Jury Delivers Justice for Stroke Victim Against Chiropractor Who Ignored Concerning Signs and Symptoms

By Maria S. Diamond

On January 31, 2024, a King County jury delivered justice for a stroke victim against Aaron Collins, D.C. and his chiropractic clinic following a three-week medical negligence trial before the Honorable Sandra Widlan. The case was especially tragic because the victim was a young mother, and because Dr. Collins missed multiple opportunities to prevent the devastating outcome.

The lawsuit was initially brought against Dr. Collins, one of his associate chiropractors, Dr. John Doe,[1] and Collins Chiropractic Clinic, PC. Litigation of the case spanned four years and was interrupted by the COVID-19 pandemic. It was an arduous and expensive process. The defense attorneys had impressive records defending chiropractic negligence cases.[2] The evidence was voluminous. Extracting and condensing it to a story that would ring true and resonate with a jury was a major challenge.

The facts of the case did not involve the usual chiropractic negligence case in which excessive force or other improper technique allegedly caused vertebral artery dissection, stroke, or other injury. Investigation uncovered no such evidence. Moreover, extensive research revealed a large body of medical literature suggesting that the occurrence of stroke during chiropractic treatment is rare, and that there is no proven causal relationship between properly performed chiropractic manual adjustments and arterial dissections or stroke. Although that literature has been largely bought and paid for by the chiropractic industry and some of it has been debunked, it nevertheless exists and often presents an insurmountable hurdle for injured plaintiffs in chiropractic negligence cases.

Given no evidence of any improper chiropractic technique and the lack of support in the literature to prove that manual chiropractic adjustments caused our client's bilateral vertebral artery dissections and at least one if not as many as three strokes, it was clear early on that another path would be necessary for a successful outcome. Ultimately, our theory of the case was that her chiropractors should have recognized her symptoms of potential neurovascular injury, stopped her manual neck adjustments, and referred the patient, Kayla Gibson, out for imaging and/or medical evaluation. Had that been done, in all likelihood her bilateral vertebral artery dissections, which were the mechanism for her stroke, would have been discovered in time to prevent the stroke through the administration of blood thinners.

A stroke by any other name

On May 13, 2016, 26-year-old Kayla Gibson sought treatment at Collins Chiropractic for headache, neck pain and back pain after she was involved in a motor vehicle collision the day before. She had been injured in another motor vehicle collision in 2013 and undergone chiropractic treatment at a different clinic through 2015, but she had fully recovered by the time of the 2016 collision. She had a history of chronic migraines without aura. She had also recently given birth and was still breastfeeding her first child.

Kayla regularly saw Dr. Collins and Dr. Doe for more than two months from May 13 through July 28.[3] At each visit when checking in, patients were given a form referred to as a "half-slip" on which they were to briefly describe their progress since the last visit, and report anything they wanted to let their chiropractor know before their adjustment that day. From there they went to a central room with multiple tables where they waited. Dr. Collins and Dr. Doe rotated from table to table adjusting patients. Patients would meet one of the chiropractors at a table when it was their turn and provide their completed half-slips to be reviewed by the chiropractor and discussed with the patient.

Thus, whether Kayla saw Dr. Collins or Dr. Doe on a particular visit depended on who became available when it was her turn to be adjusted. Treatment included manual adjustments of her neck and back using the diversified chiropractic technique, a commonly used form of high-velocity, low-amplitude thrusts. Later, traction was added.

At Collins Chiropractic, an electronic records system called ChiroTouch was used. The system used a macro function based on a template created on the patient's first visit. On subsequent patient visits, it was up to the chiropractor who saw the patient to make "free text" changes as needed. The half-slips were scanned at the end of each day to be made part of the patient record.

Ten days into her treatment, Kayla reported the sudden onset of ringing in her right ear that continued for eight days. Neither Dr. Collins nor Dr. Doe investigated this new symptom, although Kayla had no previous history of tinnitus. Our experts could not pinpoint the onset or cause of Kayla's bilateral vertebral artery dissections, but they testified that the right ear ringing was likely the first symptom of those dissections. The defense argued that tinnitus is commonly seen by chiropractors treating motor vehicle collision patients and was in no way concerning.

