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SELECTED OCCUPATIONAL HISTORY

Clinic Director/Chiropractor, Holtsville Chiropractic P.C., Holtsville, New York, 1992 – Present

Staff Radiologic Technologist, Franklin General Medical Center, Valley Stream, New York, 1985 – 1992

EDUCATION AND LICENSURE

Doctor of Chiropractic, Licensed in the State of New York, License # X006533, 1992 – Present

Associate Degree in Applied Science, Radiologic Technology, Nassau Community College, Garden City, New York, 1992

Doctorate of Chiropractic, New York Chiropractic College, Glen Head, New York, 1990

National Board of Chiropractic Examiners, Part III, 1990

National Board of Chiropractic Examiners, Part II, 1990

National Board of Chiropractic Examiners, Part I, 1990

Internship, New York Chiropractic College Outpatient Facility, Levittown, New York, 1987 – 1990

Radiologic Technologist, Licensed in the State of New York, License # 12662, 1985 – Present

Internship, Franklin General Medical Center, Valley Stream, New York, 1984 – 1985

Internship, North Shore University Hospital, Manhasset, New York, 1983 – 1984

SELECTED POST-GRADUATE EDUCATION, CERTIFICATIONS AND DIPLOMATES

Certified Chiropractic Sports Practitioner, American Chiropractic Association, Newark, New Jersey, 1993

Certified in X-Ray Study, Spinal and Skeletal Disorders, Ruseell Erhardt, DACBR, Queens, New York, 1990

Certified in Diagnosis and Management of Low Back Pain and Referred Disorders in Managed Care Environment, New York State Chiropractic Association, Uncasville, CT, 1998

Spinal Biomechanical Engineering: Cartesian System, *The Cartesian Coordinate System from the history to the application in the human body. Explanation of the x, y and z axes in both translation and rotations (thetas) and how they are applicable to human biomechanics.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2017

Spinal Biomechanical Engineering: Cervical Pathobiomechanics, *Spinal biomechanical engineering of the cervical and upper thoracic spine. This includes the normal and pathobiomechanical movement of both the anterior and posterior motor units and normal function and relationship of the intrinsic musculature to those motor units. Nomenclature in reporting normal and pathobiomechanical findings of the spine.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2017

Spinal Biomechanical Engineering: Lumbar Pathobiomechanics, *Spinal biomechanical engineering of the lumbar spine. This includes the normal and pathobiomechanical movement of both the anterior and posterior motor units and normal function and relationship of the intrinsic musculature to those motor units. Nomenclature in reporting normal and pathobiomechanical findings of the spine.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2017

Spinal Biomechanics in Trauma, *To utilize whiplash associated disorders in various vectors of impact and whiplash mechanisms in determining pathobiomechanics. To clinically correlate annular tears, disc herniations, fractures, ligament pathology and spinal segmental instability as sequellae to pathobiomechanics from trauma. The utilization of digital motion x-ray in diagnosing normal versus abnormal facet motion along with case studies to understand the clinical application.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2017

Spinal Biomechanical Engineering & Organizational Analysis, *Integrating spinal biomechanics and pathobiomechanics through digitized analysis. The comparison of organized versus disorganized compensation with regional and global compensation. Correlation of the vestibular, ocular and proprioceptive neurological integration in the righting reflex as evidenced in imaging. Digital and numerical algorithm in analyzing a spine.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2017

Spinal Biomechanical Engineering: Cervical Digital Analysis, *Digitizing and analyzing the cervical spine in neutral, flexion and extension views to diagnose pathobiomechanics. This includes alteration of motion segment integrity (AMOSI) in both angular and translational movement. Ligament instability/failure/pathology are identified all using numerical values and models. Review of case studies to analyze pathobiomechanics using a computerized/numerical algorithm.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2017

Spinal Biomechanical Engineering: Lumbar Digital Analysis, *Digitalizing and analyzing the lumbar spine images to diagnose pathobiomechanics. This includes anterior and posterior vertebral body elements in rotational analysis with neutral, left and right lateral bending in conjunction with gate analysis. Ligament instability/failure/pathology is identified all using numerical values and models. Review of case studies for analysis of pathobiomechanics using a computerized/numerical algorithm along with corrective guidelines.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2017

