

# The Audible Release

## Policies and Politics

By Dan Roode, D.C.



Contracts directly between physicians and patients, something that seems so simple and self-evident, have finally become a legal reality in Florida.

There are also the contracts many of us have with various insurance companies, so-called third party pay-

ors, which can be

worded in any manner the company chooses. These are, however, controlled to a certain degree by the laws of the land as they pertain to health care, the insurance industry and contract law. Aside from the state board specifically dealing with the practice of chiropractic, these policies are determined by politics.

As we saw with the new Direct Primary Care legislation recently passed this can, with good effort by our local and state associations and their members, result in very positive gains which can net very tangible benefits to our profession and for the public. But these battles are hard fought and the result of getting the right legislatures in the capitol to choose what's right for

their constituents and not what's profitable for money-flushed lobbyists.

Pay attention and help steer the ship towards patient rights, physician advocacy, and affordable access to chiropractic care. Look at your local and state candidates. Look at their connections, their talking points, their allegiances, and shout from your office rooftop (*metaphor*) to help the public elect the candidate that will best serve them and their access to your services. If that sounds a bit daunting, just pay attention to the PCCS and FCA – they are the strongest presence for the advocacy of chiropractic in Tallahassee and will gladly give you guidance on the candidates. But it doesn't stop there: PAC contributions are necessary so the elected lawmakers hear a voice for chiropractic amongst the choir of lobbyists vying for their attention.

Yours in health,

Dan Roode, DC



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Details on Pg 4**

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F-581-3811  
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F-518-1986  
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F-585-6481  
mkrdc@aol.com  
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FCA Alternate:  
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drwieland@advantagehcw.com  
510 S Pasadena Ave.  
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Mark@LipkinChiropractic.com  
2595 Tampa Rd.  
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Palm Harbor, FL 34684

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O-531-4444  
F-530-7195  
drstanganelli@gmail.com  
1000 Belcher Rd S., A5  
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F-381-7434  
drwyckoff@yahoo.com  
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Dr. Jordon Vanderveen  
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F-381-7434  
drjordonvanderveen@gmail.com  
3348 Tyrone Blvd  
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Dr. Jason Miller  
O-727-384-6168  
F-727-384-6158  
millerchiro@tampabay.rr.com  
1228 66th St  
St Petersburg, FL 33710

## Executive Director

Jennifer Comey

P.O. Box 7515, Seminole, FL, 33775-7515

email: ed@pccschiro.org

727-398-5303

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Dr. Jason Miller  
O-727-384-6168  
F-727-384-6158  
millerchiro@tampabay.rr.com  
1228 66th St  
St Petersburg, FL 33710

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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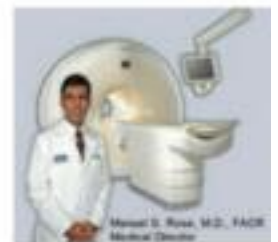
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# Calendar of Events

## September

- 11** 12:30pm Board of Directors Meeting  
Location: **The Crafted Plate**
- 25** 6:30pm: General Meeting  
Location: **The Crafted Plate**  
(located inside the St Petersburg Marriott)  
Speaker: Thomas Boland, M.D., D.M.D.  
Topic: Update In Maxillofacial Surgery/TMJ

## October

- 13** Board Retreat  
Location: **Holiday Inn Clearwater Beach**
- 18** **Shoot for the PAC.**  
(See Pg 12 for details)
- 30** Joint Meeting with HCCS & PCCS  
Location: **Laser Spine Institute Tampa**  
Topic: Legislative & FCA updates

## November

- 13** 12:30pm Board of Directors Meeting  
Location: **The Crafted Plate**
- 25** NO GENERAL MEETING

## December

- 1** **PCCS HOLIDAY PARTY**  
Location: **TBA**
- 11** 12:30pm Board of Directors Meeting  
Location: **The Crafted Plate**



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For corrections, contact:  
Mark Lipkin DC

# Thomas W. Brown Sr.

AUGUST 15, 1950 – AUGUST 2, 2018

Long time chiropractic promoter and PCCS supporter, Thomas Brown, passed away August 2nd at the age of 67.

