

**BEFORE THE OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF OREGON
for the
BOARD OF CHIROPRACTIC EXAMINERS**

IN THE MATTER OF:) FINAL ORDER
)
DONALD E. RENEAU, D.C.) OAH Case # 1303392
) OBCE Case # 2011-1026 et. al.

HISTORY OF THE CASE

On January 30, 2013, the Board of Chiropractic Examiners (Board) issued a Notice of Proposed Disciplinary Action to Donald E. Reneau, D.C., proposing to suspend Reneau's license and impose other additional discipline. On February 27, 2013, Reneau filed an Answer and Request for Contested Case Hearing.

On August 29, 2013, the Board referred the matter to the Office of Administrative Hearings (OAH). The OAH assigned Administrative Law Judge (ALJ) Samantha Fair to preside at hearing. On September 20, 2013, ALJ Fair convened a telephone prehearing conference and scheduled the hearing for December 17 through December 19, 2013 and set deadlines for submission of exhibits and witness lists.

On October 2, 2013, the Board issued a First Amended Notice of Proposed Disciplinary Action to Reneau, again proposing to suspend his license and impose other additional discipline. On October 31, 2013, Reneau filed an Amended Answer.

On December 16, 2013, the Board issued a Second Amended Notice of Proposed Disciplinary Action to Reneau, correcting a typographical error in the First Amended Notice of Proposed Disciplinary Action.

A hearing was held on December 17 through December 19, 2013 in Salem, Oregon, with ALJ Fair presiding. Reneau appeared and was represented by his attorney, Dan Clark. The Board appeared and was represented by Senior Assistant Attorney General (AAG) Lori Lindley.

Testifying on behalf of the Board were: Reneau; Patients 1 through 5; Lauren Schroeder, D.C.; Katherine Howard Jones, L.C.S.W.; and the Board's expert Minga Guerrero, D.C.

Testifying on behalf of Reneau were: Reneau; his son and professional associate, Greg Reneau, D.C. (Dr. Greg); Reneau's office manager, BSr; his chiropractic assistant and patient, BS; licensed massage therapists, RM and RAH, who work as independent contractors at Reneau's chiropractic clinic and are also patients; patients: JJ, AW, LB,AW, AF, LT, PC, MB, CM, and RO; and Reneau's expert Travis Davis, D.C.¹

¹ Pursuant to ORS 40.410, both experts, Dr. Guerrero and Dr. Travis, qualify as experts based upon their knowledge, experience and education. Greater weight was given to Dr. Guerrero's opinion in light of her

The record closed on December 19, 2013 at the conclusion of the hearing.

A Proposed Order was issued by ALJ Fair on January 23, 2014. In that order, the time frame for exceptions was provided and Licensee was notified they were due by February 4, 2014. Licensee filed exceptions, although they were untimely, the Board considered them and found that they were without merit. On March 26, 2013 an Amended Proposed Order was issued by the Board. Licensee filed exceptions, the Board considered them and found that they were without merit.

ISSUES

1. Whether Donald E. Reneau, D.C., engaged in unprofessional or dishonorable conduct contrary to recognized standards of ethics of the chiropractic profession or failed to conform to the minimum standards of acceptable chiropractic practice. ORS 684.100(1)(f)(A) and OAR 811-035-0015.

2. Whether Donald E. Reneau, D.C., engaged in unprofessional conduct in the chiropractic profession by engaging in any conduct or verbal behavior towards a patient that may reasonably be interpreted as sexual, seductive, sexually demeaning or romantic. OAR 811-035-0015(1)(a).

3. If Donald E. Reneau's conduct violated ORS 684.100(1)(f)(A) and/or OAR 811-035-0015, should his chiropractic license be suspended and additional sanctions imposed. ORS 684.100(9).

EVIDENTIARY RULING

The Board submitted Exhibits A1 through A18. Reneau's objections to Exhibits A1 through A4 and A15 were overruled. The Board withdrew Exhibits A13 and A14. Exhibits A1 through A12 and A15 through A18 were admitted into the record.

Reneau submitted Exhibits R1 through R13. Exhibit R9 was excluded based upon the ALJ's finding of lack of relevancy. Reneau withdrew Exhibits R3 and R10. Exhibits R1, R2, R4, R5, R8, R11 through R 13 were admitted into the record. Exhibits R6 and R7 were admitted for the limited basis of motivation for the creation of Exhibit A15.²

AAG Lindley argued that the credibility of her witnesses was greater than the credibility of Reneau's witnesses, referencing the family relationship of Dr. Greg, Reneau's employment of the office manager, the patient referrals Reneau made to the massage therapists, and the interactions among Reneau's witnesses outside of the hearing room. However, the ALJ did not find the testimony of any particular witness, or group of witnesses, more suspect than any other

more extensive qualifications than those held by Dr. Travis; however, there was very little, if any, discrepancy in the majority of their most relevant testimony.

² Exhibit A15 was a letter written by the mother of Patient 2. Pursuant to Patient 2's testimony, the mother wrote the letter after seeing Exhibits R6 and R7.

witness. All the witnesses appeared in speech and appearance (for those who appeared in person) earnest in their testimony and did not exhibit signs of deceit. Therefore, the ALJ did not find any witness to be inherently incredible. However, the credibility or truthfulness of a witness and the factual accuracy of the testimony are not synonymous. Although the ALJ found the witnesses credible in that they gave answers to the best of their recollections, the evidence did not always support a finding that their recollections were factually accurate. Therefore, based on the totality of the evidence, only those allegations made by Patients 1 through 5 that were proven by a preponderance of the evidence are included in the Findings of Fact.

FINDINGS OF FACT

1. The Board issued a chiropractic license to Reneau on July 17, 1998. He has been continuously licensed since that date and has never been previously disciplined by the Board. (Ex. A18 at 1.) He has been a licensed chiropractor since February 1978, practicing in Idaho, California and Utah. (Test. of Reneau.)

2. Reneau performs his chiropractic services at the Roseburg Chiropractic Center (Center), located in Roseburg, Oregon. (Ex. A11 at 1.) The Center provides a variety of additional treatments for its patients including massage, performed by licensed massage therapists, and ultrasound and electrical stimulation therapies, performed by chiropractic assistants. (Test. of Reneau.)

