



## ADRIAN ISAZA

License Number: CH12477

Profession	Chiropractic Physician
License Status	CLEAR/Active
Year Began Practicing	06/19/2015
License Expiration	03/31/2026
Date	

## General Information

### Primary Practice Address

ADRIAN ISAZA  
2916 WEST WATERS AVE  
TAMPA, FL 33614

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges. Chiropractic physicians typically do not hold staff privileges.

### Email Address

Please contact at: [adrian.isaza@usat.edu](mailto:adrian.isaza@usat.edu)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ILLINOIS	CHIROPRACTIC

## Education and Training

### Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date

### Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

School/University	City State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF SCIENCES, ARTS AND TECHNOLOGY	BRITISH INDIAN OCEAN TERRITORY	08/13/2016	12/16/2017	MBBS

### Professional and Postgraduate Training

This practitioner has not completed any graduate medical education.

# Academic Appointments

## Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

## Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

# Specialty Certification

## Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN CLINICAL BOARD OF NUTRITION (DACBN)	NUTRITION	08/28/2015

# Financial Responsibility

## Financial Responsibility

I have obtained and will maintain professional liability coverage in an amount not less than \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 626.914(2), F.S., from the Joint Underwriting Association established under s.627.351(4), F.S., from a risk retention group as defined under s.627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F.S., or through a plan of self-insurance as provided in s. 627.357, F.S.

# Proceedings and Actions

## Proceedings & Actions

### Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

### Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

### Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

**Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.**

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

**Liability Claims Exceeding \$5,000.00 Within last 10 years.**

This profession is not required by F.S., to report bankruptcy and liability claims.

**Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).**

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

**Optional Information**

**Committees/Memberships**

This practitioner has an affiliation with the following committees:

Item writing committee ACBN

**Professional or Community Service Awards**

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
TOP DOCTOR 2021	

**Publications**

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
ASSOCIATION BETWEEN CHIROPRACTIC AND ALLOPATHIC PERCEIVED LEVEL OF TRAINING IN NUTRITION WITH NUTRITIONAL COUNSELING PRACTICE PATTERNS FOR PATIENTS WITH OBESITY IN THE US BETWEEN 1995 AND 2015.	ORIGINAL INTERNIST	06/01/2015
ASSOCIATION BETWEEN CHIROPRACTIC AND ALLOPATHIC CLASSROOM HOURS OF NEUROSCIENCE WITH PATTERNS OF DIAGNOSIS FOR PATIENTS WITH HEADACHES AND MIGRAINES IN THE US BETWEEN 1994 AND 2014.	ORIGINAL INTERNIST	09/01/2015
ASSOCIATION BETWEEN FREQUENCY AND CHIROPRACTIC DIAGNOSIS, REFERRALS AND NUTRITIONAL COUNSELING FOR PATIENTS WITH HYPERTENSION,OBESITY AND DIABETES IN THE US BETWEEN 1994 AND 2014. ARE CHIROPRACTORS READY TO BECOME PRIMARY CARE PROVIDERS	NUTRITIONAL PERSPECTIVES	10/01/2015
CHIROPRACTIC VS TRAMADOL AND ALL OTHER OPIOIDS FOR THE TREATMENT OF NONSPECIFIC CHRONIC LOWBACK PAIN: WHICH TREATMENT IS MORE EFFECTIVE AT REDUCING DISABILITY?	ORIGINAL INTERNIST	12/01/2015
ASSOCIATION BETWEEN CHIROPRACTIC AND ALLOPATHIC CLASSROOM HOURS OF NUTRITION AND PHYSICAL ACTIVITY WITH LIFESTYLE MODIFICATION COUNSELING PRACTICE PATTERNS FOR PATIENTS WITH HYPERTENSION AND CARDIOVASCULAR DISEASE IN THE US BETWEEN 1994 AND 2014.	NUTRITIONAL PERSPECTIVES	01/01/2016
COMPARISON BETWEEN CHIROPRACTIC AND ACUPUNCTURE FOR LOW BACK AND PELVIC PAIN DURING PREGNANCY USING PROSPECTIVE, RETROSPECTIVE AND RANDOMIZED CONTROLLED TRIALS	ORIGINAL INTERNIST	03/01/2016