Tom, the founder of Central Imaging Open MRI on Central Avenue in St. Petersburg, is one of the longest, continuous imaging center sponsors of the PCCS .

In addition to his generous support, Tom, his staff and extended family often attended meetings and rode with us to Tallahassee on Chiropractic Day at the Capitol.

His promotion of chiropractic included many contributions to our PCCS and FCA PACs. He supported every holiday party and our annual golf tournament with donations, prizes as well as with food and beverages (mostly beverages).

He was a confidant and friend to many of our PCCS members. His large but gracious presence will forever be missed by all of us.

His obituary is included below.

## **PCCS Board of Directors**

Thomas W. Brown, Sr. of Clearwater, Florida went to be with the Lord on August 2, 2018.

Tom was of the Methodist faith. He was born in Memphis TN on August 15, 1950, raised in Jacksonville and graduated from Jean Ribault High School in 1968. While in high school, he played varsity football and was state champion in discus in 1968 while on the track team.

After graduation, he worked for John Hancock Life Insurance Company where he was a Million Dollar Round Table insurance agent. He was a long time employee of Blue Cross/Blue Shield in Tallahassee where he rose to the position of VP of Group Sales.

In 1983, he moved to Clearwater and was the owner and president of AmMed, Central Imaging, Gainesville MRI, and Bay Diagnostics as well as partner in Arkansas Open MRI.

He was an avid golfer, hunter, sportsman, football fan and connoisseur of fine automobiles.

He is preceded in death by his parents, Truman and Clara Brown, brother Jim Brown (JoAnna), and son Reggie Brown. He is survived by his brother Herb Brown (Cathy), two sons Thomas Brown Jr. (Amy) and Matthew Brown (Valerie), one grandson Chase and five granddaughters Alden, Mimi, Bella, Lana and Vera Brown, as well as three stepsons Eric, Frankie and Alex.

A Memorial Service will be held on August 11, 2018 at 2:00 p.m. at Sylvan Abbey Funeral Home at 2853 Sunset Point Road, Clearwater, FL 33759.



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# THE RADIOLOGIST'S VIEW

## CLINICAL CORRELATION



What clinician has not seen a diagnostic imaging report with the phrase “Clinical correlation is needed”? What makes it such a common refrain anyway? And, why is it used? Imagine the following scene:

DOC: So where does it hurt?  
 PATIENT: My neck  
 DOC: What happened?  
 PATIENT: MVA  
 DOC: Do you have a history of surgery?  
 PATIENT: I can't tell you.  
 DOC: Can I examine you?  
 PATIENT: No... So, what do you think is wrong with me?

How would you react to such a paucity of clinical information? Is it possible to determine the source of a patient's symptoms, without the patient's input or other clinical information? It's certainly more difficult if not impossible, but the confidence level of the diagnosis and the efficiency at which it is derived, is diminished. In the scenario above, the doctor is directly interacting with the patient, but the radiologist is not privy to such an exchange and instead relies on the referring physician to collect and communicate clinical information. To say the least, when a diagnostic imaging test is ordered, the appropriate information, including the clinical question, must accompany the images to avoid a similar scenario.

A common example of the need for clinical correlation occurs when the radiologist observes a reversal of the cervical lordosis (kyphosis) and suggests it is due to muscle spasm. However, the actual spasm is not seen on the image and therefore clinical correlation is necessary. In another instance, if the only known history is “MVA” and the MRI demonstrates a foraminal disc herniation at

Cont On Pg 8

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## Dr. Edward C. Williams

Dr. Edward C. Williams, first FCA CEO and Founder of ChiroPAC and the Florida Chiropractic Foundation, passed on August 14th in Marion, Kentucky.

He will be remembered with loving respect by all those with whom he served and call him "Dr. Ed."

Dr. Ed Williams served his beloved chiropractic profession for over 50 years and was a force for its growth in the state of Florida. After graduation he immediately became involved in the local and state associations and in 1968 was elected President of the Florida Chiropractic Association (FCA).