The Activator Technique

3. Reneau primarily performs chiropractic services using the Activator technique. It is a method developed by Arlan Fuhr as an alternative to the traditional method of manual manipulation of the spine and joints. The Activator technique involves the use of a small handheld spring-loaded instrument that produces a significant force in a small area that moves the spine and joints without the manual contortions of the patient's body coupled with the chiropractor's significant hands-on forcible pushing to move the spine and joints involved in the manual manipulation method.³ (Ex. R11 at 1; test. of Reneau and Davis.) During a session involving the use of the Activator technique in the Center, the following actions are taken:

- The patient stands on a foot rest attached to the base of a tilting table that has an opening which cradles the patient's face when the patient is lying face down. A chiropractic assistant, or occasionally the chiropractor, tilts the table so that it lies flat with the patient lying face down, using a hand against the patient's back to brace the patient against the table as it is tilted;
- The chiropractor performs a leg length check, holding both feet together to see if the heels of the feet align evenly;
- The chiropractor then does a series of pressure or stress tests across the patient's joints in the knees, pelvis, and neck and along both sides of each vertebrae, while continuously rechecking the leg lengths and making adjustments with the Activator whenever the pressure/stress tests alter the leg lengths;

³ The manual manipulation technique was described by many of the witnesses as the "bone crunching" method.

- Dependent upon the presence of any muscle tension in the patient's body, the chiropractor may perform a myofascial release therapy, applying strong pressure to the area of tension with fingers, hands, or elbows to release the tension and toxins in the tissue; and
- The chiropractor then stands the table upright, bracing the patient against the table with a hand on the patient's back. The patient can then move away from the table.

(Test. of Reneau.) These procedures are the standard of practice for the Activator technique. (Test. of Davis.) When utilizing the Activator technique, the chiropractor examines the entire body and performs the appropriate adjustments even when a patient is only complaining of localized pain. (Test. of Reneau and Davis.)

4. The pressure and stress tests primarily involve using the tip of a finger to apply a small amount of pressure across a joint. The majority of the tests involve short strokes of a few inches although the stroke can be longer for some of the larger joints in the pelvic and knee regions. Greater, but still mild, pressure would be used for joints that have more fat or muscle covering the joint. (Test. of Reneau, Guerrero and Davis.)⁴ An exam will regularly involve 100 or more strokes because the chiropractor will check all the entire body of the patient (knees, pelvis, spine, neck), not just the location of the patient's current complaint. Because of the alignment and balance of the upright human form, even if the patient is only experiencing pain in one part of the body, other parts of the body may be misaligned that contribute to that pain. The number of actual adjustments is less because the chiropractor will only use the Activator when the pressure or stress tests result in a change in the patient's leg lengths. (Test. of Reneau, Guerrero and Davis.) When performing an adjustment, a chiropractor may need to place a hand on the patient's back or buttocks area to stabilize the area, support the joint, or lift away excess tissue. (Test. of Davis.)

Patient 1

5. Patient 1 is a 33-year-old woman, who had a total of 40 appointments at the Center from April 5, 2010 through June 13, 2011 with Reneau as her treating chiropractor until December 2010 when Dr. Greg became her treating chiropractor. She received treatment for neck, shoulder and back pain. She received Activator adjustments, electrical stimulation, laser, and massage therapies at the Center. (Ex. A8 at 1, 61, 62, 113-118; test. of Patient 1.)

6. During different appointments with Reneau, the following interactions occurred:

- Patient 1 complained of pain in a knuckle on her hand that she believed was enlarged. In response, Reneau picked up her hand and noted that she had "pretty fingers" and that the knuckle was not noticeably enlarged. (Test. of Patient 1.) Reneau arranged for the hand

⁴ There was considerable and, frankly unnecessary, debate over the adjectives/nouns used to describe the motion utilized in the pressure and stress tests. Ultimately, based upon the hand gestures and descriptions used by Reneau, Guerrero and Davis, and the demonstration of the Activator technique performed by Reneau, all three witnesses were essentially describing the same motion, a short stroke with mild pressure.

- to be x-rayed, which showed no structural problems. (*Id.*);
- Reneau commented that she had nice skin that was “soft as a baby’s bottom.” (*Id.*);
 - Reneau routinely called her “Princess” or “Sunshine,” and they engaged in back-and-forth banter during the appointments. (*Id.*);
 - Once when working on her shoulder, Reneau pushed aside her tank top and bra strap without advising her of his intent to move those straps. (*Id.*);
 - Reneau observed an old scar on the back of Patient 1’s upper thigh. He asked her about the scar, when Patient 1 wondered what scar he was referencing, Reneau ran his finger along the scar without advising Patient 1 of his intent to do so. (*Id.*);
 - Patient 1 routinely talked about her workout routines and efforts to stay physically fit. Reneau would respond with comments such as “you’re fit,” “you’re small for having two children,” and “you’re small but tall.” (*Id.*). When Patient 1 mentioned that her husband thought she was too buff from all her workouts, Reneau responded “nothing you could do to make you look masculine.” (*Id.*) Reneau asked about her waist measurement, which Patient 1 provided. Reneau advised her that her measurement showed how fit she was. (*Id.*);
 - Reneau observed a scar located low on Patient 1’s chest between her breasts and visible only when she wore a low cut dress or shirt. (Ex. R8 at 1; test. of Patient 1.) He inquired about the scar, which she advised was the result of the removal of a mole. Reneau reached out with his finger and lightly pressed down on the scar without advising Patient 1 of his intent to touch the scar. He advised Patient 1 that it appeared to be the result of a poor stitching job and suggested she see a plastic surgeon to have it repaired. (Test. of Patient 1.) Patient 1 was embarrassed by Reneau’s attention to the scar especially because it was in a “sensitive area” and she is self-conscious about its appearance. (*Id.*) Subsequently, Patient 1 had a surgeon repair the scar. (*Id.*);
 - Patient 1 described how toned her current workout made her and expressed a wish to increase the musculature of her abdomen. Reneau advised her to do crunches to increase that musculature. He suggested she perform a crunch, in which she lies on her back and curls upwards. When she performed the crunch during the chiropractic session, he placed the tips of his fingers and thumb on her abdomen and proceeded to press against her abdomen, lifting and repressing his fingers multiples times from the point directly below her stomach area and up her abdomen to the bottom of her ribcage. He pointed out to Patient 1 how much that crunch worked the muscles in that area. Reneau did not tell Patient 1 he was going to touch her when she performed the crunch. (*Id.*)
 - Reneau observed a tattoo on Patient 1’s inside left forearm. He inquired about the tattoo and touched it without informing Patient 1 of his intent to touch the tattoo. (*Id.*)

7. Patient 1 ceased using Reneau’s services because she felt uncomfortable with Reneau. She originally found him to be friendly, fatherly, and concerned for her well-being. At some point, she became uncomfortable with Reneau’s touches and the subject matter of their conversations. (Test. of Patient 1.) She was confused by the interactions, waffling between thinking nothing was wrong and that Reneau was just a friendly professional to thinking that his comments and touches were inappropriate and excessive. (Test. of JJ.) Patient 1 never complained to Reneau about the treatments or her feelings of discomfort. (Test. of Patient 1.)