Spinal Biomechanical Engineering: Full Spine Digital Analysis, *Digitalizing and analyzing the full spine images to diagnose pathobiomechanics as sequellae to trauma in relation to ligamentous failure and disc and vertebral pathology as sequellae. This includes anterior and posterior vertebral body elements in rotational analysis with neutral, left and right lateral bending in conjunction with gate analysis. Ligament instability/failure/pathology is identified all using numerical values and models. Review of case studies for analysis of pathobiomechanics using a computerized/numerical algorithm along with corrective guidelines.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2017

MRI Protocols Clinical Necessity, *MRI slices, views, T1, T2, STIR axial, stacking, FFE, FSE and sagittal images. Clinical indication for the utilization of MRI and pathologies of disc in both trauma and non-trauma sequelae, including bulge, herniation, protrusion, extrusion and sequestration.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2014

MRI Interpretation of Lumbar Degeneration/Bulges, *MRI slices, views, T1, T2, STIR axial, stacking, FFE, FSE and sagittal images in the interpretation of lumbar degeneration. With the co-morbidities and complications of stenosis, pseudo-protrusions, cantilevered vertebrate, Schmorl's nodes and herniations. Central canal and cauda equina compromise interpretation with management.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2014

MRI Interpretation of Lumbar Herniations, *MRI slices, views, T1, T2, STIR axial, stacking, FFE, FSE and sagittal images in the interpretation of lumbar herniations. With the co-morbidities and complications of stenosis, pseudo-protrusions, cantilevered vertebrate, Schmorl's nodes and herniations. Morphology of lumbar disc pathologies of central and lateral herniations, protrusions, extrusions, sequestration, focal and broad based herniations are defined and illustrated. Central canal and cauda equina compromise interpretation with management.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2014

MRI Interpretation of Cervical Degeneration/Bulges, *MRI slices, views, T1, T2, STIR axial, stacking, FFE, FSE and sagittal images in the interpretation of cervical degeneration. With the co-morbidities and complications of stenosis, pseudo-protrusions, cantilevered vertebrate, Schmorl's nodes and herniations. Spinal cord and canal compromise interpretation with management.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2014

MRI Interpretation of Cervical Herniations, *MRI slices, views, T1, T2, STIR Axial, FFE, FSE and sagittal images in the interpretation of lumbar herniations. With the co-morbidities and complications of stenosis, pseudo-protrusions, cantilevered vertebrate, Schmorl's nodes and herniations. morphology of lumbar disc pathologies of central and lateral herniations, protrusions, extrusions, sequestration, focal and broad based herniations are defined and illustrated. Spinal cord and canal compromise interpretation with management.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2014

MRI Interpretation of Degenerative Spine and Disc Disease with Overlapping Traumatic Insult to Both Spine and Disc, *MRI slices, views, T1, T2, STIR Axial, FFE, FSE and sagittal images in the interpretation of degenerative spondylolesthesis, spinal canal stenosis, Modic type 3 changes, central herniations, extrusions, compressions, nerve root compressions, advanced spurring and thecal sac involvement from an orthopedic, emergency room, chiropractic, neurological, neurosurgical, physical medicine perspective.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2014

MRI History and Physics, *Magnetic fields, T1 and T2 relaxations, nuclear spins, phase encoding, spin echo, T1 and T2 contrast, magnetic properties of metals and the historical perspective of the creation of NMR and MRI.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2013

MRI Spinal Anatomy and Protocols, *Normal anatomy of axial and sagittal views utilizing T1, T2, 3D gradient and STIR sequences of imaging. Standardized and desired protocols in views and sequencing of MRI examination to create an accurate diagnosis in MRI.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2013

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.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2013

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.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2013

MRI Methodology of 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 region visualized.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2013

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.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo Jacobs School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2013

Neurodiagnostics, Imaging Protocols and Pathology of the Trauma Patient, *An in-depth understanding of the protocols in triaging and reporting the clinical findings of the trauma patient. Maintaining ethical relationships with the medical-legal community.* Texas Chiropractic College, Academy of Chiropractic Post-Doctoral Division, Long Island, NY, 2010

Diagnostics, Risk Factors, Clinical Presentation 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 on how to utilize emergency room records in creating an accurate diagnosis and the significance of "risk factors" in spinal injury.* Texas Chiropractic College, Academy of Chiropractic Post-Doctoral Division, Long Island, NY, 2010

Crash Dynamics and Its Relationship to Causality, *An extensive understanding of the physics involved in the transference of energy from the bullet car to the target car. This includes G's of force, newtons, gravity, energy, skid marks, crumple zones, spring factors, event data recorder and the graphing of the movement of the vehicle before, during and after the crash. Determining the clinical correlation of forces and bodily injury.* Texas Chiropractic College, Academy of Chiropractic Post-Doctoral Division, Long Island, NY, 2010

