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FROM CLINICS TO COURTROOMS: CHIROPRACTORS AS EXPERT WITNESSES IN PERSONAL INJURY LITIGATION

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ABSTRACT

Objective: To educate practicing chiropractors on their evolving role as expert witnesses in personal injury litigation and to provide practical guidance on documentation, legal processes, depositions, and trial testimony.

Methods: This article reviews the medical-legal framework of collision-related personal injury claims, the chiropractor's role in establishing causation and damages, and the transition from clinical care to litigation. Emphasis is placed on documentation standards, subpoenas, affidavits, depositions, and trial testimony, with a focus on common legal challenges and ethical risks encountered by chiropractors serving as expert witnesses.

Conclusion: Chiropractors play a critical role in personal injury litigation. Proper preparation for expert witness roles protects chiropractors from legal pitfalls, enhances professional credibility, and ensures effective patient advocacy. The paper serves as a guideline to transform regular chiropractors from vulnerable witnesses into confident, authoritative experts that can advance both patient recovery and case outcomes.
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Key Indexing Terms: Chiropractic; Personal Injury; Expert Witness; Litigation; Deposition; Documentation; Causation; Trial Testimony; Ethics; Professional Practice.

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INTRODUCTION

The role of chiropractors in personal injury (PI) litigation has expanded significantly over the past 2 decades. What was once limited to providing treatment records has evolved into comprehensive expert testimony involving causation analysis, damage assessment, and courtroom appearances. Collision-related injury claims continue to rise nationwide. There were over 494,000 police-reported crashes involving commercial vehicles in 2021 alone. (1) The demand for qualified chiropractic expert witnesses has grown proportionally as the lawsuits against at fault insurance company rises. (2)

However, many practicing chiropractors find themselves unprepared for the legal complexities that follow when their clinical care transitions into the litigation world. The shift from treating doctor to expert witness involves navigating unfamiliar territory. Chiropractors are not trained to respond to legal issues such as responding to subpoenas, preparing for depositions, understanding the bounds of permissible testimony, and maintaining professional credibility under cross-examination. Without proper preparation, a practitioner may risk professional embarrassment, legal liability, or damage to their patients' cases. (2,3)

This article serves as a practical guide for chiropractors who treat motor-vehicle collision victims and may subsequently be called upon to provide expert testimony. The article serves as a guideline for chiropractors practicing personal injury. The article highlights how personal injury litigation process works, appropriate documentation strategies, deposition preparation, and expert witness testimony. The goal is to empower practitioners with the legal literacy

necessary to serve both their patients and the justice system effectively.

DISCUSSION

The Personal Injury Litigation Landscape

Personal injury litigation arises when one party seeks compensation for harm caused by another's negligence or wrongful conduct. In the context of motor-vehicle collisions, this typically involves a plaintiff (patient/injured party) pursuing damages from a defendant (the at-fault driver and their vehicle insurance provider).

Most cases proceed through distinct phases: pre-litigation, mediation, and litigation. During pre-litigation, the injured party receives medical/chiropractic treatment while the attorney investigates liability and damages. This is when most chiropractic care occurs. Mediation is an out-of-court settlement meeting. Mediation usually occurs when the patient's treatment is completed and the parties are ready to reach a settlement. Majority of the cases settle at the pre-litigation/mediation phase. However, if a demand is rejected or settlement negotiations fail, the case enters litigation with formal filing of a lawsuit. At this stage, both sides engage in "discovery" process that results in exchange of evidence through document requests, interrogatories, and oral or written depositions. (4)

For chiropractors, the critical understanding is this: every clinical note, examination finding, treatment plan, and progress report becomes potential courtroom evidence. Medical records are no longer just clinical documentation at this point. They now transform into legal exhibits that will be scrutinized by defense attorneys, reviewed by judges, and evaluated by juries. Inadequate documentation can undermine an otherwise meritorious claim, while excessive or inconsistent records may invite allegations of over-treatment or fraud. (5,6) The stakes are high at this point and chiropractic treatment notes and doctor's testimony is used to establish causation and damages component of the negligence claims in the courts.

