The Official Publication of the Pinellas County Chiropractic Society

November 2019

The Audible Release

Greetings Pinellas County Chiropractors:

By Jordan VanderVeen, D.C.

Happy Holidays!

My name is Dr. Jordon VanderVeen, and I am the newest president of the Pinellas County Chiropractic Society.

It is a great honor being elected into this position, and I look forward to an exciting new year of action, interaction and sharing ideas for the continued good health of our patients.

I received my degree from National University of Health Sciences (NUHS) in 2014, and have practiced primarily in Pinellas County since. I believe in the betterment of the chiropractic community as a whole, and that the bonds we have created here as a professional organization continues to make us individually stronger in our commitment to our patients, our colleagues and our community.

Personally, the relationship building and wealth of knowledge that is being shared among members of PCCS has been invaluable to me. It is my hope that we all share those same sentiments in our individual pursuits of wellness and good health.

As an organization, we have had a busy year in 2019.

This past year marks the first time we've made two trips to the State Capitol to speak with legislators about the benefits of chiropractic medicine. Each year, lawmakers review bills to modify laws that would greatly impact how chiropractors in the state practice. During these excursions to Tallahassee, members of PCCS team up with students and future chiropractors from National University. We are making a difference by showing up, speaking up, and being accounted for. State representatives and senators have taken notice of the involvement of our group representing the Pinellas County area.

Incorporating NUHS into PCCS has also been a major initiative in 2019.

Last year, PCCS teamed with National and nominated two ambassadors to sit on our Board of Directors to better bridge the gap between the more experienced doctors and those that have recently graduated. NUHS held a round table discussion at their outpatient clinic where interns reviewed specific case studies and asked questions and exchanged ideas with PCCS members. The more we've been able to engage these new graduating doctors, the more we've learned from them about advancements in our profession.

One of our goals for 2020 is to grow the involvement of chiropractors in the area. PCCS is focusing on educating members with the latest information, technology and best practices while creating a better line of communication between young and experienced doctors, and advancing our profession through local involvement and legislation.

Please detach Page 4 and join PCCS for 2020. Your continued support, input and contributions toward the betterment of our profession is invaluable.

Yours in Good Health:

Jordon VanderVeen, DC

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Details on Pg 4

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for registration forms & the details on levels of sponsorships!

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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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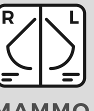

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Calendar of Events

November

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

16 SACA Golf Tournament
(See page 2 for more information)

December

10 12:30pm Board of Directors Meeting
Location: **The Crafted Plate**

13 HOLIDAY PARTY (see pg 7 for details)
NO GENERAL MEETING

January

14 12:30pm Board of Directors Meeting
Location: **The Crafted Plate**

28 6:30pm: General Meeting
Speaker: TBA
Topic: TBA

New Website Feature:

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Plans for social media advertising later this year.

Make sure your information is updated.
For corrections, contact:
Mark Lipkin DC

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January 1, 2020 thru December 31, 2020

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THE RADIOLOGIST'S VIEW

DO YOU PRACTICE IN "TOONTOWN"?

One principle that is fundamental in interpreting a radiograph is that it represents a two- dimensional depiction of a three-dimensional object. Everyone knows that…..or so you would think! However, forgetting this simple concept is a leading source of error and misinterpretation, even among radiologists. Why is this such a problem!?

Unless you practice in "Toontown" (the region where the animated characters lived, in the movie "Who Framed Roger Rabbit") your patients are three-dimensional. This requires two views at right angles be performed for proper radiographic evaluation of the anatomy. In some areas where the anatomy is more complicated, such as the spine, ribs and many extremities, more than two views are needed. This is especially true in cases of suspected fracture. Unless the x-ray beam is parallel to a fracture line, it will not be seen. For example, a fracture oriented in the coronal plane will not be seen on a frontal projection.

A 5cm soft tissue mass was seen in the apical region of the left lung on a frontal radiograph. The usual thought process is to describe the lesion and come up with a differential, taking into account the clinical presentation. But not instinctively thinking about the 3D concept leads one to forget the possibility that the lesion may not be in the lung at all, leading to unnecessary testing and patient anxiety. In this case, the 5cm "lung" mass was actually a lipoma on the patient's back. In another instance, a 13 year old female was scheduled for a biopsy of a hilar mass diagnosed by a resi-

Cont On Pg 8

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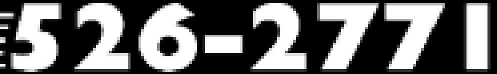

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THE RADIOLOGIST'S VIEW (Cont From Pg 6)

dent radiologist only to have the chief radiologist addend the findings realizing that the "mass" was, in reality, the young ladies hair braid. On a lateral spinal radiograph a doctor suspects metastatic disease when a radiopaque lesion was thought to reside within the vertebral body. After further testing, the lesion was found to be an osteophyte projecting laterally and seen en face. Another common error is to suspect a radiolucent lesion in a bone when in fact it was merely a superimposed tuberosity. Many more examples can be described, but I think you get the point.

