Lawrence J. Lefcort, DC

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**SELECTED OCCUPATIONAL HISTORY**

Clinic Director, Chiropractor, Lefcort MUA Chiropractic, P.C., Bayside, New York, 2011 - Present

Clinic Director, Chiropractor, Bayside Physical Therapy, Chiropractic and Acupuncture PLLC., Bayside, New York, 2009 – Present

Clinic Director, Chiropractor, Bay Terrace Chiropractic, P.C., Bayside, New York, 1995 – Present

Clinic Director, Chiropractor, Dr. Lawrence J. Lefcort, Bayside, New York, 1981 - 1995

**EDUCATION AND LICENSURE**

Doctor of Chiropractic, Licensed in the State of New York, License # X2565, 1980 – Present

Doctor of Chiropractic, Licensed in the State of New Jersey, License # 38MC00716400, 2011-- Present

Doctorate of Chiropractic, New York College of Chiropractic, Old Brookville, New York, 1980

Undergraduate Studies of Chiropractic Pre-Requisites, University of Maryland, College Park, Maryland, 1973 - 1976

**SELECTED POST-GRADUATE EDUCATION, CERTIFICATIONS AND DIPLOMATES**

Certification in Insurance Consultation, New York State Chiropractic Association, Uncasville, CT, 2003

Certification in Chiropractic Rehabilitation Level One, American Chiropractic Rehabilitation Board, Bergen, NJ, 2003

Certification in Independent Forensic Chiropractic Medical Examination, National University of Health Sciences, Mount Pleasant, SC, 2002

Certification in Workers Compensation, State of New York Workers Compensation Board, New York, NY, 1984

Primary Spine Care Symposium – Interprofessional Spine Care, Clinical analysis of anatomic versus biomechanical spine pain and clinical triage protocols.  Relating current research trends in the Whole Spine Model of patient including normal versus abnormal sagittal curvature in the adolescent and adult spine, pelvic incidence as a parameter for sagittal balance in the human spine and current methods of assessment. Patient centered approach to Evidenced Based Spine care with a focus on diagnosis, prognosis and triage of the spine pain patient, Texas Chiropractic College Post-Doctoral Division, Academy of Chiropractic Post-Doctoral Division, Melville, NY, 2017

Primary Spine Care Symposium – Epidemiology of Spine Pain, Review of the current Centers for Disease Control [CDC} data on the frequency of musculoskeletal pain in the United States population with emphasis on pain of spinal origin.  CDC guidelines on opioid medication were discussed and correlated to persistent pain syndromes.  Research was reviewed showing the importance of managing the spine pain patient properly from the entry point of care with a concentration on maintenance of spinal biomechanics, Texas Chiropractic College Post-Doctoral Division, Academy of Chiropractic Post-Doctoral Division, Melville, NY, 2017

Primary Spine Care Symposium- Connective Tissue and Spinal Disc Pathology, The morphology and pathology of connective tissue, inclusive of spinal disc disorders and prognosticating wound repair with permanency implications. Disc bulge, herniation, protrusion and extrusion classifications based upon contemporary literature and how to age-date disc pathology, Texas Chiropractic College Post-Doctoral Division, Academy of Chiropractic Post-Doctoral Division, Melville, NY, 2017

Primary Spine Care Symposium – Physiology and Anatomy of Spinal Manual Adjusting, Understanding the role of mechanoreceptors, proprioceptors and nociceptors with facets, ligaments, tendons and muscles in aberrant spinal biomechanics. MRI and imaging studies of decompressing via a chiropractic spinal adjustment of the bio-neuro-mechanical lesion and its effects on the central nervous system both reflexively and supratentorally, Texas Chiropractic College Post-Doctoral Division, Academy of Chiropractic Post-Doctoral Division, Melville, NY, 2017

Primary Spine Care Symposium – Medical-Legal Documentation, The contemporary documentation required in a medical-legal environment that is evidenced based and meets the standards of the courts and academia. Utilizing the scientific data to support a diagnosis, prognosis and treatment plan while meeting the admissibility standards based upon a professional’s credentials. Texas Chiropractic College Post-Doctoral Division, Academy of Chiropractic Post-Doctoral Division, Melville, NY, 2017

Primary Spine Care – MRI, Bone Edema and Degeneration, *The effects of trauma on spinal vertebral segments and the short and long term sequella to morphology. Identifying and diagnosing bone edema, spurring, types of degeneration in assessing biomechanical stability in conjunction with Modic and Pfizer changes*   Texas Chiropractic College, Academy of Chiropractic, PACE Recognized by the Federation of Chiropractic Licensing Boards, Melville NY, 2016

