The Official Publication of the Pinellas County Chiropractic Society

Pinellas County PCCS Chiropractic Society

September 2017

The Audible Release

Lots Of Things Still Going On Before The Year Is Over!

By Dr. Al Comey, D.C., D.A.C.N.B.

As of August 17th a bill (SB 150) was filed by Senator Tom Lee (R – Brandon) to repeal Florida's Motor Vehicle No-Fault Law and replace it with requirements for mandatory bodily injury and medical payments coverages.

The newest Sen. Lee bill, with a proposed effective date of January 1, 2019, includes language that increases the initial $20,000 per person/$40,000 per incident bodily injury liability coverage requirement every two years until it reaches mandated BI limits of $30,000/$60,000 by 2023. A $5,000 minimum medical payments coverage requirement is included and maintained over that same time.

The FCA has scheduled ChiroDay On The Capitol for Tuesday October 24, 2017. The early ChiroDay was necessitated because of the early 2018 session, which begins in January. Committee weeks leading up to that session will begin in early October.

Historically, the PCCS Sponsors a bus and offers free travel to Tallahassee. If you want your voice to be heard, I suggest you make arrangements to be in Tallahassee. The bus typically leaves Monday night at 6:00 pm and comes back Tuesday night. It is a real eye opener to see how things run in our State Legislature.

PIP is not the only issue that we have to deal with. There are a variety of issues, both professionally and as a private citizen, that we get to address face to face with our legislators.

If you are unable to attend, then please contact Dr. Cris Langheier to donate to ChiroPAC and support those who take off a day from work to represent our profession.

Again if we don't show up and speak up, then no one else will represent us.

We hope to see you in Tallahassee!

Albert Comey, D.C., D.A.C.N.B.
PCCS President 2016-2017

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Details on Pg 4

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The Audible Release provides news and information that is both educational and informative to the chiropractors and their associates in the Pinellas County area.

Society news, staff changes, personal announcements, photos and success stories are welcome. Articles about chiropractic procedures and issues concerning the practice of chiropractic should be submitted to the editor. Advertising inquires should be made to the publisher or visit us online at www.pccschiro.org

The deadline for ads and articles is the 7th of every month.

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Chiropractic Day on the Capitol October 24th

Look Out For Further Details

Calendar of Events

Join us for our
General Meeting
and be eligible for the PCCS Raffle !!!

Each month the PCCS
raffles
$100 per meeting!

August

8 12:30pm Board of Directors Meeting
Location: **The Crafted Plate**
NO GENERAL MEETING THIS MONTH
FCA National Convention
August 24 - August 27
Hyatt Regency Orlando
9801 International Drive
Orlando, FL

September

12 12:30pm Board of Directors Meeting
Location: **The Crafted Plate**

26 6:30pm: General Meeting
Location: **The Crafted Plate**
(located inside the St Petersburg Marriott)
Speaker: Terry Sandman, D.C.,D.A.C.B.R.
Topic: MRI for the Practicing Physician

30 ANNUAL BOARD RETREAT
Location: Holiday Inn Harborside

October

17 Joint Meeting with HCCS & NSCS
Location: **Biospine Institute**
4211 W. Boy Scout Blvd, Tampa 33607
Topic: FCA Updates

November

14 12:30pm Board of Directors Meeting
Location: **The Crafted Plate**
NO GENERAL MEETING THIS MONTH!

New Website Feature:

Google Map with search; and Clinic Website link.

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Plans for social media advertising later this year.

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For corrections, contact:
Mark Lipkin DC

OPIOID ADDICTION CRISIS

This past May, Governor Scott declared opioid addiction to be a public health emergency. Floridians are dying from opiate overdoses at a record pace.

Since 2015, there have been 392 opioid-related deaths in Pinellas County. The average 9.7 deaths-per-month in 2015 has almost doubled to 17 deaths-per-month in 2016 which means a 78-percent increase in opioid-related deaths from 2015 to 2016. This year, Pinellas County has continued at the pace of over 17 opioid-related deaths each month.

While prescription opioids have become more difficult to obtain since the pill mill crack down, prescriptions for opioids are only down 20% from its peak in 2010, (CDC.gov). If an addict can no longer obtain legal prescription for opioids they often turn to street drugs like heroin and fentanyl. Fentanyl is a synthetic pain killer that is 20 times stronger than heroin. Dealers are 'cutting' heroin with fentanyl, making the high more profound, and way more deadly. It's no coincidence that areas where "pill mills" were once prevalent are now finding themselves with scores of heroin and fentanyl addiction overdoses. In Palm Beach County earlier this year there were 10 overdose deaths in just one evening. Pinellas is just behind Palm Beach and Broward counties in the annual number of fatal overdoses.

