

The Audible Release

Fight For Your Right

By Dan Roode, D.C.



It was another successful journey to the state capitol this year to converse with our lawmakers about the upcoming legislative session. As these women and men put their lives on hold to travel up to the panhandle they are inundated with lobbyists, professionals, and concerned citizens

from every imaginable walk of life, all trying to get their message across. To the lawmakers it is day after long day of meetings and appointments, but to those who are lobbying it is often an anxious attempt to preserve and protect their very way of life and ability to earn a living.

With so many competing interests within the incredibly wide world of 21st century health care it is more important than ever to be a part of the conversation; to have a seat at the table, as the expression goes. Equally important is the ability to stand out and make an impact, to be the meeting that leaves a lasting impression beyond the other dozen appointments the

lawmaker has before lunch. Filling a representative's room with doctors and student doctors makes an impression as evidenced by the repeated "There's a lot of you!" we hear from one office to the next.

I'm proud that Pinellas County, and our colleagues from across the bay in Hillsborough, made such a presence once again this year. I would venture to say that the students, doctors, and others who ventured north for Chiro Day 2019 would recommend the experience for others. There can be no better way to have a mid-week working vacation that emboldens pride in your profession and a sense of achievement in knowing your participation is fighting for the rights of chiropractors everywhere in this great state. In fact, many of the chiropractors who went this year are "regulars" and have participated several times before! To those who took their time to fight for us all, and to those who donated to the PAC to allow the FCA to fight for us - I thank you.

Yours in health,
Dan Roode, DC



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SEE PAGE 7
FOR DETAILS**

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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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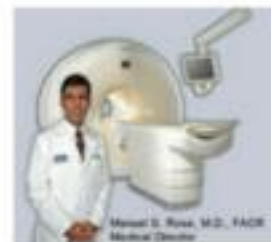
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Calendar of Events

February

- 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: Dr. Lora Brown, M.D.
Topic: Benefits of CDB. She will review the pathophysiology, potential clinical benefits and recent literature publications related to cannabidiol.



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March

- 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: TBA
Topic: TBA

April

- 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: TBA
Topic: TBA

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THE RADIOLOGIST'S VIEW

IS IT TIME TO GO DIGITAL?



The 3-year-old girl seemed frustrated and confused as she swiped and pinched the photograph of her grandpa that lay behind the plastic covering in her parent's family album. It was

obvious that having never have seen a printed photo, she was attempting to manipulate what she thought was a digital image. Other than as a background prop on a TV show or perhaps on a school trip to a museum, chances are she will never see a hard copy radiograph. The fate of the 8-track, rotary phones and the like are well known, and film radiography is following the same pathway to extinction.

The benefits of digital radiography are substantial; the ability to view images immediately and in multiple locations, on demand image transfer to another facility for interpretation or on request for records and the ability to manipulate the image contrast and density to enhance the anatomy of interest. Storage space requirements are minimal. Patients can be given a CD or thumb drive with all their clinical history, imaging studies and their imaging report, available for print in any size and on various media, including paper or film, as required. There are very few drawbacks of digital radiography. The cost of the equipment can be significant, image backup and redundancy must be reliable, and hardware and software updates and upgrades should be budgeted. The most important caveat? Digital radiography does not relinquish your responsibility to adhere to the principles of ALARA . Optimal image quality using minimal radiation remains key to quality patient care. Despite what you may

Cont On Pg 8

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THE RADIOLOGIST'S VIEW (Cont From Pg 6)

think, you cannot compensate for poor exposure and poor positioning with post-processing techniques. So, is it time to go digital? That depends on your current circumstance and future plans.

If you are opening a new office, there are two options: Buy/ lease equipment or refer your patients to an imaging facility. If you elect to use an imaging center, choose one with equipment and services that best suit yours and your patient's needs and budget. If you decide to buy/lease then you should invest in a digital solution. Keep in mind that taking your own x-rays is a major responsibility, it is a time consuming process and expensive. Continued reductions in reimbursement may make the return on investment not worth the expense. Next step? Determine if computer radiography (CR) or direct digital radiography (DR) is best for your situation and budget. A CR system uses photo-stimulated phosphor plates, similar to cassettes. DR uses an integrated digital detector that sends information directly to the computer.