MRI, Bone Scan and X-Ray Protocols, Physiology and Indications for the Trauma Patient, *MRI interpretation, physiology, history and clinical indications, bone scan interpretation, physiology and clinical indications, x-ray clinical indications for the trauma patient.* Texas Chiropractic College, Academy of Chiropractic Post-Doctoral Division, 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 Potential (BAER) and Visual-Electronystagmosgraphy (V-ENG) interpretation, protocols and clinical indications for the trauma patient.* Texas Chiropractic College, Academy of Chiropractic Post-Doctoral Division, Long Island, NY, 2010

Documentation and Reporting for the Trauma Victim, *Understanding the necessity for accurate documentation and diagnosis utilizing the ICD-9 and the CPT to accurately describe the injury through diagnosis. Understanding and utilizing state regulations on reimbursement issues pertaining to healthcare.* Texas Chiropractic College, Academy of Chiropractic Post-Doctoral Division, Long Island, NY, 2010

Documenting Clinically Correlated Bodily Injury to Causality, *Understanding the necessity for accurate documentation, diagnosis and clinical correlation to the injury when reporting injuries in the medical-legal community. Documenting the kinesiopathology, myopathology, neuropathology, and pathophysiology in both a functional and structural paradigm.* Texas Chiropractic College, Academy of Chiropractic Post-Doctoral Division, Long Island, NY, 2010

Clinical Application of Spinal Decompression, *The latest skeletal decompression equipment.* New York State Chiropractic Association, Uncasville, CT, 2009

Therapeutic Modalities in Everyday Practice, *Various therapeutic adjunctive therapies, such as ultrasound, electric muscle stimulation and cold laser, in the treatment and management of musculoskeletal disorders.* New York State Chiropractic Association, Uncasville, CT, 2009

Low Back Rehabilitation, *The diagnosis and clinical applications of rehabilitation protocols in regard to the lower back pain patient.* New York State Chiropractic Association, Uncasville, CT, 2009

Ethics and Chiropractic Practice, *The application and documentation of medical necessity, as well as compliance and Soap note taking. Current regulations pertinent to the proper chiropractic clinical practice.* New York State Chiropractic Association, Uncasville, CT, 2009

Lumbar Spine MRI & Decompression Study, *Spinal MRI studies, both pre and post decompression therapy.* New York State Chiropractic Association, Uncasville, CT 2007

Treating Professional and Amateur Athletes with 21st Century Technology, *The diagnosis and treatment of the most common athletic injuries to the muscular skeletal system.* New York Chiropractic Association, Uncasville, CT, 2005

Best Practice, *Using evidence based health care measure to improve patient care.* New York Chiropractic Association, Uncasville, CT 2005

Chiropractic Practical Rehabilitation, *Incorporating rehabilitation protocols in the chiropractic office.* New York State Chiropractic Association, Uncasville, CT, 2005

Pediatric Skeletal Trauma, *Common skeletal fractures sustained for the pediatric patient.* American Society of Radiologic Technologies, Albuquerque, NM, 2002

Los Angeles Chiropractic HIPPA Compliance, *The application of regulations and the documentation required to satisfy the requirements of the patient privacy act.* Levittown Health Center, Levittown, NY, 2002

Best Practice Application of Treatment Goals and Active Care Components, *Effectively Communication clinical findings, care protocols and treatment goals along with the explanation of the importance of active home care measures for the patient.* New York State Chiropractic Association, Bayside, NY, 2000

Anatomy for the Radiologic Professional, *Anatomical review of the skeletal system, as well as cross sectional anatomy from CT and MRI diagnostic protocols.* American Society of Radiologic Technology, Albuquerque, NM, 1999

Thoracic Outlet Syndrome, *Encompassing treatment in diagnostic measures related to thoracic outlet syndrome.* New York State Chiropractic Association, Uncasville, CT, 1998

Risk Management, *Documentation of medical necessity, informed consent and compliant soap note taking.* New York State Chiropractic Association, Uncasville, CT, 1998

Low Back Pain and Management, *Concentrated training and application of failed back surgery syndrome, cervical degenerative disease, back pain prevention, and aerobic exercise safety instruction.* South East Back Institute, Queens, NY 1989

SELECTED MEMBERSHIPS

Academy of Chiropractic, Member, 2010 – Present

Mather Hospital Affiliated Chiropractor, Member, 2013