



answers to radiograph numbers 1,4,12, 13 and 16. Attached to this letter as Exhibit A was a chart prepared by counsel for the candidates indicating the name of the candidates and the number of slides for which credit was not received. Exhibit B was a chart prepared by counsel for the candidates comparing the answers approved by the Board, the answer of the Board's experts and the answer of the respondent's expert. Exhibit C included a letter dated July 9, 1999 prepared by Allan B. Rubin, M.D., a radiologist.

Mr. Noto submitted a second letter, dated July 14, 1999 requesting that the Board reconsider the score on the Case Management examination of Todd Massey. Attached to this letter was a copy of the Todd Massey's Case Management Examination, marked as Exhibit A. The check item list that was utilized by the examiner was included as Exhibit B. Exhibit C was a letter dated July 12, 1999 prepared by Dr. J. Donofrio, D.C., the expert produced on behalf of Todd Massey.

In the face of the challenge to the validity of the examination, the Board presented the x-ray test slides to Sheryl B. Pressman, D.C., a professor of Radiology at the University of Bridgeport, College of Chiropractic for her review. Her report is attached hereto along with her Curriculum Vitae as Exhibits A and B. Prior to the preparation of the examination the Board presented all the slides to be maintained in the diagnostic imaging slide bank to Dr. Fred M. Palace, M.D., a radiologist for review.

At a meeting of the Board held on July 23, 1999 the Board reviewed the two letters submitted on behalf of the challengers

with exhibits referred to herein, along with the 5 contested slides presented at the July 1998 exam and the reports submitted by Drs. Rubin and Pressman. After considering all of this information the Board made the following findings of fact and conclusions of law.

#### FINDINGS OF FACT

1. The Board's January 1999 Imaging examination consisted of 20 radiographs which were projected onto a screen. Candidates were instructed to:

1. Analyze and interpret the projected radiographs and identify the significant diagnostic finding(s). In the spaces provided, enter the finding(s). Do not include an explanation of the findings.

2. If you use abbreviations, only those abbreviations commonly accepted within the radiographic community will be given credit. If you are not sure of the abbreviation utilize the whole name.

3. Incidental diagnostic impressions will not receive credit.

For Example: If a slide demonstrates a fracture, an insignificant anomaly and degenerative changes the correct response is a fracture.

2. Upon review and consideration of the comments made in the reports of Drs. Rubin and Pressman, in conjunction with its own expertise, the Board made the following findings of fact as to the challenged slides.

a. The board's accepted response to slide #1 was "Osteoid Osteoma, Osteosarcoma." Candidate Rizzo proposed benign bone tumor as his response. Both Drs. Pressman and Palace found

osteoid osteoma to be the correct answer. Dr. Rubin opined that an osteoid osteoma is a benign bone tumor and thus the Board should give credit for this answer. Upon a review of the information the Board agreed to accept benign bone tumor as an accepted answer.

Candidate Bartucci's answer was "osteosarcoma." Since this was the Board accepted answer, the Board acknowledged that this candidate was inadvertently marked incorrectly and she would be given the full credit.

b. The accepted Board answer to slide #4 was "Os Odontoindeum." Carl P. Demmie suggested "multiple missing spinous processes" as a significant finding. Dolores Ensley suggested "C3 through C5 missing spinous processes". Amer Moughrabi also suggested "missing spinous C3, C4 and C5." Dr. Rubin noted that the "the slide virtually erased visualization of the spinous processes of C3, C4 and C5 and that the spinous process is almost invisible because of he poor slide quality." Upon review of the slide, the Board agreed with Dr. Rubin and accepted the responses at issue.

Candidate Prado suggested "laminectomy" as a proper response to slide 4. The Board rejected this answer. It found that a laminectomy of C3, C4 and C5 is rare. If a surgeon performed a laminectomy the image would depict a fusion which this slide does not demonstrate. Therefore, laminectomy is not an acceptable answer.