8. Patient 1 is highly concerned and self-conscious about body image issues and focuses

most of her conversations at the Center on her body fitness. (Test. of Patient 1, Reneau, Dr. Greg, BS, AAH.) She has a need to seek approval from others, strives for perfectionism, and has a tendency for self-blame and helplessness. (Ex. A2 at 1.)

Patient 2⁵

9. Patient 2 is a 23-year-old woman, who had a total of 40 appointments at the Center from August 25, 2011 through April 5, 2012 with Reneau as her treating chiropractor. She received treatment originally for back pain and then for neck and shoulder pain following a car accident. (Ex. A9 at 2, 93-98; test. of Patient 2.) She received Activator adjustments, electrical stimulation, myofascial release and massage therapies at the Center. (Ex. A9 at 93-96.) Reneau performed Activator technique on Patient 2 by checking leg lengths and performing stress tests and using the Activator tool on hips, shoulders, knees, thighs and back. (Test. of Patient 2.)

10. During the treatments, Reneau asked Patient 2 personal questions, such as inquiring what she had done over the previous weekend. They would discuss her dating life. She complained about the lack of potential quality dating partners in the area and Reneau responded with suggestions on how to meet men. Reneau advised Patient 2 to go to places where quality young men would be, such as moving to a town that has a law school. He told her about his dating past when he was in chiropractic college. He described having multiple simultaneous girlfriends and an active social life when he visited these different girlfriends. He commented on Patient 2's tattoos which were visible when she wore t-shirts. He routinely called her "Princess" during the treatment sessions. (Test. of Patient 2.)

11. At some point during the course of her treatment period, Patient 2 became uncomfortable with Reneau's interactions with her. She thought their discussions were too personal and that Reneau appeared flirtatious. She also wondered why he would adjust areas of her body that she did not report as painful. She never complained to Reneau that he made her uncomfortable. She did not ask any questions of Reneau regarding his treatment of her condition. (Test. of Patient 2.)

Patient 3

12. Patient 3 is a 48-year-old woman, who had a total of 20 appointments at the Center from July 19, 2004 through April 29, 2005, primarily for neck and back pain. (Ex. A10 at 1, 23;

⁵ Patient 2 alleged that Reneau made several extremely egregious and highly unprofessional comments and actions to her ("get your sexy ass to law school," "were you making babies over the weekend," putting his hand underneath her pants and underwear so that he was touching her bare buttocks). However, Reneau denied such statements and actions. Patient 2's memory of her treatment at the Center was very limited as demonstrated in part by her failure to recall details of her conversations with Reneau, other than the isolated memory of the occasional single statements during the course of her treatment at the Center. Additionally, the nature of these extreme comments and actions was not supported by the other witnesses, including Patients 1 and 3 through 5. Although the other Patients and the other witnesses, most of whom were also patients of Reneau, frequently attributed comments or actions to Reneau that appeared unprofessional, the comments and actions these other witnesses attributed to Reneau were not as extremely unprofessional as the comments and actions that Patient 2 alleged. For these reasons, there was insufficient evidence to support several of Patient 2's allegations.

test. of Patient 3.) She normally saw Reneau, but her final two appointments were with Dr. Greg. (Test. of Patient 3.) She received Activator, ultrasound and electrical stimulation therapies. (Ex. A10 at 4; test. of Patient 3.) Reneau explained the Activator technique to Patient 3, including the use of stress tests, leg length comparisons, and placement of the Activator tool. Reneau regularly engaged in conversation with Patient 3 during the course of the examination, including discussing their mothers both of whom were ill with cancer. She found Reneau to be compassionate and sympathetic in those conversations. Reneau also commented on her body, noting that she kept herself in good shape and how tanned her skin was. He made these comments during the summer of 2004. (Test. of Patient 3.)

13. Patient 3 found the treatments helped relieve her pain and she was initially happy with the treatments. At some point, she became uncomfortable with the treatments, deciding that the touches involved in Reneau's treatment were "like a caress" and "lingering." She found the touches to be "just brushing" and "light" touches. When treated by Dr. Greg, she found his touches to be "more precise," more of a "touch" versus a "drag" as performed by Reneau. (Test. of Patient 3.)

14. She never complained to Reneau about the treatments or her feelings of discomfort. She never mentioned to either chiropractor the differences she perceived in their touches. (Test. of Patient 3.)

Patient 4

15. Patient 4 is a 48-year-old woman who had one appointment with Reneau on January 6, 2010. (Ex. A11 at 2; test. of Patient 4.) An adult male friend accompanied her for the appointment, and she invited the friend into the exam room. Reneau introduced himself and discussed her complaints with her. (Test. of Patient 4.) Patient 4 complained of pain in her neck, lower back, feet and left upper calf. Reneau utilized the Activator technique and followed with some myofascial release work. (Ex. A11 at 6.) During the course of this initial exam, he discussed what he was doing, regularly checking her leg lengths as he performed the stress tests and adjusting her with the Activator tool when indicated by the test results. (Test. of Reneau.) He showed her friend the results of the leg length checks when a test and subsequent Activator adjustment resulted in changes in the leg lengths. (Test. of Reneau and Patient 4.)

16. Patient 4 felt that that treatment "was really not doing anything." (Test. of Patient 4.) She felt that Reneau was "amused" by the leg length comparisons. (*Id.*) She did not feel that the slight pressures utilized by Reneau adjusted anything. She was uncomfortable with being face down on the table. Because of the presence of her friend, Reneau's ongoing discussion of his intended actions during the treatment, and her friend viewing the leg length results, she felt like a "display model." (*Id.*) She never returned to Reneau's clinic. (Ex. A11 at 2; test. of Patient 4.) She did not complain to Reneau about the exam. (Test. of Patient 4.)

17. Prior to her appointment with Reneau, Patient 4 had last used chiropractic services approximately 20 years earlier. Her prior chiropractic experience was strictly with the manual manipulation technique. Patient 4 arrived at the Center for her appointment with Reneau, assuming that he would utilize the manual manipulation technique. (Test. of Patient 4.)

Patient 5

18. Patient 5 is a 72-year-old woman who had approximately 18 appointments with Reneau from May 2, 2011 through June 26, 2012 for treatment of pain in her lower back and buttocks from her sciatica nerve with occasional neck and joint pain. (Ex. A12 at 1, 30; test. of Patient 5.) She received chiropractic adjustments with the Activator technique and electrical muscle stimulation therapies. (Ex. A12; test. of Patient 5.)

