

NOV 7 2007

**TIMOTHY J. YOUNG, D.C.**  
**3206 TOWER OAKS BUILDING**  
**SUITE 150**  
**ROCKVILLE, MD 20852**

November 2, 2007

Duane R. Sadula, D.C., President  
Maryland State Board of Chiropractic Examiners  
4201 Patterson Avenue  
Baltimore, MD 21215

Dear Dr. Sadula and Members of the Board:

Please be advised that I have decided to permanently surrender my license to practice chiropractic in the State of Maryland. License Number S01948, effective immediately. I understand that upon surrender of my license, I may not give chiropractic advice or treatment to any individual, with or without compensation, or otherwise engage in the practice of chiropractic in the State of Maryland as it is defined in the Maryland Chiropractic Act (the "Act"), Md. Health Occ. Code Ann. ("HO"), §§3-101 et. seq. (2005 Repl. Vol.) and other applicable laws. In other words, as of the effective date of this Letter of Surrender, i.e., the date the Board accepts this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual in the State of Maryland.

I understand that this Letter of Surrender is a public document and on the Board's acceptance, becomes a final order of the Board.

My decision to permanently surrender my license to practice chiropractic in the State of Maryland has been prompted by an investigation of my license by the Maryland Board of Chiropractic Examiners (the "Board"). The investigation resulted in the Board's issuance of disciplinary charges under Board Case Number 04-35C. These disciplinary charges are attached hereto and incorporated herein. [Attachment A].

I have decided to surrender my license to practice chiropractic in the State of Maryland to avoid further prosecution on the disciplinary charges now pending before the Board. I acknowledge that the Board initiated an investigation of my practice and that on May 1, 2007, issued disciplinary charges under Md. Health Occ. Code Ann. (HO) §§3-101 et seq.; and Code Md. Regs. ("COMAR") tit. 10:43 et seq.

Duane R. Sadula, D.C.  
Page Two  
November 2, 2007

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid prosecution of the disciplinary charges under the Act in order to resolve this matter, after consulting with my legal counsel, Paul J. Weber, Esquire. I acknowledge that if the case proceeded to an evidentiary hearing, the Board would submit evidence to support the allegations in the May 1, 2007, charging document. I acknowledge that for all purposes relevant to chiropractic licensure, those allegations will be treated as if proven. Nothing in this letter is to be construed as an admission of the allegations.

I understand that by executing this Letter of Surrender, I am waiving any right to contest the disciplinary charges and the investigative findings in a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and all other substantive and procedural protections provided by law, including the right to appeal.

I hereby affirm that as a condition of the Board's acceptance of this Letter of Surrender, I agree to personally surrender my license, wallet card and wall certificate to the Board Executive Director within forty-eight (48) hours of the execution of this letter, and further agree not to apply or in any way seek reinstatement of my chiropractic license in Maryland.

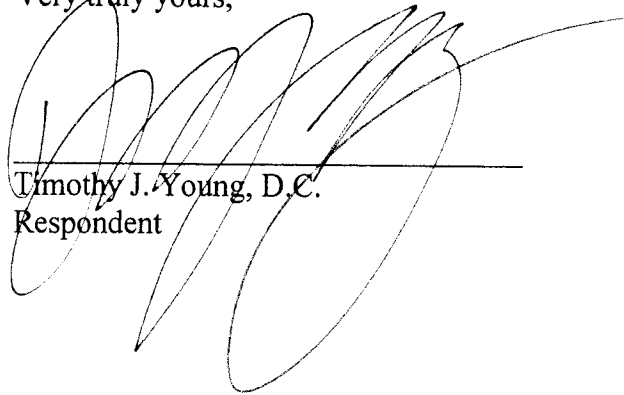
I understand that this letter is a public document and may be released to the general public; the Board will advise the National Practitioners' Data Bank, the Chiropractic Information Licensing Boards Database, and the Healthcare Integrity and Protection Databank of this Letter of Surrender, and in response to any inquiry, that I have surrendered my license in lieu of further disciplinary action under the Act. I also understand that in the event I would apply for licensure in any form in any other state or jurisdiction, that this Letter of Surrender, including the Charges attached hereto and incorporated herein, may be released or published by the Board to the same extent as a final order that would result from disciplinary action, pursuant to Ms. State Gov't Code Ann. §10-611 et. seq. (2004) and that this Letter of Surrender shall constitute a disciplinary action by the Board.

