CHIROPRACTIC EVIDENCE IN 18-WHEELER COLLISION LITIGATION: FROM TREATMENT TO TESTIMONY

Soft Tissue, Hard Truths: An Ethical Overview of Case Management and a Call to Reject Overtreatment

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Abstract: This paper explores the evidentiary role of chiropractic treatment in commercial motor vehicle collision (MVC) litigation, with a focus on its effectiveness in proving causation and damages while avoiding the pitfalls of overtreatment often associated with invasive medical procedures such as injections and unnecessary surgeries. This paper is a practical guide for attorneys to successfully incorporate research-based chiropractic treatment for 18-wheeler collision victims. The paper provides an in-depth analysis of chiropractic practice in the context of personal injury. It examines the whole arch of case management, from evidence-based, cost-effective, non-invasive, drug-free chiropractic rehabilitation treatments to ascertaining valuable expert testimony in jury trials. The paper further evaluates the admissibility of chiropractic testimony under Daubert and Rule 702 of the Federal Rules of Evidence, and considers the challenges posed by insurance bias and jury skepticism toward chiropractic professionals. Despite these hurdles, chiropractors play a critical role, providing long-term, function-focused rehabilitation that juries increasingly accept when properly presented. Using case law, scholarly sources, and clinical research, this analysis demonstrates that chiropractic evidence is not only legally valid but ethically preferable in commercial vehicle collision litigation. The paper serves as a practical and ethical guideline for personal injury attorneys to successfully leverage chiropractic care to prove causation and damages effectively and persuasively in court.

Keywords: Personal Injury; Chiropractic, Chiropractors; Expert Witness; 18-Wheeler, Motor Vehicle Collision; Medical Bills and Records; Past Medical Damages; Daubert Qualification; Chiropractic Practice; Commercial Collision Cases; Auto Insurance; Mass Torts; Plaintiff Personal Injury; Case Management; Medical Management; Doctors of Chiropractic; Physical Therapy; Rehab; Health; RICO; Insurance Fraud; Ethics

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INTRODUCTION

The United States has experienced a significant increase in 18-wheeler crashes or similar commercial vehicle collision litigation in recent years.[1] According to the Federal Motor Carrier Safety Administration, the US has recorded between 143,000 and 166,000 truck accidents annually in recent years.[2] Of the approximately 494,000 police-reported crashes involving large trucks in 2021, there were 5,149 fatal crashes and 110,000 injury crashes.[3] The substantial size and velocity associated with these crashes frequently result in extensive property damage and severe injuries to those involved.[4] These automobile crashes are often associated with tort claims involving negligent driving.[5] Depending on the state and federal regulations, these trucking companies are required to carry liability insurance policies with substantially higher commercial policy limits than standard passenger vehicles.[6] Therefore, commercial motor vehicle crashes represent a popular choice of tort claim for personal injury lawyers.[7]

In the realm of commercial vehicle collisions, the role of chiropractic care has become increasingly significant in establishing medical causation and proving damages. As plaintiff attorneys seek to secure compensation for clients by pursuing liability against insurance carriers, chiropractic treatment often serves as the foundational medical evidence in soft-tissue injury claims.[8] This article explores the intersection of chiropractic care and personal injury law, beginning with a brief overview of what chiropractors do for plaintiffs following vehicular trauma, especially during early-stage evaluation of injuries, to conservative, non-invasive, drug-free treatments for car crash victims.[9]

This paper examines how comprehensive chiropractic treatment documentation establishes the essential chain of causation, mechanisms of injury, and demonstrates medical necessity for treatment. These are important components in ascertaining past and future medical expenses in estimating damages for negligent driving claims and related mass tort actions.

Further, the paper differentiates chiropractic from physical therapy and highlights the chiropractor's unique capacity to co-manage care, coordinate referrals, and act as a central figure in multidisciplinary treatment frameworks.[10] The strategic

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[1] Sarah Edwards, *How Many Truck Accidents Per Year? Chart,* CONSUMERSHIELD (June 6, 2025), https://www.consumershield.com/articles/semi-truck-accidents-per-year.
[2] *Id.*
[3] U.S. DEP'T OF TRANSP., FED. MOTOR CARRIER SAFETY ADMIN., *Large Truck and Bus Crash Facts 2021* (last updated July 31, 2024), https://www.fmcsa.dot.gov/safety/data-and-statistics/large-truck-and-bus-crash-facts-2021.
[4] *Id.*
[5] *Id.*
[6] TRUCK SAFETY COALITION, *Minimum Insurance Levels for Motor Carriers,* https://trucksafety.org/minimum-insurance-levels-motor-carriers/ (last visited June 29, 2025).
[7] *Id.*
[8] S. Dies & J. W. Strapp, *Chiropractic Treatment of Patients in Motor Vehicle Accidents: A Statistical Analysis*, 36 J. CAN. CHIROPR. ASS'N 139 (1992).
[9] *Id.*
[10] *Id.*

utilization of chiropractic evidence in tort proceedings requires a sophisticated understanding of both clinical methodology and evidentiary standards.

Additionally, the paper analyzes the legal admissibility of chiropractic testimony under the *Daubert* standard, featuring the scope of the testimony, common jury misconceptions related to chiropractic, and methods for enhancing the credibility of chiropractic expert witnesses.[11] Lastly, the paper highlights the darker undercurrents of PI litigation, specifically the ethical concerns surrounding overtreatment and financial incentives that may lead to "bad faith", inflated claims.

Personal Injury lawyers frequently advertise their specialization in handling these cases, often employing compelling marketing strategies through billboards, radio, and television commercials. Most of these personal injury lawyers work on a contingency fee schedule, meaning the higher the medical bills, the higher the attorney's fee.[12] This financial dynamic creates a concerning trend where economic incentives may override optimal medical judgment.

Consequently, patients may be steered toward costly surgical interventions, extensive diagnostic imaging, or aggressive pain management protocols involving epidural injections and other invasive procedures, even when conservative treatments such as chiropractic care, physical therapy/rehab interventions, or medication management would be equally or more effective.[13] The preference for expensive treatments is further reinforced by the perception that higher medical costs suggest more severe injuries, potentially leading to larger jury awards or settlement offers from insurance companies.

Moreover, this overtreatment phenomenon is not merely theoretical but has documented real-world consequences. Studies indicate that unnecessary medical interventions not only inflate healthcare costs but can also expose patients to additional risks, complications, and prolonged recovery periods.[14] The paper will conclude with recommendations for an ethical, evidence-based personal injury practice.

I. LEGAL & MEDICAL FRAMEWORK OF 18-WHEELER INJURY CASES

A. The Litigation Landscape: Causation & Damages as Battlegrounds

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[11] *Daubert v. Merrell Dow Pharms, Inc*., 509 U.S. 579, 589 (1993).

[12] Ronald V. Miller, Jr., *What Are the Lawyer Fees in Personal Injury Cases?,* MD. ACCIDENT LAW. BLOG (Jan.13,2022), https://www.marylandaccidentlawyerblog.com/lawyer-fees-injury-cases/.

[13] S. Dies & J.W. Strapp, *Chiropractic Treatment of Patients in Motor Vehicle Accidents: A Statistical Analysis*, 36 J.CAN. CHIROPR.ASS'N 139 (1992).

[14] *See Overtreatment in the United States*, PLOS ONE (2017), https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0181970 (finding that physicians report approximately 20.6% of overall medical care is unnecessary); *Presenting a Comprehensive Definition of Unnecessary Healthcare Services and Their Drivers: A Systematic Review and Meta-synthesis*, NAT'L CTR. FOR BIOTECHNOLOGY INFO. (Nov. 2023), https://pmc.ncbi.nlm.nih.gov/articles/PMC10657265/ (defining overtreatment as "unnecessary clinical services or interventions that provide negligible benefit").

The fundamental challenge in 18-wheeler collision litigation centers on two critical elements: establishing causation and quantifying damages.[15] Once liability (fault) is accepted by the insurance companies, the battleground turns to challenging causation and attacking damages by discarding medical treatment as unnecessary to limit damages.

Insurance carriers often deploy sophisticated strategies to contest medical causation and challenge treatment necessity. The economic stakes in commercial vehicle litigation create powerful incentives for insurers to scrutinize every aspect of medical treatment.[16] Therefore, it is vital to use scientifically evidence-based treatments to treat injuries sustained in the collision. This evidence-based foundation is crucial for establishing treatment necessity and defending against insurance company arguments that characterize conservative care as unnecessary or excessive.