Prescription opioid abuse has proliferated and has led to skyrocketing overdose deaths around the state. Elected officials, first responders and many other groups have cried out for solutions. As longtime advocates of drug-free management of acute, subacute and chronic back, neck and neuro-musculoskeletal pain, the chiropractic profession is aligned with these important initiatives and is ideal to actively participate in solving the prescription opioid addiction crisis. We need to let people know that for the overwhelming number of people who suffer with chronic pain, chiropractic care offers a drug-free, non-invasive and cost-effective alternative to opioid drugs. The Foundation for Chiropractic Progress has put together a great 'Opioid Tool Kit' that can be found at f4cp.com. This kit will help you inform the public and save lives.

Woody Brown, DC

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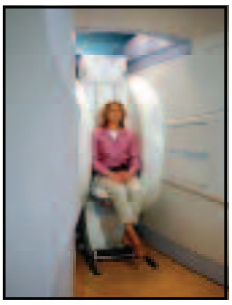

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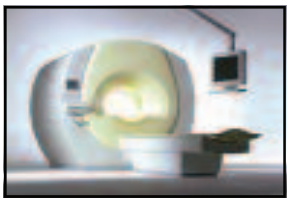

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Della Costa & Neville.....9
Duo Services, LLC.....9
J. Stanford Morse, P.A.....9
FL Legal Group.....16
Laser Spine Institute 2
National Imaging Specialists.....2
Rose Radiology 5
Saint Pete MRI 2
Susanti Chowdhury, M.D. 7
Tampa Bay Imaging.....10
Thomas Boland, MD, DMD.....10

THE RADIOLOGIST'S VIEW

WHAT HAPPENED?

The most critical information that the radiologist needs to arrive at an accurate finding is often the most difficult to extract from an injured patient. That is, how the patient was injured or more specifically, what was the mechanism of injury. Why is this important? Because during interpretation of an image it is much easier to find an abnormality if there is a clue as to what it is one is looking for. That is not to say that an abnormality cannot be seen without a hint, but the process is made easier. This all leads up to the point that an adequate history is necessary to efficiently evaluate an image. In cases of trauma this history must include the mechanism of injury.

Often, the mechanism of injury (MOI) is incompletely stated or insufficient. Motor vehicle collision is not an MOI, neither is the term fall, slipped, bent wrist and so on. Even the ubiquitous acronym FOOSH (fall on outstretched hand) is incomplete, as it is void of a descriptor of mechanism. In other words, it is important to know if the wrist was flexed, extended, or stressed in a valgus or varus position. Knowing the MOI gives the radiologist a "heads up" as to the most likely area that is injured. Even if the initial images are normal, the mechanism of injury, in combination with other clinical information, may be yield sufficient justification to order specialized views or advanced imaging in search of evidence of injury.

The mechanisms of injury to the cervical spine include: axial compression, hyperflexion with or without rotation, hyperextension with or without rotation, lateral flexion and distraction. Many injuries are due to a combination of mechanisms. For example, flexion and distraction.

Cont On Pg 8

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THE RADIOLOGIST'S VIEW (Cont From Pg 6)

And some fractures can be the result of various mechanisms. For example, three types of fractures can involve the odontoid process and include avulsion at the tip as well as transverse fractures at the base. These can be due to flexion, extension or distraction. A relatively common fracture, the clay shoveler's, is an avulsion of the distal spinous process usually involving C6 through T1. The unique MOI is a sudden load exerted on a flexed spine, such as a violent muscular contraction or an object falling and striking the back of the neck. Flexion is a common mechanism anywhere in the spine. In the cervical spine, this action can result in wedge fractures of the vertebral body or, if the trauma is severe, a flexion tear drop fracture, the most devastating of all cervical spine injuries. Flexion in combination with distraction, as can occur in the "whiplash" injury, can result in dislocation of the facets. This includes a perched facet or the more severe, jumped facet. This type of dislocation may be unilateral or bilateral depending on the degree of rotation at the time of injury. Extension can cause traumatic spondylolysis at C2, the hangman's fracture. Pillar fractures and posterior arch fractures of the atlas can also occur with an extension mechanism. Axial load injuries can result in burst fracture of the atlas (Jefferson's fracture) or burst injury to vertebral bodies.

In the thoracic spine, most injury is due to hyperflexion resulting in vertebral body compressions. In addition, rib injuries can occur due to direct trauma. A unique fracture can occur in the lumbar spine due to severe hyperflexion and compression that results in a shearing mechanism, like ripping open a soup can lid. Massive soft tissue injury can occur with this injury, known as the Chance fracture. The FOOSH injury can result in a Colle's fracture, a scaphoid fracture or carpal dislocations if there is an extension mechanism. However, if the wrist is flexed an avulsion of the triquetral can occur causing the dorsal chip fracture.

Examples of the correlation of mechanism of injury and site of injury can be applied to all body areas. The above examples are only a few of the dozens that exist and only include a some of the many soft tissue injuries. It is important to try to elicit the mechanism of injury during a patient's intake interview. In many cases this is a difficult task since it requires recall about a traumatic event. But the more specific the information regarding MOI, the more efficient it will be to find the injury.

Terry D. Sandman, DC, MPH, DACBR
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Contact Jennifer Comey, Executive Director, with any questions regarding membership at (727) 398-5303 or email at: ed@pccschiro.org

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