19. During treatments, Reneau regularly conversed about his personal life, such as his farm, the farm animals, his dogs, etc. Patient 5 discussed her weight loss method with Reneau, who complimented her on the loss. He made occasional personal remarks, such as complementing the color of her dress. Patient 5 would discuss her husband's health issues and the resulting demands on her to be his constant caregiver. Patient 5 found Reneau to be very sympathetic when she described the challenges of being the caregiver for her husband and told her that he admired her devotion to her husband. On one occasion after the conclusion of a treatment, she was very emotional regarding her husband's situation and was crying. In response and without any verbal warning or asking permission, Reneau hugged her, which made Patient 5 uncomfortable. Patient 5 did not believe that the action was in any way sexual or flirtatious. (Test. of Patient 5.)

20. Patient 5 did not complain to Reneau about her treatments. She ceased treatment at the Center because of the costs and difficulties in making appointments because of her husband's caregiving needs. (Test. of Patient 5.)

Dr. Donald Reneau

21. Reneau is an extremely friendly and engaging man in his interactions with his patients. (Exs. R1; R2; test. of Reneau, Dr. Greg, Patients 1 through 5, BS, RM, AAH, JJ, AW, LB, AW, AF, LT, PC, MS, CM, and RO.) He frequently uses pet names when talking with his patients. He calls female patients, regardless of age, "Sunshine" and "Princess." (Test. of Reneau.) He calls male patients "Ace." (*Id.*) He regularly talks to patients during the examinations about all manner of topics, most frequently such items as their children, jobs, plans for the weekend, activities, etc. (Test. of Reneau.) The majority of his patients enjoy his friendly mannerisms, his casual interactions with them, and his out-going personality. (Exs. R1; R2; test. of BS, RM, AA, HJJ, AW, LB, AW, AF, LT, PC, CM, and RO.)

22. Reneau regularly notices the skin condition of his patients, as he believes it is a sign of the overall health of the patient. (Test. of Reneau.) He did not note in Patient 1 through Patient 3's charts his comments and examinations of their skin conditions and body types. (Test. of Guerrero and Reneau.)

23. Typically when Reneau enters the examination room, the patient has already been placed face down on the table. Upon entry, Reneau typically lightly touches the arm or shoulder

area of the patient to alert the patient to his presence and location in the room. During the initial sessions with a patient, Reneau explains the Activator treatment method and areas of the body that will be touched during treatment. Because the protocols for the Activator treatment method are the same for each treatment session, during an extended course of treatment for the same patient, Reneau will cease explaining the treatment method and be less descriptive in the actions he is taking during the treatment process. He also fails to obtain permission before touching such areas as the pelvis and glutes with long-standing patients. Instead, he will indicate that such areas need to be checked and tested while simultaneously performing the actions. (Test. of Reneau, AAH, JJ, AW, LB, AW, and RB.)

24. It is a common standard in the Center for examination rooms to remain open, except for the initial appointment when the chiropractor reviews his medical findings with the patient. Other employees are not required to knock on the door prior to entering an examination room when the chiropractor is in the room. (Test. of Reneau, Dr. Greg, BS, BS, RM, and AAH.)

25. Since the Board initiated its investigation, Reneau modified his Informed Consent form for his patients and ceased using pet names when conversing with his patients. (Test. of Reneau.)

26. Reneau describes Patients 1, 2 and 5 as nice people. He had no recollection of Patient 4 and did not remember Patient 3 until she mentioned during her testimony that they both had mothers with cancer. He was surprised and saddened when contacted by the Board and advised that his conduct had made these patients uncomfortable. He was remorseful that he caused harm and discomfort to these patients by his actions and mannerisms. (Test. of Reneau.)

Dr. Laura Schroeder⁶

27. Male chiropractors must be particularly careful of comments and actions taken with female patients. A male chiropractor must advise a female patient of an intent to touch the breasts or any area near the breasts, such as the anterior ribs, the buttocks, or any place underneath clothing. Chiropractors should not initiate discussions with patients on highly personal issues but can respond if patients initiate such discussions. (Test. of Schroeder.)

Dr. Minga Guerrero

28. It is a standard of chiropractic practice that chiropractors must maintain professional boundaries with their patients especially because of the power differential between the chiropractor and the patient. Patients can be vulnerable because they are in pain. Patients typically disclose elements of their personal life, such as age, marital status, job, economic status, and medical history, in completing forms for a doctor's office and in discussions with the doctor. The doctor has the appearance of power because of the doctor's expertise and superior medical knowledge. (Test. of Guerrero.)

29. Chiropractors must be careful during patient examinations because the touching

⁶ Although not called specifically as an expert, pursuant to ORS 40.410, Schroeder also qualifies as an expert based upon her knowledge, experience and education.

required by the treatment can be very personal, especially with female patients because, in American society, females have more erogenous zones than males. Chiropractors must remain aware of the areas of the body that they touch and which of those areas a female patient might perceive as private. On a woman, areas with or near breast tissue, the sternum, and the pubic area are erogenous zones. (Test. of Guerrero.)

30. It is a standard of chiropractic practice to obtain permission from a patient before touching any erogenous zones or moving articles of clothing in those areas, such as bra or tank top straps. As well as obtaining permission, the chiropractor must describe what he is going to do, preferably by demonstrating on himself or on a picture. (Test. of Guerrero.)

31. Chiropractors should not comment on a patient's skin texture or body type unless there is a medical reason to support it, and such comment should be noted in the patient's chart as a standard of chiropractic practice. Failure to explain to a patient the medical reason for such commentary violates the professional boundary that the chiropractor must maintain with a patient. Just a comment upon noticing a tattoo would not be a boundary violation. (Test. of Guerrero.)

32. Using pet names, such as "Sunshine" and "Princess," with patients violates the professional boundaries that a chiropractor must maintain because patients might misunderstand the chiropractor-patient relationship. A patient may also interpret the pet name as condescending. (Test. of Guerrero.)

33. Lightly touching a patient's shoulder or arm is not the best way to greet a patient. (Test. of Guerrero.)

34. General conversation with a patient is a grey area for boundary violations. It is dependent upon the context and content of the comment whether it amounts to a boundary violation. (Test. of Guerrero.)

35. The Board reviews the following in its determination of actions against a licensee:

- Severity of incidents, degree of damage, existence of convictions;
- Severity of rating of licensee following psychological evaluation;
- Number of victims and pattern of behavior;
- Potential for rehabilitation;
- Veracity of licensee;
- Time lapse from incident to complaint; and
- Strength of overall evidence.

(Test. of Guerrero.)

36. The Board chooses between three categories of discipline: revocation, suspension with conditions, or probation with conditions. The Board considers a suspension with conditions appropriate if the licensee is not open to rehabilitation and/or is in total denial of his actions. Suspension is not appropriate when the licensee is remorseful, regrets any harm to the patient,

and demonstrates a willingness to change. (Test. of Guerrero.)

