

State Board of Chiropractic Examiners

To Whom It May Concern:

This letter is to state that as Director of Parker Professional Programs, I have reviewed the speakers below and determined that they are post-graduate level instructors, through a curriculum vitae or resume, and they have knowledge, training and expertise in the topics to be covered for “Got Documentation: Communicating Chiropractic to the World”. The documentation appears to fall within chiropractic guidelines of the various state boards.

Parker University
Continuing Education
2540 Walnut Hill Lane
Dallas, Texas 75229
www.parker.edu

Gregg Friedman, DC

Please contact me if further information is needed, my direct phone number is 214-902-3492, or via email at pfrase@parker.edu.

Sincerely,



Phyllis Frase-Charrette
Director of Professional Programs

METHOD OF CERTIFYING IN ONLINE ACTIVITIES

1. **Name of Course:** Got Documentation: Communicating Chiropractic to the World
2. **Organization Sponsoring the Course:** Parker University
3. **Course Objective:** To enhance the expertise of the Chiropractic Professional.
4. **Study Hours Required:** 4 Online
5. **Instructor(s):** Gregg Friedman, DC
6. Educational background and experience of instructor(s) is on file in the University offices.
7. **Attendance Verification Method and Certifying Officer:** FL Licensees are required to provide a valid driver's license to be awarded CE. The Online presentation is delivered via web pages in which the participant must review anatomy images, read supporting text, listen to audio instruction, and answer test questions. The time the participant spends on each page is logged and tracked. In addition, the test questions must be passed, or the participant cannot continue on to the following pages. The computerized log files that track the participant's access time and usage will be utilized to validate the attendance and participation. The instructors will be available for questions via e-mail. Upon successful completion, Parker University Continuing Education Department will maintain and distribute attendance records.
8. **Textbooks and/or Equipment Required:** Internet
9. **Outline of Material Covered:** Attached
10. **Location(s):** Computer/Internet Based
11. **Date(s):** Based upon date of actual completion

Got Documentation – Communicating Chiropractic to the World

Instructor: Gregg Friedman, D.C.

Duration: 4 Hours

Course Description:

This 4-hour course will break down the need for exceptional chiropractic documentation, which is for more than insurance reimbursement, and illustrate how this can be accomplished in very little time. By documenting properly, chiropractors can show the world who we are and what we do, and how effective chiropractic treatment is. Various guidelines are being used **against** chiropractors, but Dr. Gregg Friedman (in practice since 1987, teaching documentation for two decades, record reviews/IMEs) will demonstrate how to use these same guidelines to **support** chiropractic.

Course Content:

Hour 1

1. Illustrate four effects of good documentation.
2. Illustrate the problems with documentation.
3. Define the Problem-Oriented Medical Record (P.O.M.R.).
4. Demonstrate taking a complete patient history.
5. Illustrate how a proper history is effective in risk management
6. Texas Code of Ethics – Rule 75.4

Hour 2

1. Define the Evaluation and Management Examination for the musculoskeletal system.
2. Illustrate the components of the E/M Examination for the musculoskeletal system.
3. Describe the role of the E/M Examination with regards to risk management.
4. Describe the P.A.R.T. format of documentation.
5. Texas – Patient Records – Rule 76.1 and 76.2

Hour 3

1. Define the concept of outcome assessments in clinical practice.
2. Demonstrate the P.O.M.R. and P.A.R.T. formats for the initial patient encounter.
3. Integrate the P.O.M.R. and P.A.R.T. formats for subsequent patient encounters.
4. Illustrate the P of P.A.R.T.
5. Texas – Clinical and Financial Records – Rule 77.8

Hour 4

1. Define the A, R and T of P.A.R.T.
2. Define proper Assessments.
3. Illustrate the two types of Plan.
4. Demonstrate how and when to perform re-assessments.

Gregg Friedman, DC
4203 E. Indian School Road, Suite 210
Phoenix, Arizona 85018
(480) 947-8381
drgregg@GotDocumentation.com

EDUCATION

1979 – 1983 Arizona State University
BS
1983 – 1986 Los Angeles College of Chiropractic
DC

PROFESSIONAL WORK EXPERIENCE

1987 – present Doctor of Chiropractic – Phoenix/Scottsdale, Arizona
2006 – present Got Documentation Seminars

PROFESIONAL AFFILIATIONS AND POSITIONS

2012-2017 Member – Arizona Association of Chiropractic
2000 - 2015 Board of Directors, Arizona Chiropractic Society
2017 - Member, American Chiropractic Association
2020 – present Advanced Medicine Integration Group, LP – advisory board