c. The Board's accepted response to slide #12 was "Agenesis of the posterior arch of C1." Dr. Palace found " a loss,

destruction, absence of the posterior ring of C1." Dr. Pressman determined that slide #4 was "agenesis of the posterior arch of atlas." Candidate Demmie suggested "metastatic disease" as his response. Dr. Rubin noted that the "odontoid appeared particularly dense on this slide." Therefore, he would also have to accept a "blastic metastasis as part of a differential diagnosis." Dr. Rubin further commented that "blastic lesions can occur in this area and present with this radiographic picture. Thus, Demmie should receive credit for his response." After a careful review of the various experts responses and the radiographs, the Board determined that the significant finding in this image was the agenesis of the posterior arch of C1. Demmie's failure to identify this finding would have severe consequences for the patient. Thus, the Board found the candidate's response to be too general in the absence of a finding of the agenesis in the C1 area. Thus, metastatic disease was not accepted by the Board.

d. The accepted Board response to slide #13 was "Infection (T.B.) and Lymphoma." Dr. Palace's finding was "osteo arthritis." Dr. Pressman found "DJD of the hip with large geode." Candidate Robl supplied "osteolytic and osteoblastic metastatic carcinoma, areas of increase radiolucency and increase radioblastic sites in pelvis." Candidate Seeley stated "blastic mets pelvis/ilium." Candidates Rizzo and Ensley suggested "metastatic disease." Dr. Rubin opined that "a portion of the ischium appears dense and the adjacent pubic bone appears lucent. This appearance raises the serious consideration of a blastic or mixed lytic and

blastic metastatic process. The dense portion of the ischium does not have a smooth medial transition point which is consistent with metastatic disease." Thus, Dr. Rubin recommended that credit be given to candidates Robl, Seeley, Rizzo, and Ensley. Upon review of the slide, the Board agreed to accept osteolytic and osteoblastic metastatic carcinoma and metastatic disease as an acceptable answer.

Candidate Cherry suggested that slide #13 demonstrated "osteonecrosis of head of femur." Dr. Rubin determined that "the head of the femur showed a faint suggestion of a radiolucent band beneath the surface of the femoral head. This should raise the possibility of early avascular necrosis." The Board's review of this slide for determination of the additional diagnostic possibility posed by Dr. Rubin did not lead it to change its earlier determination. The Board's review indicated that the inflammation did not go into the femoral head. Thus, the Board rejected Cherry's response.

e. The Board's accepted answer to slide #16 was "limbus bone." Candidates Albanese, Ambrosio, Bartucci, Bradley, Chale, Cherry, Demmie, Kazio, Missak, Rizzo and Seeley suggested "avulsion fracture" as a significant finding. Dr. Rubin found that "the radiolucent line running through the area of the lamina of the L5 vertebrae body suggested a spondylosis." Dr. Rubin opined that it is "more difficult to distinguish between a normal variation and a traumatic avulsion fracture because of the possible associated fracture at a second level (L5)." He also found a "loss of the

normally smooth anterior margin of the L4 of the body and associated bone sclerosis within the anterior superior quadrant of the L4 vertebrae body. He concluded that these radiographic findings raised the possibility of traumatic injury with an avulsion fracture and the secondary post traumatic degenerative changes." The Board concurred with Dr. Rubin's finding and accepted avulsion fracture as a response to slide #16.

3. Candidate Massey contested the Case Management Examination he sat for on January 28, 1999. The Case management examination was graded as a pass/fail and Mr. Massey failed the exam.

a. The Case Management examination was a practical examination which provided the candidate with a case history and required that the candidate provide a chiropractic diagnostic work-up of the patient. The exam was limited to the cervical spine and upper extremities. Upon questioning the examiner would provide the candidate with diagnostic findings for the patient which the candidate must use to make a differential diagnosis. The Case Management exam was divided into sections including: chiropractic analysis, orthopedic tests, neurological examination, radiographic testing, advanced imaging/special studies and differential diagnosis. Each candidate needed to pass five out of the six sections. The case management exam was audiotaped for each candidate.

b. Candidate Massey received a passing score on all sections with the exception of the Advanced Imaging/Special Studies and Differential Diagnosis sections.

c. Candidate Massey contends that the audiotape indicated that he requested findings for a specialized testing procedure such as "surface EMG". It is his contention that the tape further indicated that the examiner failed to provide him with the results of the surface EMG, despite the fact that this information was available to the examiner. Additionally, candidate Massey argued that he was not given any credit in the Differential Diagnosis section for the providing a diagnosis of "Herniated Disc C5-C6" which he argued was a correct diagnosis.

d. In response to the allegations of the candidate and the opinions offered made by the candidate's expert, the Board reviewed the audiotape and the examiners's test sheet. The Board corroborated that the candidate had supplied "herniated disc, C5-C6" as a differential diagnosis. The Board also acknowledged that this response was a correct diagnosis. Thus, it found that the candidate had correctly supplied two of the three responses in the Differential Diagnosis section and therefore, should have received a passing grade on this section.