Connective Tissue Pathology and Trauma, *Wound repair of axial connective tissue and the negative spinal biomechanical engineering sequella. Determining causality from an accident reconstruction perspective inclusive of transference of forces and G’s of energy realized by automobile occupants,* Texas Chiropractic College, Academy of Chiropractic, PACE Recognized by the Federation of Chiropractic Licensing Boards, Melville NY, 2016

Intermittent Fasting, (Discussion of how intermittent fasting reduces inflammation in the body*).* New York Chiropractic College, Flushing, NY, 2016

Magnesium – What Every Chiropractor Should Know, (Discussion and protocol of magnesium and how it relates to muscle spasm, pain and fatigue*).* New York Chiropractic College, Flushing, NY 2016

Understanding Concussions; Evaluation & Management, (Discussion and management of protocol for concussion and concussion related symptoms*).* New York Chiropractic College, Flushing, NY, 2016

Sarcopenia – What Every Chiropractor Should Know, (Discussion regarding why age related muscle loss is important and how to prevent it*).* New York Chiropractic College, Flushing, NY, 2016

Understanding How HIPAA and the HITECH Act of 2009 Affect Your Practice, (Discussion regarding protecting patient’s privacy*).* New York Chiropractic College, Flushing, NY, 2016

Properly Documenting and Ordering Diagnostic Studies, (Protocol for ordering diagnostic studies of patients*).* New York Chiropractic College, Flushing, NY, 2016

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, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2015

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, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2015

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, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2015

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, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2015

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, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2015

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, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2015

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 sequella, including bulge, herniation, protrusion, extrusion and sequestration.* Texas Chiropractic College, ACCME Joint Providership with the State University of New York at Buffalo, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2015

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, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2015

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, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2015

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, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2015

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, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2015

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 spondylolisthesis, 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, School of Medicine and Biomedical Sciences, Academy of Chiropractic Post-Doctoral Division, Buffalo, NY, 2015

 “Deceleraging” – What the Aging Chiropractor May Want to Know, (Research and protocol for anti-aging*).* New York Chiropractic College, Flushing, NY, 2015

ICD-10 Recordkeeping, Documentation and Compliance Seminar, (Discussion following the protocols of proper coding*).* New York Chiropractic College, East Elmhurst, NY, 2015

Practicing in New York: How to Maintain Compliance with Legal Issues Confronting Chiropractors, (Discussion of following proper legal issues in New York State for a chiropractor*).* New York Chiropractic College, Flushing, NY, 2015

Stand Up For Health, (Discussion of structural and metabolic consequences of chronic sitting*).* New York Chiropractic College, Flushing, NY, 2014

Adiposopathy – What Every Chiropractor Should Know, (Discussion of metabolic syndrome and how it increases the risk of cardiovascular disease and diabetes*).* New York Chiropractic College, Flushing, NY, 2014

Laboratory Assessment for the Chiropractor, (Protocols and educating the chiropractor on how to order blood work in New York State*).* New York Chiropractic College, Flushing, NY, 2014

Nutritional Counselling in Chiropractic Settings: *Vital Information Regarding the Marketing and Dispensing of Dietary Supplements. (Discussion regarding the integrating of nutritional protocols in a chiropractic practice)* New York Chiropractic College, Bayside, NY, 2014

Chiropractic Rehabilitation; Why it needs to be in Today’s Chiropractic Practice, (Protocol and management of patients with active therapy care) *.* New York Chiropractic College, Flushing, NY, 2014

The Sacrolliac Joint: Treatment Options, (Discussion of management and treatment protocols for the sacro-iliac joint*).* New York Chiropractic College, Flushing, NY 2013

What Every Doctor Should Know About EMG/NCV Testing, (Discussion and protocol of ordering an NCV/EMG test*).* New York Chiropractic College, Flushing, NY 2013

MRI Interpretation of Spinal Cord, Spinal Disc and Spinal Canal Disorders, *MRI interpretations of herniated, protruded, extruded, bulged and sequestered discs and spinal stenosis as sequella of liagamentous hypertrophy, congenital malformations, spinal cord pathology. Clinical necessity and contraindications.* Robert Peyster MD, DABR, CAQ-NR, Neuroradiologist, CMCS Post-Doctoral Division, New York Chiropractic Council, New York State Department of Education, Ronkonkoma, NY, 2009.