Defense counsel will routinely challenge the causal relationship between collision forces and claimed injuries, question the medical necessity of prescribed treatments, and argue for alternative causation theories, including pre-existing conditions or intervening causes.[17] This adversarial environment demands that plaintiffs' attorneys present compelling medical evidence supported by appropriate medical notes and qualified experts who can withstand rigorous cross-examination under Daubert standards.[18]

B. Injury Patterns & Severity in Commercial Vehicle Collisions

The massive size differential and kinetic energy involved in 18-wheeler collisions create severe economic property damage and result in significant trauma and injuries to the human body. Commercial vehicles weighing 80,000 pounds or more generate exponentially greater impact forces, resulting in complex injury presentations that often require extended treatment periods and comprehensive rehabilitation protocols. Many of these injuries are permanent and often require lifelong maintenance.[19]

The spectrum of injuries in 18-wheeler cases typically encompasses both catastrophic and moderate trauma. Severe injuries frequently include traumatic brain injury, spinal cord damage, vertebral fractures, and multiple extremity fractures—conditions that may result in permanent disability and require lifelong medical management.[20] These catastrophic injuries often necessitate immediate surgical intervention, extended hospitalization, and comprehensive rehabilitation services,

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[15] *See generally* RESTATEMENT (THIRD) OF TORTS: LIABILITY FOR PHYSICAL AND EMOTIONAL HARM § 26 (AM. LAW INST. 2010) (discussing factual causation requirements).
[16] Steven Heimberg, *Medical-Care Issues That Can Kill Your Personal-Injury Case*, ADVOCATE, Mar. 2014, https://www.advocatemagazine.com/article/2014-march/medical-care-issues-that-can-kill-your-personal-injury-case.
[17] *Id.*
[18] *Daubert v. Merrell Dow Pharms., Inc*., 509 U.S. 579, 589 (1993) (establishing standards for scientific evidence admissibility).
[19] Samir Alghnam et al., *Disability Among Adults Injured in Motor-Vehicle Crashes in the United States*, NAT'L LIBR. MED.: PUBMED (2004), https://pubmed.ncbi.nlm.nih.gov/15474547/.
[20] *Id.*

generating substantial medical expenses that form the foundation of significant economic damage awards.

However, the majority of 18-wheeler collision victims present with moderate neuromusculoskeletal injuries that, while less dramatic than catastrophic trauma, nevertheless cause significant pain, functional limitation, and disability. Such common injuries involving the neuro-musculoskeletal system are popularly known as "whiplash injury" of the spine.[21] Whiplash-associated trauma often includes soft tissue strains or sprains of the cervical, thoracic, and lumbar spine, along with extremity injury such as shoulder sprain or labrum tears, knee sprains or meniscus tears, hip sprain or dislocation, elbow sprain, wrist sprain, and ankle sprains. Moreover, high velocity impact from the 18-wheeler crash often results in spinal disc bulges or disc herniations, myofascial pain syndrome, joint dysfunctions, and other postural and functional deficits from trauma.[22]

The preponderance of scientific evidence demonstrates that mild to moderate neuromusculoskeletal injuries respond favorably to conservative, non-invasive treatment approaches.[23] Most of these whiplash-associated injuries are typically well within the scope of chiropractic care and respond extremely well to non-invasive chiropractic treatment modalities.[24] Additionally, many spinal or extremity fractures do not require surgical intervention. Chiropractic treatment, physical therapy, and rehab modalities provide the much-needed non-invasive, drug-free approach to health and recovery in these cases.

Patients are often co-managed with orthopedic or other medical specialists to ensure that recovery is smooth, and the patient can resume their activities of daily living in a pain-free capacity.[25] This collaborative care model, where chiropractors work in conjunction with orthopedic surgeons, neurologists, and other medical specialists, provides comprehensive treatment while maintaining conservative approaches whenever clinically appropriate.[26] This chiropractic and medical co-management of the patient's treatment provides the best outcome to the patient's overall long-term recovery and subsequently demonstrates a foundation for treatment necessity arguments by the auto insurance defense counsel.

C. The Foundation of Damage Recovery in Commercial Vehicle Cases

The plaintiff bears the burden of proving that the defendant's negligent driving proximately caused the plaintiff's injuries and that the resulting medical treatment was both medically necessary and reasonable, thereby establishing the monetary damages

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[21] J. Augenstein et al., *Injuries in Near-Side Collisions*, 43 ANN. PROC. ASS'N FOR THE ADVANCEMENT OF AUTOMOTIVE MED. 139 (1999), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10706493/.

[22] *The Impact of Musculoskeletal Injuries Sustained in Road Traffic Crashes on Work-Related Outcomes: A Protocol for a Systematic Review*, NAT'L LIBR. MED.: PUBMED CENT. (2018), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6247704/.

[23] *Id.*

[24] *Chiropractic Treatment of Chronic "Whiplash" Injuries*, NAT'L LIBR. MED.: PUBMED (1996), https://pubmed.ncbi.nlm.nih.gov/9039361/.

[25] *Id.*

[26] *Id.*

recoverable under applicable tort law.[27] Thus, the assessment and proof of damages in 18-wheeler collision cases requires a complex understanding of both legal standards and medical documentation requirements. Unlike property damage calculations that rely on objective repair costs or replacement values, personal injury damages depend heavily on medical evidence that establishes the extent, causation, severity, and permanence of injuries sustained in the collision.

Personal injury damages generally include economic and non-economic damages.[28] Commercial vehicle cases typically fall into three primary categories: past medical expenses, future medical expenses, and general damages for pain and suffering. Each category requires distinct types of medical documentation and expert testimony to establish compensability.[29]

Past Medical Expenses encompass all reasonable and necessary medical treatment from the date of collision through trial.[30] This includes emergency room visits, diagnostic imaging, hospitalization, surgical procedures, chiropractic care, physical therapy, prescription medications, and medical equipment.[31] The plaintiff must demonstrate that each treatment was causally related to the collision and medically necessary for the diagnosed injuries. Future Medical Expenses require expert medical testimony to establish the probable need for continued treatment, the recommended treatment modalities, and the associated costs over the plaintiff's projected lifespan.[32] This category often represents the largest component of damage awards in severe injury cases, making accurate medical documentation and expert testimony crucial for maximum recovery.[33]

General Damages (non-economic damages) for pain, suffering, and loss of enjoyment of life rely on subjective testimony supported by objective medical evidence documenting the plaintiff's functional limitations and decreased quality of life.[34] While these damages are inherently subjective, medical records indicating the plaintiff's pain levels, functional restrictions, and psychological impact provide the foundation for substantial general damage awards.[35]

Chiropractic documentation plays a critical evidentiary role in establishing all three damage categories. The documentation requirements for establishing treatment

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[27] *Sisters of Charity of the Incarnate Word v. Gobert*, 992 S.W.2d 25, 28 (Tex. App.—Houston [1st Dist.] 1997, no pet.) ("To establish liability based on negligence, a plaintiff must prove the defendant did something an ordinarily prudent person exercising ordinary care would not have done under the same circumstances").

[28] *Tex. Civ. Prac. & Rem. Code Ann.* § 41.001(12) (defining "Noneconomic damages" as "damages awarded for the purpose of compensating a claimant for physical pain and suffering").

[29] *Tex. Civ. Prac. & Rem. Code Ann.* § 41.001(4) (defining "Economic damages" as "compensatory damages intended to compensate a claimant for actual economic or pecuniary loss").

[30] *Lutkus v. Garcia*, No. 01-24-00115-CV, 2025 Tex. App. LEXIS 4719 (Tex. App.—Houston [1st Dist.] July 3, 2025, no pet. h.).

[31] *Id.*

[32] *Hahn v. Union Pac. R.R. Co.*, 352 Ill.App.3d 922 (5th Dist. 2004) (holding that expert medical opinions about future medical care costs are admissible without requiring "reasonable degree of medical certainty" language).

[33] *Id.*

[34] *Primoris Energy Servs. Corp. v. Myers*, 569 S.W.3d 745, 761 (Tex. App.—Houston [1st Dist.] 2018, no pet.).

[35] *Id.*

necessity in 18-wheeler cases demand comprehensive record-keeping that demonstrates both the clinical rationale for treatment and the patient's functional improvement over time.[36] Objective measures such as range of motion assessments, muscle testing, sensory nerve testing, pain scales, functional capacity evaluations, and return-to-work documentation, provide quantifiable evidence of treatment effectiveness that strengthens causation arguments and supports damage calculations.[37]

From a litigation perspective, the cost-effectiveness of chiropractic care presents compelling arguments for both treatment necessity and damage quantification. Conservative treatment approaches typically cost a fraction of invasive procedures while achieving comparable or superior functional outcomes for appropriate injury types. This economic advantage becomes particularly significant in the context of future medical expenses, where lifetime care projections can vary dramatically based on treatment modality selection.