Dr. Travis Davis

37. When raising and lowering patients from the table following Activator treatment, a doctor would be required to support the patient by placing a hand against the patient's back. (Test. of Davis.)

38. During first appointments, the standard of practice requires the chiropractor to describe what actions he will be taking and why those actions will be undertaken. Such explanations about the treatment should continue for the first several visits. However, such explanations are not necessary during repetitive treatments for long-standing patients. (Test. of Davis.)

39. Myofascial release therapy is best performed on skin but can be performed through clothing. Moving aside the bra strap or tank top strap is acceptable. When moving such articles of clothing, the chiropractor must always communicate need for action and obtain permission from patient to perform the action. (Test. of Davis.)

40. It is a standard of care to ask patients about daily activities because many of them may affect patient's medical condition. A chiropractor must be careful in developing rapport with a patient to insure that the relationship does not become too personal. Idle discussions about dating behaviors are not appropriate because of the personal nature of the information and its lack of connection to treatment. (Test. of Davis.)

41. It is appropriate for a chiropractor to discuss any scar tissue with a patient if there are health concerns regarding the scar's appearance. Commenting upon tattoos may be appropriate depending upon the context of the comment. Comments, such as "soft as a baby's bottom," are not appropriate for a chiropractor to make to a patient. (Test. of Davis.) Discussions regarding health-related issues should be documented in a patient's chart. (*Id.*)

42. It is a standard of chiropractic practice to obtain permission from a patient before touching the patient's buttock, pubic or breast areas. The location of Patient 1's chest scar would require a chiropractor to obtain permission before touching it. (Test. of Davis.)

43. A chiropractor hugging a patient is only acceptable in circumstances where the patient initiates the hug. (Test. of Davis.)

CONCLUSIONS OF LAW

1. Donald E. Reneau, D.C., engaged in unprofessional conduct contrary to recognized standards of ethics of the chiropractic profession.
2. Donald E. Reneau, D.C., did not engage in any conduct or verbal behavior towards a patient that may reasonably be interpreted as sexual, seductive, sexually demeaning or romantic.
3. Donald E. Reneau, D. C., should be sanctioned for engaging in unprofessional conduct.

OPINION

The Board seeks to suspend Reneau's license and impose other discipline based on allegations that he engaged in unprofessional or dishonorable conduct contrary to the standards of the chiropractic profession. As the proponent of the allegations, the Board has the burden to establish, by a preponderance of the evidence, that the allegations are correct and that suspension and other discipline are appropriate sanctions. ORS 183.450(2) ("The burden of presenting evidence to support a fact or position in a contested case rests on the proponent of the fact or position"); *Harris v. SAIF*, 292 Or 683, 690 (1982) (general rule regarding allocation of burden of proof is that the burden is on the proponent of the fact or position). Proof by a preponderance of the evidence means that the fact finder is persuaded that the facts asserted are more likely than not true. *Riley Hill General Contractor v. Tandy Corp.*, 303 Or 390, 402 (1987).

Engaging in Unprofessional Conduct

ORS 684.100 provides, in part:

(1) The State Board of Chiropractic Examiners may refuse to grant a license to any applicant or may discipline a person upon any of the following grounds:

* * * * *

(f) Unprofessional or dishonorable conduct, including but not limited to:

(A) Any conduct or practice contrary to recognized standard of ethics of the chiropractic profession or any conduct or practice that does or might constitute a danger to the health or safety of a patient or the public or any conduct, practice or condition that does or might adversely affect a physician's ability safely and skillfully to practice chiropractic[.]

OAR 811-010-0005(4) provides:

"Patient" means any person who is examined, treated, or otherwise provided chiropractic services whether or not the person has entered into

a physician/patient relationship or has agreed to pay a fee for services.

Reneau provided chiropractic services to Patients 1 through 5. Therefore, they are patients pursuant to the Board's rules, and Reneau cannot engage in any unprofessional or dishonorable conduct towards them that would be contrary to recognized standards of ethics of the chiropractic profession.

A. Verbal Interactions with Patients 1 through 5

It is a recognized standard of chiropractic practice that chiropractors must maintain professional boundaries with their patients. The experts agreed that discussions with patients involving personal issues can be a grey area, in which certain topics are acceptable and appropriate and others are not, depending upon the exact content and context of the discussions. However, certain comments are a violation of professional boundaries regardless of context, such as the use of pet names with patients and commentary on skin condition and body type when not related to a medical discussion. Reneau regularly engaged in the use of pet names: "Sunshine" and "Princess" with female patients and "Ace" with male patients. This conduct constitutes a professional boundary violation.

With Patient 1, Reneau engaged in several additional verbal professional boundary violations. He described Patient 1's skin as "soft as a baby's bottom," a comment that is a professional boundary violation because of the excessively personal nature of the description and its lack of medical purpose. He also noted that she had "pretty fingers." Although he may well have made the comment to reassure this Patient who has body image issues, comments of this nature are inherently inappropriate because they are comments on skin and body conditions that have no medical purpose. Similarly, Reneau's multiple comments on Patient 1's physical appearance, such as "you're small for having two children" and "nothing could make you look masculine" were also unprofessional and lacked medical purpose. These comments also reflect too much on the patient's physical appearance and femininity, which blur the boundary between the professional and the patient. Reneau's comments on Patient 1's thigh scar and arm tattoo constitute additional professional boundary violations in the absence of any medical reason for his observations.

With Patient 2, Reneau discussed her current dating life and his prior dating life and provided her suggestions on how to improve her dating life. There is no medical reason to discuss a patient's dating life during a chiropractic examination. Additionally, this conversation topic is so highly personal and intrusive in the patient's life that it is inappropriate for a professional to engage in such a discussion with a patient. Even if the patient engages in or initiates such a conversation, the professional, who has the burden of maintaining the professional boundaries, must take steps to divert the conversation to other, less personal topics. Reneau's discussions with Patient 2 regarding their dating lives were a professional boundary violation.

With Patient 3, Reneau informed her that she kept her body in good shape and

commented on her tanned skin. Because there was no reference to a medical reason for these comments with the patient, Reneau's comments were a professional boundary violation.

With Patient 4, there was no evidence of any inappropriate comments.

With Patient 5, Reneau made general comments, such as complimenting the color of her dress and complimenting her on the success of her weight loss regime, and made general conversation with her regarding pets and his farm. General conversations about pets, a farm, hobbies and children are not a professional boundary violation. Such conversations do not negatively impact the professional-patient relationship and are not an abuse of the power differential between a professional and a patient. Similarly, generic compliments, such as the color of a dress, or simple encouragement, agreeing that a weight loss regime was successful, do not negatively impact the professional-patient relationship and are not an abuse of the power differential between a professional and a patient. Consequently, Reneau did not verbally violate the professional boundaries with Patient 5.