AMA Guides to the Evaluation of Permanent Impairment 6th Edition, *Clinically coordinating spinal pathology with neurological and functional sequela including station and gait, migraines, sexual dysfunction, sleep and arousal disorders, paroxysmal disorders, radiculopathic disorders and central nervous system disorders*. CMCS Post-Doctoral, New York Chiropractic Council, New York State Department of Education, Ronkonkoma, NY, 2009

MRI Interpretation of Herniated Disc and Spinal Cord and Root Encroachment, *MRI interpretation of herniated, protruded, extruded, bulged, and sequestered discs and their relationship to the spinal nerve roots and the clinical correlation to spinal adjustments, manual spinal therapy and joint mobilization.* Magdy Shady MD, Neurosurgeon, Nero-Trauma Surgery, CMCS Post-Doctoral Division, New York Chiropractic Council, New York State Department of Education, Ronkonkoma, NY, 2009

MRI Normal Anatomy & Protocols, *Spinal anatomy of all MRI views utilizing T1, T2, 3D gradient, stacking and STIR sequences of imaging. Advanced protocols of MRI examination with multiple sequences to create concurrent diagnostic findings.* CMCS Post-Doctoral Division, New York Chiropractic Council, New York State Department of Education, Board for Chiropractic, Robert Peyster MD, DABR0NR, Neuroradiologist, Ronkonkoma, NY, 2009

MRI Disc & Spinal Cord and Spinal Canal Pathology, *MRI interpretation of spinal disc pathologies as a result of trauma and degenerative factors and resultant neurological compromise. Spinal cord and spinal canal pathologies and space occupying lesion interpretation.* CMCS Post-Doctoral Division, New York Chiropractic Council, New York State Department of Education, Board for Chiropractic, Robert Peyster, MD, DABR-NR, Neuroradiologist, Ronkonkoma, NY, 2009

Accident Reconstruction and Ensuing Bodily Injury, *Understanding the forces involved in crashes and the transference of those forces from the bullet car to the target car. Quantifying those forces to determine bodily injury and calculating speed, distance, time and drag factors, determining causality and direction of forces.* CMCS Post-Doctoral Division, New York Chiropractic Council, New York State Department of Education, Board for Chiropractic, Ronkonkoma, NY, 2009

Neurodiagnostics, Imaging Protocols and Pathology of the Trauma Patient, *An in-depth understanding of the protocols in triaging and reporting the clinical finds of the trauma patient. Maintaining ethical relationships with medical-legal community.* CMCS Post-Doctoral Division, New York Chiropractic Council, New York State Department of Education Board for Chiropractic, Long Island, NY, 2008

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.* CMCS Post-Doctoral Division, New York Chiropractic Council, New York State education Department Board for Chiropractic, Long Island, NY, 2008

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 date 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.* CMCS Post-Doctoral Division, New York Chiropractic Council, New York State Education Department Board for Chiropractic, Long Island, NY, 2008

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, bone scan interpretation, physiology and clinical indications, x-ray clinical indications for the trauma patient.* CMCS Post-Doctoral Division, New York Chiropractic Council, New York State Education Department Board for Chiropractic, Long Island, NY, 2008

Neurodiagnostic Testing Protocols, Physiology and Indications for the Trauma Patient, *Electromyography (EMG), Nerve Conduction Velocity (NCV), Somato Sensory Evokes Potential (SSEP), Visual Evoked Potential (VEP), Brain Stem Auditory Evokes Potential (BAER) and Visual-Electronsytagmography (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 for Chiropractic, Long Island, NY, 2008

Documentation and Reporting for the Trauma Victim, *Understanding the necessity for accurate documentation and diagnosis utilizing the ICD-96 and the CPT to accurately describe the injury through diagnosis. Understanding and utilizing state regulations on reimbursement issues pertaining to healthcare.* CMCS Post-Doctorial Division, New York Chiropractic Council, New York State Education Department, Board for Chiropractic, Long Island, NY, 2008

Documenting Clinically Correlated Bodily Injury to Causality, Understanding *the necessity for accurate documentation, diagnosis and clinical correlation to the injury when reporting injuries neuropathology, and pathophysiology in both a functional and structural paradigm.* CMCS Post-Doctoral Division, New York Chiropractic Council, New York State Education Department, Board for Chiropractic, Long Island, NY, 2008

**SELECTED MEMBERSHIPS**

New York State Chiropractic Association, Member, 1982 – Present

New York State Pain Society 2017

Academy of Chiropractic 2017