concurrent investigations involving other state agencies. The Board will typically await the outcome of medicaid or medicare fraud investigations before proceeding with their own. If another health related board has overlapping jurisdiction of authority over a particular complaint the Board that licenses the practitioner will be responsible for investigation and the other Health Board awaits this action.

## Clause p: (Continuation Sheet)

## MINNESOTA LICENSEES HOLDING OUT-OF-STATE LICENSES

States

Alaska	2	Pennsylvania	3
Arizona	10	Rhode Island	1
Arkansas	1	South Dakota	8
California	22	Texas	1
Colorado	13	Utah	1
Connecticut	2	Vermont	1
Florida	5	Virginia	3
Georgia	5	Washington	6
Hawaii	1	Wyoming	4
Idaho	2	Wisconsin	42
Illinois	6		
Iowa	23		
Kansas	1		
Maine	2	<u>Foreign Country</u>	
Maryland	1	Australia	1
Michigan	1	Canada	3
Missouri	4	Mexico	1
Montana	9	Norway	2
Nebraska	15	Sweden	2
Nevada	3		
New Hampshire	1		
New Mexico	1		
New York	1		
North Carolina	0		
North Dakota	17		
Ohio	1		
Oklahoma	2		
Omaha	1		
Oregon	5		

Item q: For all health related boards except the Board of Veterinary Medicine, per M.S. 1985 Supplement, Section 214.10, Subd. 8(b): Provide a summary of each individual case (complaint or other communication) that involved possible sexual contact of a licensee with a patient or client.

Each summary must include:

- 1) a description of the alleged misconduct;
- 2) the general results of the investigation;
- 3) the nature of board activities relating to that case;
- 4) the disposition of the case;
- and
- 5) the reasons for board decisions concerning the disposition of the case.

The information disclosed must not include the name or specific identifying information about any person, agency, or organization. Include cases received prior to July 1, 1984, but disposed of in FY '85 and FY '86, as well as cases received prior to June 30, 1986, but not yet disposed of.

1. a) Complaint Nature: Patient felt the doctor used unnecessary body exposure and improper touching.
- b) Investigation: Found most of actions may be appropriate and expert opinion was needed.
- c) Complaint pending.
2. a) Complaint Nature: Complaints were received against doctor alleging inappropriate touching of patients.
- b) Investigation/Interview: Confirmed allegations.
- c) Board investigated the allegations and interviewed doctor in conference where doctor admitting behavior.
- d) Disposition: Indefinite suspension of license through a consent Order.



## Item q: (Continuation Sheet)

- e) Board indefinitely suspended license with right to re-apply after doctor underwent psychological evaluation and treatment, license was reinstated under numerous restrictions. (The doctor must have present during interaction with female patients another male at all times.)
3. a) Complaint Nature: Improper sexual contact
- b) Investigation: Still pending.