Kayla's right ear ringing was followed by multiple severe headaches that waxed and waned during the month of June. The character and location of those headaches differed from her

previous migraines and the headaches Kayla first developed after the collision. However, neither Dr. Collins nor Dr. Doe questioned her about them or made any effort to investigate their cause. We presented expert testimony that when severe headaches recur despite treatment, they are concerning and may precede a dissection or stroke, and that in Kayla's case they likely occurred because the arterial dissections continued to embolize and ultimately led to at least one stroke. The defense maintained that the headaches were not concerning because they waxed and waned and Kayla had experienced similar headaches before.

On July 5, 2016, Kayla saw Dr. Doe and reported suffering intense headaches over the preceding three to four days, as well as new symptoms of severe lightheadedness, dizziness, and vertigo that had caused her to fall. Her symptoms continued over the next two days and were reported to Dr. Collins as well as Dr. Doe. Neither chiropractor conducted any neurological examination nor otherwise sought to investigate their potential cause. Both continued to manually adjust her neck. They did not refer Kayla for any imaging or medical evaluation, or even suggest that her symptoms were potentially concerning and that she might want to stop getting adjustments, at least temporarily, and get checked out by a medical professional.

We presented expert testimony that in early July when Kayla suffered vertigo, lightheadedness, dizziness, and an intense headache for three to four days, she more likely than not suffered an initial stroke from which she fortunately had no apparent residuals. The defense argued that the headaches were nothing new, and that the other symptoms are commonly seen in motor vehicle collision patients during chiropractic treatment and had resolved by July 8 when Kayla saw Dr. Collins.

In mid-July, Kayla went to Hawaii on a family vacation with her fiancé and their five-month-old son. On two successive days while lifting the baby, she experienced the sudden onset of a "pop" in her neck with burning pain, severe headache, nausea, and vertigo, as well as a partial loss of vision in her right eye for several hours after the second episode. She assumed that she had aggravated her neck injury and was suffering a first-time migraine with aura. She did not seek medical care in Hawaii but chose to rest for the duration of the trip.

The defense argued that Kayla's bilateral vertebral artery dissections occurred with the dramatic onset of symptoms in Hawaii, and that they were spontaneous (all experts agreed that Kayla had multiple risk factors for the development of spontaneous vertebral artery dissections, including the fact that she was breastfeeding and had chronic migraines). They also argued that Dr. Collins did not treat Kayla after July 8 and she was then seen at the clinic by Dr. Doe.

Furthermore, they argued that the dissections occurred at C6 – C7, well below the levels where her cervical spine had been manually adjusted and, therefore, had nothing whatsoever to do with her chiropractic treatment. We presented expert testimony that what Kayla experienced in Hawaii was likely another stroke from which she again recovered without apparent residuals. Moreover, our neuroradiologist testified based on the imaging discussed below that the continued adjustments to Kayla's neck likely caused the dissections at the lower levels of her cervical spine to embolize and cause her stroke.

By the time she returned from Hawaii, her symptoms were much improved but Kayla continued to have severe neck pain. She promptly saw Dr. Doe on July 22 and reported that she had done something to her neck in Hawaii and that her pain was worse. Dr. Doe did not investigate what had happened but continued to manually adjust her neck again on three more visits.

After her last adjustment on July 28, Kayla again developed burning neck pain, along with vertigo, dizziness, nausea, and difficulty walking. Dr. Doe told her to rest a minute on the table and went on to see the next patient. She needed help from staff to exit the clinic. No one offered to call 911 for help. She was allowed by chiropractic staff to drive away, although she was only able to drive a couple blocks before pulling over due to intense vertigo and nausea with vomiting. She managed to reach her mother by frantically hitting the preloaded contacts on her dashboard, but she was incoherent and could only communicate the street she was on. Fortunately, her mother lived close by and found her quickly, slumped over the steering wheel of her truck. When her mother sought help at Collins Chiropractic, Dr. Quraishi and other staff wanted to bring Kayla back to the clinic to be readjusted. However, Kayla managed to croak "hospital" and her mother drove her to the emergency room at Highline Hospital located less than a mile away.