#### Conclusions of Law

1. The identification of the conditions reflected in the radiographs included in the x-ray exam is a skill required and

encompassed within the scope of practice of chiropractic as defined in N.J.S.A. 45:9-14.5 and N.J.A.C. 13:44E-1.1(b) and thus is a measure of the minimum level of competence of candidates.

2. The preparation and content of the examination for a license to practice chiropractic is within the purview of the Board pursuant to N.J.S.A. 45:9-41.8.

3. An applicant for license to practice chiropractic in New Jersey who proves that he has been examined and licensed to practice chiropractic by the examining and licensing board of another state of the United States having requirements for examination and licensure equivalent to those required under N.J.S.A. 45:9-41.5, or upon certification by the National Board of Chiropractic Examiners, may, in the discretion of the State Board of Chiropractic Examiners, be granted a license to practice chiropractic without further examination upon payment to the Treasurer of the State Board of Chiropractic Examiners of a license fee prescribed by the board; provided, such applicant shall furnish proof that he fulfills the requirements demanded in the other sections relating to applicants for admission by examination N.J.S.A. 45:9-41.10.

#### Determination

Upon consideration of the submissions of the respondent's experts and the independent review by Sheryl B. Pressman, D.C., the Board determined that it would consider the additional answers for the following slides:

1. a. Slide #1: Benign bone tumor in addition to "Osteoid Osteoma and Osteosarcoma."

b. Slide #4: Mission spinous processes in addition to "Os Odontoideum."

c. Slide #13: Osteolytic and osteoblastic metastatic carcinoma and metastatic disease in addition to "Infection(T.B.) and Lymphoma."

d. Slide #16: Avulsion Fracture in addition to "Limbus Bone."

2. The answer to slide 12 remained the same. The Board did not accept metastatic disease as a response to slide #12.

3. Based upon the review of the audiotape and the arguments raised by Candidate Massey, the Board concluded that this candidate provided the correct responses in the Differential Diagnosis section of the exam by providing the diagnosis "herniated Disc C5- C6. Having acknowledged this, the Board changed the grade on the differential diagnosis section to pass which resulted in Candidate Massey having successfully completed five of the six sections and thus passing the Case Management examination. Since the candidate passed the exam with consideration of the differential diagnosis section, the Board did not consider the arguments made regarding the candidate's response to the Advanced Imaging/Special Studies section.

It is on this 27<sup>th</sup> day of October 1999;

**ORDERED:**

1. Candidates Michael Albanese, Christopher Ambrosio, Glenn Bradley, Kelly Chale, Carl Demmie, Arlene Kazio, and Emad Missak (received credit for response to slide #16), Nicole Bartucci (received credit for answer to slides # 1 and #16), Joseph Cherry (received credit for slides #4 and #10), Dolores Ensley (received credit for answers to slides #4 and #16) and Amer Moughrabi (received credit for slide #4), Barry Rizzo (received credit for slides #13 and #14, Edward Robl (received credit for slides #4 and #13) and David Seeley (received credit for slides #13 and #16) have passed the x-ray examination and were advised of said determination prior to the July 1999 examination. Having met all other licensure requirements, those individuals who have passed all of the sections of the examination are to be issued a license to practice chiropractic in the State of New Jersey.

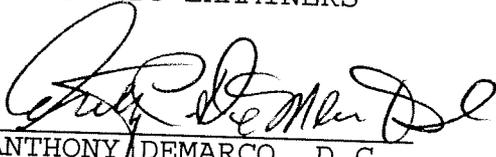
2. Based on the Board's review of the documentation submitted on behalf of candidate Massey and the audiotape regarding the Case Management examination, the Board gave Todd Massey credit for the response of "herniated disc C5-C6" in the differential diagnosis section resulting in a pass score in this section. Accordingly, the Board determined that Todd Massey having passed five of the six sections is deemed to have successfully completed the Case Management examination.