Chiropractors must also understand the distinction between a treating provider and an expert witness. A treating doctor testifies about care rendered based on firsthand knowledge. An expert witness, whether treating or retained, offers specialized opinions about causation, permanency, or future medical needs. Most chiropractors in PI cases serve dual roles: they treat the patient and later testify as fact witnesses about that treatment, while also providing expert opinions within their scope of practice. (7,8)

Establishing Causation and Damages in a Negligence Claim.

Negligence is a legal cause of action against the at-fault driver in a car collision. To prove a driver's negligence, the plaintiff's (patient's) attorney must show "causation" and "damages" amongst other things. (9) Causation requires proving that the defendant's negligence or actions caused the plaintiff's injuries. Merely stating that injuries exist is not enough. Damages encompass both economic losses (medical expenses, lost wages) and non-economic harm (pain, suffering, functional impairment). (10)

Clinical causation differs from legal causation. Clinically, a chiropractor may conclude that a patient's cervical strain is consistent with a rear-end collision. Legally, this must be stated with "reasonable medical probability," typically "more likely than not" that the collision caused the injury. This distinction matters because courts require a threshold level of certainty; speculative testimony is inadmissible. (11,12)

Motor-vehicle collisions generate predictable injury mechanisms based on biomechanics. High-energy impacts from vehicles (especially large commercial vehicles such as 18-wheelers) produce significant acceleration-deceleration forces affecting the cervical spine, thoracic spine, and lumbopelvic regions. Understanding these mechanisms allows chiropractors to articulate why specific findings (e.g., C5-C6 segmental restriction, trapezius myofascial trigger points) correlate with the collision dynamics described in police reports and patient history. (13)

Damages in PI litigation are constructed through medical evidence. Past medical expenses are straightforward as they reflect treatment already rendered. Future medical needs require expert testimony projecting ongoing or additional care based on clinical findings, prognosis, and permanency assessments. Non-economic damages such as pain, suffering, loss of enjoyment, are demonstrated through objective functional deficits, validated outcome measures, and credible doctor and patient testimony. (14)

Typical Symptom Presentation – Acute Vs Chronic Injury Pattern

Chiropractors treating motor vehicle collision victims encounter a constellation of neuromusculoskeletal

injuries that form the basis of most PI litigation. The most common presentations include cervical sprain/strain (whiplash-associated disorders), thoracic and lumbar sprain/strain, facet syndrome, myofascial pain, radiculopathy, extremity injuries, and post-traumatic headaches. (15) Each of these conditions requires specific documentation to establish both existence and causation.

Whiplash-associated disorders (WAD) remain the prototypical collision injury. These range from Grade I (complaint without physical signs) to Grade IV (fracture or dislocation). Most chiropractic patients present with Grade II WAD: neck complaints with musculoskeletal signs such as decreased range of motion, point tenderness, and muscle spasm. Documenting the mechanism (e.g.: rear-impact producing hyperextension-hyperflexion), immediate or early symptom onset, and correlating clinical findings strengthens causation arguments. (16)

When patients present with non-spinal injuries including extremity pain affecting the shoulder, knee, or ankle, the chiropractor must document the specific mechanism of injury. For instance, knee pain may result from the knee striking the dashboard, or chest pain may arise from impact with the steering wheel. While spinal injuries are generally presumed to result from whiplash forces, extremity injuries must be documented separately with clear mechanisms to establish the causal link to the collision.

