

Rhode Island Slip and Fall Action Kit

Important Steps, Documentation Checklist, Symptom Tracker, and Incident Worksheet

Mark Mulak, DC, MBA, MS, DACBSP®, DACRB, DAIPM, RMSK®, ICSC

Cityside Chiropractic

Providence | Cranston, Rhode Island

citysidechiropractic.com

IMPORTANT NOTICE

This Action Kit is provided solely for general educational and informational purposes. It is not medical advice, legal advice, an offer of treatment, or a substitute for an in-person evaluation by a qualified healthcare professional. Reading or using this kit does not create a doctor-patient relationship. A provider-patient relationship is established only after proper intake, consent, examination, and acceptance by the practice. Slip and fall cases vary significantly. Outcomes, documentation needs, and legal or insurance considerations depend on many individual factors. The information here is general in nature only. If you have an emergency, call 911 or seek immediate medical care.

IMMEDIATE ACTION CHECKLIST

Do these steps as soon as you are safely able:

- Seek medical attention if you have severe pain, head injury symptoms, heavy bleeding, loss of consciousness, confusion, trouble breathing, or any other concerning signs
- Report the incident promptly to the property owner, store manager, landlord, or supervisor
- Ask whether an incident report can be completed and — if appropriate — request a copy or confirmation that a report was made
- Take photographs of the scene if it is safe to do so
- Gather witness names and contact information
- Save the shoes and clothing you were wearing
- Document your symptoms and seek prompt medical evaluation if they are significant or worsening
- Keep records of all medical visits and communications

PHOTO AND DOCUMENTATION CHECKLIST

If safe, document the following at the scene:

- Exact location of the fall
- The surface you slipped or tripped on — wet floor, ice, uneven pavement, loose rug, or damaged flooring
- Poor lighting conditions if present
- Absence of warning signs, mats, or handrails if relevant
- Weather conditions if outdoors
- Your shoes and clothing worn at the time
- Any visible injuries — bruising, swelling, or cuts
- The surrounding area — driveways, entryways, walkways, stairs
- Any signage or the absence of expected signage

INCIDENT WORKSHEET

Date of incident: _____

Time of incident: _____

Location / Business name: _____

Address: _____

Type of property:

- Grocery store or retail
- Restaurant
- Office building
- Parking lot
- Public sidewalk or government property
- Residential property
- Workplace
- Other: _____

Direction of fall:

- Backward
- Forward
- Sideways
- Down stairs
- Other: _____

What do you believe caused the fall?

What happened?

Points of body contact with the ground:

Did your head contact any surface? Yes No

If yes, describe: _____

Witnesses (names and contact information):

Was an incident report completed? ■ Yes ■ No

With whom? _____ Report number: _____

Attorney (if applicable): _____

Insurance claim number: _____

SYMPTOM TRACKER

Date symptoms began: _____

Check any symptoms you are experiencing and rate severity:

0 = None | 1 = Mild | 2 = Moderate | 3 = Severe

- Headache _____
- Neck pain or stiffness _____
- Upper back pain _____
- Lower back pain _____
- Shoulder pain _____
- Hip pain _____
- Knee pain _____
- Wrist or hand pain _____
- Ankle or foot pain _____
- Dizziness or balance issues _____
- Brain fog or confusion _____
- Nausea _____
- Light sensitivity _____
- Numbness or tingling _____
- Muscle spasms _____
- Swelling or bruising _____
- Trouble sleeping _____
- Anxiety or stress _____

Overall pain level today (0–10): _____ / 10

Activities that make symptoms worse:

Activities or strategies that help:

Questions for my provider:

RED FLAG SYMPTOMS — SEEK EMERGENCY CARE

Call 911 or go to the emergency department immediately if you experience:

- Loss of consciousness
- Severe or worsening headache
- Repeated vomiting
- Confusion, slurred speech, unusual drowsiness, or vision changes
- Significant weakness or numbness
- Trouble breathing or chest pain
- Inability to bear weight on a leg
- Rapidly worsening symptoms of any kind

Do not delay emergency care based on anything in this guide.

WHY PROMPT EVALUATION MATTERS

Slip and fall injuries frequently produce delayed symptoms — pain and stiffness that worsen in the 24 to 72 hours following the incident as inflammation develops and muscle guarding sets in. Head contact during a fall can produce concussion-level forces even at standing height. You do not need to lose consciousness to sustain a concussion. If your head contacted any surface during the fall — a floor, stair edge, wall, or countertop — post-concussion evaluation is appropriate regardless of whether you felt immediately affected. Cityside Chiropractic evaluates slip and fall injuries using the same objective testing suite used for motor vehicle accident patients — PostureRay CRMA radiographic mensuration when cervical instability is suspected, RightEye oculomotor assessment and BTrackS vestibular evaluation when head contact occurred, RMSK-credentialed musculoskeletal ultrasound for soft tissue visualization, and CNS Vital Signs cognitive screening when post-concussion involvement is suspected. Same-day evaluation is available. No referral required.