D. Documentation Requirements to Prove Causation

Causation represents one of the most challenging aspects of collision litigation. It requires medical evidence that links the plaintiff's injuries directly to the collision forces and mechanics. Effective medical documentation must establish both factual causation (but-for causation) and legal causation (proximate cause) through detailed clinical observations and expert medical opinions.[38] Initial medical records must document the mechanism of injury, correlating the collision dynamics with the specific injury patterns observed.[39] Emergency room records, ambulance reports, and initial treating physician notes provide crucial contemporaneous evidence of injury causation.[40]

Subsequent medical records must demonstrate a consistent pattern of symptoms and clinical findings that support the causal relationship between the collision and ongoing medical treatment.[41] The temporal relationship between the collision and symptom onset becomes particularly important in cases involving soft tissue injuries or delayed symptom presentation. Medical records must document the progression of symptoms from the collision date through ongoing treatment, establishing a clear causal chain that withstands defense challenges regarding alternative causation theories such as age-related musculoskeletal injuries, prior injuries, or other co-morbidities.[42]

Treating doctors must establish findings that differentiate patients' acute injuries from the crash, as compared to chronic injuries from before the crash. This is often difficult to chart but an experienced doctor with radiological findings can distinguish acute injuries from chronic past injuries. Apart from the objective findings

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[36] *Chiropractic Records as Legal Evidence*, COMFORT REHAB & CHIROPRACTIC CTR., (May 2024), https://dallasaccidentandinjuryrehab.com/chiropractic-records-as-legal-evidence/.
[37] *Id.*
[38] John Kortbeek et al., *On Matters of Causation in Personal Injury Cases: Considerations in Forensic Examination*, PAIN RES. MANAG. (2014), https://pmc.ncbi.nlm.nih.gov/articles/PMC5042245/ (discussing legal principles of causation including factual causation and proximate cause in personal injury cases).
[39] *Id.*
[40] *Id.*
[41] *Bullard v. Lynde*, 292 S.W.3d 142 (Tex. App.—Dallas 2009, no pet.).
[42] *Id.*

from a doctor's report and assessment, a good patient history can also lead to evidence of acute vs chronic conditions.[43] History of past collision, any other known co-morbidities, the patient's age, and other genetic factors can make a huge difference in the assessment of acute vs chronic pain.[44] The more medical findings that can show acute injury, the easier it is to establish the causation element for these tort cases. Chiropractic evaluation describing the mechanism of injury, the collision impact on the patient's vehicle, the forces resulting in whether airbags deployed, to seatbelt or seat malformation, to documenting acute physical injury findings and charting acute radiological findings in the patient's medical records can be used as strong evidence to support causation in 18-wheeler collision litigation.[45]

II. CHIROPRACTIC PRACTICE — IN PERSONAL INJURY (PI) REALM

A. Chiropractic Education & Training in Treating 18-Wheeler PI Cases

Chiropractors are doctors of alternative medicine. Doctor of Chiropractic (DCs) represents a distinct category of healthcare professionals specializing in the diagnosis and treatment of neuromuscular disorders, with particular emphasis on spinal/extremity injuries and biomechanical dysfunction. The educational pathway to becoming a licensed chiropractor requires extensive academic preparation comparable to traditional medical education.

Prospective chiropractic students must complete a minimum of 90 semester hours of undergraduate coursework, and most states require a bachelor's degree along with the successful completion of a Doctor of Chiropractic program to get licensed.[46] The prerequisite curriculum mirrors pre-medical requirements and includes rigorous coursework in human anatomy and physiology, general and organic chemistry, physics, biology and microbiology, mathematics and statistics.[47] This foundational education ensures that chiropractic students possess the scientific knowledge base necessary for advanced clinical training.

Following undergraduate preparation, students must complete a four-year Doctor of Chiropractic program at an institution accredited by the Council on Chiropractic Education (CCE). This intensive curriculum encompasses over 4,200 hours of classroom, laboratory, and clinical instruction, including: advanced anatomy and neuroanatomy, physiology and pathophysiology, biomechanics and orthopedics,

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[43] Grant Schneider, *Evidence-Based Chiropractic*: *The Key to Personal-Injury Cases*, CHIROPRACTIC ECON., Feb. 21, 2024, https://www.chiroeco.com/evidence-based-chiropractic-the-key-to-personal-injury-cases/.
[44] *Id.*
[45] *Id.*
[46] *Study Chiropractic*, ASS'N OF CHIROPRACTIC COLLS. (Feb. 19, 2024), https://www.chirocolleges.org/students/study-chiropractic/ ("90 hours includes a minimum of 24 semester hours in life and physical science courses").
[47] *Id.*

neurology and neurological assessment, diagnostic imaging and radiological interpretation.[48]

Furthermore, students are trained in Chiropractic manipulative therapy and adjustive techniques, rehabilitation and physical medicine modalities, clinical diagnosis of neuromusculoskeletal conditions and patient management.[49] Some chiropractors also specialize in reading advanced radiological findings of CT scans and MRIs. Upon graduation, chiropractic candidates must pass the National Board of Chiropractic Examiners (NBCE) examination series, consisting of four comprehensive national board exams covering basic sciences, clinical sciences, practical skills, and case management.[50]

Additionally, practitioners must obtain state licensure by passing jurisdiction-specific examinations covering state laws and regulations governing chiropractic practice. To maintain licensure, chiropractors must complete mandatory continuing education credits annually, ensuring their knowledge remains current with evolving treatment protocols and legal standards.[51] A typical chiropractor is more advanced in training of the musculoskeletal system than a typical primary care physician due to their expertise in treating neuromusculoskeletal injuries.

B. Comparative Analysis: Chiropractors Versus Physical Therapists (PTs)

Chiropractors are often compared with physical therapists when it comes to the treatment modalities they render to a typical car collision patient. While both chiropractors and physical therapists treat musculoskeletal injuries common in vehicular crashes, significant differences exist in their educational backgrounds, scope of practice, and clinical autonomy.

Chiropractors have more training and education as compared to a three-year physical therapy program.[52] Unlike PTs, Chiropractors are independent and can see a patient directly without needing a referral from a medical doctor's office. Chiropractors can begin evaluation and treatment immediately following an accident, eliminating delays associated with physician referrals required for physical therapy clients. Furthermore, Chiropractors, unlike PTs, can order advanced imaging studies (MRI, CT scans) to identify and document the full extent of client injuries without requiring additional medical consultations, expediting case development and settlement negotiations.[53]

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[48] *Chiropractic Education* – NAT'L BD. OF CHIROPRACTIC EXAM'RS (Apr. 12, 2024), https://www.nbce.org/about-nbce/chiropractic-care/chiropractic-education/. ("Each program's curriculum must include at least 4,200 instructional hours of course credits").

[49] *Id.*

[50] *Links to NBCE Exams*, NAT'L BD. OF CHIROPRACTIC EXAM'RS (Feb. 10, 2025), https://www.nbce.org/links-to-nbce-exams/ ("all 50 states either accept or require candidates to pass NBCE exams Parts I, II, III, and IV for licensure").

[51] *Educational Requirements For Chiropractors*, CORE CHIROPRACTIC (Mar. 14, 2022), https://www.corechiropractic.net/articles/educational-requirements-for-chiropractors/.

[52] *Admissions Process for Doctor of Physical Therapy Education Programs*, AM. PHYSICAL THERAPY ASS'N, https://www.apta.org/your-career/careers-in-physical-therapy/pt-admissions-process.

[53] *Vuagniaux v. Department of Professional Regulation*, 208 Ill.2d 173 (2003) ("the Medical Practice Act treats [chiropractic physicians] as full and equal members of the medical profession").

PTs lack education and training in diagnosis and radiological interpretation. PT's scope typically excludes diagnostic imaging orders and independent diagnostic determinations. This is a crucial distinction in the treatment of 18-wheeler collision patients. Physical therapists in most jurisdictions operate under physician supervision or require medical referrals to initiate treatment.[54] This lack of autonomy and codependence on the medical doctors becomes problematic in rendering necessary care to the patients and providing expert testimony regarding causation and damages in the trial. While physical therapists are dependent on MDs, chiropractors are not.

Chiropractors' diagnostic training and educational background often qualify them as expert witnesses in personal injury litigation, providing valuable testimony regarding injury causation, treatment necessity, and long-term prognosis.[55] As expert witnesses, their testimony backed up with proper documentation can add significant value to the case. The comprehensive documentation standards required in chiropractic practice—including detailed biomechanical analysis, functional assessment metrics, and objective outcome measures—provide the evidentiary foundation necessary for successful personal injury litigation.[56] This documentation capability, combined with the profession's diagnostic authority and treatment autonomy, positions chiropractors as essential healthcare partners in 18-wheeler personal injury cases.