A critical legal distinction exists between acute traumatic injury and aggravation of pre-existing conditions. Patients may have prior injuries or age-related degenerative changes visible on imaging studies. Defense attorneys frequently argue that these pre-existing conditions, not the collision, are responsible for the patient's current symptoms. They contend that degenerative changes such as disc disease or spondylosis caused the pain independently of the collision. (17)

Chiropractors must be prepared to counter this argument by establishing that the collision either caused new acute injuries or significantly aggravated pre-existing conditions. The key is demonstrating that while degenerative disc disease or spondylosis may have been present and asymptomatic before the collision, the traumatic forces rendered them symptomatic, resulting in pain and functional impairment. Even pre-existing injuries can be legally compensable when the collision worsens the condition, causing new or increased symptoms and functional loss. (18)

This causation requires 2 essential elements: baseline documentation showing the patient was asymptomatic or minimally symptomatic before the collision, and clear temporal correlation demonstrating that symptoms began or significantly worsened immediately following the crash. (16)

Functional impairment and permanency are cornerstones of damage assessment. Functional impairment refers to objectively measurable deficits in activities of daily living, work capacity, or quality of life. Tools like the Neck Disability Index, Oswestry Low Back Disability Index, and SF-36 provide validated metrics that courts recognize. (19)

New Patient Intake and Medical Co-Management

Successful PI practice begins with specialized intake procedures. Unlike routine wellness patients, collision victims require detailed mechanism-of-injury documentation from the first visit. This includes collision dynamics (impact direction, estimated speed, vehicle damage), immediate and delayed symptom onset, emergency medical treatment received, and any pre-existing conditions. Attorneys rely heavily on this initial history to establish causation narratives. (20)

The initial examination must be comprehensive and reproducible. This means orthopedic and neurological testing appropriate to the injury pattern, range-of-motion measurements using standardized methods (inclinometry or goniometry), palpation findings documented by specific anatomical landmarks, and validated outcome measures establishing baseline functional deficits. Photographs of visible injuries (bruising, abrasions) provide powerful demonstrative evidence. These objective findings differentiate legitimate injury from mere subjective complaints. (20,21)

Evidence-based treatment planning is both clinically sound and legally defensible. Courts expect treatment to follow recognized clinical practice guidelines, such as those published by the American Chiropractic Association or evidence-based whiplash protocols. Treatment frequency and duration should align with injury severity, patient response, and published outcome studies. Deviations from standard care invite defense challenges to medical necessity in an attempt to reduce or deny claims.

Chiropractors practicing in personal injury often co-manage cases with other medical providers to ensure comprehensive patient care. Trauma cases require

appropriate medical management and diagnostic imaging based on medical necessity. Medical co-management not only delivers evidence-based treatment to patients but also demonstrates sound clinical judgment and helps prevent allegations of scope-of-practice violations. (22)

Co-management with other providers enhances case value and practitioner credibility. Chiropractors who coordinate care with primary care physicians, orthopedists, or physical therapists are viewed as team players focused on patient welfare rather than financial gain. Documentation should reflect ongoing communication: "Patient referred for MRI to rule out disc herniation or patient referred to Dr. Smith (orthopedics) who recommends continued conservative care before considering interventional options." This collaborative approach insulates against bias allegations. (22)

Chiropractors must remain within their scope of practice when documenting treatment recommendations. While it is appropriate to refer patients for consultation with other medical specialists, chiropractors should not recommend specific medical procedures or prescriptions in their clinical notes. For example, it is appropriate to document "Patient referred to pain management MD for evaluation of persistent radicular symptoms" or "Recommend orthopedic consultation for assessment of surgical candidacy." However, it is inappropriate to document "Recommend epidural steroid injection, or joint injection" or "Patient should be prescribed muscle relaxers." These specific medical interventions fall outside chiropractic scope and should be left to the consulting physician's clinical judgment.

When co-managing care, the chiropractor's role is to identify when additional intervention may be necessary and facilitate appropriate referrals, not to prescribe or direct medical treatment beyond their licensure.