IMPORTANT NOTES FOR RHODE ISLAND SLIP AND FALL CASES

Government and municipal property:

If your fall occurred on a public sidewalk, government building, or other municipal property — Rhode Island law requires a formal notice of claim to be filed within 60 days of the incident. This deadline is strictly enforced. Contact a Rhode Island personal injury attorney immediately if your fall occurred on government property.

Do not accept early settlement offers:

Property owners and their insurers may contact you quickly with a settlement offer before your injuries are fully evaluated and documented. Do not sign any releases or accept any offers before speaking with an attorney and completing a full medical evaluation.

Preserve your evidence:

Do not repair, clean, or discard the shoes or clothing worn at the time of the fall. These may be relevant to your case.

QUESTIONS TO ASK YOUR PROVIDER

- Based on my history and exam, what injuries are you most concerned about?
- Do I need imaging or referral to another specialist?
- What activities should I avoid right now?
- What signs would mean I should return for urgent care?
- What can I do at home to support recovery?
- When should I follow up?
- Will you be able to provide a narrative report for my attorney?

COMMON MISTAKES AFTER A SLIP AND FALL

- Waiting too long to report the incident
- Not documenting the scene before conditions change — wet floors dry, ice melts, loose rugs get fixed
- Failing to collect witness information at the scene
- Discarding shoes or clothing worn at the time
- Assuming 'I feel okay right now' means no injury occurred
- Delaying medical evaluation despite worsening symptoms
- Accepting an early settlement before injuries are fully documented
- Missing the 60-day notice deadline for government property claims

ABOUT DR. MARK MULAK

Dr. Mark Mulak, DC, MBA, MS, DACBSP®, DACRB, DAIPM, RMSK®, ICSC has more than 20 years of experience evaluating and managing musculoskeletal injuries following motor vehicle collisions, workplace injuries, and slip and fall accidents in Rhode Island. His advanced certifications include Diplomate of the American Chiropractic Board of Sports Physicians (DACBSP®), Diplomate of the American Chiropractic Rehabilitation Board (DACRB), Diplomate in Integrative Pain Management (DAIPM), Registered Musculoskeletal Sonography specialist (RMSK®), and International Certified Chiropractic Sports Clinician (ICSC). Dr. Mulak is Expert Witness Qualified through Cleveland University, serves as Rhode Island's ACA State Delegate, and is the author of *The Objective Injury Model: A Plaintiff Attorney's Guide to Objective Documentation in Motor Vehicle Injury Cases*. At Cityside Chiropractic, emphasis is placed on thorough assessment, objective documentation, patient education, and appropriate referral when needed.

CITYSIDE CHIROPRACTIC

Providence: 480 Broadway, Providence, RI 02909

Cranston: 900 Reservoir Avenue, Cranston, RI 02910

Phone: (401) 272-5710

Website: citysidechiropractic.com

Languages: Se habla español

Hours: Monday – Friday: 8:30 AM – 6:00 PM | Saturday: 8:30 AM – 12:00 PM

Same-day appointments available. No referral required. Lien basis — no out-of-pocket cost for personal injury patients.

FULL DISCLAIMER

This Action Kit is intended only as general educational material for public distribution. It is not intended to diagnose any condition, render an opinion in any specific legal or insurance matter, establish a standard of care for every circumstance, or replace individualized professional judgment by a qualified healthcare provider. No statement in this Action Kit should be construed as an admission, representation, warranty, guarantee, or promise regarding clinical outcome, causation, legal liability, insurance coverage, treatment necessity, or the value or outcome of any claim. Slip and fall circumstances vary considerably. The absence of a symptom from this Action Kit does not mean the symptom is unimportant, and the inclusion of a symptom or documentation item does not establish the cause, severity, or legal significance of any injury in a specific case. Individuals with symptoms after a fall should seek evaluation from an appropriately licensed healthcare professional. Individuals with emergency symptoms should seek emergency medical attention immediately. If there is concern for a medical emergency, call 911 or seek immediate emergency evaluation. © 2025 Cityside Chiropractic. All rights reserved. citysidechiropractic.com