Kayla was admitted to Highline with a probable stroke confirmed by imaging. First a CT angiogram of her neck was done on July 28, which revealed bilateral vertebral artery dissections at C6 – C7. The angiogram also showed a pseudoaneurysm[5] of the right vertebral artery at C[6], and extensive vasospasm[6] of both vertebral arteries. At trial our neuroradiology expert, Joseph Eskridge, MD, explained how the findings of a pseudoaneurysm and vasospasm were consistent with embolization of the dissections (the passing and lodging of clot(s) in the bloodstream) and continued adjustments to the upper levels of the cervical spine.

A brain MRI done on July 29 showed two infarcts in the cerebellum, a fistsized portion of the brain located at the back of the head. Although not documented in her records, Kayla was told by her Highline providers that she had had multiple strokes and was led to believe they had occurred from her chiropractic treatment. She was hospitalized for eight days before being discharged to an outpatient rehabilitation program.

The stroke on July 28 was "the big one" and according to expert testimony from our stroke neurologist, it was likely the third stroke that occurred during Kayla's chiropractic treatment. However, the defense disputed that this event was even a stroke. Afterwards, Kayla suffered disabling residuals despite extensive treatment, including physical and occupational therapy. To this day she has persistent balance problems, headaches, burning neck pain, depression, anxiety, and post-traumatic stress disorder. She needs ongoing neurologic care for secondary stroke prophylaxis and headache, psychiatric care, and medications to manage her pain, nausea, and psychological issues. While there is still hope for improvement, the likelihood is that all her residuals will be permanent.

Further complicating her medical picture, Kayla suffered an unrelated stroke in a different part of her brain in January 2017 when she was found to have a patent foramen ovale (a hole between the left and right atria of the heart)[7] that was repaired at Harborview. As a result of that stroke, she has permanent right leg weakness requiring her to wear a leg brace.

At trial, the defense argued that Kayla did not have a stroke on July 28, but rather a TIA or "incomplete" stroke. Their neurosurgery expert opined that the July 29 brain MRI showed areas of ischemia (limited blood flow) rather than infarct (dead brain tissue), that Kayla was "neurologically normal" upon discharge, and that there was no evidence of any infarct on later imaging. Our experts testified that the July 29 brain MRI clearly showed two distinct infarctions, one in the right cerebellum and the other in the vermis, a midline structure of the cerebellum, and that the symptoms Kayla experienced and continues to experience are consistent with those findings. They further explained the various reasons why infarctions might not be apparent on later imaging and had no bearing on whether infarctions were present on the 2016 MRI.

As for the defense suggestion that Kayla was neurologically normal when discharged from the hospital, we presented expert testimony that a basic neurological examination assessing rudimentary functions like whether you can move your arms and legs, shake your head, and close your eyes does not indicate that your brain function is normal. Cerebellar damage like Kayla had would manifest itself in symptoms that need to be elicited through sophisticated testing and discussion with the patient.

In addition to disputing the occurrence of a stroke, the defense further claimed that Kayla's residuals were due to chronic migraines and a Chiari malformation (a condition in which the lower portion of the cerebellum pushes down into cervical spinal canal and physically compresses the brainstem). Our experts strongly disputed these additional bogus claims and gave compelling testimony explaining why Kayla did not meet the medical criteria for a Chiari malformation.

A risky choice: pretrial settlement with one defendant

Dr. Collins and Dr. Doe had separate liability insurance policies with different carriers. Shortly before trial, Dr. Doe consented to settle and sought to mediate Kayla's claims against him with Tom Harris of WAMS. Dr. Collins did not provide consent, did not participate in this mediation, and never made a settlement offer until after the trial verdict. We had significant concerns about settling with one defendant as both vicarious liability and joint and several liability would be destroyed. Despite those concerns, Kayla was worried about going to trial against both defendants and potentially walking away with nothing. A settlement with one defendant could ensure she that she received some compensation, shorten the trial, reduce the number of defense counsel, and eliminate half the defense experts.