Chiropractic Documentation that Holds Up in Litigation

SOAP (Subjective, Objective, Assessment, Plan) notes form the foundation of legally defensible documentation. However, PI litigation requires enhanced SOAP notes beyond routine practice standards. The subjective section must capture not just pain levels but functional impacts: "Patient reports increased difficulty with overhead work tasks, sleeping positions aggravate neck pain, unable to exercise as before collision." These details become evidence of non-economic damages. (23)

Objective findings must be quantifiable and reproducible. Vague descriptions like "muscle tension noted" are legally useless. Instead: "Palpable muscle spasm noted bilaterally at C4-C7 paraspinals with grade 2/4 tenderness. Cervical ROM: flexion 35° (normal 50°), extension 40° (normal 60°), rotation limited to 60° bilaterally (normal 80°)." Defense experts attack subjective documentation, but objective measurements withstand scrutiny.

Validated outcome measures provide standardized injury severity metrics. The Neck Disability Index (NDI) quantifies functional impairment on a 0-50 scale, with scores above 15 indicating moderate disability. (19) The Oswestry Low Back Disability Index serves similar purposes for lumbar complaints. Visual Analog Scale (VAS) pain ratings, while subjective, establish baseline severity and track improvement. Courts recognize these tools as scientifically valid and clinically meaningful.

Imaging coordination presents both opportunities and pitfalls. Chiropractors should order imaging when clinically indicated-red flags suggesting fracture, instability, or neurological compromise-but not routinely. Over-imaging invites criticism and appears financially motivated. When ordering MRI or CT, the clinical justification must be documented: "Persistent radicular symptoms despite conservative care warrant MRI to rule out disc herniation." If trauma is significant usually accompanied by a high-impact or high-velocity crash, then trauma itself can be grounds for diagnostic imaging to rule out internal bleeding or fractures. (24)

Common documentation pitfalls include: (1) Copy-paste notes that appear identical across visits, (2) Inconsistent findings that defense experts highlight (e.g., ROM improving on one visit, then worsening without explanation); (3) Treatment plans not modified despite lack of progress and or after imaging confirms or rules out differential diagnoses ; (4) treatment same across all visits and failure to update rehab plans as the patient progresses with medical co-management; (5) Failure to document patient non-compliance or missed appointments. Each of these weaknesses becomes cross-examination ammunition. (25,26)

Causation testimony requires linking the collision mechanism to specific injury patterns through temporal correlation and biomechanical plausibility. Chiropractors should document: (1) Symptom onset relative to collision (immediate vs. delayed within 24-72 hours is typical for soft tissue); (2) Absence of similar complaints in the year pre-collision; (3) Collision forces

sufficient to produce the documented injuries; (4) Injury pattern consistent with known biomechanical mechanisms. (27,28)

Past medical expenses are established through billing records and treatment logs. However, medical necessity determines whether these expenses are compensable. Chiropractors should be prepared to explain why each visit was clinically indicated, how treatment frequency aligned with injury severity, and when diminishing returns suggested discharge. Gaps in treatment require explanation: "Patient missed 2 weeks due to work travel; symptoms worsened during this period, necessitating resumption of care." (29)

Pain, suffering, and functional loss are demonstrated through documented impacts on daily activities. Notes should capture inability to perform job duties (especially for manual laborers), reduced participation in hobbies or athletics, sleep disturbances, and psychological impacts (anxiety about driving, depression from chronic pain). These human elements resonate with juries far more than clinical measurements alone. (30)

Transition From Treatment to Litigation – Medical and Billing Affidavits

Once the patient completes their medical treatments, the attorney proceeds with demand packages and settlement negotiations. If these fail, litigation commences-typically 1-2 years post-collision. Chiropractors may not learn of litigation until receiving a records request or subpoena. (31,32)

Post-discharge, the plaintiff's attorney may request medical and billing affidavits summarizing chiropractic treatment records and bills. These are sworn statements that can be used in court. Chiropractors should review records carefully before signing affidavits, ensure all statements are accurate and supportable, and never speculate beyond clinical knowledge. The custodian of records should sign the affidavits and send the bills and records to the plaintiff's attorney; custodian of records can be the front desk or chiropractic assistant and need not be the treating doctor. (33)

The chiropractors should decline: (1) Requests to alter or backdate records (can be fraud); (2) Signing pre-written statements without personal review; (3) Providing opinions on injuries or treatments outside their direct care or expertise; (4) Testifying about other providers' care without full records and qualifications.

