The Official Publication of the Pinellas County Chiropractic Society

Pinellas County PCCS Chiropractic Society

April 2020

The Audible Release

Quelling Fears and Stemming the Spread of the 'Pandemic Panic'

By Jordon VanderVeen, D.C.

If one thing became more certain after the Coronavirus Disease, or COVID-19, was officially listed as a Pandemic, it was the necessity for people to receive spinal adjustments. The important role that the central nervous system plays in communicating and directing the inflammatory response responsible for healing the body is a vital message to get across to all our patients and future patients.

Chiropractic care boosts health and helps fight infection in all ages. The 1918 Influenza Pandemic shows us exactly that.

Reports from New York City during the "Spanish Flu" Pandemic of 1918 reveal that 950 out of 10,000 patients that were medically treated died. Whereas, 25 patients out of 10,000 died under drug-free methods.

These numbers are staggering and give us even more reasons why chiropractors must get the word out about the benefits of chiropractic care. It will, quite literally, save lives.

While building stronger immune responses in our patients, we must also be diligent about keeping our offices in tip-top shape for limiting patient exposure to any virus. Diligently disinfecting all "high-touch" surfaces, such as adjustment tables, counter tops, doorknobs, bathroom fixtures, toilets, phones, keyboards, and tablets – as well as cleaning hands between in patients with soap and water or an alcohol-based hand sanitizer – will certainly limit the spread as much as possible.

In these times of the pandemic panic, it is imperative for each of us to provide a voice of reason and be effective healers in the world-wide effort to help bring this crisis to an end. We have science to support and data to prove the effectiveness of chiropractic care helping to improve symptoms in patients with infectious diseases and better recover from illness. Let's put that to work in the best ways possible.

God speed and good luck to you all.

Jordon VanderVeen, DC

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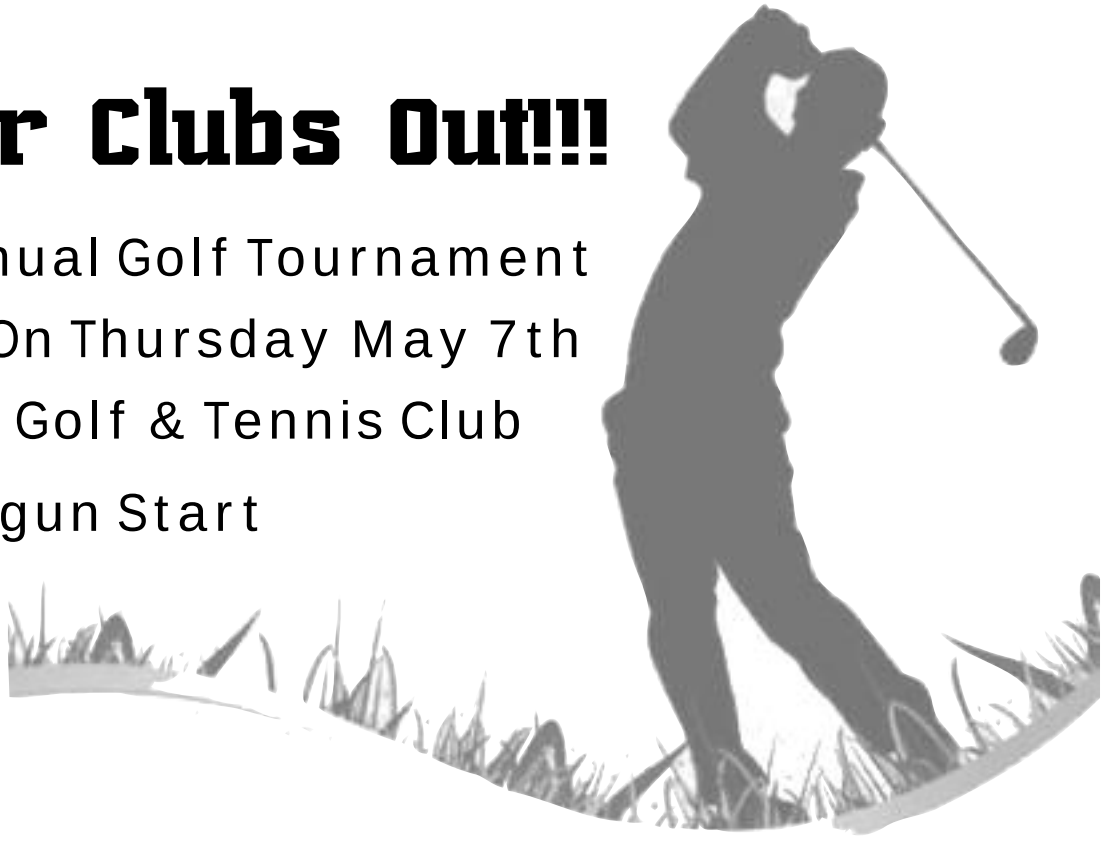

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The Audible Release provides news and information that is both educational and informative to the chiropractors and their associates in the Pinellas County area.