Moreover, chiropractors, just like physical therapists, can prescribe rehab exercises to the car collision patients and can monitor their recovery with the most advanced evidence-based PT guidelines. Chiropractic practice encompasses both passive treatments (manual adjustments, soft tissue therapies) and active rehabilitation (therapeutic exercises, functional restoration), providing comprehensive care management within a single provider relationship. The integration of chiropractic care into personal injury practice thus represents not merely a treatment option but a strategic advantage in case development, evidence compilation, and client advocacy. Hence, chiropractors are preferred over physical therapists in working these 18-wheeler personal injury cases.

III. CHIROPRACTIC EVALUATION & TREATMENT FOR PI PATIENTS

A. New Patient Intake & Evaluation Protocols

The comprehensive medical evaluation of commercial vehicle collision victims begins with a structured new patient intake process. This initial assessment encompasses several critical components: a detailed collision questionnaire documenting the mechanics of the crash, comprehensive medical history review, standardized pain scale assessment, anatomical pain mapping, systematic symptom documentation, compilation of prior emergency room or hospital records, analysis of existing radiological findings, and review of documentation from other treating physicians. This multifaceted approach ensures a thorough understanding of the

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[54] Scope Of Practice, N.C. BD. OF PHYSICAL THERAPY EXAM'RS, https://www2.ncptboard.org/app/LandingPages/ScopeOfPracticeHome.php.

[55] *Daniels v. Bernard*, 270 S.C. 51, 240 S.E.2d 518 (1978) ("The S.C. Supreme Court ruled...holding for the first time that a Chiropractor could be used as an expert or medical witness in a Court trial")

[56] *Id.*

patient's post-collision medical status and provides the foundation for subsequent treatment planning.[57]

Following completion of the intake documentation, the provider conducts vital sign monitoring and performs a comprehensive physical examination. During this phase, Doctor of Chiropractic undertakes extensive musculoskeletal evaluations, including muscle strength testing, sensory nerve function assessment, range of motion measurements, orthopedic diagnostic testing, and balance evaluation. The examination protocol extends beyond musculoskeletal assessment to document other physical trauma manifestations, such as contusions, lacerations, edema, discoloration, and visible deformities.[58]

The evaluation process includes a baseline mental status assessment to identify neurological complications or psychological impacts from the collision. Chiropractors can document symptoms including memory impairment, personality changes, post-traumatic anxiety, and alterations in mental capacity or alertness. Additionally, practitioners assess functional limitations affecting quality of life, work capacity, and social activities. Documentation of work absence and activity restrictions provides crucial evidence for economic damage calculations.

Chiropractors will have an initial exam documentation with all the clinical findings and spinal listing that needs correction. This document will also have any diagnostic imaging recommendations, such as X-rays, CT scans, and MRI orders, in furtherance of confirming the doctor's working diagnosis and monitoring the patient's treatment.[59]

B. Scientific Research & Evidence-Based Chiropractic Treatment Modalities

Following the initial evaluation, providers will turn to scientific research-based chiropractic treatment protocols specifically designed for collision-related injuries. These interventions include spinal manipulation and adjustments, extremity joint mobilization, and various soft tissue modalities. The treatment arsenal encompasses manual therapy techniques, therapeutic massage, cupping therapy, thermal modalities (both heat and cold applications), spinal traction, therapeutic ultrasound, laser therapy, prescribed therapeutic exercises, kinesiology taping, and comprehensive patient education programs. Each of these interventions has demonstrated clinical efficacy in peer-reviewed research literature.[60]

Depending on the severity of injuries, patients are typically seen for a course of 3-4 sessions a week for 4-5 weeks, then 2-3 sessions for 3-4 weeks, then once a week for 3-4 weeks, followed by once a month for 2-3 months as per Chiropractic/PT

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[57] J.J. Wong et al., *Clinical Practice Guidelines for the Management of Conditions Related to Traffic Collisions: A Systematic Review by the OPTIMa Collaboration*, 37 DISABILITY & REHABIL. 471 (2015), https://doi.org/10.3109/09638288.2014.932448.

[58] H. M. Hinton, R. McLeod, B. Broker & C. E. MacLellan, *Outcome Measures and Their Everyday Use in Chiropractic Practice*, 54 J. CAN. CHIROPR. ASSOC. 118 (2010), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2875909/.

[59] *Id.*

[60] Hawk, C. et al., *Best Practices for Chiropractic Management of Patients with Chronic Musculoskeletal Pain: A Clinical Practice Guideline*, 43 J. ALTERNATIVE COMPLEMENTARY MED. 850-67 (2021).

guidelines. The frequency of treatments varies depending on the patient's progression and the provider's medical decision-making. Every patient is unique, and their recovery can fluctuate based on many factors, so the guidelines are helpful but not mandatory to follow. Each treatment session generates detailed documentation through SOAP (Subjective, Objective, Assessment, Plan) notes that chart the patient's daily recovery progress. These records serve as vital evidence for both economic and non-economic damage calculations.[61]

When patient recovery fails to progress as anticipated or injuries prove severe, such as acute disc herniations or complex fractures, chiropractors will refer the patient to appropriate specialists. These referrals may include pain management physicians, orthopedic surgeons, or neurologists, depending on the specific clinical presentation. This co-management approach ensures timely, appropriate medical intervention while maintaining proper legal standards of care.

Upon reaching maximum medical improvement, patients typically transition to maintenance care protocols. However, symptom exacerbation frequently occurs as patients resume normal daily activities and work responsibilities. Physical demands, particularly lifting and heavy-duty activities, often precipitate pain flare-ups and can impede recovery progress. The healing process rarely follows a linear trajectory; patients commonly experience periods of improvement followed by temporary setbacks throughout their recovery journey.[62]

C. SOAP Notes & Objective Outcome Assessment to Prove Medical Necessity & Economic & Non-economic Damages

Chiropractors possess unique capabilities in tracking patient progress through comprehensive, standardized assessment protocols that provide objective measurement of recovery trajectories. This systematic approach involves multiple validated assessment tools, including numerical pain rating scales, functional capacity evaluations, range of motion measurements using inclinometry and goniometry, and standardized disability questionnaires such as the Neck Disability Index and Oswestry Low Back Pain Disability Questionnaire. These instruments create quantifiable baseline measurements that allow for precise tracking of improvement or deterioration throughout the treatment process.[63]

Additionally, SOAP notes document patients' pain level assessments, functional capacity changes, muscle tone improvements, range of motion modifications, work capacity, recreational activities, sleep quality, and psychological well-being, providing a holistic view of treatment effectiveness. Furthermore, diagnostic imaging findings receive comprehensive documentation within the treatment records. For instance, positive MRI findings are thoroughly described, leading to appropriate diagnostic coding and treatment plan modifications based on patient recovery patterns and prognosis indicators. Chiropractors meticulously describe treatment modalities and ensure compliance with state billing standards and timing requirements. This ability to correlate specific treatment interventions with measurable outcomes creates compelling

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[61] *Id.*
[62] *Id.*
[63] H. Vernon & S. Mior, *The Neck Disability Index: A Study of Reliability and Validity*, 14 J. MANIPULATIVE PHYSIOL. THER. 409 (1991).

evidence for both the medical necessity of care and the economic value of treatment investments.[64]

Comprehensive documentation of patient recovery and treatment processes serves as the foundation for establishing past medical expenses in economic damage calculations. Some of the injuries sustained in a heavy 18-wheeler crash are permanent in nature. Spinal disc herniations often require lifelong maintenance care, and most 18-wheeler crashes leave the patient with multiple herniated discs. Future medical expense projections derive from careful estimation of ongoing treatment costs, including similar modalities and maintenance care requirements.[65]

IV. DAUBERT CHALLENGE — LEGAL ADMISSIBILITY & EXPERT TESTIMONY

A. The Daubert Revolution and Its Impact on Chiropractic Testimony

The Supreme Court's decision in *Daubert v. Merrell Dow Pharmaceuticals, Inc* transformed trial judges into "gatekeepers" responsible for ensuring that expert testimony meets reliability standards before reaching the jury.[66] For chiropractic practitioners serving as expert witnesses in commercial motor vehicle collision litigation, the Daubert standard presents both unprecedented opportunities and formidable challenges that require careful navigation. Federal Rule of Evidence 702, as interpreted through the Daubert trilogy, establishes a four-pronged test for the admissibility of expert testimony.[67] The testimony must be: "(1) based on sufficient facts or data; (2) the product of reliable principles and methods; (3) the result of reliable application of those principles and methods to the facts of the case; and (4) helpful to the trier of fact."[68]

The modern trend in federal and state courts nationwide reflects an increasingly favorable disposition toward chiropractic expert testimony when a proper foundation is laid.[69] Courts have progressively recognized that chiropractors possess specialized knowledge regarding spinal biomechanics, musculoskeletal injuries, and conservative treatment approaches that is particularly relevant to motor vehicle collision litigation.[70] This judicial acceptance enables plaintiff attorneys to effectively utilize chiropractic experts to establish both causation and damages in commercial vehicle accident cases.[71]

However, significant challenges persist that can undermine the effectiveness of chiropractic testimony. Primary obstacles include lingering jury perceptions regarding the professional credibility of chiropractors as qualified medical experts. Additionally,

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[64] M. Schneider, *Outcome Measures and Their Everyday Use in Chiropractic Practice*, 33 CHIROPR. OSTEOPATH. 12 (2010)

[65] R. Farabaugh et al., *Cost of Chiropractic Versus Medical Management of Adults with Spine-Related Musculoskeletal Pain: A Systematic Review*, CHIROPR. MAN. THERAP. (2019) (finding cost savings of $2,385 per patient with chiropractic care including advanced imaging).