It is not difficult to overcome this common source of diagnostic error: First, never do a "scout" film, a single view to evaluate an area "just to be sure everything is all right". This is extremely misleading and an improper use of ionizing radiation. Secondly, if an abnormality is seen on one projection, try to find it on other views to determine the proper location. This is similar to GPS coordinates. If it cannot be seen within the body on the views that are available, remember to check the soft tissues of the patient, including the skin. Thirdly, exclude artifacts that may create the appearance of an abnormality. Always think of the three-dimensional principle when evaluating a radiograph.

CT and MRI have a similar principle called volume averaging. The viewed image represents a thickness of tissue that is usually several millimeters and may include a part of an adjacent structure. For instance, an axial image near the edge of an intervertebral disc may include a portion of the pedicle and be misinterpreted as a herniation or osteophyte. Again, it is equally important to keep the 3D principle in mind when evaluating advanced imaging.

Remember! When looking at a diagnostic image, THINK 3D.

(And by the way, despite what many guys think, Jessica Rabbit was only two-dimensional. If you don't know what that means, see the movie!)

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

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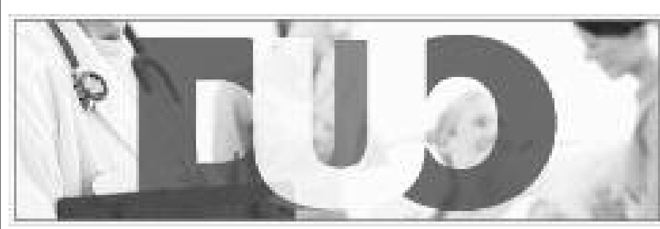

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Contact Jennifer Comey, Executive Director, with any questions regarding membership at ed@pccschiro.org

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BENEFITS OF CHIROPRACTIC SERVICES

Every day in practice we spend time educating our patients of the benefits of chiropractic and the services we perform as safe and effective. The following research provides a reference to provide your patients in support of these claims. (source: Acatoday.org)

"Given that most patients with acute or subacute low back pain improve over time regardless of treatment, clinicians and patients should select non-pharmacologic treatment with superficial heat (moderate-quality evidence), massage, acupuncture, or spinal manipulation (low-quality evidence). If pharmacologic treatment is desired, clinicians and patients should select nonsteroidal anti-inflammatory drugs or skeletal muscle relaxants (moderate-quality evidence)."

American College of Physicians (2017)

"For patients with chronic low back pain, clinicians and patients should initially select non-pharmacologic treatment with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate-quality evidence), tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation (low-quality evidence)."

American College of Physicians (2017)

"Many treatments are available for low back pain. Often exercises and physical therapy can help. Some people benefit from chiropractic therapy or acupuncture."

Goodman et al. (2013), Journal of the American Medical Association

"[Chiropractic Manipulative Therapy] in conjunction with [standard medical care] offers a significant advantage for decreasing pain and improving physical functioning when compared with only standard care, for men and women between 18 and 35 years of age with acute low back pain."

Goertz et al. (2013), Spine

In a Randomized controlled trial, 183 patients with neck pain were randomly allocated to manual therapy (spinal mobilization), physiotherapy (mainly exercise) or general practitioner care (counseling, education and drugs) in a 52-week study. The clinical outcomes measures showed that manual therapy resulted in faster recovery than physiotherapy and general practitioner care. Moreover, total costs of the manual therapy-treated patients were about one-third of the costs of physiotherapy or general practitioner care.

Korthals-de Bos et al (2003), British Medical Journal

"Patients with chronic low-back pain treated by chiropractors showed greater improvement and satisfaction at one month than patients treated by family physicians. Satisfaction scores were higher for chiropractic patients. A higher proportion of chiropractic patients (56 percent vs. 13 percent) reported that their low-back pain was better or much better, whereas nearly one-third of medical patients reported their low-back pain was worse or much worse."

Nyiendo et al (2000), Journal of Manipulative and Physiological Therapeutics

In Comparison to Other Treatments

The results of a clinical trial showed that chiropractic care combined with usual medical care for low back pain provides greater pain relief and a greater reduction in disability than medical care alone. The study, which featured 750 active-duty members of the military, is one of the largest comparative effectiveness trials between usual medical care and chiropractic care ever conducted.