I affirm that I have not renewed my license to practice chiropractic during the 2007 renewal period, and have discontinued the practice of chiropractic.

Duane R. Sadula, D.C.  
Page Three  
November 5, 2007

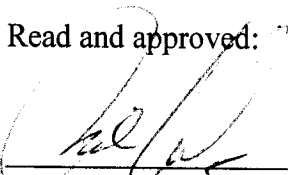
I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have consulted with counsel prior to signing this Letter of Surrender. I understand both the nature of the Board's actions and this Letter of Surrender, fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Very truly yours,



\_\_\_\_\_  
Timothy J. Young, D.C.  
Respondent

Read and approved:




\_\_\_\_\_  
Paul J. Weber, Esquire  
Counsel to Dr. Young

**NOTARY**

STATE OF MARYLAND  
CITY/COUNTY OF Anne Arundel

I HEREBY CERTIFY that on this 2nd day of November, 2007, before me, a Notary Public of the City/County aforesaid, personally appeared Timothy J. Young, D.C. and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial seal.



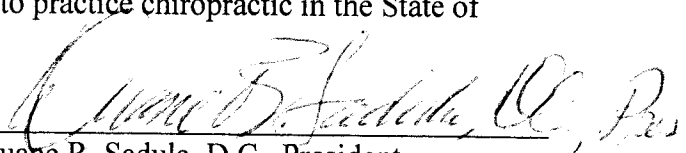
\_\_\_\_\_  
Notary Public

My commission expires: 2/1/08

Duane R. Sadula, D.C.  
Page Four  
November 5, 2007

ACCEPTANCE

On behalf of the Maryland State Board of Chiropractic Examiners, on this 5<sup>th</sup>  
day of November, 2007, I, Duane R. Sadula, D.C., accept Timothy J. Young, D.C.'s  
**PERMANENT SURRENDER** of his license to practice chiropractic in the State of  
Maryland.

  
\_\_\_\_\_  
Duane R. Sadula, D.C., President  
Maryland State Board of Chiropractic  
Examiners

cc: James Vallone, Executive Director  
Maryland State Board of Chiropractic Examiners

6200.7/sadula-nov012007

IN THE MATTER OF  
TIMOTHY J. YOUNG, D.C.  
LICENSE NO. 01948

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BEFORE THE  
STATE BOARD  
OF CHIROPRACTIC EXAMINERS  
Case Number: 02-043C

\* \* \* \* \*

**FINAL CONSENT ORDER**

Based on information received and a subsequent investigation by the State Board of Chiropractic Examiners (the "Board"), and subject to Md. Health Occ. Ann. § 3-101, et seq., (2000 Repl. Vol.) (the "Act"), the Board charged Timothy J. Young, D.C., (the "Respondent"), with violations of the Act. Specifically, the Board charged the Respondent with violation of the following provisions of § 3-313:

(a) Subject to the hearing provisions of §3-315 of this subtitle, the Board may deny a license to any applicant, reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the applicant or licensee:

- (9) Is professionally, physically, or mentally incompetent;
- (19) Violates any rule or regulation adopted by the Board;
- (28) Violates any provision of this title.

The Board further charged that the Respondent violated the following provision of its Act, namely §3-101:

- (a) In this title the following words have the meanings indicated.
  - (f) (1) "Practice chiropractic" means to use a drugless system of health care based on the principle that interference with the transmission of nerve impulses may cause disease.

- (2) "Practice chiropractic" includes the diagnosing and locating of misaligned or displaced vertebrae and, through the manual manipulation and adjustment of the spine and other skeletal structures, treating disorders of the human body.  
(Emphasis added)
- (3) Except as otherwise provided in this title, "practice chiropractic" does not include the use of drugs or surgery, or the practice of osteopathy, obstetrics, or any other branch of medicine.