B. Physical Contact with Patients 1 through 5

With Patient 1, Reneau violated professional boundaries based upon multiple physical contacts with the patient. It is a professional boundary violation to touch a patient in an erogenous area without obtaining the patient's permission. Patient 1's chest scar was clearly located in an erogenous area based upon its location centered between her breasts and not visible unless wearing a very low-cut top. Even though Reneau touched the scar for a medical purpose and gave her medical advice on how she could improve its appearance, he failed to obtain her permission prior to placing his finger on the scar. In another appointment when he had Patient 1 demonstrate an exercise move, he repeatedly touched her abdomen from below her stomach up to her rib cage without obtaining her permission or indicating that he intended to touch her. As noted by Dr. Guerrero, in American society, the areas on the female body that are private are more extensive than on the male body. A touch on a woman in the stomach area, especially below the stomach which would be directly above the pubic bone and the rib cage area near the breasts are private areas that would make, and did make, a female patient uncomfortable. Reneau's conduct in touching Patient 1 while she performed the crunch was a professional boundary violation. Reneau committed another professional boundary violation when he moved Patient 1's bra and tank strap to the side without advising her of his intent or obtaining her permission.

Patient 2's allegation regarding inappropriate physical contact by Reneau was not substantiated by the evidence.

Although Patient 3 became uncomfortable with Reneau's touches at some point during the course of her 20 appointments at the Center, she was unable to articulate how Reneau's "just brushing" and "light" touches were contrary to the standard of care used by chiropractors in the performance of the Activator method or a violation of professional boundaries. The Activator method requires numerous touches with mild pressure to complete all the necessary stress tests plus the additional touches when utilizing the Activator tool. The fact that she found Dr. Greg's touches to be "more precise" than Reneau's does not demonstrate that Reneau's stress tests were

in anyway a deviation from the standard of chiropractic practice. The evidence failed to establish that Reneau engaged in any unprofessional conduct with his performance of the Activator treatment or any other physical contacts he had with Patient 3.

With Patient 4, the evidence failed to establish that Reneau touched the patient in any way that was contrary to the recognized standards of the chiropractic profession. He performed an examination, checking leg lengths, performing stress tests, and making appropriate Activator adjustments, while discussing what he was doing. Reneau did not engage in any professional boundary violations with Patient 4.⁷

With Patient 5, Reneau initiated a hug with the patient without providing any verbal warning of his intent to do so and without obtaining permission for the hug. Such degree of physical contact without obtaining permission or being initiated by the patient is a professional boundary violation.

C. Miscellaneous Conduct

In addition to the specific professional boundary violations described above, Reneau failed to adhere to the standards of chiropractic practice in other respects. He discussed Patients 1 through 3's skin condition as health observations but failed to document in such discussions in their charts. Although the standard of chiropractic practice allows for the reduction in explanations during examinations for long-standing patients, the chiropractor must still obtain permission before touching erogenous zones. Reneau was complacent in this practice by frequently failing to obtain permission. Instead, he would indicate that the pelvis and glutes needed to be checked and adjusted while simultaneously touching those areas with long-standing patients.

In summary, because Reneau violated professional boundaries by some of his verbal interactions and physical contacts with Patients 1 through 3 and 5, his conduct was contrary to the recognized standard of care for the chiropractic profession. He also failed to adhere to the standards of chiropractic practice by failing to fully advise patients of his treatment actions, to obtain necessary permission from patients, and to document all health-related discussion in patient's charts. As such, Reneau engaged in unprofessional conduct in violation of ORS 684.100(1)(f).

Engaging in Conduct that is Sexual, Seductive, Sexually Demeaning or Romantic

OAR 811-035-0015 defines some forms of specific conduct as unprofessional. It provides, in part:

⁷ Patient 4's complaints were actually centered on the fact that she expected a manual manipulation treatment based on her prior experience but received an Activator treatment. She apparently believed that the Activator treatment was not a genuine treatment form. Her other complaint was based upon her friend's presence in the examination room, which led her to feel like a display model. However, she is the one that invited the friend into the room. Additionally, the fact remains that the friend, as an observer, was in a better position to observe the chiropractor at work. If Patient 4 did not want to be a "display model," she should have excluded her friend from the examination room.

Unprofessional conduct means any unethical, deceptive, or deleterious conduct or practice harmful to the public; any departure from, or failure to conform to, the minimal standards of acceptable chiropractic practice; or a willful or careless disregard for the health, welfare or safety of patients, in any of which cases proof of actual injury need not be established. Unprofessional conduct shall include, but not be limited to, the following acts of a Chiropractic physician:

(1)(a) Engaging in any conduct or verbal behavior with or towards a patient that may reasonably be interpreted as sexual, seductive, sexually demeaning or romantic (also see ORS 684.100)[.]

The Board alleged that Reneau engaged in conduct or verbal behavior with patients that may reasonably be interpreted as sexual, seductive, sexually demeaning or romantic. Although there was some argument over the subjective nature of the standard in OAR 811-035-0015(1)(a), the use of the word “reasonably” still implies a degree of objectiveness in the standard. Therefore, Reneau’s conduct would have to be reasonably interpreted by a patient to be sexual or romantic.

The Board established that the majority of Reneau’s unprofessional interactions occurred with Patient 1. Although Reneau’s unprofessional conduct included some inappropriate touching, those incidents were specific, isolated touches not a series of repeated inappropriate touches. Although Patient 1 alleged that she became uncomfortable with Reneau’s touches used during the treatment, she could not articulate how the touches changed from times when she was troubled by them to times she was not. Additionally, aside from those specific touches found to be unprofessional conduct above, Patient 1 was unable to demonstrate that the other touches made by Reneau during her appointments were anything other than those within the standard of practice for the utilization of the Activator technique. The isolated, unprofessional touches on the two scars, the arm tattoo, and the movement of the bra and tank top strap are of such limited scope and duration that they do not support a finding that a patient would reasonably construe that conduct to be sexual, seductive, sexually demeaning or romantic.

Reneau also made several unprofessional comments to Patient 1, which usually referenced her body appearance. However, Patient 1 was clearly a patient with a significant concern regarding her physical appearance. Her conversations at the Center and with Reneau frequently centered over her workouts and body fitness. Reneau’s unprofessional comments were made in response to her discussions of her workouts and need to stay physically fit. Reneau essentially just reassured Patient 1 that she was physically fit. Given these circumstances, it would not be reasonable for Patient 1 to infer that Reneau’s attempts to reassure her about her appearance were sexual or romantic in nature. Reneau’s responses to her dialogue, unaccompanied by more explicit statements or conduct, do not amount to conduct that can be reasonably inferred to be sexual or romantic.