[66] *Daubert v. Merrell Dow Pharms, Inc*., 509 U.S. 579 (1993).

[67] FED. R. EVID. 702.

[68] *See Sheng v. Bissonnette*, No. 1:17-cv-03864-JRS-TAB, 2019 U.S. Dist. LEXIS 91299, at *3-4 (S.D. Ind. 2019).

[69] *Infinity Physical Therapy, LLC v. Meemic Ins. Co.*, No. 365767, 2025 Mich. App. LEXIS 806, at *1 (Ct. App. 2025).

[70] *Id.*

[71] *Whittaker v. Houston*, 888 A.2d 219, 220 (Del. 2005).

there are instances where practitioners offer non-evidence-based medical opinions. Finally, the most common reason behind the court excluding the chiropractic expert testimony is when chiropractors venture beyond their recognized scope of practice.[72]

Chiropractic experts, with their comprehensive education in spinal anatomy, specialized experience in treating high-impact neuromusculoskeletal trauma, and advanced training in spinal biomechanics, represent a valuable asset when properly utilized in the litigation process.[73] The Daubert decision explicitly identified peer review and publication as critical factors in assessing scientific reliability.[74] The quality and scope of chiropractic research have improved substantially in recent decades, with prestigious journals such as the *Journal of Manipulative and Physiological Therapeutics*, *Spine*, *Manual Therapy*, and *Accident Analysis & Prevention* now publishing high-quality studies that provide robust scientific support for expert opinions.[75] Chiropractic experts must demonstrate comprehensive familiarity with this evolving literature and possess the analytical skills to distinguish between studies of varying methodological quality and relevance.

To enhance their expertise and credibility in personal injury litigation involving 18-wheeler collision dynamics, many chiropractors pursue additional certification and training in accident reconstruction methodologies.[76] This specialized education significantly enhances their credibility when testifying as expert witnesses regarding causation-related opinions. Such training typically encompasses collision dynamics analysis, biomechanical force calculations, and understanding the long-term effects of traumatic forces on human tissues, including the development of permanent arthritis, chronic pain syndromes, and other conditions that substantially diminish quality of life.[77]

Numerous board-certified continuing education programs are available to chiropractors specializing in personal injury practice.[78] These advanced training opportunities enable practitioners to provide more sophisticated testimony regarding causation analysis and both economic and non-economic damages. Experts who can demonstrate that their opinions align with systematic reviews, clinical guidelines and are backed up by higher medical specialists, such as orthopedic surgeons, are significantly more likely to satisfy judicial scrutiny under the Daubert standard.[79]

The biomechanical analysis of injury mechanisms in commercial vehicle collisions has gained increasing acceptance in courts, particularly when supported by comprehensive crash reconstruction data and validated through peer-reviewed research. Chiropractic experts who can effectively correlate clinical findings with established biomechanical principles of high-velocity impact trauma consistently satisfy Daubert's

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[72] *Yagodinski v. Sutton*, 309 Neb. 179, 181, 959 N.W.2d 541, 544 (2021).
[73] *See* Scott Haldeman et al., *Guidelines for Chiropractic Quality Assurance and Practice Parameters*, 18 J. MANIPULATIVE & PHYSIOLOGICAL THERAPEUTICS 1 (1995).
[74] *Daubert*, 509 U.S. at 593.
[75] *See* generally J. MANIPULATIVE & PHYSIOLOGICAL THERAPEUTICS; SPINE; MANUAL THERAPY; ACCIDENT ANALYSIS & PREVENTION (2020-2024 issues).
[76] *Certificate in Chiropractic Personal Injury Specialty (CPIS) Program Details*, CCEDSEMINARS, https://ccedseminars.com/pages/certification-program-details.php?Id=10 (last visited July 6, 2025).
[77] *Id.*
[78] *Id.*
[79] *Powell v. Hudson*, No. 99C-07-039, 2002 Del. Super. LEXIS 189, at *1 (Super. Ct. 2002).

reliability requirements more readily than those relying solely on clinical experience or intuition.[80]

B. Documentation & Strategic Information to Strengthen Expert Testimony

The foundation of legally admissible chiropractic testimony rests upon meticulous documentation that features appropriate objective findings, detailed examination procedures, comprehensive diagnostic protocols, and clear, scientifically-based rationale for diagnostic conclusions.[81] Chiropractic experts must maintain comprehensive documentation that includes initial injury assessments, serial examination findings, objective measurement data, imaging study correlations, treatment response documentation, and detailed progress evaluations.[82] This documentation must be contemporaneous, thorough, and scientifically defensible to withstand aggressive cross-examination.[83]

Commercial vehicle collision cases often involve delayed onset of symptoms, which requires careful analysis of the injury mechanism, inflammatory response, and natural history of specific injury types.[84] Chiropractic experts must be prepared to explain why certain injuries may not manifest immediately and how the collision forces could have initiated a cascade of pathophysiological changes.

Defense counsel will invariably challenge causation through systematic differential diagnosis arguments, typically attributing injuries to pre-existing conditions, prior trauma history, or alternative causation mechanisms. The differential diagnosis process in commercial vehicle cases must comprehensively account for pre-existing conditions, age-related degenerative changes, and alternative trauma mechanisms while demonstrating the relationship between the specific collision and the plaintiff's injuries.[85]

Given the severe forces involved in 18-wheeler collisions, the primary challenge often lies not in establishing that trauma occurred, but rather in differentiating between new injury and pre-existing pathology, and determining the precise extent of trauma-related exacerbation of existing conditions. Chiropractic experts must demonstrate systematic consideration of alternative causes and provide logical, evidence-based elimination of less likely explanations.[86]

The expert must be prepared to address the concept of "aggravation of pre-existing conditions" with scientific precision, explaining how traumatic forces can accelerate degenerative processes, destabilize previously asymptomatic conditions, or create new injury superimposed upon existing pathology.[87]

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[80] *Pruneda v. Columbia Steel Casting Co.*, 2007 UT App 371.
[81] *In re Paoli R.R. Yard Pcb Litig.*, 35 F.3d 717, 735 (3d Cir. 1994).
[82] *Id.*
[83] *Hayhoe v. Henegar,* 172 S.W.3d 642 (Tex. App.—Eastland 2005, no pet.).
[84] N. Bogduk & S. Mercer, *Biomechanics of the Cervical Spine. I: Normal Kinematics*, 15 CLIN. BIOMECH. (BRISTOL) 633 (Nov. 2000), https://pubmed.ncbi.nlm.nih.gov/10946096/.
[85] *Westberry v. Gislaved Gummi AB*, 178 F.3d 257 (4th Cir. 1999).
[86] *Schreib v. Whitmer*, 2016 UT App 61, 370 P.3d 955.
[87] *Bongiovanni v. Cavagnuolo*, 2016 NY Slip Op 00638, 138 A.D.3d 12, 24 N.Y.S.3d 689 (App. Div.).