The Board further charged that the Respondent violated the following regulations:

Code Md. Regs. tit. 10 § 43.14.03 (January 9, 2000):

**.03 Standards of Practice.**

A. A chiropractor and chiropractic assistant shall concern themselves primarily with the welfare of the patient.

C. A chiropractor and chiropractic assistant shall:

- (6) Practice chiropractic only as defined in the scope of practice set forth in Health Occupations Article, §3-101(f) and (g), Annotated Code of Maryland;

The Board further charged that the Respondent violated the following regulations: Code Md. Regs. tit. 10 § 43.15.03 (February 23, 1998)

**.03 Record Keeping.**

A. The chiropractor shall maintain accurate, detailed, legible, and organized records, documenting all data collected pertaining to the patient's health status.  
(emphasis added)

C. The Patient Record.

- (1) The chiropractor shall create a record for each patient.
- (2) The chiropractor shall state the patient's name or identification number on each document contained in the patient record.  
(emphasis added)
- (3) The chiropractor shall include the following information in the patient record:

- (a) Chiropractor and clinic name identification;
- (b) Patient history;
- (c) Examination findings;
- (d) Diagnoses;
- (e) Treatment plan;
- (f) SOAP notes;
- (g) Financial records;
- (h) Records of telephone conversations;
- (i) Copies of correspondence and reports sent to other health care providers, diagnostic facilities, and legal representatives;
- (j) Records and reports provided by other health care providers and diagnostic facilities; and
- (k) The signed consent of the patient or the parent or guardian of a minor patient or incompetent patient.

The Respondent was given notice of the issues underlying the Board's charges by a letter dated March 1, 2004. Accordingly, a Case Resolution Conference was held on April 8, 2004, and was attended by E. Brian Ashton, D.C., and Jack Murray, D.C., Board members<sup>1</sup>, and Richard Bloom, Assistant Attorney General, Board Counsel. Also in attendance were the Respondent and his attorney, James B. Sarsfield, and the Administrative Prosecutor, Roberta Gill, Assistant Attorney General.

Following the Case Resolution Conference, the parties and the Board agreed to resolve the matter by way of settlement. The parties and the Board agreed to the following:

### **FINDINGS OF FACT**

#### BACKGROUND

1. At all times relevant to the charges herein, the Respondent was licensed to practice chiropractic in the State of Maryland. The Respondent was first licensed on November 18, 1999. The Respondent's license expires August 31, 2005.

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<sup>1</sup> Kay O'Hara, D.C., an oncoming Board member was present in an observational capacity only.

2. In April 2002, Chiropractor A<sup>2</sup> filed with the Board a written complaint against the Respondent. The complaint was based upon Chiropractor A's assessment that, as Patient A's<sup>3</sup> subsequent chiropractor, he determined that the Respondent's provision of chiropractic services for Patient A was substandard in that the Respondent "failed to examine (ortho/neuro/xr),<sup>4</sup> failed to dx,<sup>5</sup> did not render appropriate treatment, did not maintain adequate records." Dr. A further complained that the Respondent "failed to treat/refer appropriately."

3. Attached to a complaint was a letter addressed to the Board's Executive Director which contained the following information:

A. Patient A had been referred to Dr. A's office after being treated by the Respondent for low back pain.

B. On March 10, 2002, Patient A contacted Dr. A's office, complaining of severe low back pain with radiation down the back of his right leg.

C. Prior to examining Patient A, Dr. A referred him for a MRI, which revealed lumbar intervertebral disc protrusion at three levels, and a probable annular tear at the L4 disc level.

D. At his first visit, Patient A described the care provided by the Respondent, stating that the Respondent had done no orthopedic or neurological tests, nor had he discussed the need for imaging.

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2 The identity of the chiropractor is confidential for purposes of this document. The Respondent, however, is aware of his identity.

3 The identities of patients are confidential but may be disclosed to the Respondent upon contacting the Administrative Prosecutor.

4 These are abbreviations for the following: orthopedic, neurological and x-ray.

5 This is an abbreviation for diagnosis.



E. According to Patient A, the Respondent's care consisted of frequent adjusting at the Occipito-atlantic (CO-CI) level, and nothing more.

F. Furthermore, according to Patient A, after more than a dozen visits over the course of a few weeks, Patient A stated that he not only felt no relief, but, was getting worse in that what started out as severe low back pain had developed into right-sided pain and paresthesia in a sciatic distribution.

G. Patient A related that he had expressed concern over the appropriateness of his treatment to the Respondent who dismissed his concerns.

H. Dr. A contacted the Respondent on March 21, 2002 to obtain copies of his treatment notes or any x-rays that he might have taken of the patient's lumbar spine. The Respondent informed Dr. A that he had not taken any lumbar images, only cervical, as his practice was restricted to adjusting subluxations of CO-CI only.