A favorable confidential settlement was reached with Dr. Doe at mediation and he was dismissed from the case. At trial, we necessarily abandoned any vicarious liability claim for Dr. Doe's negligence pursuant to *Glover v. Tacoma General Hospital*, 98 Wn.2d 708, 658 P.2d 1230 (1988). Dr. Doe was an "empty chair" included on the verdict form as required under RCW 4.22.070.

A rocky start

The month before trial was largely spent deposing experts who the defense claimed could not be made available earlier for various reasons. In fact, Dr. Collins did not produce his chiropractic liability witness until two days before the trial was scheduled to begin. We also had to arrange a late independent medical examination of Kayla via Zoom by our stroke neurology expert, William Likosky, MD, because, despite persistent efforts dating back months, none of her treating neurology providers from Virginia Mason Franciscan Health, Harborview, or MultiCare were willing to cooperate with the litigation process and voluntarily testify regarding her stroke and resulting deficits and disabilities. Dr. Collins brought a motion *in limine* to exclude Dr. Likosky's testimony regarding the IME. The motion was denied, but the judge ordered that the defense could take a second deposition of Dr. Likosky during the first week of trial.

There were numerous curve balls thrown and motions brought by the defense, both before trial and during the trial. One of the most significant was Dr. Collins's motion to limit the number of plaintiff's testifying experts to one per issue. While the judge reserved ruling, she cautioned that she would strictly limit the expert testimony and that no cumulative testimony would be permitted. The planned examinations of plaintiff's three chiropractic experts and three neurology experts were necessarily revised and narrowed in scope.

Another important ruling was the judge's denial of defendants' motion to exclude evidence of poor record keeping. In medical negligence cases, defendants are often able to exclude evidence of poor charting as not relevant due to lack of causation. In this case, however, we were able to overcome this with testimony from one of our chiropractic experts linking the charting deficiencies to the standard of care failures that caused Kayla's injuries.

Zooming through voir dire

The trial was in-person except for voir dire, which was conducted via Zoom from the judge's courtroom. I enlisted the assistance of my friend and fellow EAGLE Leah Snyder.
The *venire* consisted of 80 jurors, 20 per panel. Judge Widlan excused jurors for hardship first. She allowed four alternates, which was fortunate as we lost two of them early in the trial. Alternates were not identified until a random selection after closing arguments.

The judge allowed each side two rounds of questioning, but only 15 minutes per round per panel. Unfortunately, we had barely enough time to determine that 50% of our prospective jurors loved chiropractors and the other 50% thought chiropractors are quacks before we were off to the races. Although we were confident that we had managed to get rid of the worst of the worst through several successful challenges for cause and the exercise of all our peremptories, we had no real sense of our jury.

Off to the races: trial begins

The case itself had the four basic components of virtually every medical negligence case—standard of care, informed consent, causation, and damages. Each and every one of them was hotly contested by the defense.

I considered hiring an outside tech for trial but decided to handle it myself with the help of Leah, who generously agreed to stay on after voir dire to handle tech logistics in exchange for a front-row seat. I used a low-tech combination of digitally presented medical records and imaging, anatomical models, poster board medical illustrations, and a poster board timeline illustrative chart that graphically emphasized the concerning symptoms reported by Kayla, the chiropractors' failures to heed those symptoms and poor charting, and the chiropractors' multiple missed opportunities to prevent Kayla's strokes, which was used to great effect in closing.

Kayla was a sympathetic and likeable client, but her physical issues prevented her from sitting through most of the trial. While I initially worried how this might be perceived by the jury, I felt that Kayla's limited time in the courtroom was poignant and rang true in the context of all the evidence presented.