SUBPOENAS, RECORDS REQUESTS, and LEGAL OBLIGATIONS

Subpoenas are court orders compelling production of records or testimony. There are two types: subpoena duces tecum (for records) and subpoena ad testificandum (for testimony). Chiropractors must understand that subpoenas carry legal force and ignoring them can result in contempt sanctions. However, subpoenas also have limitations and can be challenged. (33,34)

Plaintiff's counsel typically requests records informally via authorization signed by the patient. This is very straightforward process and is often called a "bills & records request" email.

Defense counsel subpoenas present different considerations. Defense counsel can contact the office directly or may hire third party "records retrieval companies" to gather bills and records pertaining to the patient. Chiropractors can charge a reasonable fee for record production. (35)

Defense attorneys seek to limit damages by finding pre-existing conditions, gaps in treatment, or documentation inconsistencies. When served with a defense subpoena for records, chiropractors should: (1) Verify its authenticity; (2) Notify the plaintiff's attorney immediately-they may object or seek protective orders; (3) Respond within the timeframe specified (typically 14-30 days); (4) Provide only what is requested and relevant to the case. (36)

Subpoenas for deposition testimony require particular attention. These specify date, time, location, and scope of examination. Key points: (1) Compensation is due for deposition time-typically range from $400-1000/hour depending on region and doctor's expertise; (2) Travel time and mileage are compensable; (3) Preparation time (reviewing records) may be billable; (4) The subpoenaing party pays these fees, negotiated in advance. Never appear for a deposition without confirming fee arrangements in writing. (37)

The distinction between treating provider and retained expert affects compensation and disclosure. Treating doctors testify based on firsthand care and are not subject to the same disclosure requirements as retained experts. However, if a chiropractor is hired specifically to review records and provide expert opinions without treating the patient, they become a retained expert with higher fees ($800-1500/hour) but also greater disclosure obligations including written reports. (37)

Rights to object or seek counsel: If a subpoena appears overly broad, burdensome, or seeks privileged

information, chiropractors can object by filing a motion to quash or modify. Chiropractors also have the right to consult their own attorney before complying-particularly if the request seems questionable or if there are concerns about privacy laws (HIPAA) or state regulations. (38,39)

Depositions Of Chiropractors in Personal Injury Cases

Depositions are sworn, out-of-court testimony conducted during discovery phase of the litigation process. A court reporter records every word, creating a transcript that can be used at trial for "witness impeachment" or in lieu of live testimony. For chiropractors, depositions serve multiple purposes: (1) Preserve testimony in case the doctor is unavailable at trial; (2) Assess the witness's credibility and demeanor; (3) Lock in opinions early so they cannot change at trial; (4) Discover weaknesses in documentation or methodology. (40)

Timing and structure: Depositions typically occur 6-18 months after litigation begins, once initial discovery is complete. They take place in attorney offices, or doctor's office or online via zoom. People present are the witness (chiropractor), plaintiff's attorney, defense attorney(s), court reporter. Depositions last 2-6 hours depending on case complexity. The examining attorney (usually defense) asks questions; plaintiff's counsel may object but rarely interrupts. (41)

Compensation and billing practices: As noted earlier, deposition time must be compensated. The subpoenaing party (typically defense) pays the witness fee. Chiropractors can charge a prepaid flat fee or can establish hourly rates in advance ($400-1000/hour is typical), require a deposit or retainer, and bill for a minimum half-day even if deposition is brief. Preparation time reviewing records may also be billable, though this is less standardized. (42)

Depositions are often intense and prolonged, with defense counsel repeatedly asking the same questions in different ways to attack the expert's credibility. Primary targets include but not limited to: note discrepancies, insufficient knowledge of prior injuries, medical necessity of imaging referrals, treatment modalities deemed unnecessary or redundant, gaps in care, co-management practices, patient abandonment (releasing patients with no contact until deposition), and overall clinical decision-making spanning from initial diagnosis through referral patterns, treatment selection, and adjusting techniques.