4. As a result of said complaint, the Board began an investigation, during which it conducted several interviews and obtained numerous patient records. Thereafter, the Board obtained the services of an expert to review all of the files it had obtained.

#### **ALLEGATIONS SPECIFIC TO PATIENT A**

5. Patient A first presented to the Respondent on August 24, 2001 for pain in the right cervical spine, shoulder, thoracic spine and side as a result of a car accident on July 2001.

6. Apparently, the Respondent took Patient A's history on a "Himes Case History" form, even though the identity of the individual recording the information is unknown, as the form is unsigned. On a form entitled "examination findings" (the reverse side of the Himes Case History), the Respondent recorded the readings of a "spinograph," or x-rays. However, the abbreviations, such as CM, TD, KVP, MA, and SEC are not standard or customary.<sup>6</sup> The notations under these sections are merely documentation of x-ray techniques and settings, not findings.

7. On August 24<sup>th</sup>, the Respondent also took x-rays: however, those x-rays are blurred and lack contrast. Thus, they are hard to read and are not fit for making a diagnosis.

8. On August 24, 2001, Patient A signed an "Office Policy" statement, which dealt with the fact that the Respondent did not accept insurance, charged a late fee for missed appointments, etc. Patient A also signed on that date a "Terms of Acceptance" form which explained certain terms such as "adjustment," and indicated that the Respondent does not "offer to diagnose or treat any disease or condition other than vertebral subluxation and that, if "during the course of chiropractic spinal examination," a "non-chiropractic or unusual findings" is/are encountered, the patient would be advised and a recommendation would be made that the patient seek the services of another health care provider. The Respondent's terms of acceptance did not explain that his adjustments would be limited to the C 0-C1 area only, regardless of what the patient's problem is.

9. The Respondent provided treatment to Patient A for pain associated with his automobile accident on August 24 and 28, and September 1, 2001. The

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<sup>6</sup> The Respondent had to supply Dr. A and the Board with an explanation of his patient charts, because it was indecipherable without it.

Respondent's notes are not in a SOAP format, nor do they contain SOAP information.<sup>7</sup> Rather, the Respondent used graphs under the following headings: N.C.G., which the Respondent stated means "Neurocaligraph" or pattern analysis used to produce objective data regarding pre and post adjustment; "Chirometer", which the Respondent explained means a pattern analysis used to record pre and post adjustment; and "Spinal Balance", which the Respondent stated means supine leg checks or a pattern analysis to record pre and post adjustment.

10. Five months later, Patient A returned to the Respondent, on February 2, 2002, for low back pain. The Respondent failed to update his history of Patient A, although Patient A's back pain was not the result of the automobile accident of July 31, 2001. The Respondent failed to note that Patient A's pain began in mid-January and that he experienced pain sitting and standing, with symptoms felt more acutely standing. The Respondent further failed to note that Patient A's pain was relieved by lying supine. The Respondent failed to note that Patient A denied that trauma caused the pain, or that he had any bowel or bladder symptoms. The Respondent also failed to note that Patient A felt pain in the side of his right thigh and leg and failed to note what caused it to intensify, as well as what medications he was taking.

11. Rather, from February 2 until March 2, 2002, the Respondent provided Patient A with the same treatment, e.g., CO-CI adjustment that he had provided for his neck and shoulder pain. The Respondent failed to note in his "remarks" column that Patient A stated that the pain radiated down his leg and that the Respondent's treatment was not

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<sup>7</sup> SOAP is an acronym for Subjective information, e.g., patient complaint; Objective information, e.g., patient's skin is red and warm; Assessment, which are examination results and history, used to form a diagnosis; and, Plan, based upon the above, what one plans to do regarding treatment.

helping. Further, after several sessions, the Respondent failed to take or refer for diagnostic imaging, such as x-rays or MRIs.

12. Because he was getting worse, Patient A returned to his primary care provider who referred him to Dr. A, who, based on the symptoms, ordered a MRI, which showed that Patient A was suffering from disc derangement at L3/4, L4/5 and L5/S1, with a small annular tear in the L4 intervertebral disc. Subsequent to the MRI, Dr. A treated Patient A, whose symptoms were greatly relieved.

