

# The Audible Release

## ARE YOU IN OR OUT?

By Dan Roode, D.C.



It's crossed my mind many times how different chiropractic is from the other ancillary physicians in American health care. Dentists are regarded as *the* doctors of the mouth, even if some serious conditions expand beyond their scope and require intervention from a medical or osteopathic school trained physician. Podiatrists are considered

*the* doctors for foot and ankle even though allopathic orthopedists can also specialize in the foot and ankle. Despite this, it is common for a podiatric physician to work in the same group clinic as MDs and DOs.

With spinal complaints being quite literally one of the most common and costly concerns in our health care system, why are we not *the* doctors of the spine? Like dentists and podiatrists, we attend our own schools which confer doctoral degrees separate and distinct from allopathic (MD & DO) institutions. Yet we are often not the automatic answer to patients requiring spinal care in the same way that someone with a tooth problem will of course see a dentist and a person with chronic foot or ankle issues has without question seen a podiatrist.

Why is it that someone with spinal complaints does not automatically go to the chiropractor as the trusted a revered doctor of the spine?

By now you've certainly thought of the answer – but that answer differs *wildly* from that of many others in your profession. And thusly, chiropractic as a whole is not the automatic answer when a patient asks their family doctor “Who should I see for this neck/back issue?”. We can continue to depend on word of mouth and snazzy marketing, but I contend that a better approach would be better integration into the health care system used by the vast majority of society and not simply those looking to the fringe. Many in our profession have worked very hard and made incredible strides in making us *the* spine doctor. Many individuals have proven their knowledge, utility and cooperation with the doctors in their communities on a case by case basis and have therefore become a local authority for the spine. But as a profession we can do better. More can be done. More should be done.

Are you in or are you out?

Yours in health,  
Dan Roode, DC



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Details on Pg 4**

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*The Audible Release*  
is published 10 times per year  
and unlimited downloads available online.

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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](http://www.pccschiro.org)

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

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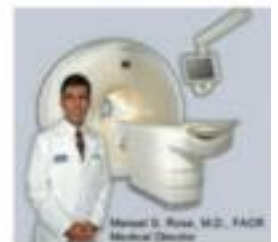
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# Calendar of Events

## April

- 10** 12:30pm Board of Directors Meeting  
Location: **The Crafted Plate**
- 24** 6:30pm: General Meeting  
Location: **The Crafted Plate**  
(located inside the St Petersburg Marriott)  
Speaker: Dr. David Hogsed  
Topic: Top 5 Nutrition Foundations for the  
Chiropractic Practice.

## May

- 8** 12:30pm Board of Directors Meeting  
Location: **The Crafted Plate**
- 10** **PCCS Annual Golf Tournament**
- 29** 6:30pm: General Meeting  
Location: **The Crafted Plate**  
(located inside the St Petersburg Marriott)  
Speaker: TBA  
Topic: TBA

## June

- 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: Atty Kim Driggers  
Topic: Legislative Updates & Changes on the  
Chiropractic Practice.



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**For corrections, contact:  
Mark Lipkin DC**





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January 1, 2018 thru December 31, 2018

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- 1<sup>st</sup> Year Licensed D.C. Annual Dues +\$50 contribution to the PAC = \$149.00  
(Graduated in 2017)
- 1<sup>st</sup> Year Licensed D.C. Annual Dues = \$99.00  
(Graduated in 2017)

### Membership Due by January 31, 2018

\_\_\_\_ Check here if there have been no changes to your contact information from your application from 2017. Proceed to the bottom of the page for mailing details.

\_\_\_\_ Check here if you are a **New Member** or if there has been any change in your contact information. Please fill out the following contact information.

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\*Contributions to the PCCS-PAC are not deductible as charitable contributions for federal income tax purposes.

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# THE RADIOLOGIST'S VIEW



## What Side Are You On?

No, this is not referring to politics, sports or religion but rather, being familiar with the correct manner to identify laterality on a radiograph. The number of times that images are either incorrectly labeled or not

labeled at all is all too frequent, resulting in a time consuming and frustrating experience for the radiologist. Often, the soft tissue anatomy, such as the heart or liver shadows, are not seen or cannot be relied upon to determine left from right. Without a side marker, extremity laterality cannot be determined to any degree of certainty. The radiologist must arbitrarily designate a side as a reference point that may result in some

confusion at a later date. However, much of this can be avoided by adhering to simple rules and meticulous attention to detail.