LECTURES GIVEN

2001 - 2005 Bulletproof Seminars
2006 – present Got Documentation - Clinical and Practical Documentation of
Chiropractic
2008 Macomb County Chiropractic Association
2010 Practice Perfect
2012 Oklahoma State Chiropractic Independent Physicians Association
2013 New Mexico Chiropractic Association Convention
2014 Arizona Association of Chiropractic Convention
Alaska Chiropractic Society Convention
2015 Wyoming Chiropractic Association Convention
2016 Oregon Chiropractic Association Convention
Connecticut Chiropractic Society Convention
Nutri-West Symposium
2017 Florida Chiropractic Physicians Association Convention

2018 Alaska Chiropractic Society Convention
 2018 Forward Thinking Chiropractic Alliance Convention
 Parker University Homecoming
 Nutri-West Symposium
 2019 Forward Thinking Chiropractic Alliance Convention
 Parker Convention-Las Vegas
 Parker University Convention – Dallas
 2020 Nutri-West Symposium
 Parker Convention-Las Vegas

CONTINUING EDUCATION

2008 Emergency Procedures 101 – University of Bridgeport
 Learning/Behavioral Disorders 101 – University of Bridgeport
 Emergency Procedures 102 – University of Bridgeport
 Physical Diagnosis 101 – University of Bridgeport
 Rehab 101 – University of Bridgeport
 Manipulation 103 – University of Bridgeport
 2009 Whiplash: Trauma to the Head and Neck-Terry Yochum, DC, DACBR
 Documentation 150 – University of Bridgeport
 Documentation 151 – University of Bridgeport
 Documentation 152 – University of Bridgeport
 2010 Documentation 153 – University of Bridgeport
 Emergency Procedures 104 – University of Bridgeport
 Documentation 150 – University of Bridgeport
 Pediatrics 113 – University of Bridgeport
 2011 The Neglected Cervical Spine – Terry Yocum, DC, DACBR
 Physical Therapy 101 – University of Bridgeport
 Evidence Based Outcomes 204 – University of Bridgeport
 Documentation 154 – University of Bridgeport
 2012 Chiropractic and Pregnancy 201 – University of Bridgeport
 Documentation 155 – University of Bridgeport
 Emergency Procedures 103 – University of Bridgeport
 Neurological Exam 101 – University of Bridgeport
 Pediatrics 101-105 – University of Bridgeport
 Pediatrics 108 - University of Bridgeport
 Pediatrics 114 - University of Bridgeport
 2013 Nutrition 102 - University of Bridgeport
 Nutrition 103 - University of Bridgeport
 Nutrition 104 - University of Bridgeport
 Ortho 103 - University of Bridgeport
 Ortho 104 - University of Bridgeport
 X-Ray 129 - University of Bridgeport
 X-Ray 130 - University of Bridgeport
 X-Ray 131 - University of Bridgeport
 X-Ray 132 - University of Bridgeport
 X-Ray 135 - University of Bridgeport

ONLINE CE ATTENDANCE CERTIFICATE

Name: _____

Title: Online: XXXX

Address: _____

Course # XXXX

Date: XXXX

City: _____ **State:** _____ **Zip:** _____

Location: Online

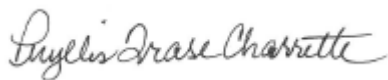
STATE [only one per voucher]: _____ **YOUR STATE LICENSE #:** _____

DO NOT WRITE BELOW THIS BOX

Completion Date	Class Hours	Course Title	Instructor
XX/XX/XX			

TOTAL HOURS ATTENDED: _____

Board Approval No. _____



Phyllis Frase Charrette
Director, Parker Professional Programs

This certificate is to acknowledge your completion of the Online Continuing Education course shown above. This copy is for your records and can be submitted to your board of licensing. Please Note: Verify the information is correct upon receipt – discrepancies will only be accepted up to 6 months after the closing date of the course. Please keep this certificate in a secure place. Any replacement, copy, or fax will incur a \$25 fee per certificate.



These Questions are delivered via the Parker Seminars mobile App.

Quality Feedback Survey

Course Name: _____

Date: _____ Location: _____

How did you hear about this Course?

Parker Brochure School E-mail Referral Parker Web Site Other _____

Please score each speaker on an “A to E” scale, with “A” Extremely Satisfied and “E” being Extremely Dissatisfied.

How would you rate this speaker

a b c d e

Rate the overall content of the session:

a b c d e

Rate the classroom & facilities:

a b c d e

Please add any additional comments:

a b c d e

Is there a certain speaker or topic you would like to see next time?:

a b c d e

12) What topics would be of interest to you for future classes?

Comments:

THANK YOU FOR YOUR FEEDBACK!

The purpose of this quality feedback survey is to provide information to the Instructors and to Parker University about extant standards of performance. **Your response will be held in confidence. You will not be identified in any way by reference to your response. For additional complaints or concerns regarding this program please contact Parker University at 800.266.4723.** Parker University will share the outcomes of this evaluation with the Instructor, and will keep a copy on file in the Continuing Education Office to demonstrate compliance with accreditation standards and requirements.