C. Challenges to Daubert Compliance & Common Causes for Expert Disqualification

One of the most frequent reasons for excluding chiropractic expert testimony involves exceeding the recognized scope of chiropractic practice.[88] This typically occurs when chiropractic experts venture inappropriately into specialized areas such as complex accident reconstruction mathematics, metallurgical analysis of vehicle damage, advanced neurological assessment beyond their training scope, or pharmaceutical and surgical treatment recommendations.[89]

Plaintiff attorneys frequently seek chiropractic opinions regarding the necessity or appropriateness of surgical interventions, epidural steroid injections, nerve blocks, or other invasive medical treatments.[90] Such testimony violates chiropractic scope of practice limitations and can result in immediate expert disqualification. Legal counsel must exercise careful judgment in limiting chiropractic testimony to appropriate areas of expertise while avoiding the temptation to use chiropractors to justify medical interventions beyond their professional scope.[91] The distinction between biomechanical analysis of human injury mechanisms (appropriate for chiropractic experts) and engineering analysis of vehicle dynamics or metallurgical failure analysis (potentially inappropriate without additional qualifications) represents a critical boundary that must be respected.[92]

Chiropractors frequently encounter Daubert challenges when relying on generic or template-based expert opinions rather than conducting thorough case-specific analysis. Chiropractic experts must demonstrate that their opinions are specifically tailored to the particular collision circumstances rather than offering general statements about 18-wheeler collisions. The analysis must comprehensively account for the specific collision type (rear-end impact, side-impact, T-bone collision, head-on collision, rollover), airbag deployment status, braking system engagement, cargo distribution effects, and other commercial vehicle-specific factors that distinguish these cases from ordinary motor vehicle accidents.[93]

D. Strategic Recommendations for Maximizing Chiropractic Expert Testimony

Chiropractors can establish strong credibility as expert witnesses in 18-wheeler crash cases when they are properly qualified through a comprehensive presentation of their credentials, emphasizing current licensure in good standing, specialized training in motor vehicle collision biomechanics, continuing education in personal injury practice, and relevant clinical experience treating commercial vehicle collision

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88 *Torres v. Stein*, No. N21C-06-202 FWW, 2023 Del. Super. LEXIS 102 (Super. Ct. 2023).
89 *Cantrell v. Eshelman*, 67 Va. Cir. 214 (Cir. Ct. 2005).
90 *Id.*
91 *Yagodinski v. Sutton*, 309 Neb. 179, 959 N.W.2d 541 (2021).
92 See *Mall v. Horton*, 292 Ore. App. 319, 423 P.3d 730 (2018) (Chiropractor disqualified as expert witness).
93 *Kumho Tire Co. v. Carmichael*, 526 U.S. 137 (1999).

victims.[94] This information must be effectively presented to the jury to enhance credibility and demonstrate specialized expertise.

Chiropractic experts must utilize validated, evidence-based scientific research in formulating their testimony and opinions. They must demonstrate familiarity with current literature regarding collision biomechanics, injury mechanisms, treatment protocols, and outcome studies. Citations to systematic reviews, meta-analyses, and high-quality clinical trials substantially strengthen the scientific foundation of expert testimony.[95]

Expert testimony must strictly adhere to the recognized scope of chiropractic practice, focusing exclusively on musculoskeletal injury assessment, spinal biomechanics analysis, conservative treatment modalities, and functional capacity evaluation. Testimony should avoid recommendations regarding surgical interventions, pharmaceutical treatments, invasive procedures such as epidural steroid injections or nerve blocks, as these fall outside chiropractic scope and can result in expert disqualification.[96]

The causation analysis must address the relationship between the specific collision forces, the resulting injury mechanisms, and the plaintiff's clinical presentation through scientifically sound methodology. This requires integration of crash reconstruction data, biomechanical principles, clinical findings, and outcome assessment. The chiropractor must demonstrate comprehensive familiarity with the specific collision details of the case and not rely on generalized 18-wheeler collision statistics or generic template-based causation theories in formulating their expert opinion.[97]

V. JURY CHALLENGES — BIAS AGAINST CHIROPRACTORS

Doctors of Chiropractic are board-certified, licensed health care providers who undergo rigorous training in soft tissue injury/trauma diagnosis and treatment of neuromusculoskeletal conditions. Despite meeting the educational requirements and the Daubert standard for expert testimony, chiropractors face persistent jury perception challenges.[98] The traditional medical community is notorious for bringing the reputation of chiropractors down by false accusations against them. Some jurors may have a personal bias against chiropractic, assuming that they are not “real doctors” or skilled healthcare professionals. Unfortunately, in some jurisdictions, the traditional bias towards chiropractors can affect jury verdicts.[99]

Defense counsel and insurance companies exploit these biases by attacking the negative jury perception of chiropractors. They may attack the credibility of the

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[94] *See generally* DAVID L. FAIGMAN ET AL., MODERN SCIENTIFIC EVIDENCE: THE LAW AND SCIENCE OF EXPERT TESTIMONY § 1:36 (2021-2022 ed.).
[95] *Id.*
[96] *Moreno v. Ingram*, 454 S.W.3d 186 (Tex. App.—Dallas 2014, no pet.).
[97] *See Westberry v. Gislaved Gummi AB*, 178 F.3d 257, 261 (4th Cir. 1999) (requiring that causation opinions be based on “more than subjective belief or unsupported speculation” and must demonstrate “good grounds” for the expert's conclusions).
[98] *See generally* FED. R. EVID. 702; *Daubert v. Merrell Dow Pharms, Inc.*, 509 U.S. 579 (1993).
[99] *Morris v. Bonner*, 183 Ga. App. 499, 499, 359 S.E.2d 244, 244 (1987) (removing a prospective juror for being anti-chiropractic).

chiropractic expert by insinuating that chiropractors are inferior to other medical doctors with similar education and training. These false claims and inflammatory tactics aim to undermine causation and damage testimony. Skilled plaintiff attorneys can counter this through effective voir dire, eliminating biased jurors through challenges for cause or peremptory strikes.[100]

Plaintiff's counsel must lay a strong foundation for the chiropractor expert by demonstrating the expert's licensing requirements, educational background, clinical experience in treating trauma-based injuries, and specialized training in whiplash-related injuries.[101] Counsel should emphasize the value and need for non-invasive conservative care and that Chiropractic/rehab treatment is the gold standard for soft tissue injuries.[102] Chiropractors must establish that the corresponding treatment rendered was per the national guidelines, meeting the evidence-based standard of diagnostic and treatment protocols.[103]

In an 18-wheeler collision case, where the crash dynamics matter, plaintiff lawyers should share data of crash dynamics, vehicle information and other crash specific information to the chiropractor. The expert should go over the patient's other medical records to be familiar with the plaintiff's injuries, such as ER records and any other diagnostic imaging records and records from any other healthcare provider the patient may have been to post-collision. Proper documentation and knowledge of the case specifics can counter the defense narrative of exaggerated injuries and unnecessary chiropractic treatment.[104]

Experts are encouraged to use visuals such as anatomical models to explain to the jury their clinical findings and demonstrate their detailed knowledge of human anatomy and the pathophysiology of injuries sustained from motor vehicle collisions. Lay analogy and charts showing the patient's limitations in performing their activities of daily living post-collision can also be very helpful.[105]

Because chiropractors see the plaintiffs' multiple times a week for months, they are excellent witnesses to discuss patients' limitations in their quality and enjoyment of life due to pain.[106] Plaintiff's attorney should highlight chiropractic experts' testimony around the impact on daily life, like the ability to work, sleep, lift items, tend to childcare, drive, cook, and or care for family. This can make the injury real to the jury, and they can resonate with the plaintiff's pain and suffering.[107]

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[100] *Id.*
[101] *Reardon v. Larkin*, 2010 ME 86, 3 A.3d 376.
[102] *See Clinical Practice Guidelines for the Management of Acute and Chronic Neck Pain*, 43 J. MANIPULATIVE & PHYSIOLOGICAL THERAPEUTICS 449 (2020)
[103] *Id.*
[104] *Edwards v. Louy*, 2002-Ohio-3818, ¶ 1 (Ct. App.).
[105] *Demonstrative Evidence: Benefits & Admissibility in Expert Testimony*, EXPERT INST. (Apr. 12, 2023), https://www.expertinstitute.com/resources/insights/demonstrative-evidence-expert-testimony/.
[106] *See Expert Witnesses*, GEORGE SALINAS INJURY LAWYERS (Apr. 2, 2025), https://www.salinastriallaw.com/personal-injury-resources/expert-witnesses/ (noting rehabilitation experts can testify about loss of abilities preventing work, activities of daily living, or quality of life enjoyment).
[107] *See Personal Injury*: *Chiropractors as Expert Medical Witnesses in Court Trials*, THE FLOYD LAW FIRM PC (Mar. 1, 2024), https://www.floydlaw.com/information/personal-injury-chiropractors-as-expert-medical-witnesses-in-court-trials/.