For those that have an x-ray unit and plan to continue in-office radiography, there are two choices: Keep what you have or go digital. If you decide on a digital solution, consult with experts and other users before making an equipment choice. Digital imaging is not a guarantee of quality imaging. Be very careful if you decide to go digital if you are content with your current

images. If you want to change to digital, your existing x-ray machine can be used as a CR system by utilizing CR cassettes (as well as additional upgrades). This is less expensive than a total conversion to a DR system and the quality can be indistinguishable from one another.

Due to the very nature of the technology, CT and MRI have always been digital. The images were converted to analog by printing them on film. That is no longer the case and has not been so for some time. It is now time for plain film imaging, still considered by many as the portal of entry imaging technique, to benefit from the advances in computer technology. Over time the era of film will come to an end and although there may remain some purists that insist on their dose of silver bromide, they will find themselves increasingly alone.

By the way, does anyone want to buy a bank of view boxes?

Terry D. Sandman, DC, MPH, DACBR
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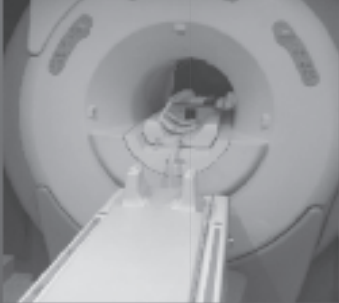



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We appreciate your support of our society which works hard to serve & represent you. Names listed in **BOLD** have donated to the PAC In their membership dues (Political Action Committee)

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Pain Generators in Patients

As the number of centenarians continues to climb, the persons experiencing chronic pain are rising as well. The pseudoscience available on the internet has created a base of patients with more misinformation than ever before. It is vital for chiropractors to be the leaders in healthcare not only treating pain, but also explaining it both philosophically and scientifically. For the sake of the short article, I will expand primarily on the later. It was Ralph Waldo Emerson that stated, "He has seen but half the universe who has not been shown the house of pain (3)."

There are three essential questions when treating spinal pain that must first be answered (2).

1. Are the symptoms reflective of a visceral disorder, or a serious or potentially life threatening disease?
2. What tissue(s) is (are) the primary source(s) of the patients symptoms?
3. What has gone wrong with the patient as a whole that would cause the symptoms to develop and persist?

After these three questions have been answered and exam is finished, the report of findings can be administered. Every chiropractor has a spinal model, old or new, with the vertebrae cervical to coccyx, intervertebral discs in between, and yellow spinal nerves. This allows us to demonstrate pain patterns with patients. This can help to explain the four most common clinical entities of pain a person experiences.

1. Joint dysfunction
2. Myofascial trigger points
3. Disc derangement
4. Neural tension or irritation

Nociceptors are pain receptors in the body and can be classified into three subcategories; specific nociceptors, sleeping nociceptors, and polymodal nociceptors (1).

1. The specific nociceptors alert the brain and central nervous system about noxious stimuli that impact the body surface: specifically mechanical, mechanothermal and thermal nociceptors.
2. The sleeping nociceptors are found in all tissues and are inactive in healthy tissues. These tissue recognize inflammation and only are activated by inflammatory chemicals. These nociceptors are not activated by painful mechanical stimuli and therefore it can be contested that patients are not woken in the middle of the night by their pain, but by their high levels of inflammation.
3. Polymodal nociceptors are activated by chemical, thermal and mechanical stimuli that can be by noxious or non-noxious, giving these receptors the ability to regulate inflammation, wound healing, and tissue homeostasis.

Depending on your practice type, alleviation can come via joint manipulation, modalities, acupuncture, stress management, exercise, nutrition, or a combination. Better understanding of the neurology can lead to better treatment options and standard of care for patients.

1. Byers et al. Peripheral pain mechanisms and nociceptors plasticity. Bonica's management of pain. 3rd ed Philadelphia: Lippincott Williams & Wilkins; 2001: p.26-72
2. Murphy et al. A theoretical model for the development of a diagnosis-based clinical decision rule for the management of patients with spinal pain. BMC Musculoskeletal Disorders. 2007, 8:75
3. Seaman et al. Spinal pain syndromes: nociceptive, neuropathic and psychologic mechanisms. JMPT. 1999; 22(7):458-72

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