Goertz et al. (2018) JAMA Open Network

"Manual-thrust manipulation provides greater short-term reductions in self-reported disability and pain compared with usual medical care. 94% of the manual-thrust manipulation group achieved greater than 30% reduction in pain compared with 69% of usual medical care."

Schneider et al (2015), Spine

"Reduced odds of surgery were observed for...those whose first provider was a chiropractor. 42.7% of workers [with back injuries] who first saw a surgeon had surgery, in contrast to only 1.5% of those who saw a chiropractor."

Keeney et al (2012), Spine

"Acute and chronic chiropractic patients experienced better outcomes in pain, functional disability, and patient satisfaction; clinically important differences in pain and disability improvement were found for chronic patients."

Haas et al (2005), Journal of Manipulative and Physiological Therapeutics

"In our randomized, controlled trial, we compared the effectiveness of manual therapy, physical therapy, and continued care by a general practitioner in patients with

Cont. On page 12

nonspecific neck pain. The success rate at seven weeks was twice as high for the manual therapy group (68.3 percent) as for the continued care group (general practitioner). Manual therapy scored better than physical therapy on all outcome measures. Patients receiving manual therapy had fewer absences from work than patients receiving physical therapy or continued care, and manual therapy and physical therapy each resulted in statistically significant less analgesic use than continued care."

Hoving et al (2002), Annals of Internal Medicine

For Headaches

"Cervical spine manipulation was associated with significant improvement in headache outcomes in trials involving patients with neck pain and/or neck dysfunction and headache."

McCrory, Penzlen, Hasselblad, Gray (2001), Duke Evidence Report

"The results of this study show that spinal manipulative therapy is an effective treatment for tension headaches. . . Four weeks after cessation of treatment . . . the patients who received spinal manipulative therapy experienced a sustained therapeutic benefit in all major outcomes in contrast to the patients that received amitriptyline therapy, who reverted to baseline values."

Boline et al. (1995), Journal of Manipulative and Physiological Therapeutics

For Neck Pain

In a study funded by NIH's National Center for Complementary and Alternative Medicine to test the effectiveness of different approaches for treating mechanical neck pain, 272 participants were divided into three groups that received either spinal manipulative therapy (SMT) from a doctor of chiropractic (DC), pain medication (over-the-counter pain relievers, narcotics and muscle relaxants) or exercise recommendations. After 12 weeks, about 57 percent of those who met with DCs and 48 percent who exercised reported at least a 75 percent reduction in pain, compared to 33 percent of the people in the medication group. After one year, approximately 53 percent of the drug-free groups continued to report at least a 75 percent reduction in pain; compared to just 38 percent pain reduction among those who took medication.

Bronfort et al. (2012), Annals of Internal Medicine

Cost Effectiveness

Findings from a study utilizing data from the North Carolina State Health Plan collected between 2000-2009 show that care by a doctor of chiropractic (DC) alone or DC care in conjunction with care by a medical doctor (MD) incurred "appreciably fewer charges" for uncomplicated lower back pain than MD care with or without care by a physical therapist.

Hurwitz et al. (2016), Journal of Manipulative and Physiological Therapeutics

Older Medicare patients with chronic low back pain and other medical problems who received spinal manipulation from a chiropractic physician had lower costs of care and shorter episodes of back pain than patients in other treatment groups. Patients who received a combination of chiropractic and medical care had the next lowest Medicare costs, and patients who received medical care only incurred the highest costs.

Weeks et al (2016), Journal of Manipulative and Physiological Therapeutics

"Chiropractic care appeared relatively cost-effective for the treatment of chronic low-back pain. Chiropractic and medical care performed comparably for acute patients. Practice-based clinical outcomes were consistent with systematic reviews of spinal manipulative efficacy: manipulation-based therapy is at least as good as and, in some cases, better than other therapeusis."

Haas et al (2005), Journal of Manipulative and Physiological Therapeutics

Patient Satisfaction

Researchers analyzing the prevalence, patterns and predictors of chiropractic utilization in the U.S. general population found that, "Back pain and neck pain were the most prevalent health problems for chiropractic consultations and the majority of users reported chiropractic helping a great deal with their health problem and improving overall health or well-being."

Adams et al (2017) Spine

"Chiropractic patients were found to be more satisfied with their back care providers after four weeks of treatment than were medical patients. Results from observational studies suggested that back pain patients are more satisfied with chiropractic care than with medical care. Additionally, studies conclude that patients are more satisfied with chiropractic care than they were with physical therapy after six weeks."

Hertzman-Miller et al (2002), American Journal of Public Health

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