Opening statements took place on January 11, 2024. My opening described all the relevant anatomy, including what vertebral artery dissections and strokes are and how they occur. I explained that when a vertebral artery dissection occurs, the tear repairs itself by clotting itself closed and forming a gelatinous scab inside the artery wall. Blood thinners are then needed to treat the clots until the tear has time to heal. Continued aggravation of the tear is like picking at a scab—it rebleeds and forms more clots, which can then break away and travel to the brain to cause an ischemic stroke.

I discussed the various causes of vertebral artery dissections, including spontaneous dissections that are rare but occur for no known reason. I emphasized that while the jurors would hear testimony about the possible causes of Kayla's dissections, including the defense claims that they were spontaneous, and that chiropractic adjustments haven't been proven to cause dissections or stroke, none of that mattered here because this case was not about whether chiropractic adjustments caused Kayla's dissections and stroke, but rather whether concerning signs and symptoms of those conditions were ignored by Dr. Collins.

I reviewed the multiple ways Dr. Collins failed to meet the standard of care and failed to obtain the patient's informed consent to treatment, causation, injuries, and damages. With respect to damages, I made the strategic call not to suggest a number in opening because I had no sense of how our jury might receive it based on our very limited voir dire. I pointed out that while the testimony about Kayla's chiropractic care would necessarily include both Dr. Doe and Dr. Collins, Dr. Doe was not a party to the case and that the trial was only about the conduct of Dr. Collins. I also presented our theme that would be threaded through the trial, one that ultimately resonated with the jurors: Kayla suffered a stroke because Dr. Collins missed warning signs of vertebral artery tears, and kept on adjusting her neck instead of investigating her symptoms and referring her for imaging or a medical evaluation, which would have led to the diagnosis of her dissections and treatment with blood thinners that likely would have prevented her stroke. I concluded with details of Kayla's deficits and daily challenges and her future needs.

Defendants' opening emphasized that Dr. Collins met the chiropractic standard of care, that there were no contraindications to manual adjustment of Kayla's cervical spine, and that Dr. Collins' treatment did not cause or contribute to the vertebral artery dissections or stroke.

Defense counsel introduced the theory that Kayla's dissections were spontaneous, that they occurred in Hawaii, that Kayla had multiple underlying risk factors for dissections and stroke, and that Kayla had recovered from her stroke by November 2016 as brain imaging done at that time was normal with no evidence of infarct, and later brain imaging likewise showed no evidence of infarct.

Plaintiff's case

I had retained three chiropractors to review the case and testify on standard of care, informed consent, and causation. I started with Leo Romero, DC, a longtime local chiropractor with whom I had no previous experience, but he had previously been retained by referring counsel and provided a narrative report. I next retained Laurin McElherin, DC, a longtime local chiropractor (now retired) whom I knew to be a frequently called defense expert in chiropractic negligence cases. I retained him with the idea that if he was not supportive, we would be able to *Mothershead* him and thereby keep him from testifying for the defense. Although Dr. McElherin refused to testify on causation, his support on liability issues was compelling. I also retained Alan Bragman, DC, a chiropractor from Atlanta with extensive experience testifying in chiropractic negligence cases involving dissections or stroke and exceptional familiarity with the relevant medical literature. Both Dr. Romero and Dr. Bragman were prepared to provide favorable expert testimony on both standard of care, informed consent, and causation.

In addition, I retained a former Swedish stroke neurologist who now practices in California, Dr. William Likosky, a local neuroradiologist, Dr. Joseph Eskridge, and a neurosurgeon from John Hopkins, Dr. Alexander Coon, to testify regarding causation, injuries and damages. Each expert gave strong deposition testimony and brought something different that I deemed important to the case.

Heading into the trial, I expected our strong expert lineup to overpower the defense experts—two chiropractors and one neurosurgeon, all of whom testify regularly and exclusively for the defense in chiropractic negligence cases involving dissections or stroke. Unfortunately, the court dealt us a blow that required drastic, last-minute changes to my intended trial strategy. The court reserved ruling on defendants' motion to limit the number of experts plaintiff could call, and emphatically cautioned that she would not permit any cumulative testimony. She went so far as to suggest that I should consider possible expert exclusion in considering the order of testimony.