Reneau erred in discussing dating experiences with Patient 2 and using pet names. However, those discussions and the use of pet names, in the absence of any additional

inappropriate conduct that would suggest a sexual or romantic motive by Reneau, do not support a finding that a patient would reasonably interpret Reneau's conduct as sexual or romantic.

As stated previously, the evidence failed to establish that any of Reneau's physical contact with Patient 3 was unprofessional or inappropriate. Reneau did make comments to her about her being fit and tanned. However, he made these comments early in her course of treatment and she did not become uncomfortable with Reneau until later in her course of treatment. This time lapse between the comments and when she became uncomfortable, coupled with the brevity of the comments, does not support a finding that a patient would reasonably interpret Reneau's conduct with Patient 3 as sexual or romantic.

The evidence failed to establish that Reneau engaged in any unprofessional or inappropriate conduct or verbal behavior with Patient 4. Although Reneau hugged Patient 5, the hug was in response to her extreme emotional distress and neither participant of the hug took it in any kind of sexual or romantic manner.

Essentially, the record establishes that Reneau is an overly friendly and social practitioner who has become complacent in his treatment of his patients. As a result, he has lost the degree of formality which a chiropractor needs to maintain with his patients so that professional boundaries remain clear and patients do not become confused about the chiropractor's role in their lives. However, despite these professional boundary violations, Reneau's conduct would not result in a patient reasonably interpreting his conduct as sexual or romantic. Therefore, the Board failed to establish that Reneau violated OAR 811-035-0015(1)(a).

Sanctions for Engaging in Unprofessional Conduct

ORS 684.100(1) grants the Board the authority to discipline a person for unprofessional or dishonorable conduct. ORS 684.100(9) provides:

In disciplining a person as authorized by subsection (1) of this section, the board may use any or all of the following methods:

- (a) Suspend judgment.
- (b) Place the person on probation.
- (c) Suspend the license of the person to practice chiropractic in this state.
- (d) Revoke the license of the person to practice chiropractic in this state.
- (e) Place limitations on the license of the person to practice chiropractic in this state.
- (f) Impose a civil penalty not to exceed \$10,000.
- (g) Take other disciplinary action as the board in its discretion finds

proper, including assessment of the costs of the disciplinary proceedings.

OAR 811-035-0025 further provides:

In addition to the methods enumerated in ORS 684.100(9), in disciplining, imposing probation, or limiting the license of a person as authorized under 684.100(1), the Board may do any or all of the following:

- (1) Issue an order to cease and desist;
- (2) Issue a censure;
- (3) Issue letters or a reprimand; or
- (4) Impose any reasonable conditions or limitations for the purpose of protecting the public, rehabilitating the licensee, or ensuring licensee's compliance with the statutes and rules governing the practice of chiropractic.

Because Reneau engaged in unprofessional conduct, the Board is authorized to discipline him. In its Second Amended Notice of Proposed Disciplinary Action, the Board sought to suspend Reneau's chiropractic license for six months and place a permanent restriction on his license to have a Board-approved chaperone for all female patients. In addition, the Board sought to require Reneau to perform the following actions:

- Modify his Informed Consent form to disclose the tactile nature of the various chiropractic treatments available at the Center;
- Make available to all patients a video explaining and demonstrating the Activator technique utilized at the Center, to be reviewed and approved by the Board;
- Draft a written office policy that doors to treatment rooms will remain open unless patient confidentiality dictates otherwise and providing that staff do not have to knock before entering a closed treatment room;
- Cease and desist offering any non-health related advice or life coaching to patients;
- Cease and desist from discussing a patient's personal life during treatment unless supported by a medical reason;
- Cease and desist from the use of pet names for female patients;
- Attend and complete the ProBE ethics program within six months of the date of the final order and provide certificate of completion to the Board at Reneau's expense;
- Take and pass the NBCE Ethics and Boundaries examination within one year of the date of the final order at Reneau's expense;
- Obtain a psychosexual evaluation from a Board-approved psychologist or psychiatrist; and
- Submit to Board interviews upon request of the Board.

Although the Board proved that Reneau engaged in unprofessional conduct, the Board failed to establish all of its allegations of unprofessional conduct, especially the most egregious allegations involving sexual or romantic conduct. Because the evidence failed to demonstrate that Reneau engaged in sexual or romantic conduct, sanctions designed to protect against such conduct are not reasonable or appropriate. Therefore, Reneau is not required to have a Board-approved chaperone for his female patients, he is not required to obtain a psychosexual evaluation, and he is not required to draft an office policy regarding the doors for his treatment rooms.

ORS 684.100(4) provides:

If a physician refuses a written request for an informal interview with the board, the board shall have grounds to suspend or revoke the license of a physician pursuant to this section.

The Board sought a condition requiring Reneau to submit to Board interviews. Because ORS 684.100(4) requires a licensee to comply with such a request and there was no evidence that Reneau was not cooperative during the Board's investigation, Reneau's sanction does not include this specific condition.

As explained above, the Board primarily proved that Reneau engaged in unprofessional conduct by violating the professional boundaries that a chiropractor must maintain with his patients. Reneau engaged in conduct that was overly friendly and casual, which made some patients nervous and uncomfortable. Additionally, the Board established that Reneau was complacent in his treatment protocols. Reneau neglected to fully advise patients of his treatment actions, to obtain the necessary permission from female patients before touching areas deemed private on females, and to document all health-related discussions in patient's charts. Therefore, it is appropriate for the Board to discipline Reneau by imposing those conditions that will protect the public and rehabilitate Reneau by ensuring his compliance with the establishment and maintenance of professional boundaries. Reneau must:

- Modify his Informed Consent form to disclose the tactile nature of the various chiropractic treatments available at the Center and provide a copy to the Board;
- Make available to all patients a video explaining and demonstrating the Activator technique utilized at the Center, which must show the tactile nature of such an examination, and provide a copy to the Board;⁸
- Cease and desist offering any non-health related advice or life coaching to

⁸ No evidence was presented regarding the need for such video to be approved by the Board. Reneau performed a demonstration of the Activator technique during the hearing, which showed the numerous touches on the entire body and he was fully cognizant of the tactile nature of such an examination. Reneau has the demonstrated capacity for creating or selecting an appropriate video (as noted during the hearing, Dr. Guerrero has an online video showing the Activator technique). Requiring Reneau to provide a copy to the Board allows the Board to verify that the video shows the tactile nature of the examination. If it fails to do so, the Board could take action for violation of its order.

patients;

- Document all health-related discussions in patients' charts;⁹
- Cease and desist from the use of pet names for patients;¹⁰
- Attend and complete the ProBE ethics program within six months of the date of the final order and provide certificate of completion to the Board at Reneau's expense; and
- Take and pass the NBCE Ethics and Boundaries examination within one year of the date of the final order at Reneau's expense and provide proof of completion to the Board;

The Board also sought for Reneau to cease and desist from discussing a patient's personal life unless for medical purposes. However, even the experts agreed that such discussions are not inherently inappropriate. It is the content and context of the discussions that might result in a professional boundary violation. Additionally, it is not reasonable to expect a medical service provider to refuse to engage in conversation with a patient unless it is strictly medical in nature. Because this is a grey area that cannot be easily defined and it is not reasonable to completely prohibit a service provider from engaging in any non-medical conversations, it is not appropriate to impose this condition on Reneau.