Defense counsel usually scrutinizes records for inconsistencies, copy-paste entries, or missing elements. Sample cross-examination: "Doctor, isn't it true these progress notes are virtually identical for 15 consecutive visits?" Or: "You documented 'moderate improvement' on visit 10, yet visit 12 shows worsening symptoms. Can you explain this inconsistency?" The defense goal is to portray records as fabricated or unreliable.

Length of care challenges: Extended treatment invites questions about medical necessity. "Doctor, isn't 40 visits over 6 months excessive for a whiplash injury?" Chiropractors must reference clinical guidelines, patient response documentation, and re-evaluation findings showing ongoing deficits justifying continued care. If treatment exceeded guidelines, explain patient-specific factors: co-morbidities, compliance issues, or phased treatment approaches.

Imaging and referral questions: Defense counsel may imply chiropractors ordered unnecessary imaging or failed to refer appropriately. "Why did you order an MRI after only 2 weeks of care?" Or: "This patient had persistent radicular symptoms for 8 weeks, yet you didn't refer to neurology. Why not?" Chiropractors must articulate clinical decision-making: imaging was indicated by red flags or lack of response; referrals were timely based on clinical progression. (43)

Bias and financial motive allegations: A classic defense tactic is implying financial incentive influenced care. "Doctor, you advertise as a 'personal injury specialist,' don't you?" "Isn't it true PI patients generate higher fees than wellness patients?" "You received payment from the plaintiff's attorney under a letter of protection, correct?" The goal is to suggest bias. Counter this by emphasizing: (1) Standard fees regardless of case type; (2) Treatment decisions based solely on clinical findings; (3) No financial stake in case outcome. (44)

Attorneys exploit medical uncertainty to undermine opinions. "Can you say with 100% certainty this injury was caused by the collision?" The correct answer is "No, medicine does not deal in 100% certainty. However, I can state with reasonable medical probability('more likely than not') that the collision caused these injuries based on..." Using reasonable medical probability or more probable than not language is legally sufficient and scientifically honest. (45)

Preparation strategies: (1) Review all records thoroughly before deposition-defense counsel will have memorized them; (2) Meet with plaintiff's attorney

to discuss anticipated questions and case theory; (3) Refresh knowledge of relevant clinical guidelines and literature; (4) Practice answering common questions aloud; (5) Bring only necessary documents; (6) Dress professionally; (7) Remember you are sworn under oath-truthfulness always outweighs "helping" the case. (46)

Trial Testimony and Live Expert Examination

While most PI cases settle before trial, chiropractors must be prepared to testify live if settlement fails. Trial testimony differs significantly from depositions: juries are present, the setting is formal, and the stakes are highest. Understanding courtroom procedures reduces anxiety and enhances effectiveness.

Qualification as an expert: Before offering expert opinions, the witness must be qualified by the court. Plaintiff's attorney elicits credentials: education, licenses, years in practice, specialized training, publications, teaching experience. Defense may challenge qualifications arguing the witness lacks sufficient expertise. Strong credentials and experience in collision cases minimize these challenges. (11)

Direct examination: Plaintiff's attorney guides the witness through testimony using open-ended questions. This is the opportunity to explain clinical findings, causation reasoning, and damages in clear, understandable terms. Effective direct testimony: (1) Uses lay language-avoid excessive jargon; (2) Refers to visual aids (anatomical models, diagrams) to illustrate injury mechanisms; (3) Makes eye contact with jurors; (4) Explains the "why" behind opinions, not just conclusions; (5) Remains calm and professional despite defense objections. (47)

Cross-examination: Defense counsel attempts to undermine credibility, create doubt, or elicit damaging admissions. Tactics may include: rapid-fire questions to confuse, mischaracterizing prior testimony, highlighting inconsistencies, and hypotheticals designed to force concessions. Keys to surviving cross: (1) Listen carefully to each question; (2) Answer only what is asked and do not volunteer information; (3) If you do not understand, ask for clarification; (4) Never guess; (5) Pause before answering to allow plaintiff's counsel to object if appropriate. (48)

Live objections: Unlike depositions, trial objections can halt questioning and exclude testimony. Common objections: "Calls for speculation," "Beyond the scope of expertise," "Assumes facts not in evidence." When an objection is sustained, stop speaking immediately. When overruled, answer the question. Do not argue with attorneys or the judge-maintain composure and deference to the court.