VI. MULTIDISCIPLINARY CASE MANAGEMENT IN 18-WHEELER CASES

Considering the high velocity impact and magnitude of forces involved in a commercial vehicle crash, patients commonly sustain severe injuries requiring co-management across multiple medical specialties. While there is a special place for chiropractors in the treatment umbrella, patients are often referred to other medical providers, such as pain management MDs, orthopedic surgeons, and neurologists, depending on the severity of the patient's injuries and medical necessity.[108] It is well within the scope of chiropractic to make necessary referrals to other medical professionals when clinical findings exceed chiropractic treatment parameters. This referral authority distinguishes chiropractic practice from physical therapy and creates important legal implications for case management.[109]

A vast majority of these 18-wheeler crash victims go to the hospital or emergency room (ER) for initial trauma assessment.[110] The primary goal is for the ER doctor to rule out any internal bleeding or complex fractures that would require immediate surgery.[111] It is very important to rule out any other life-threatening injuries to vital organs, including traumatic brain injury, depending on the type of trauma sustained from that specific collision.[112]

Emergency physicians employ comprehensive diagnostic imaging protocols that reflect the complexity of such injuries. Head computed tomography (CT) scans are routinely ordered to evaluate traumatic brain injury, particularly when patients report loss of consciousness or altered mental status.[113] Chest and abdominal CT are the next common type of diagnostic imaging ordered by ER physicians to rule out rib fractures or collapsed lung from seatbelt-associated trauma, or any abdominal bleeding or internal bleeding from the high-velocity impact.[114] Further injury-specific imaging may be ordered at the ER, including cervical and lumbar CT scans or X-rays to rule out spinal fractures sustained from a severe whiplash injury.[115] The emergency department evaluation establishes not only the immediate medical treatment plan but also creates the foundational medical record that will support future treatment decisions and legal claims.[116]

While emergency evaluation is not mandatory, it remains highly recommended to exclude life-threatening injuries.[117] If patients have not received emergency evaluation before chiropractic assessment, chiropractors can refer patients to medical

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[108] Minjeong Chang, *The Chiropractic Scope of Practice in the United States: A Cross-Sectional Survey*, 37 J. MANIPULATIVE & PHYSIOL. THERAPEUTICS 363 (2014), https://doi.org/10.1016/j.jmpt.2014.05.003.
[109] *Id.*
[110] *See* 42 U.S.C. § 1395DD (2023).
[111] *2023 Emergency Department Evaluation and Management Guidelines FAQs*, AM. COLL. OF EMERGENCY PHYSICIANS (Nov. 2023), https://www.acep.org/administration/reimbursement/reimbursement-faqs/2023-ed-em-guidelines-faqs/ (last visited July 9, 2025).
[112] *Id.*
[113] *See* CTR. FOR DISEASE CONTROL & PREVENTION, *Traumatic Brain Injury Guidelines* (2023).
[114] *See* AM. COLL. OF RADIOLOGY, *Appropriateness Criteria for Imaging in Trauma* (2023).
[115] *Id.*
[116] *See* FED. R. EVID. 803(4); 45 C.F.R. § 164.501 (2023).
[117] *See* 42 U.S.C. § 1395DD

doctors for pain management and order imaging studies to rule out complicated fractures or life-threatening internal bleeding from trauma.[118] As shock and adrenaline subside following a collision, patients frequently develop additional symptoms missed during emergency evaluations, necessitating secondary comprehensive evaluation by chiropractors to document all impact-related injuries.[119]

During the patient's ongoing treatment, a chiropractor may order further advanced imaging to supplement emergency department studies, especially to evaluate severe soft tissue injuries that may not need immediate surgery but require complex medical treatments.[120]A magnetic resonance imaging (MRI) is designed to evaluate soft tissue injuries not visible on CT scans or radiographs. MRI studies reveal disc herniations, ligamentous injuries, and neural compression that may develop over time as inflammation and scar tissue formation progress.[121] Based on patient needs and MRI clinical findings, chiropractors may refer patients to other medical specialties.

Pain management represents the most commonly utilized intervention as an extension of conservative chiropractic care /physical therapy.[122] If the patient's symptoms are not improving with conservative care, or if the patient has a substantially large disc herniation or compressed nerve roots or spinal nerve, the pain management physicians will prescribe Epidural steroid injections (ESI).[123] While most patients recover well with a few rounds of ESI along with traditional chiropractic rehabilitation, some patients need more invasive surgical interventions.[124] Some of the most common surgical interventions include partial discectomy, complete discectomy, lumbar laminectomy, lumbar fusion, cervical fusion, shoulder and hip labrum repairs, or spinal decompression surgeries.[125] The clinical decision to proceed with surgeries should be based on objective clinical findings, exhaustion of non-invasive medical treatments, MRI evidence of highly symptomatic disc herniation or neural compression resulting in severe pain or muscle weakness limiting the quality of life and activities of daily living.[126]

Chiropractors may continue to treat patients simultaneously as they seek medical intervention from other providers. Depending on the case specifics, chiropractors may provide pre-surgical strength and range of motion treatments and

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[118] 22 TEX. ADMIN. CODE § 78.1 (2025) (scope of chiropractic practice).
[119] D. Kok et al., *Delayed-Diagnosed Injuries in Trauma Patients After Initial Trauma Assessment with a Total-Body Computed Tomography Scan*, 55 INJURY 111304 (2024), https://pubmed.ncbi.nlm.nih.gov/38171970/.
[120] *Id.*
[121] *See* NORTH AM. SPINE SOC'Y, *MRI Guidelines for Spinal Injuries* (2023); AM. ACAD. OF ORTHOPEDIC SURGEONS, *Soft Tissue Injury Assessment Standards* (2023).
[122] *See* AM. PAIN SOC'Y, *Pain Management Guidelines* (2023); CTR. FOR DISEASE CONTROL & PREVENTION, *Opioid Prescribing Guidelines* (2023).
[123] *See* AM. SOC'Y OF INTERVENTIONAL PAIN PHYSICIANS, *Epidural Steroid Injection Guidelines* (2023); CTR. FOR MEDICARE & MEDICAID SERVS., *Medicare Coverage Determinations for Pain Management* (2023).
[124] *See* AM. ACAD. OF ORTHOPEDIC SURGEONS, *Surgical Outcome Studies* (2023); NORTH AM. SPINE SOC'Y, *Spine Surgery Guidelines* (2023).
[125] *See* AM. ASS'N OF NEUROLOGICAL SURGEONS, *Spinal Surgery Classification* (2023); AM. ACAD. OF ORTHOPEDIC SURGEONS, *Orthopedic Surgery Standards* (2023).
[126] *See* AM. COLL. OF SURGEONS, *Surgical Indication Guidelines* (2023); INST. OF MED., *Evidence-Based Medicine Standards* (2023).

post-surgical rehabilitation when properly coordinated with the primary surgeon.[127] The collaborative care model requires clear communication between providers and documentation of each provider's specific contributions to patient care.[128]

The legal implications of collaborative care extend beyond clinical outcomes to include expert testimony and case presentation.[129] When multiple providers coordinate patient care effectively, their combined testimony creates a more credible and comprehensive presentation of medical necessity and treatment effectiveness under Daubert standards.[130] The collaborative care model also demonstrates appropriate medical decision-making and reduces the appearance of overtreatment.[131]

VII. OVERTREATMENT IN 18-WHEELER COLLISION CASES

The substantial damages typically associated with commercial vehicle crashes create powerful financial incentives that can lead to medical overtreatment.[132] This phenomenon occurs when healthcare providers, often under pressure from personal injury attorneys, recommend unnecessary medical procedures or excessive treatment regimens to artificially inflate damages.[133] This unethical practice undermines both patient welfare and the integrity of the legal system.[134]

Plaintiff's damage recovery in these 18-wheeler collision cases relies heavily on documented medical expenses.[135] Auto insurance settlement offers are typically calculated based on the patient's past medical costs.[136] This creates a perverse incentive structure for personal injury attorneys who are working on contingency fee arrangements.[137] The attorney's financial stake in the outcome is typically 33-40% of any settlement or jury award.[138] They may encourage clients to pursue more expensive treatment options to maximize potential recovery, crossing the ethical boundary by dictating medical treatments.[139]

Some of the common examples of overtreatment in such cases include pushing for unnecessary epidural steroid injections or multiple rounds of injections in a plaintiff