The Board also sought to suspend Reneau's license. However, the Board failed to prove its most egregious allegations. The evidence failed to establish that he was in any way attempting to prey on his patients or that he harmed his patients with an ill intent. Additionally, Reneau demonstrated a willingness to rehabilitate. He modified his Informed Consent form in response to the Board's investigation. He ceased using pet names when speaking with his patients. During the hearing, he did not verbally attack or denigrate the complaining Patients. Instead, he showed actual concern for them and described Patients 1, 2 and 5 as nice people.¹¹ He also appeared quite genuine in his remorse that these Patients felt such discomfort in reaction to his conduct. For these reasons, a license suspension is not appropriate. Instead, Reneau's professional boundary violations warrant that he be placed on probation for one year with the conditions detailed above.

In all of its pleadings, the Board also sought to assess the costs of the disciplinary proceeding against Reneau as allowed by ORS 684.100(9)(g). Because the Board proved its allegation that Reneau engaged in unprofessional conduct thereby necessitating bringing this proceeding, the ALJ felt it was appropriate to assess the costs of this disciplinary proceeding against Reneau. Accordingly, the ALJ proposed an order to reimburse the Board for costs. The Board has considered that and feels it is appropriate for Reneau to be assessed a portion of the

⁹ This condition was not sought by the Board in its pleading; however, in light of the experts' agreement that such discussions should be documented and evidence that Reneau failed to document them, it is appropriate that this condition be imposed on Reneau.

¹⁰ This condition is modified to include all patients as the use of pet names is inappropriate for any patient, regardless of gender, as it blurs the boundary between patient and professional.

¹¹ Reneau did not have an independent recollection of Patient 4 and an extremely limited recollection of Patient 3.

costs; specifically the portion the Board was required to pay for the ALJ service at the Office of Administrative Services. ¹² At hearing of this matter the Board expended the following itemized costs:

OAH Costs¹³

A.	OAH Direct Charges: (ALJ & Operations Staff Time, Travel, & Transcripts)	\$ 9005.89
B.	OAH Admin. Charges: (OAH Overhead)	\$ 5.90
C.	OAH 9% Working Capital Charge:	\$ 89.65
Total OAH Costs:		\$ 9483.61
Total Costs:		\$ 9,483.61

ORDER

The Board of Chiropractic Examiners issues the following order:

1. Donald E. Reneau, D.C., is placed on probation for one year from when this order becomes final with the following conditions:

- Modify his Informed Consent form to disclose the tactile nature of the various chiropractic treatments available at the Center and provide a copy to the Board;
- Make available to all patients a video explaining and demonstrating the Activator technique utilized at the Center, which must show the tactile nature of such an examination, and provide a copy to the Board;
- Cease and desist offering any non-health related advice or life coaching to patients;
- Document all health-related discussions in patients' charts;
- Cease and desist from the use of pet names for patients;
- Attend and complete the ProBE ethics program within six months of the date of the final order and provide certificate of completion to the Board at Reneau's expense; and
- Take and pass the NBCE Ethics and Boundaries examination within one year of the date of the final order at Reneau's expense and provide proof of completion to the Board;

¹² The Department of Justice costs to the Board exceeded \$19,000.

¹³ "Office of Administrative Hearings costs are based on actual charges calculated by Oregon Employment Department financial services for the administrative law judge, for the hearing, and for all associated administrative costs, pursuant to ORS 183.655. Direct costs include ALJ and OAH staff time, and any travel, transcripts and interpreters. Administrative costs include OAH overhead calculated based on hours. Working capital is assessed at 9%."

2. Donald E. Reneau, D.C., must pay the costs within 30 days this order becomes final the sum of \$9,483.61 which represents the OAH costs of the disciplinary proceeding.

Original signatures are available in OBCE
office.

Dave McTeague, Executive Director
Oregon Board of Chiropractic Examiners

APPEAL

If you wish to appeal the final order, you must file a petition for review with the Oregon Court of Appeals within 60 days after the final order is served upon you. *See* ORS 183.480 et seq.

IN THE MATTER OF:

DONALD E. RENEAU, D.C.

) FINAL ORDER
)
) OAH Case # 1303392
) OBCE Case # 2011-1026 et. al.

I, Dave McTeague, being first duly sworn, state that I am the Executive Director of the Oregon Board of Chiropractic Examiners, and as such, am authorized to verify pleadings in this case: and that the foregoing Final Order is true to the best of my knowledge as I verily believe.

Original signatures are available in OBCE office.

Dave McTeague, Executive Director
Oregon Board of Chiropractic Examiners

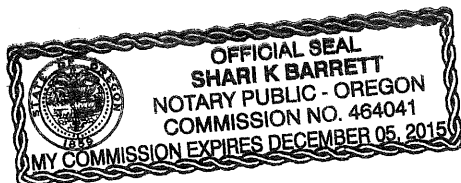
SUBSCRIBED AND SWORN to before me

This 2nd day of Jun, 2014

Original signatures are available in OBCE office.

NOTARY PUBLIC FOR OREGON

My Commission Expires: Dec 5 2015



CERTIFICATE OF MAILING

On June 2, 2014, I mailed the foregoing Final Order issued on this date in OBCE Case # 2011-1026 et. al., OAH Case No. 1303392:

By: Certified Mail

Donald Reneau, DC
Roseburg Chiropractic Center
1632 NW Hughwood Ct Ste 1
Roseburg, OR 97471

Dan Clark, AAL
PO Box 1205
Roseburg, Oregon 97470

By regular mail to:

Lori Lindley
Senior Assistant Attorney General
Department of Justice
1162 Court St NE
Salem OR 97301-4096

Original signatures are available in OBCE
office.

Dave McTeague
Executive Director
Oregon Board of Chiropractic Examiners