Passionate about advancing chiropractic, Dr. Williams was the first FCA lobbyist, volunteering his time to do so. He was hired as the Executive Director of the FCA in 1972, growing the

membership to currently exceed 4,800 – the largest state chiropractic association.

Dr. Williams was the FCA ChiroPAC founder and continued as its chairman until his passing.

In true Dr. Ed style, he decided and strongly instructed that there would be no service and no flowers. He instead requested charitable donations to the Florida Chiropractic Foundation, 30 Remington Rd. #1, Oakland, FL 34787, [www.floridachiropracticfoundation.org](http://www.floridachiropracticfoundation.org). Gifts will be acknowledged and are tax deductible.

Myers Funeral Home, Marion, KY handled the arrangements.

For more information, visit [www.fcachiro.org](http://www.fcachiro.org)

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

L2-3, how is it possible to correlate the findings with the patient's clinical presentation? By using the term "clinically correlate", the radiologist is simply saying that the referring physician must make the decision as to the significance of such a finding. However, if the radiologist is told that the patient has pain distribution consistent with L2 nerve involvement, then the confidence level that the finding is actually the source of the pain, is elevated. In another incidence, an x-ray that exhibits abnormal boney texture may suggest several possible etiologies, but when presented with the clinical history of thalassemia, the radiologist can state with some degree of confidence, that the changes are consistent with the history. This again elevates the confidence level of the finding and negates the need to contact the referring physician for further (any) clinical information, improves the report turn around time and may avoid addending the report at a later date. Clinical correlation is particularly important in cases of trauma.

It is an unfortunate truth that many imaging studies are received with incomplete, absent or inaccurate clinical data. Often, the radiologist is asked to interpret an MRI knowing only the patient's name, age and history of MVA. Is an accurate diagnosis possible? Yes. Does it take more time and lead to conclusions that sound equivocal? Yes. But answering the clinical question definitively requires correlation of a mosaic of historical and clinical facts with appropriate ancillary tests, such as diagnostic imaging.

How can this communication be improved? Here are some things that the radiologist should be made aware of before being asked to interpret an imaging study:

1. The patient's age and sex.

2. Pertinent signs and symptoms that are, or suspected to be, relevant to the area imaged. This should include a history of trauma and more importantly, the mechanism of injury. MVA is not a mechanism. Cervical hyperflexion, axial load, shearing or lateral flexion would be examples of a mechanism of injury. A history of "Fell" tells the radiologist nothing, however, hyperflexion of the wrist would be important to know.

3. Previously diagnosed malignancy including the type, location and date, as well as type of therapy.

4. Prior surgery. Postsurgical changes can mimic all sorts of abnormalities including malignant lesions. It is understandable that a patient may not sufficiently describe a previous procedure, but even the history of surgery, especially in the area of interest, is important.

5. Any other finding that may be important for the radiologist to know.

The radiologist does not relish having to use the phrase "Clinical correlation is needed", and the referring physician certainly has no desire to see it in the report. So take the time to communicate the pertinent information and ask the appropriate clinical question for the test ordered. This will improve patient care, efficiency and confidence of an accurate diagnosis.

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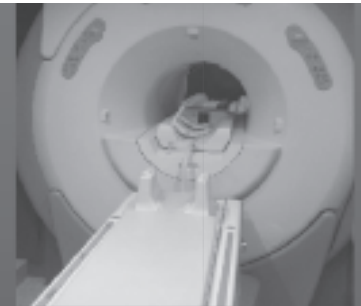
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"Thank you to the chiropractors below that are supporting the PCCS and PAC in 2018" See page 5 for the 2018 Membership Application if you have not already mailed it in.

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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# Pinellas County Chiropractic Society

## “Shoot for the PAC”

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Proceeds from this FUN event will benefit the **PCCS PAC** and will be used to support campaigns of State Legislators that support the chiropractic profession.

**Date: Thursday October 18, 2018**

**Time: 10:00 AM for squad assignments (must be prompt)**

**Address: 12515 Silver Dollar Dr., Odessa, FL 33556**

Price (includes one practice round and two tournament rounds of trap, trophies and lunch!):

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### Florida Law Doc

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Office: 727-319-8030

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