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[127] *See* AM. PHYSICAL THERAPY ASS'N, *Pre- and Post-Surgical Rehabilitation Guidelines* (2023).
[128] *See* JOINT COMM'N, *Coordination of Care Standards* (2023).
[129] *See* FED. R. EVID. 702; *Daubert v. Merrell Dow Pharms., Inc.*, 509 U.S. 579 (1993).
[130] *Daubert v. Merrell Dow Pharms, Inc*., 509 U.S. 579 (1993); *Kumho Tire Co. v. Carmichael*, 526 U.S. 137 (1999).
[131] *Chambers v. Graybiel*, 639 So. 2d 361 (La. Ct. App. 1994) (the court's ruling on overtreatment in bad faith not to be compensated).
[132] *See* David A. Hyman and Charles Silver, *Medical Malpractice Litigation and Tort Reform*: *It's the Incentives, Stupid,* 59 *VAND. L.REV. 1085* (2006),https://scholarship.law.vanderbilt.edu/vlr/vol59/iss4/4.
[133] *See* Tom Baker, *Blood Money, New Money, and the Moral Economy of Tort Law in Action*, 35 LAW & SOC'Y REV. 275, 287-89 (2001).
[134] *Id.*
[135] *See* Douglas A. Kysar, *The Expectations of Consumers*, 103 COLUM. L. REV. 1700, 1750-52 (2003).
[136] *Id.*
[137] *See* LESTER BRICKMAN, *Lawyer Barons: What Their Contingency Fees Really Cost America* 89-112 (2011).
[138] *Id.*
[139] MODEL RULES OF PRO. CONDUCT r. 5.4(c) (AM. BAR ASS'N 2020).

whose symptoms do not warrant such an aggressive, invasive approach.[140] These procedures carry significant risks and should only be considered after conservative treatment options have been exhausted.[141] Similarly, some healthcare providers push a patient to opt for premature surgery before fully exhausting all non-invasive options.[142] This violates established medical protocols and clinical guidelines that require a graduated approach to surgical interventions in neuro-musculoskeletal injuries.[143]

Additionally, some providers opt for unnecessary advanced imaging studies, including MRI and CT scans that serve no legitimate treatment purpose but are ordered to document subtle soft tissue changes or simply to generate additional medical expenses.[144] This practice not only increases costs but also exposes patients to unnecessary radiation and potential false-positive findings that can lead to further unnecessary interventions and anxiety in patients.[145]

Chiropractic overtreatment represents another significant concern, with some practitioners providing "bad faith" high-frequency treatment sessions without proper re-evaluation or medical justification.[146] Chiropractic treatment plans must be based on objective medical necessity and should demonstrate measurable progress toward functional improvement.[147] Absent special circumstances such as post-surgical rehabilitation, such extensive treatment frequencies typically exceed accepted standards of care.[148]

Medical overtreatment violates fundamental principles of both medical and legal ethics. Healthcare providers must adhere to recommendations based solely on medical necessity rather than financial considerations.[149] Similarly, attorneys are prohibited from improperly influencing medical treatment decisions, as this constitutes a violation of professional conduct rules.[150]

There are dire consequences for such unethical practices. Insurance companies and state regulatory bodies have increased scrutiny of attorney-driven medical clinics, leading to numerous investigations and enforcement actions.[151] Many facilities have been flagged for suspicious billing patterns, resulting in civil lawsuits alleging common

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[140] *See* SHANNON BROWNLEE, *Overtreated: Why Too Much Medicine is Making Us Sicker and Poorer* 156-78 (2007).
[141] *See* INST. OF MED., *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research* 87-89 (2011).
[142] *See* AM. SOC'Y OF INTERVENTIONAL PAIN PHYSICIANS, *Guidelines for the Performance of Fusion Procedures for Degenerative Disease of the Lumbar Spine*, 10 PAIN PHYSICIAN 219, 225-27 (2007).
[143] *Id.*
[144] Rebecca Smith-Bindman et al., *Radiation Dose Associated with Common Computed Tomography Examinations*, 169 ARCH. INTERN. MED. 2078, 2082-84 (2009).
[145] *Id.*
[146] *Dotson v. Balsamo*, 307 So. 3d 1131 (La. Ct. App. 2d Cir. 2020) (malingering plaintiff receives reduced compensation due to "bad faith" overtreatment)
[147] *Id.*
[148] *Keil's Wholesale Tire v. Marion*, 518 A.2d 91 (Del. 1986) (excessive treatment may be proper if palliative as corroborated by other physicians on case by case basis).
[149] *See* TOM L. BEAUCHAMP & JAMES F. CHILDRESS, *Principles of Biomedical Ethics* 149-65 (8th ed. 2019).
[150] MODEL RULES OF PRO. CONDUCT r. 5.4(c) (AM. BAR ASS'N 2020).
[151] *See* NAT'L INS. CRIME BUREAU, *Insurance Fraud in Personal Injury Cases: Annual Report* 34-36 (2023).

law fraud and violations of the Racketeer Influenced and Corrupt Organizations (RICO) Act.[152] These enforcement actions have resulted in significant financial penalties and, in some cases, the loss of professional licenses.[153]

Furthermore, these "kickback schemes" can cause economic losses for everyone in the long run.[154] Insurance fraud drives up premiums for all consumers, creating a hidden tax on legitimate policyholders. Moreover, the erosion of credibility in the personal injury system can prejudice juries against legitimate claims, potentially denying appropriate compensation to truly injured plaintiffs.

Plaintiff attorneys and healthcare providers must follow the ethical trajectory of a typical 18-wheeler collision case. Healthcare providers must adhere to evidence-based treatment protocols that prioritize patient welfare over financial considerations. This includes implementing proper documentation procedures, conducting regular treatment plan reviews, and maintaining clear communication with patients about treatment necessity and alternatives.[155]

Personal injury attorneys must maintain appropriate boundaries with healthcare providers, avoiding any conduct that could be construed as improperly influencing medical treatment decisions.[156] This includes refraining from financial arrangements or "kickback" referral schemes that create conflicts of interest and ensuring that referrals are based on medical qualifications rather than willingness to provide extensive treatment.[157]

Both attorneys and healthcare providers should maintain transparent communication with patients about treatment options, risks, and the relationship between medical expenses and potential recovery. Patients have a right to understand the medical necessity of proposed treatments and should never be pressured into unnecessary procedures.

CONCLUSION

Chiropractors are doctors of alternative medicine; they are licensed healthcare professionals who render non-invasive, drug-free, safe, and effective treatment for collision victims. Chiropractors, unlike physical therapists, can add great value to the personal injury case management by their ability to co-manage these patients with multiple medical specialties as needed. They can independently refer for diagnostic imaging and co-manage these patients pre- and post-surgical status in collaboration with orthopedic or neurosurgeons.

From treatment to testimony, when used ethically and within an evidence-based framework, chiropractic care serves as a credible foundation for establishing causation,

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[152] *See* 18 U.S.C.S. § 1962(c); *Allstate Ins. Co. v. Lint Chiropractic P.C.*, 735 F. Supp. 3d 833 (E.D. Mich. 2024).
[153] *Allstate Ins. Co. v. Plambeck*, 802 F.3d 665 (5th Cir. 2015).
[154] *Liberty Mut. Fire Ins. Co. v. Acute Care Chiropractic Clinic P.A.*, 88 F. Supp. 3d 985 (D. Minn. 2015).
[155] *See* AM. MED. ASS'N, *Code of Medical Ethics* § 2.09 (2021).
[156] *See* MODEL RULES OF PRO. CONDUCT r. 1.1 cmt. 6 (AM. BAR ASS'N 2020).
[157] *Gov't Emples. Ins. Co. v. Mayzenberg*, No. 17-CV-2802, 2018 U.S. Dist. LEXIS 195890 (E.D.N.Y. 2018).

damages, and medical necessity in soft-tissue injury claims. This paper has explored how chiropractors contributed meaningfully in establishing causation and to the substantiation of economic and non-economic damages through evidence-based treatment protocols, standardized documentation, and qualified expert testimony under the Daubert standard.

The medical community and insurance providers have historically viewed chiropractors as less credible than traditional physicians, but this perception is shifting as research validates chiropractic effectiveness and state licensing establishes professional standards. Since jury bias against chiropractic care can significantly impact litigation outcomes, personal injury attorneys must carefully screen potential jurors during voir dire to identify and exclude those with anti-chiropractic prejudices. Meanwhile, chiropractors serving as expert witnesses should strengthen their credibility by providing well-documented, evidence-based testimony that follows established clinical guidelines and stays within their professional scope of practice.

The integrity of the personal injury system depends on the ethical conduct of both legal and medical professionals. While commercial vehicle collision cases often involve significant injuries requiring substantial medical intervention, treatment decisions must be based on medical necessity rather than financial considerations. Only through adherence to established ethical standards and evidence-based practices can the system maintain its legitimacy and ensure that truly injured plaintiffs receive appropriate compensation while protecting against fraudulent claims.

The legal profession must remain vigilant in ensuring that lawyers do not improperly influence medical care, and healthcare providers must adhere strictly to treatment guidelines that reflect clinical necessity rather than legal strategy.

By fostering collaboration rooted in ethical standards and clinical integrity, chiropractors and attorneys can together ensure that personal injury litigation reflects both patient well-being and evidentiary truth. This article calls for greater accountability, training, and oversight to prevent abuse and preserve the rightful place of chiropractic testimony in commercial vehicle litigation.