I worked extremely hard for my master’s degree, which is in Anatomy and Physiology. It gave me the ability to teach as a professor (I took some courses while in graduate school as part of the program in A&P to learn how to teach and be a professor). When I graduated, I left with the title of Anatomist and Physiologist. That IS my expertise area. Now, I also learned neuroanatomy/neurophysiology and still study it to this day. So, my specialty is that of a Neuroanatomist and Neurophysiologist. I am a member of the American Association of Clinical Anatomists and by definition a Clinical Anatomist is:

The American Association of Clinical Anatomists advances the science and art of clinical anatomy. It encourages research and publication in the field and maintaining high standards in the teaching of anatomy. Clinical anatomy is defined as anatomy in all its aspects - gross, histologic, developmental and neurologic as applied to clinical practice, the application of anatomic principles to the solution of clinical problems and/or the application of clinical observations to expand anatomic knowledge.

https://clinical-anatomy.org/

This is important because as a clinical anatomist we are trained not just in anatomy, but the very topics above as GROSS, HISTOLOGIC, NEUROLOGICAL, and DEVELOPMENTAL. That means that I am trained in ALL these areas and specialize in neurological, gross and histological areas of both. I do some developmental, but don't practice in that area as much. Therefore, it isn't an expertise unless it applies to say neurological or something, it's just not a full time thing for me.

Now, most of my colleagues work at the academic level, which I have. They teach and/or work with clinical doctors and staff to work on areas of practical medical ideas. Give you a great example:

A group of surgeons are planning a complex surgery to separate twins. Part of the planning team would be a clinical anatomist to go over the complex anatomy involved and the best approach the surgeons should take. The clinical anatomist isn't a joke, they have important jobs. People just don't know about them much. But they do exist. Well for me, I use my expertise in two areas:

1.) In the "autopsy" I do gross anatomy practice and then also can do histological, because I have been trained in these areas. Then, I use clinical information to help form my opinion as to what happened to the person but the clinical information is applied to the topic as clinical pathophysiology. Meaning what went wrong physiologically. A pathologist cannot do this. They are purely thinking like a pathologist, I am thinking like a pathophysiologist. There is a big difference and their definitions are below.

2.) A new field is that of "Forensic Clinical Anatomy". Article attached. There are a few clinical anatomist starting to practice this area. They can, after all they have their own training so why can't they? Therefore, why can't I? A great example is the "Forensic Anthropologist" who started out as an anthropologist and chose to focus on forensics. My professor at Kansas State in my Undergrad, Dr. Michael Finnegan, was just that. He lectured and taught as his full time job at KSU in Anthropology. He taught Physical Anthropology, which is what I took from him. If any coroner or medical examiner needed him they would hire him to consult on human remains. He would then look at the remains on his own free will and formulate an opinion as to what happened. This included making JUDGEMENTS about cause and manner of death. Wow! He isn't an MD or DO. He simply was a PhD, which didn't require a license to do his job, but his area was and still is well recognized.

Forensic anthropology is a special sub-field of physical anthropology (the study of human remains) that involves applying skeletal analysis and techniques in archaeology to solving criminal cases.
Ok, well if these guys don't require a license to practice and board certification is totally OPTIONAL (I have met some who are and who are NOT board certified), but yet they can give their own independent reports, look at remains on their WITHOUT a pathologist supervising, then WHY IN THE HELL CAN'T I? After all, I have my own field that has a forensic division within it and we also practice clinical anatomy as well?

Want to know why? Because I am a threat. I am change and those within the forensic science community do not like change much at all. So I look at bodies and their organs and tissues, maybe some bodies are well preserved while others are not. Doing my job doesn't require a license, yet it is NOT a self-proclaimed title, it is what it is. I am a Forensic Clinical Anatomist and I am proud of this. More than anyone could ever imagine, but yet those want to tear me down. They want to claim I am playing doctor or pathologist. What I do isn't that of a pathologist, why? BECAUSE I AM NOT A PATHOLOGIST. But when I need a pathologist, such as giving me an idea on what tumor might inside a smokers lung, then I need that analysis Just like when a Forensic Pathologist asks a Forensic Anthropologist to come in and give his or her own independent opinion. A forensic anthropologist does look at tissues and bone, gives an idea of trauma or natural disease, etc. but yet they are not being investigated for who supervises them or if they are practicing medicine without a license. Fundamentally, THERE IS NO DIFFERENCE BETWEEN WHAT THEY DO AND WHAT I DO, we just have different types of training.

So, I really think people need to understand that I am trained in Anatomy and Physiology, I apply it towards Clinical Anatomy with doing things as a neuroanatomist/physiologist and Forensic Clinical Anatomist. Not made up anymore, it is a real actually title no different than an anthropologist claiming to be a forensic anthropologist. Why not shoot them down as well? For me, I have to stand up for my field. I am a member of two organizations that are holding their annual meeting together. I am proud of my field, proud that I graduated, proud that I have continued to practice in this area and proud that I am finishing my doctorate that will only add to my skills and training. If I am to be taken down then everyone must go, because you can't point fingers at me and let others get away with it. When I need a pathologist, I call one in. Otherwise, I should be allowed to give my own opinion, after all that is what it is. It isn't the practice of medicine, look at the definition of the "practice of medicine" in most states, including Kansas. I am not examining, diagnosing and then formulating a treatment plan for living patients. I simply look at bodies, very much the same way a forensic pathologist does, but at the end of the day my report is a PATHOPHYSIOLOGICAL report which is what all of mine say at the top. If I can do the gross and histology (which I have every right to do this) then great. But if I run into roadblocks, that is it, I ask for the appropriate person to come into play to help. It may or may not be a pathologist.

People are missing the point here and it is hurting science. It is only delaying us and because I do work for the defense then NO one likes me and wants me gone because I actually make the other side do their job, as they should in our justice system. I am not going to hide. You want to accuse me, then prove to me how I broke the law and "practiced medicine" when I have never done such a thing. The only thing I am doing is
advancing forensic science with a new field and explaining the science to anyone who cares in a different way and at the end of the day, what is wrong with that

http://pediama.com/difference-between-pathology-and-pathophysiology/

This all must be clearly understood and we must show that I am practicing the SCIENCE and not the medicine of what I do. I leave the medicine up to the pathologist, rather I report the science as my own findings as opinion, which can be used to understand what happened to the person be it from a gross perspective (meaning I look at the body, organs and tissues itself) or maybe I am just reviewing a clinical file and giving an opinion. Finally, why can biomedical engineers give their own opinion as to the cause of death but I can't? Eric, remember Ford's expert (seatbelt worn under the arm with no supporting trauma to clearly delineate pattern of injury), he gave a long report. Was he practicing medicine without a license? Absolutely NOT.

Shawn