3. Any candidate who was successful in passing the x-ray exam after the Board's reconsideration of the respondent's

submissions, who reapplied to sit for the examination and submitted an examination fee will receive credit (in the amount of the examination fee) toward their license application fee.

NEW JERSEY STATE BOARD OF  
CHIROPRACTIC EXAMINERS

BY:

  
ANTHONY DEMARCO, D.C.  
PRESIDENT

State Of New Jersey  
Division Of Consumer Affairs  
Board Of Chiropractic Examiners  
124 Halsey St. 5<sup>th</sup> Floor  
Newark, NJ 07101  
Attn: Kevin Earle

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AUG 11 1999

2/25/99 Answers

1- Osteiod Osteoma  
Brodie's Abscess

2-

3-

4- Os Odontoidium with posterior ponticle.

5-

6-

7-

8-

hon

9-

10-

11-

12- Agenesis of the posterior arch of atlas

13- Degenerative joint disease of the hip with large geode  
Fibrous dysplasia lateral to the Sacroiliac joint.

14-

15-

Attn:

Exhibit A

16- Large limbus bone. Very old apophyseal fracture.

17-

18-

19-

20-

PERSONAL DATA

**NAME:** Sheryl Beth Pressman  
**BIRTHDATE:** February 16, 1968  
**ADDRESS:** 33 N. Rigaud Rd.  
Spring Valley, N.Y. 10977  
**HOME PHONE:** (914) 356-4471  
**SOCIAL SECURITY NO.:**

EDUCATION

1986-1990: State University College at Oswego, Oswego, NY.  
Bachelor of Arts in Biology  
1990-1993: Los Angeles College of Chiropractic, Whittier, CA  
1994-1997: Los Angeles College of Chiropractic, Whittier, CA.  
1997- Diplomate of the American Chiropractic Board of Radiology

HONORS/AWARDS

1991-1992: Who's Who in America's College and Universities  
1993: Graduated with Dean's List status

BOARD STATUS

1993: National Board of Chiropractic Examiners  
1997: Diplomate, American Chiropractic Board of Radiology

LICENSE

New York License # X007567-1 Issued in November, 1993  
California License # 23681 Issued in March, 1995

PROFESSIONAL MEMBERSHIPS

- American Chiropractic Association Council on Diagnostic Imaging
- American Chiropractic College of Radiology

*Exhibit B*

TEACHING EXPERIENCE**Los Angeles College of Chiropractic**

- Teaching Aide in Physical Diagnosis from May to December 1992.
- Residency from April 1994 to April 1997.

Consisted of teaching the following:

- Normal Radiographic Anatomy
- Interpretation of Pathology
- Radiographic Positioning/Physics
- Ground Rounds for Interns in Radiographic Diagnosis

**University of Bridgeport Chiropractic College**

- Head Instructor for Normal Radiographic Anatomy I and II. Nov 1, 1997 to present date.
- Head Instructor for Chest, Abdomen and Soft Tissue Structures. Normal/Abnormal.
- Re-structuring the course lectures and materials for these classes. Consisting of class notes, slide presentations, and lecture format.

WORKS IN PROGRESS

- Bronchogenic Carcinoma Causing Mechanical Neck Pain - a Case Report

RELATED PROFESSIONAL ACTIVITIES

- American College of Chiropractic Radiology Annual Workshop and Symposium, Various locations. 1996, 1997, 1998.
- RSNA Meeting, Chicago, IL 1996
- Weekly attendance at San Pedro Hospital readout with Stephen Rothman, M.D. San Pedro, CA from Jan. 1996 to April 1997.
- Weekly attendance at San Diego Veterans Hospital readout with Donald Resnick, M.D. San Diego, CA from Jan. 1996 to April 1997.
- Weekly attendance at County USC Rheumatology Rounds with Debbie Forrester, M.D. Los Angeles, CA from April 1994 to April 1996.
- Weekly attendance at Friendly Hills Hospital readout. La Habra, CA from April 1994 to April 1995.

**PROFESSIONAL PRESENTATIONS**

**- An Unusual Tibial Stress Fracture - a Case Study. Presented at the American Chiropractic College of Radiology Annual Symposium and Workshop. 1996.**