13. The Respondent provided substandard care for Patient A in that he failed to, including but not limited to:

A. Obtain an adequate or appropriate health history at the date of Patient A's initial visit, in that he failed to include any information regarding allergies or medications;

B. Sign the history form;

C. Sign the treatment notes or include information thereon regarding the clinic where the treatment was rendered;

D. Put the patient's name on all graphs;

E. Use code and charts/graphs that were decipherable;

F. Put necessary information on Patient A's x-rays;

G. Interpret and record an x-ray report in the patient's file;

H. Obtain diagnostic quality x-rays;

I. Obtain and record an orthopedic and neurological examination, including palpitation, range of motion, provocative testing, reflex testing, or treatment plan;

- J. Record a diagnosis;
- K. Update Patient A's health history upon his return visit in 2002 for a different problem, including a listing of the onset of the new problem;
- L. Obtain diagnostic images before treating Patient A's low back pain;
- M. Record Patient A's subjective comments regarding his treatment, especially that Patient A's condition was worsening;
- N. Maintain treatment notes with SOAP information therein on each visit.
- O. Cease treatment when Patient A's symptoms were not getting better or recommend that the patient seek another health provider.

**ALLEGATIONS WITH REGARD TO THE ELEVEN (11) SUBPOENAED  
PATIENT RECORDS**

- 14. Based upon the content of Patient A's file, the Board subpoenaed eleven (11) other patient files from the Respondent. The following was disclosed:
  - A. Each file contained a Himes Case History, which appeared to be completed by the same person, but lacked a signature of the person completing the forms;
  - B. The Respondent failed to complete the examination findings, other than a lower portion of the form. The form fails to disclose the patient's general health symptoms, such as blood pressure, heart rate, weight and respiration;
  - C. The Respondent failed to conduct range of motion evaluations, regarding the patients' complaints;
  - D. The Respondent failed to record the patients' subjective complaints, such as intensity or duration of the pain;

E. The Respondent failed to diagnose the patients, although the practice of chiropractic in Maryland involves a diagnosis;

F. The Respondent recorded his findings in such a manner that only he can understand them;

G. The Respondent used graphs on which there is no identifying patient information;

H. The Respondent failed to record objective findings, other than those of his specific technique;

I. The Respondent failed to record an assessment or treatment plan in order to understand the patients' status on each date of treatment and the overall plan for the patients;

J. Regardless of the patient's complaint, each chart contained four cervical spine x-rays;

K. The Respondent's x-rays are of poor quality and are not "flushed" with the patients' names, dates and where the films were taken;

L. The Respondent failed to interpret and record an x-ray report.

15. As a result of the above, a follow-up health provider would be unable to determine the patients' health status and necessity for care in that the Respondent failed to:

A. With regard to the history form, address the nature, character, duration and complicating factors that comprise the patient's chief or presenting complaint;

B. With regard to the history form, record familial history, medications/surgeries, allergies, etc.

C. With regard to examinations, record or document that complete examinations were performed that included a systems review, e.g., blood pressure, enabling one to understand the patient's condition and determine whether the patient could be safely and appropriately treated with chiropractic treatment, and to determine what risks or contraindications to treatment existed;

D. With regard to examinations, there is no evidence that any of the patients needed to be referred for additional diagnostic testing or consultation with another health care provider, as per the Respondent's "Terms of Agreement" form.

E. With regard to treatment notes, there is a lack of the basic components to document the patients' responses to treatment and are a violation of the regulations hereunder;

F. With regard to x-rays, no reports were recorded and were all of the cervical spine, regardless of the presenting problem.

16. As set forth above, the Respondent violated the Act and the regulations thereunder.

### **CONCLUSIONS OF LAW**

Based upon the foregoing Findings of Fact, the Board finds that Respondent violated Md. Health Occ. Code Ann. § (a) (9), (19) and (28). In addition the Respondent violated Code Md. Regs. tit. 10 § 43.14.03.03 (January 9, 2000) and 10 § 43.15.03.03.

## ORDER

Based on the foregoing Findings of Fact, Conclusions of Law and agreement of the parties, it is this 10<sup>th</sup> day of May, 2004, by a majority of a quorum of the Board,

**ORDERED** that the Respondent is hereby placed on **PROBATION** for two (2) years, subject to the following conditions:

1. During the first year of Probation, he must be supervised by a Board-approved Mentor, who will review his practice thoroughly;
2. The Respondent shall take and pass a Board-approved records-keeping course;
3. The Respondent shall take and pass a course on the laws and regulations governing the practice of chiropractic in Maryland;
4. Upon completion of the latter course, the Respondent shall take and pass, at a percentage established by the Board, its jurisprudence examination;
5. The Mentor shall meet with the Respondent once a week for the first quarter of the Probation, and then quarterly thereafter;
6. The Respondent shall ensure that the Mentor submits timely reports to the Board after each mentoring session;
7. The Respondent shall timely pay any costs of carrying out the aforementioned mentoring and courses.

