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The Katie May Discussion

Life University

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First and foremost.....

- The Life University community and the chiropractic profession at large extend deepest sympathies to the family and friends of Ms. Katie May on her untimely death.

Our discussion today.....

- What has been reported in this matter?
- What is known about this situation?
- What is yet to be learned in this case?
- How does this case square with the evidence published to date?
- What can we learn from this experience?
- What do I need to do differently as a D.C. in light of this case?

What has been reported in this matter?

- It has been reported that Ms. May experienced a significant fall resulting in an injury to her neck starting this series of events
- It appears this is NOT the case. Rather her neck pain began after being requested to hold a pose during a photo shoot with her back arched and her neck leaning to the side.
- She reported on social media having a “pinched nerve” following this photo shoot

What has been reported in this matter?

- It was reported that Ms. May sought care from an emergency room for the neck pain and discomfort she was experiencing.
- This does NOT appear to be the case. As best we understand the situation Ms. May did not visit an emergency room or health care provider other than a chiropractor
- It appears she was seen by a D.C. on January 27, 29 and February 1

What has been reported in this matter?

- It has been reported she received HVLA, LVLA “manipulation” and she had “mechanical traction”
- In the eight hours after she was treated on Feb. 1, Ms. May progressively felt worse, with dizziness growing into a headache, numbness and slurred speech
- tPA was administered in the hospital
- She was diagnosed as having bilateral vertebral artery dissections

What is known about the situation?

- What is “known” to us has been gleaned from recent news reports. To our knowledge no one in the profession has reviewed the Los Angeles County Coroner’s Report.
- The main cause of death is reported to have been listed as: “infarction of the brain”; a secondary cause of death has been reported as being: “vertebral artery dissection”; In response to the question: How the injury occurred?, the coroner reported: “Neck manipulation by chiropractor.”
- According to news reports Ms. May experienced “bilateral vertebral artery dissections”. It was also reported the left was more severe and the right more recent.
- Ms. May died on February 4, 2016

What is yet to be learned from this case?

- At this point the profession knows nothing about:
 - How Ms. May presented for care to the D.C. on January 27, 2016. What symptoms did she present, how did they change over the ensuing days etc.
 - What was done by the D.C. to assess Ms. May when she presented for care

What is yet to be learned from this case?

- What care was provided to Ms. May by the D.C. and how she responded to the care over time
- Did she present with any signs or symptoms that the D.C. should have responded to but failed to
- Did the D.C. make any recommendations that Ms. May did not follow through with, such as a referral to an ER or a neurologist
- Did Ms. May sign an informed consent to care that related an association between vertebral artery dissection and chiropractic care

What is yet to be learned from this case?

- We have not seen a copy of the coroner's report. It has been reported that the coroner commented that he has never seen a case of this type in his career
- This leads us to question how familiar he would be with the nuanced nature of this problem and the literature associated with it

How does this case square with the evidence published to date?

- This case appears to fit the scenario of a dissection in progress—that is, the neck pain was a sign of the dissection underway.
- The critical questions are then:
 - Did the D.C. fail to recognize the evolving dissection, and/or,
 - Did the care of the D.C. worsen the evolving dissection the patient presented with

How does this case square with the evidence published to date?

- Ms. May did fall within the under 45 age group, she was female, she may have been on birth control medications, she may have a family history of aneurysm or vessel disorders, she may have had an undiagnosed collagen disorder increasing her predisposition for dissection.
- The unanswerable question in this matter is:
 - Had Ms. May never sought care from the D.C. would her fate have been the same?

What can we learn from this experience?

- To be alert to the dissection in progress possibility in patients that present with neck pain and headache of an unusual origin or nature
- To explore symptoms of neck pain and headache with patients during your assessment. Learn as much as possible about the pain, the presentation, the history of it, look for unique characteristics in terms of the type of pain, intensity, how it arose etc.

What can we learn from this experience?

- Make sure your informed consent documents discuss, in language understandable to a patient, the association between chiropractic care and vertebral artery dissection.
- Make sure your delivery of the informed consent offers the patient the opportunity to go over any questions or concerns they have with you
- Make sure your records reflect the informed consent discussion, maintain informed consent documents signed by patients
- Update your informed consent as the literature evolves

What can we learn from this experience?