Mindful of the court's admonition, I quickly formulated a different strategy that ultimately worked out well. Of our three chiropractors, I expected Dr. McElherin to be the most impressive expert and that indeed turned out to be the case. From him I elicited the lion's share of testimony on standard of care, poor charting, and informed consent. He was knowledgeable, articulate, and sincere, and his testimony not only had the jury, but also Dr. Collins, paying rapt attention. Having previously elicited testimony about his other forensic work exclusively on behalf of defendants in chiropractic negligence cases, I concluded by asking him what his reaction was when he first reviewed this case. He answered, "Well, to be honest, I was a little angry, a little bit embarrassed by my profession because I felt like they had

dropped the ball. And I guess I saw missed opportunities, and I was able to see what this young woman went through and felt bad for her. I felt—I felt devastated by it." (Defense counsel's objection was overruled.)

I also called Dr. Romero as an expert on the standard of care, but strictly testifying about it from the standpoint of Dr. Collins's multiple failures to undertake the requisite differential diagnosis process, which differed from Dr. McElherin's approach and withstood the defense effort to exclude it as cumulative. I also called Dr. Bragman via Zoom on the standard of care and informed consent, but his testimony was strictly limited to a discussion of the medical literature and opinions based on that literature. His testimony also withstood another defense exclusion effort.

Kayla, her mother and her husband, Justin, testified about the day-to-day ways in which her deficits affect every aspect of her life and relationships, including her marriage and interactions with her two young boys. (Justin was not a plaintiff in the lawsuit as he and Kayla were not married at the time of the July 2016 events.) Although I would have preferred to call friends or otherwise unrelated lay witnesses to bolster the damages testimony, unfortunately there were no such witnesses in this case that added anything to the testimony already presented. I therefore decided not to call them for efficiency's sake and to avoid diluting the compelling testimony already given by her mother, Justin, and Kayla herself.

One of the biggest challenges presented involved our three neurology experts, as their planned testimony was wholly upended by the court's expressed intent to exclude any cumulative testimony as well as court scheduling conflicts that were not brought to the parties' attention until two days into the trial. Our neurosurgery expert, Dr. Coon, no longer had any availability during plaintiff's case-in-chief, even via Zoom. We ended up calling Dr. Likosky for much of the testimony elicited to prove causation and damages. We limited Dr. Eskridge to his expert opinions regarding what the relevant imaging showed as to Kayla's dissections and strokes. His testimony was particularly valuable in explaining how the July 28 CT angiogram findings indicated stretching of the arteries and embolization of Kayla's vertebral artery dissections by continued manual adjustments, and how the July 29 brain MRI showed two distinct areas of infarct that had occurred within a few weeks, indicating that Kayla had suffered at least two strokes in the preceding few weeks. Dr. Eskridge further testified as to why earlier imaging relied on by the defense to claim that Kayla had a Chiari malformation did not, in fact, support that claim.

In the end, I was able to call Dr. Coon via Zoom as a rebuttal witness to refute the testimony of defendants' neurosurgery expert, Dr. Harold Pikus, that Kayla had suffered a TIA or incomplete stroke, and that renowned UW neurosurgeon Richard Ellenbogen, MD had found that Kayla

had a Chiari malformation back in 2012. In my view, Dr. Coon decimated those claims and enabled us to conclude on a high note.

