



California Medical Evaluators
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Dale Charrette, DC, QME

Chiropractor

EDUCATION

- **Palmer College of Chiropractic-West (1988)**
Doctor of Chiropractic
- **Palmer College of Chiropractic-West (1986-1988)**
Internship
- **Central Michigan University (1979)**
Bachelor's of Science in Business Administration

CERTIFICATIONS & LICENSURE

- Doctor of Chiropractic
Licensed in the State of California
- Qualified Medical Examiner
State of California, Industrial Medical Council, Sacramento, CA 1990
- National Board of Chiropractic Examiners
Part 1 and 2, 1988

OCCUPATIONAL HISTORY

- Full Service Chiropractic, serving the Military, and surrounding area in the Morongo basin including Yucca Valley, Joshua Tree, and Twenty Nine Palms. 2013-Present
- Mobile Chiropractic Services, Dr. Dale's Mobile Chiropractic. 2013
- Clinic Director, Chiropractor, Charrette Chiropractic, Palm Desert, CA 2012-2013
- Clinic Director, Chiropractor, Charrette Chiropractic, Charrette Chiropractic health Systems, Visalia, CA 1990-2012
- Qualified Medical Examiner, State of California, 1991-Present
- IME for Plaintiff and Defense Law Firms , Tulare County and Fresno County, 2000-2012
- Podiatric Consultant- Santa Monica High School Cross-Country and Track and Field Teams, 1985-2011

AFFILIATIONS

- American Academy of Medical-Legal Professionals, Member, 2010-Present
- Academy of Chiropractic, Member, 2010-Present
- International Chiropractic Association, Member 2009-Present

POST GRADUATE EDUCATION

- MRI History and Physics, magnetic fields, T1 and T2 relaxations, nuclear spins, phase encoding, spin echo, T1 and T2 contrast, magnetic properties and the historical perspective of the creation of NMR and MRI. CMCS POST DOCTOR DIVISION, New

York Chiropractic Council, New York State Department of Education, Board of Chiropractic, AACME Joint Sponsorship with the University of New York at Buffalo, School of Medicine and Biomedical Sciences and CMCS Post Doctoral Division, Buffalo, NY 2010.

- MRI Spinal Anatomy and Protocols, Normal anatomy of axial and sagittal views utilizing T1, T2, and 3D gradient and STIR sequence of imaging. Standardized and desired protocols in views and sequencing of MRI examination to create an accurate diagnosis in MRI. New York Chiropractic Council, New York Department of Education, at Buffalo, School of Medicine and Biomedical Sciences and CMCS Post Doctoral Division, Buffalo, NY 2010.
- MRI Disc Pathology and Spinal Stenosis, MRI interpretation of bulged, herniated, protruded, extruded, sequestered and fragmented disc pathologies in etiology and neurological sequelae in relationship to the spinal cord and spinal nerve roots. New York Chiropractic Council, New York State Department of Education, Board of Chiropractic, AACME Joint Sponsorship with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences and CMCS Post Doctoral Division, Buffalo, NY 2010.
- MRI Spinal Pathology, MRI interpretation of bone, intradural, extradural, cord, and neural sleeve lesions. Tuberculosis, drop lesions, metastasis, ependymoma, schwannoma, and numerous other spinal related tumors and lesions. New York Chiropractic Council, New York State Department of Education, Board of Chiropractic, AACME Joint Sponsorship with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences and CMCS Post Doctoral Division, Buffalo, NY 2010.
- MRI Methodology and Analysis, MRI interpretation sequencing of the cervical, thoracic, and lumbar spine inclusive of T1, T2, STIR, and 3D gradient studies to ensure the accurate diagnosis of the regions visualized. New York Chiropractic Council, New York State Department of Education, Board of Chiropractic, AACME Joint Sponsorship with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences and CMCS Post Doctoral Division, Buffalo, NY 2010.
- MRI Clinical Application, The clinical application of the results of space occupying lesions. Disc and tumor pathologies and the clinical indications of manual and adjustive therapies in the patient with spinal nerve root and spinal cord insult as sequelae. New York Chiropractic Council, New York State Department of Education, Board of Chiropractic, AACME Joint Sponsorship with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences and CMCS Post Doctoral Division, Buffalo, NY 2010.
- Neurodiagnostics, Imaging Protocols and Pathology of the Trauma Patient, An in-depth understanding of the protocols in triaging and reporting of the clinical findings of the trauma patient. Maintaining relationships with the medical-legal community. CMCS Post Doctoral Division, New York Chiropractic Council, New York State Education Department Board Chiropractic, Long Island, NY 2010.

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- Diagnostics, Risk Factors, Clinical Presentations and Triaging the Trauma Patient, An extensive understanding of the injured with Clinically coordinating the history, physical findings and when to integrate neurodiagnostics. An understanding of how to utilize emergency room records in creating an accurate diagnosis and the significance of “risk factors” in spinal injury. CMCS Post Doctoral Division, New York Chiropractic Council, New York State Education Department Board Chiropractic, Long Island, NY 2010.
- Crash Dynamics and its Relationship to Casualty, An extensive understanding of the physics involved in the transference of energy from the bullet car to the target car. This includes G Force, Newtons, gravity, energy, skid marks, crumple zones, spring factors, event data recorder and the graphics of movement of the vehicle before, during, and after the crash. Determining the clinical correlation of forces and bodily injury. CMCS Post Doctoral Division, New York Chiropractic Council, New York State Education Department Board Chiropractic, Long Island, NY 2010.
- MRI, Bone Scan and X-ray Protocols, Physiology and Indication for the Trauma Patient, MRI Interpretation, physiology, history and clinical indications, bone scan interpretation, physiology, history and clinical indications, x-ray indications for the trauma patient. CMCS Post Doctoral Division, New York Chiropractic Council, New York State Education Department Board Chiropractic, Long Island, NY 2010.
- Neurodiagnostic Testing Protocols, Physiology and Indications for the Trauma Patient, Electromyography (EMG), Nerve Conduction Velocity (NCV), Somato Sensory Evoked Potential (SSEP), Visual Evoked Potential (VEP), Brain Stem Auditory Evoked (BAER), and Visual-Electronystamosgraphy (V-ENG), interpretation, protocols and clinical indications for the trauma patient. CMCS Post Doctoral Division, New York Chiropractic Council, New York State Education Department Board Chiropractic, Long Island, NY 2010.
- Documentation and Reporting for the Trauma Victim, Understanding the necessity for accurate documentation and diagnosis utilizing ICD-9 and CPT to accurately escribe the injury through diagnosis. Understanding and utilizing state regulations on reimbursement issues pertaining to healthcare. CMCS Post Doctoral Division, New York Chiropractic Council, New York State Education Department Board Chiropractic, Long Island, NY 2010.
- Documentation Clinically Correlated Bodily Injury to Casualty, Understanding the necessity for accurate documentation, diagnosis and clinical correlation to the injury when reporting the injuries in the medical-legal community. Documenting the kinesio pathology, myopathology, neuropathology, and pathophysiology in both functional and structural paradigm. CMCS Post Doctoral Division, New York Chiropractic Council, New York State Education Department Board Chiropractic, Long Island, NY 2010.
- Extremity Adjusting Protocols, Most common extremity subluxation (misalignment) patterns that will be encountered in treating patients, including neurological, mechanical, and physiological foundations, as well as the enhanced proprioceptive response of the extremities leading to improved spinal stabilization. Also included were basic rehabilitative exercises to improve function. Parker College of Chiropractic, Dallas, TX, 2008