**ALWAYS** use a side marker. This includes chest films. (Remember situs inversus?)

The marker **MUST** be inside the collimated field of view but not obscure pertinent anatomy.

Verify that the marker does not shift by patient contact or with movement of the image receptor or cassette tray.

Use a marker to indicate the correct extremity. Believe it or not, there have been instances of practitioners marking the right and left side of the extremity.

The marker must indicate the side closest to the image  
Cont On Pg 8

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# THE RADIOLOGIST'S VIEW (Cont From Pg 6)

receptor (film) on lateral and oblique views.

For many practitioners, the correct identification of oblique views of the cervical and lumbar spines is confusing. This is unfortunate, since accurate description of the cervical foramen and lumbar pedicles visualized on the oblique view, requires correct placement of the side marker. If you use a marker that indicates the position of the patient (i.e. LAO or RPO for example) the marker position is not as critical. Just remember that one sees the **homolateral IVFs** on an **anterior oblique** and the **contralateral IVFs** on the **posterior obliques**. When a single right or left marker is used, just follow this simple rule: Indicate the side of the patient closest to the image receptor by placing the marker on the correct side of the patient. That is, place a right marker on the right side of the patient (or left marker on the left side of the patient). If you do this on cervical images, the homolateral IVFs are seen if the marker appears on the image, under the occiput (behind the spine). The contralateral IVFs are seen if the marker appears under the mandible (in front of the spine) regardless if one is positioned as an anterior or a posterior oblique. In the lumbar spine a marker seen posterior to the spine demonstrates the contralateral pedicle (“Eye of the Scotty Dog”) and the homolateral pedicle is seen if the marker appears in front of the spine.

When performing motion studies indicate the direction of the motion. For example, mark images with the word flexion, extension, rotation, etc.

If films are obtained with the patient in an upright position, the word “Upright”, “Standing” or an “Up” arrow should be used.

By convention, advanced imaging such as MRI and CT demonstrates the patient’s right side on the viewer’s left on axial images.

Understanding and adhering to these simple principles will improve the accuracy of the interpretation of the imaging study.

Terry D. Sandman, DC, MPH, DACBR  
drtsandman@dcradiology.com

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## PIP REFORM

By now you have all heard that the PIP reform bill put forth by the Florida Justice Association and promoted by the speaker of the house Richard Corcoran has failed. Over the past two legislative sessions, the Florida Justice Association has donated \$1 million to representative Corcoran's campaign fund for each year. And as we know, both years the bill did pass the house. Fortunately, the Florida Senate has a more measured tone and chose not to repeal personal injury protection benefits. Publicly, the FCA was the only chiropractic association to take a stand against repeal. Behind the scenes, the FCA has a total of eight full and part-time lobbyist working on your behalf. The other pseudo-chiropractic associations had little or no input in preventing this bill from taking place. Combined, these other organizations have a total of one part-time lobbyist and from what we understand his focus was not on preserving PIP. With that, we know that now there has been a change in campaign finance laws that allow for double the amount of contributions to campaigns. It will be even more important to raise more money for the next battle. This is not over and will probably come back again in the next legislative session.

Being the FCA director for the Pinellas County

Chiropractic Society, I get the same question over and over. Why are the FCA and chiropractic always on the defense? The simple answer is money..... this is a constant battle against the insurance companies and other groups who have hundreds of thousands of dollars more than we do. The majority of the chiropractors practicing in the state of Florida who benefit from PIP patient's make no effort in PAC donations to secure these valuable patients. Another bill that was pending in the house was a bill brought forward by the Florida Chiropractic Society that would have ended up limiting our scope of practice significantly. It contained wording such as eliminating the term doctor of chiropractic, doctor of chiropractic medicine and removal of the term physician from our statutes. This had the potential to cause devastating blows to reimbursement in insurance and other government programs. Fortunately again, the FCA was the only provider group fighting against these changes. I urge everyone to please become or a member of the PCCS and make donations to PAC. Something is better than nothing.

Yours in Chiropractic,

Dr. Michael K. Roberts

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## **PCCS PAID MEMBERS 2018**

"Thank you to the chiropractors below that are supporting the PCCS and PAC in 2018" See page 5 for the 2018 Membership Application if you have not already mailed it in.

Contact Jennifer Comey, Executive Director, with any questions regarding membership at (727) 398-5303 or email at: [ed@pccschiro.org](mailto:ed@pccschiro.org)

We appreciate your support of our society which works hard to serve & represent you.

Names listed in **BOLD** have donated to the PAC  
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