

The Audible Release

NEVER STOP LEARNING

By Dan Roode, D.C.



The wise never stop learning and unlearning. To stop would mean death or delusion.

-Philip Arnold

Of course we should all support the FCA in as many ways possible. Beyond the annual (or bi-annual) FCA conference to obtain the required CE credits I would encourage you to look beyond and consider seminars to further your personal and professional scope of knowledge. It is all too tempting to simply choose the closest FCA seminar every year to appease the CE-requirement gods with as little sacrifice as possible. But that would miss entirely the purpose of requiring continuing education. That purpose is not to do what other healthcare professionals do. That purpose is not simply to raise money for our state association or for a salesperson promising to quintuple your practice by learning the secrets to success in a musty hotel conference room. That purpose is to keep up with the ever-changing landscape

of research, evidence, and best practices that evolve and progress with our ever-increasing understanding of the human body in all its infinite complexities.

You owe it not to yourself or to your state board but to your patients to put forth an effort to stay abreast with changes to how we diagnose and treat ... everything! Neurology, orthopedics, internal medicine – whatever your field of practice is I guarantee you there are new things being learned on an annual basis that could better you as a physician if you only make an effort to learn them. To assume you need not change your ways puts you in the same group as the physicians who chastised Dr. Lister for proposing changes to surgical procedures to involve the use of antiseptics during and between surgeries. Don't let history make a fool of you. Keep up with the science. For your patients.

Dan Roode, D.C.



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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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Jennifer Comey

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Calendar of Events

January

- 9** 12:30pm Board of Directors Meeting
Location: **The Crafted Plate**
- 30** 6:30pm: General Meeting
Location: **The Crafted Plate**
(located inside the St Petersburg Marriott)
Speaker: Dr. Clay Hopkins
Topic: Clinical Work up For Shoulder Complaints, Anatomy review, orthopedic & neurological examinations, imaging & treatment recommendations & referrals

February

- 13** 12:30pm Board of Directors Meeting
Location: **The Crafted Plate**
- 27** 6:30pm: General Meeting
Location: **The Crafted Plate**
(located inside the St Petersburg Marriott)
Speaker: David Sandefur, D.C., Esq.
Topic: Personal Injury Law from a Chiropractic Perspective.

March

- 13** 12:30pm Board of Directors Meeting
Location: **The Crafted Plate**
- 27** General Meeting
PCCS Social 6:30-8:30
Location: **Barley Mow Brewing Company**
518 West Bay Dr., Largo



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For corrections, contact:
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Florida Law Doc - David Sandefur, D.C. Esq.....	13
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Duo Services, LLC.....	9
J. Stanford Morse, P.A.	9
FL Legal Group.....	16
Laser Spine Institute	2
National Imaging Specialists.....	2
Rose Radiology	9
Saint Pete MRI	2
Susanti Chowdhury, M.D.	7
Tampa Bay Imaging.....	10
Thomas Boland, MD, DMD.....	10

THE RADIOLOGIST'S VIEW

DOCUMENTATION IN DIAGNOSTIC IMAGING



There is an increasing drive in our profession to improve documentation. Over the years it has responded well and has come a long way in developing good habits in recording clinical records. But, when it comes to diagnostic

imaging, not much thought is given to the importance and necessity of documentation. There are four stages to this documentation process. The stages are as follows:
Clinical notes, images, requisitions and reports.

1. Clinical Notes – This is perhaps the most familiar stage. It consists of all the documentation pertaining to the patient, including

intake forms, history, exam and related reports. The decision to perform or not to perform diagnostic imaging on a patient is based on the results contained in the documentation and the importance of the information that might be gained by the images. The documentation must lead to a clinical question that can only be answered by some form of diagnostic imaging. The documentation needs to be clear enough that a third-party physician reviewing the file would come to the same conclusion. The physician also needs to have sufficient understanding of the available diagnostic imaging modalities so the correct procedure is ordered to answer the clinical question.

2. Diagnostic Images – Although not generally thought of as documentation, diagnostic images are a finite, objective record of the patient's physical status at a point in time. The quality of

Cont On Pg 8

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THE RADIOLOGIST'S VIEW (Cont From Pg 6)

the images equates to the quality of the documentation found in the clinical notes. That is, the lower the quality, the lower the clinical information gained from performing the study. This is true for x-rays, MRI, CT or any diagnostic image. The total value of diagnostic images is a combination of the image quality and the accuracy of the interpretation. In other words, can the images answer the clinical question?

3. Requisition Forms – Whether you send patients to an imaging center for plain x-rays or advanced imaging, a requisition form or script is required in order for the center to perform the ordered study. The form becomes a permanent part of the patient's file and needs to be treated as such. This is a critical piece of information for the reading radiologist as it not only contains the demographic information, but the clinical question. For example, "How severe is the ACL tear?" or "What is compromising the right C6 nerve?". Improper requisitions may contain incomplete demographic information or no clinical information, such as "MVA, rule out disc herniation". In all cases of trauma, the radiologist needs to know the mechanism of injury.

4. Reports – The ultimate goal of any imaging procedure is the information that it provides, not

the procedure itself. An x-ray image has no value until it is properly and accurately interpreted and the results of that interpretation are concisely reported. According to the Florida Administrative Code an x-ray report is required on images that you perform. After all, if you bill a global fee, you are billing for the technical component and the report. This report is a critical form of documentation and needs to be in the patient's file. In addition, there is specific information that needs to be included in the report, such as demographics, description of images provided, findings and conclusion or impression. The report must address the clinical question.

The importance of documentation cannot be underestimated. It is necessary in order to provide a permanent record of the patient encounter and to create a pathway for establishing a diagnosis, treatment plan and prognosis as well as recording objective and subjective changes. Documentation is required by third party payers and to create legal records, especially in cases of injury. Documentation in diagnostic imaging is a critical component of this requirement.

Terry D. Sandman, DC, MPH, DACBR
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- Low vitamin D causes low GI absorption of calcium.
- Low calcium increases secretion of parathyroid hormone (PTH).
- Increased PTH increases bone osteoclast activity.
- Increased osteoclast activity causes lower bone matrix mineralization.

- Lower bone matrix mineralization absorbs water.
- Bone water absorption causes subperiosteal space edema.
- Subperiosteal space edema produces bone pain.

It is suggested that the pain associated with vitamin D deficiency is usually sensed on the bone or muscle; bone tenderness is noted at the sternum, tibia, radius or ulna. Low back, thoracic, shoulder, ribs and pelvic pain is also common in those with vitamin D deficiency.

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