- Take this as an opportunity to review the literature on the relationship between cervical spine adjusting and arterial dissection—whether that be a matter of association or causation
- Cassidy, 2008; Kosloff, 2015; Church 2016

What do I need to do differently as a D.C. in light of this case?

- Patient history—explore headache and neck pain as fully as possible looking for:
 - Pain described as being unlike anything I have ever had before in my life, or, the worst pain I have ever had
 - A family history of aneurysm or dissection
 - Patient or family history of Marfan's, osteogenesis imperfecta 1, Ehler-Danlos syndrome, fibromuscular degeneration, clotting disorders

What do I need to do differently as a D.C. in light of this case?

- Physical examination—in headache and neck pain patients in particular listen for bruits, look for neurological changes with cervical motion—active or passive,
- 5 D's, 3 N's and an A
 - Dizziness, diplopia, dysphagia, dysarthria, drop attacks
 - Nausea, numbness, nystagmus
 - Ataxia

What do I need to do differently as a D.C. in light of this case?

- If you have any concern run through a quick cranial nerve assessment, DTR and dermatomes check
- If you think there is a possibility for concern regarding a dissection in progress refer for consultation, where the referral should be made will be directed by the severity of the presentation

What do I need to do differently as a D.C. in light of this case?

- Review your office procedures regarding handling an emergency situation. Put those procedures in writing and review with your staff on a regular basis. Have emergency contact information at your fingertips,
- Document, document, document

Putting the reaction to this case in context as a chiropractor

- More than 3 people per hour are dying from opiate use/abuse
- Thousands die annually due to surgical errors and preventable complications
- Medical care is considered to be the 3rd leading cause of death in the United States

Putting the reaction to this case in context as a chiropractor

- While not dismissing or discounting any death why is the unfortunate passing of one patient—possibly as a complication of chiropractic care national news?
- I can't answer that definitively. I have my thoughts as I am sure you do. Nonetheless, for the moment as unfair as it may seem, as disproportionate as it may appear, it is the way it is.
- Our job is to stay focused on the patient first, second and always.

Putting the reaction to this case in context as a chiropractor

- You may feel a need to “set the record straight” or you may feel like we as a discipline are being unfairly judged in this situation, you may be approached by local, state or national news media for comment—resist the desire to accept the offer, refer them to your state or national association and go back and take great care of your patients
- This is not the issue, nor the time, to cut your teeth being a spokesperson for the profession. If you have not undergone considerable media training and you are not intimately familiar with the literature of this situation do not enter the fray!

Putting the reaction to this case in context as a chiropractor

- It might be heartening to read what others are saying about this situation:
- As reported in the Pittsburgh Post-Gazette, October 23, 2016
 - Robert Harbaugh, M.D., Director, Penn State Institute of the Neurosciences: “the chiropractor got caught in the middle” and was unlikely to have caused the original tear. “I think the data is overwhelming that there’s a very low risk” of dissection from neck manipulation.

Putting the reaction to this case in context as a chiropractor

- It might be heartening to read what others are saying about this situation:
 - As reported in the Pittsburgh Post-Gazette, October 23, 2016
 - Felipe Albuquerque, a Phoenix neurologist who has researched dissection after neck manipulation by chiropractors, agreed with chiropractors that Ms. May “probably injured her artery during the [modeling] pose...” “But certainly it was worsened during the chiropractic maneuver,” (Emphasis added)
 - Albuquerque is published in this area, Journal of Neurosurgery, January 2011

Putting the reaction to this case in context as a chiropractor

- It might be heartening to read what others are saying about this situation:
 - As reported in the PeopleBodies, October 21, 2016
 - Jeff Wang, M.D. Co-director of the University of Southern California Spine Center characterized the matter as a “freak accident”.

Putting the reaction to this case in context as a chiropractor

- You know, better than anyone else, the results your patients experience under chiropractic care.
- You appreciate the value of cervical spine care in so many patients.
- You know how gentle adjustments can be and how hard you work to make sure your adjustments are delivered with great skill.
- You know the millions of adjustments provided daily and the safety of chiropractic care.
- And you know protection of your patient and acting in their best interests is the job of each and every one of us.

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**Thank you for your time
and attention.**

**Thank you for being
diligent and thorough in
your care of patients**