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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Calendar of Events

March

10 12:30pm Board of Directors Meeting
Location: **The Crafted Plate**
NO GENERAL MEETING THIS MONTH

April

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

28 6:30pm: General Meeting
Speaker: June Carver Drennon
Tampa Bay Thermography
Topic: Discover your imbalances before they become a diagnosis with Thermography

May

7 PCCS Annual Golf Tournament
Location: Bardmoor Golf & Tennis Club

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

26 6:30pm: - 8:30pm PCCS Social
Location: **TBD**

Join us for our General Meeting and be eligible for the PCCS Raffle !!!

Each month the PCCS raffles $100 per meeting!

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For corrections, contact: Mark Lipkin DC

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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 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

Cont On Pg 8

BOOST YOUR IMMUNE SYSTEM

Wow, these are scary times. If you would have asked me last year that in early 2020 we would have a pandemic that would affect the economy, I would've laughed. We'll all get through this hopefully sooner than later.

Here are a few steps we can take to boost our immune system.

Optimize your vitamin D levels. If your levels of vitamin D decrease rapidly, which often happens with less direct sun exposure during the colder winter months, your immune function can be impaired. Most people need to take between 1,000 and 5,000 IU of vitamin D3 daily to achieve optimal levels.

Add medicinal mushrooms to your diet. A few species, including shiitake, Cordyceps, reishi and maitake, have been extensively researched and are renowned for possessing some of the most powerful immune-supporting compounds in nature.

Limit your sugar consumption. Sugar decreases your immune system's ability to function almost immediately by inhibiting the activity of important immune cells. The results of one study showed that the amount of sugar found in two sweetened beverages lowers immune response by 50% for up to five hours!

Cont. on Pg 14

THE RADIOLOGIST'S VIEW (Cont From Pg 6)

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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PCCS Classified Ads

FOR SALE for $500. Winco tables for $25 each. They have imperfections on their tops. 1 shoulder wheel $25. 2 14 X 17 rare earth green cassettes/screens and 3 10 X 12 of the same. $100 buys all three.Please contact Dr. Russell Janssen at 727-726-8822 or email at backdr1@verizon.net

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Impact of Chiropractic Care on Use of Prescription Opioids in Patients with Spinal Pain

James M Whedon, DC, MS, Andrew W J Toler, MS, Louis A Kazal, MD, Serena Bezdjian, PhD, Justin M Goehl, DC, MS, Jay Greenstein, DC

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https://doi.org/10.1093/pm/pnaa014
Published:
06 March 2020

Abstract

Objective

Utilization of nonpharmacological pain management may prevent unnecessary use of opioids. Our objective was to evaluate the impact of chiropractic utilization upon use of prescription opioids among patients with spinal pain.

Design and Setting

We employed a retrospective cohort design for analysis of health claims data from three contiguous states for the years 2012–2017.

Subjects

We included adults aged 18–84 years enrolled in a health plan and with office visits to a primary care physician or chiropractor for spinal pain. We identified two cohorts of subjects: *Recipients* received both primary care and chiropractic care, and *nonrecipients* received primary care but not chiropractic care.

Methods

We performed adjusted time-to-event analyses to compare recipients and nonrecipients with regard to the risk of filling an opioid prescription. We stratified the recipient populations as: *acute* (first chiropractic encounter within 30 days of diagnosis) and *nonacute* (all other patients).

Results

The total number of subjects was 101,221. Overall, between 1.55 and 2.03 times more nonrecipients filled an opioid prescription, as compared with recipients (in Connecticut: hazard ratio [HR] = 1.55, 95% confidence interval [CI] = 1.11–2.17, $P = 0.010$; in New Hampshire: HR = 2.03, 95% CI = 1.92–2.14, $P < 0.0001$). Similar differences were observed for the acute groups.

Conclusions

Patients with spinal pain who saw a chiropractor had half the risk of filling an opioid prescription. Among those who saw a chiropractor within 30 days of diagnosis, the reduction in risk was greater as compared with those with their first visit after the acute phase.

BOOST YOUR IMMUNE SYSTEM

Cont. from pg 7

Aim to get at least 6-8 hours of rejuvenating sleep each day. During the day, the stress hormone cortisol circulates at high levels in the body, suppressing your immune function. At night, cortisol levels drop, triggering cellular repair processes that are critical to optimal immune function.

Get regular, moderate exercise. Exercise increases circulation, which promotes the elimination of toxins and helps to move immune cells throughout your bloodstream more quickly. It can also help reduce stress, which is important in optimizing your immune system's ability to fight off infection.

I wish everyone well, let's use this extra time to spend some time with our families, friends, neighbors, Let our interactions be filled with kindness, generosity, patience and encouragement. It may be an uncertain time, but we can choose to help spread hope and not fear, to be there for others, and to be a difference with love ones and in our community.

Anthony Stanganelli, D.C.

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