Communicating with juries: Jurors are laypersons without medical training. Effective expert witnesses translate complex medical concepts into relatable terms. Instead of "facet-mediated cervicogenic pain," say "the small joints in the neck were injured, causing pain that radiates to the base of the skull." Use analogies: "Think of whiplash like a sudden stretch injury to a rubber band-the fibers are strained and take time to heal." Eye contact, genuine empathy, and avoiding condescension build trust. (49)

Legal Limits and Admissibility of Chiropractic Testimony

Expert testimony is governed by Federal Rule of Evidence 702 and the Daubert standard (federal courts). Under Daubert, expert opinions must be: (1) Based on sufficient facts or data; (2) The product of reliable principles and methods; (3) Applied reliably to the facts of the case. Chiropractic testimony meets these criteria when grounded in scientific literature and appropriate methodology.11

Staying within scope is critical. Chiropractors may testify about: spinal biomechanics, soft tissue injuries, diagnostic imaging interpretation within their training, treatment protocols, causation within their expertise, functional assessment, and need for future conservative care. Chiropractors should be careful on testifying about medical procedures outside their scope of practice such as surgical interventions, psychiatric disability, pharmaceutical management. (50)

Common exclusion mistakes: (1) Testifying about collision mechanism or accident reconstruction without training (2) Relying solely on patient history rather than objective findings; (3) Citing outdated or non-peer-reviewed sources; (4) sounding non confident about medical decision making and implying that the "patient's lawyer dictated or approved treatment protocols"; (5) offering opinions on treatment provided by other specialty that is outside the scope of chiropractic practice. (51)

Risk management: To avoid exclusion and protect professional reputation: (1) Maintain current knowledge of relevant clinical guidelines; (2) Base opinions on established scientific principles; (3) Clearly differentiate facts (what was observed/measured) from opinions (clinical interpretation); (4) Acknowledge limitations and

uncertainties honestly; (5) Refuse requests to testify beyond competence; (6) Document the methodology used to reach conclusions; (7) Consider peer review of expert reports before submission. (51)

Jury Perception and Bias Toward Chiropractors

In personal injury cases, the jury serves as the ultimate decision maker, determining both whether the defendant is liable and the amount of compensation, if any, the plaintiff will receive. Therefore, the target audience for expert testimony is typically a 6-person jury panel presumed to have no medical or legal knowledge. Using clear, plain language is essential.

Despite increasing acceptance of chiropractic care, jury bias remains a reality. Studies indicate some jurors harbor skepticism toward chiropractors as "less credible" than medical doctors or view chiropractic as alternative rather than mainstream medicine. This bias is often fostered by defense attorneys through strategic questioning and characterization. (52)

Common juror misconceptions include: (1) Chiropractors are not "real doctors"; (2) Chiropractic is only for back pain, not serious injuries; (3) Chiropractors exaggerate injuries to increase billings; (4) Chiropractic treatment is experimental or unproven; (5) Medical doctors are more objective and less biased than chiropractors in PI cases. These stereotypes must be addressed through education, not defensiveness. (52)

Building credibility begins with qualifications. Emphasize: doctoral-level education (typically 4+ years post-graduate), extensive clinical training (hundreds of hours in diagnosis and treatment), board certification, continuing education in collision injuries, and experience (number of similar cases treated). Plaintiff's attorney should elicit these credentials early to establish expertise and counter bias. (53)

Neutrality and objectivity are crucial. Chiropractors should avoid appearing as advocates for plaintiff and instead present opinions grounded solely in clinical evidence and professional judgment. Credibility is strengthened when the witness openly acknowledges limitations and uncertainty. For example: "Although chiropractic care significantly improved this patient's condition, additional treatment outside my scope of practice may be required for full recovery." Or: "I cannot determine whether surgical intervention will be necessary; that decision requires evaluation by an orthopedic surgeon or neurosurgeon." Providing balanced, evidence-based testimony and candidly admitting uncertainty when appropriate enhances the expert's reliability and trustworthiness in the eyes of the jury.