Title	Publication	Date
MEDICINAL SMOOTHIE AS AN ADJUNCTIVE TO ANTI-HYPERTENSIVE MEDICATIONS FOR DIABETIC PATIENTS WITH HYPERTENSION : CAN A SMOOTHIE HIGH IN POTASSIUM, FIBER, VITAMIN C, OMEGA 3, LYCOPENE, CINNAMON AND MAGNESIUM REDUCE BLOOD PRESSURE IN DIABETIC PATIENTS?	NUTRITIONAL PERSPECTIVES	04/01/2016
COMPARISON BETWEEN CHIROPRACTIC AND LACTOBACILLUS IN THE REDUCTION OF CRYING TIME FOR INFANTS WITH COLIC. SHOULD CHIROPRACTIC TREATMENT BE INCLUDED IN THE TREATMENT PROTOCOL OF INFANT COLIC?	ORIGINAL INTERNIST	06/01/2016
ASSOCIATION BETWEEN CHIROPRACTIC AND PEDIATRIC CLASSROOM HOURS OF MICROBIOLOGY WITH PATTERNS OF DIAGNOSIS FOR CHILDREN WITH OTITIS MEDIA, UPPER RESPIRATORY OR EAR INFECTION BETWEEN 1995 AND 2015.	ORIGINAL INTERNIST	09/01/2016
ASSOCIATION BETWEEN CHIROPRACTIC AND ALLOPATHIC CLASSROOM HOURS OF BIOCHEMISTRY WITH NUTRITION COUNSELING PRACTICE PATTERNS FOR PATIENTS WITH DIABETES IN THE US BETWEEN 1995 AND 2015.	NUTRITIONAL PERSPECTIVES	10/01/2016
REVIEW OF SYSTEMATIC REVIEWS OF ACUPUNCTURE AND CHIROPRACTIC WITH AN EMPHASIS ON THE COMBINATION OF THE TWO MODALITIES TO TREAT CHRONIC LOW BACK PAIN AS AN ALTERNATIVE TO NSAIDS	ORIGINAL INTERNIST	12/01/2016
COMPARISON BETWEEN FREQUENCY AND CO-MANAGEMENT OF PUD AND GERD BY CHIROPRACTORS BETWEEN 1996 AND 2016: SHOULD CHIROPRACTORS PROVIDE NUTRITIONAL COUNSELING AND SCREEN PATIENTS WITH PUD AND GERD TAKING PROTON PUMP INHIBITORS IN ORDER TO REDUCE SPINAL FRACTURES.	NUTRITIONAL PERSPECTIVES	01/01/2017
REVIEW OF SYSTEMATIC REVIEWS FOR CHIROPRACTIC AS A POSSIBLE ALTERNATIVE TO LONG ACTING BETA AGONISTS IN ASTHMA PATIENTS WHO ARE UNRESPONSIVE TO CONVENTIONAL THERAPY ALONE	ORIGINAL INTERNIST	03/01/2017
COMPARISON BETWEEN CHIROPRACTIC CO-MANAGEMENT AND REFERRALS FOR MENSTRUAL DISORDER BETWEEN 1996 AND 2016: SHOULD CHIROPRACTORS CO-MANAGE WOMEN WITH MENSTRUAL DISORDERS WHO ARE TAKING DEPO MEDROXYPROGESTERONE ACETATE TO PREVENT SPINAL FRACTURES	NUTRITIONAL PERSPECTIVES	04/01/2017
COMBINATION OF CHIROPRACTIC ADJUSTMENTS AND ACUPUNCTURE FOR KNEE OSTEOARTHRITIS IN A PATIENT WITH LIMITED FLEXION: IS THE COMBINATION OF CHIROPRACTIC AND ACUPUNCTURE AN ALTERNATIVE TO KNEE ARTHROPLASTIES IN PATIENTS WITH KNEE OSTEOARTHRITIS? A CASE STUDY	ORIGINAL INTERNIST	06/01/2017
SEVEN FOODS HIGH IN MANGANESE THAT HELP PREVENT AND TREAT DIABETES MELLITUS TYPE 2. IS MANGANESE THE KEY MINERAL FOR IMPROVING INSULIN SENSITIVITY? A COMMENTARY ON THE AVAILABLE RESEARCH.	NUTRITIONAL PERSPECTIVES	07/01/2017

Title	Publication	Date
COMPARISON BETWEEN CHIROPRACTIC FREQUENCY AND CO-MANAGEMENT OF URINARY INCONTINENCE AND PROSTATIC CARCINOMA BETWEEN 1996 AND 2016. SHOULD CHIROPRACTORS CO-MANAGE URINARY INCONTINENCE IN MALES WITH PROSTATE CARCINOMA UNDERGOING ANDROGEN DEPRIVATION THERAPY TO SCREEN FOR SPINAL LOSS OF BONE DENSITY?	ORIGINAL INTERNIST	09/01/2017
THE ROLE OF CHIROPRACTORS IN THE OPIOID ABUSE EPIDEMIC: SHOULD CHIROPRACTIC BE THE FIRST LINE OF THERAPY FOR PATIENTS WITH LOW BACK PAIN AND MIGRAINE HEADACHES TO REDUCE MORTALITY FROM NARCOTIC OVERDOSE? A COMMENTARY ON THE AVAILABLE RESEARCH	ORIGINAL INTERNIST	12/01/2017
INTRAVENOUS MAGNESIUM AS AN ALTERNATIVE TO LONG ACTING BETA AGONISTS IN ASTHMA PATIENTS WITH SEVERE ACUTE EXACERBATIONS. A COMMENTARY ON THE AVAILABLE RESEARCH	NUTRITIONAL PERSPECTIVES	01/01/2018
COMBINATION OF CHIROPRACTIC AND EXERCISE AS AN ALTERNATIVE TO NON-STEROIDAL ANTI-INFLAMMATORY DRUGS FOR THE TREATMENT OF NECK PAIN. SHOULD A COMBINATION OF CHIROPRACTIC AND EXERCISE BE THE FIRST LINE OF THERAPY FOR NECK PAIN? A COMMENTARY ON THE AVAILABLE RESEARCH	ORIGINAL INTERNIST	03/01/2018

### Professional Web Page

<https://www.linkedin.com/in/adrian-isaza-dc-dacbn-c-c-a-p-90>

### Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

SPANISH

FRENCH

### Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.