Lastly, we were able to withstand multiple defense efforts to exclude plaintiff's claims for future medical expenses and loss of future earning capacity. I decided not to submit evidence of plaintiff's past medical expenses so as not to anchor the jury with a low number in evaluating damages. Despite Washington law to the contrary, the defense argued that evidence of the cost of pre-trial medical care and/or expert testimony establishing future medical expenses with some certainty was necessary. Defendants' motion to exclude plaintiff's claim for lost earning capacity was based on the fact that she was unemployed in July 2016, and there was no evidence that she was on track for any future employment. However, under Washington law, a claim for future earnings loss may be submitted to the jury if there is some evidence, even if limited to lay testimony, that plaintiff suffers from some disability affecting the ability to earn income at the time of trial. *Salisbury v. City of Seattle*, 25 Wash. App. 2d 305, 316, 522 P.3d 1019 (2023).

The nice guy defendant

The defense positions were that there was no proof of negligence, no proof of causation, any damages were not Dr. Collins's fault and, in any event, Kayla's ongoing issues were not due to her stroke but rather to her chronic migraines and a Chiari malformation. But the biggest challenge in the case was the defendant himself, a really nice guy who seemed to genuinely care about his patients. It was very obvious that he made a good impression on the jury when he testified. I approached this in closing argument by giving the jury permission to like him and yet impose liability.

Justice prevails

My closing delivered on every point made in opening and I was encouraged by multiple nodding heads when key points were made. It was the first time in the entire trial I had any sense that the jury might be with us. I emphasized that all the testimony from defense experts about how manual adjustments have not been proven to cause dissections and strokes was nothing more than a red herring. I explained that although the trial was only about the conduct of Dr. Collins, the jurors had also heard about what Dr. Doe did because both chiropractors treated Kayla and collaborated on her treatment, and that they would need to decide whether Dr. Doe's conduct contributed Kayla's injuries and determine what percentage of fault should be allocated to him. I stated that in all fairness, it would not be fair to hold Dr. Collins' 100% responsible for Kayla's injuries, and suggested that a 50/50 split would be supported by the evidence. The defense was taken aback by this approach and unprepared for it.

After closing arguments, the jury deliberated for 1.5 days before returning a unanimous verdict of $10,906,984 (of which $8,154,000 represented past and future non-economic damages) for Kayla, allocating 60% fault to Dr. Collins and 40% to Dr. Doe.

On February 16, 2024, judgment was entered against Dr. Collins in the amount of $6,545,374.78. He filed a motion for a new trial or remittitur, which was not surprisingly denied, and then filed a notice of appeal. Thereafter, the case was finally settled for a confidential amount.

I'm privileged to have taken this journey with Kayla, a truly deserving client. I hope that the successful trial of her case will improve care for future chiropractic patients.

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[1]His real identity is not disclosed here pursuant to a confidential settlement agreement.
[2]Dr. Collins was defended by Patrick Sheldon, Natalie Heineman and Nicole Morrow of Forsberg & Umlauf, P.S. in Seattle. Mr. Sheldon retired before the trial. Dr. Doe was defended by Scott O'Donnell of Keating Jones Hughes, P.C. in Portland.
[3]At the time Kayla was a patient, there were two chiropractors at the clinic in addition to Dr. Collins—Dr. Doe and Dr. Caitlin Quraishi.
[4]There are two vertebral arteries at the back of the cervical spine, one on the right and one on the left, that supply blood to the back of the brain; they follow the spinal column into the skull, where they join together at the brainstem. Each vertebral artery has three layers, the intima (inner layer), the media (middle layer), and the adventitia (outer wall). A tear in one or more of those layers is called a dissection. When there is a dissection, blood gets trapped between the intima and the media and can form a clot. The clot can then break off, travel and get trapped downstream. If it becomes large enough to block blood flow to the brain, an ischemic stroke occurs.
[5]A pseudoaneurysm or false aneurysm is a blood vessel injury that causes blood to collect in surrounding tissue. In a true aneurysm, the vessel wall weakens and bulges, sometime forming a bloodfilled sac, but the vessel wall is not injured. There are multiple potential causes of a pseudoaneurysm, including trauma.
[6]Vasospasm occurs when an artery suddenly narrows or constricts, reducing blood supply through the artery.
[7]This hole exists in everyone before birth, but most often closes shortly after birth. "PFO" is what the hole is called when it fails to close naturally after a baby is born.

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