The distinction between teaching and advocating is subtle but important. Expert witnesses teach the jury about medical issues; attorneys advocate for the client. Effective chiropractors focus on education: explaining injury mechanisms, interpreting clinical findings, and providing context. Advocacy-arguing the plaintiff "deserves" compensation or criticizing the defendant-is the attorney's role. Witnesses who overstep into advocacy appear biased and lose credibility. (54)

Ethical Risks in Personal Injury Practice

The financial dynamics of PI litigation create ethical pitfalls for chiropractors. Treatment paid under letters of protection (LOPs) or attorney liens, where payment is contingent on case settlement, can create pressure to overtreat. Studies document that LOP patients receive significantly more care than cash-paying patients with similar injuries-a pattern that invites fraud allegations. (55)

Overtreatment is both medically harmful and legally risky. Providing care beyond medical necessity exposes patients to unnecessary risks, delays recovery, and inflates damages artificially. Defense experts routinely challenge excessive treatment, arguing bills should be reduced or denied. More seriously, systematic overtreatment can trigger investigations under the Racketeer Influenced and Corrupt Organizations (RICO) Act. (56)

Attorney pressure and financial incentives can subtly influence clinical judgment. Well-meaning attorneys may request additional visits "to build the case" or suggest specific treatments with higher billing codes. Chiropractors must maintain clinical independence: treatment decisions are based solely on patient needs, not case strategy. Documenting medical necessity for treatment modalities, imaging, and medical referrals creates defensible records. (56)

Insurance scrutiny and RICO risk: Multiple federal cases have targeted chiropractors and attorneys in alleged fraud schemes involving staged accidents, unnecessary treatment, and inflated billing. While most chiropractors practice ethically, even the appearance of impropriety can trigger investigation. Warning signs of problematic relationships: (1) Attorneys directing treatment frequency or duration; (2) Billing practices that differ for PI vs. non-PI patients; (3) Financial arrangements

tying payment to case outcome beyond standard LOPs; (4) Pressure to alter records or provide unsupported opinions. (57)

CONCLUSION

Chiropractors occupy a unique and vital position in personal injury litigation. As primary treating providers for collision-related neuromusculoskeletal injuries, they generate the clinical evidence upon which causation and damages are established. When documentation is thorough, treatment is evidence-based, and testimony stays within professional bounds, chiropractors serve as powerful advocates for injured patients within the legal system.

However, the transition from clinic to courtroom demands skills rarely taught in chiropractic colleges. Understanding litigation processes such as subpoenas, depositions, trial testimony, is essential to avoiding professional missteps and maintaining credibility. Equally important is recognizing ethical boundaries: the pressure to overtreat, the temptation to testify beyond competence, and the financial incentives that can distort clinical judgment.

The future of chiropractic involvement in PI litigation depends on continued professionalization. This includes: (1) Enhanced training in medical-legal documentation during chiropractic education; (2) Continuing education focused on expert witness skills and litigation processes; (3) Development of standardized protocols for PI practice; (4) Research demonstrating clinical and cost-effectiveness of chiropractic care in collision cases; (5) Stronger ethical guidelines and enforcement around PI practice.

Chiropractors who invest in legal literacy, maintain rigorous documentation standards, and adhere to ethical practice principles will thrive in the medical-legal environment. More importantly, they will fulfill their professional duty in providing injured patients with effective, evidence-based care and credible advocacy when justice requires them to transition from clinic to courtroom.

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