It is further **ORDERED** that the Respondent shall pay a monetary penalty of Five Thousand Dollars (\$5000) to the Board, before the expiration of his probationary period.



**ORDERED** that the Consent Order is effective as of the date of its signing by the Board; and be it

**ORDERED** that should the Board receive a report that the Respondent's practice is a threat to the public health, welfare and safety, the Board may take immediate action against the Respondent, including suspension or revocation, providing notice and an opportunity to be heard are provided to the Respondent in a reasonable time thereafter. Should the Board receive in good faith information that the Respondent has substantially violated the Act or if the Respondent violates any conditions of this Order or of Probation, after providing the Respondent with notice and an opportunity for a hearing, the Board may take further disciplinary action against the Respondent, including suspension or revocation.

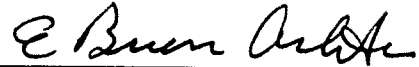
The burden of proof for any action brought against the Respondent as a result of a breach of the conditions of the Order or of Probation shall be on the Respondent to demonstrate compliance with the Order or conditions; and be it

**ORDERED** that the Respondent shall practice in accordance with the laws and regulations governing the practice of chiropractic in Maryland; and be it further

**ORDERED** that, at the end of the first year of the probationary period, the Respondent may petition the Board to have the conditions of Probation lifted, provided that he can demonstrate compliance with the conditions of this Order. Should the Respondent fail to demonstrate compliance, the Board may impose additional terms and conditions for the remainder of the Probation, as it deems necessary. At the end of the Probation, the Respondent may petition to be reinstated without any restrictions on his license, if he has not violated the Act or the Order.

**ORDERED** that for purposes of public disclosure, as permitted by Md. State Govt. Code Ann. §10-617(h) (Repl. Vol. 1999), this document consists of the contents of the foregoing Findings of Fact, Conclusions of Law and Order and that the Board may also disclose same to any national reporting data bank that it is mandated to report to.

MAY 10 2004



E. Brian Ashton, D.C., P.T., President  
Board of Chiropractic Examiners

**CONSENT OF TIMOTHY YOUNG, D.C**

I, Timothy Young, D.C., by affixing my signature hereto, acknowledge that:

1. I am represented by an attorney, James B. Sarsfield, and have been advised by him of the legal implication of signing this Consent Order;

2. I am aware that without my consent, my license to practice chiropractic in this State cannot be limited except pursuant to the provisions of § 3-313 of the Act and the Administrative Procedure Act (APA) Md. State Govt. Code Ann. §10-201, et seq., (1999 Repl. Vol. 2003 Supp.).

3. I am aware that I am entitled to a formal evidentiary hearing before the Board

By this Consent Order, I hereby consent and admit to the foregoing Findings of Fact, Conclusions of Law and Order, provided the Board adopts the foregoing Consent Order in its entirety. By doing so, I waive my right to a formal hearing as set forth in § 3-315 of the Act and §10-201, et seq., of the APA, and any right to appeal as set forth in § 3-316 of the Act and §10-201, et seq., of the APA. I acknowledge that my failure to abide by the conditions set forth in this Order and following proper procedures, I may suffer disciplinary action, possibly including revocation, against my license to practice chiropractic in the State of Maryland.

5/7/04

Date



Timothy Young, D.C.

STATE OF MARYLAND

CITY/COUNTY OF Montgomery :

I HEREBY CERTIFY that on this 7<sup>th</sup> day of May, 2004, before  
me, LYNDA RAITALA, a Notary Public of the foregoing State and (City/County),  
(Print Name)

personally appeared TIMOTHY YOUNG license No. 01948, and made oath in due form of  
law that signing the foregoing Consent Order was his voluntary act and deed, and the  
statements made herein are true and correct.

AS WITNESSETH my hand and notarial seal.

Lynda Raitala  
Notary Public

My Commission Expires: 8-1-04