

The Audible Release

Why X-rays are a Medical Necessity

By Jordon VanderVeen, D.C.



To X-ray or not to X-ray? That is the question.

The discrepancy among chiropractors' clinical decisions about which patients need X-rays – and which ones do not – continues to create a sense of uncertainty in the medical community. Being able to access a routine referral system with medical providers could be accomplished easier if a standard of care was set in place for future patients.

In general, these are the indications for providing X-rays in Chiropractic Health Care, according to Dr. Bryan Gatterman in his "Guidelines in the Use of Radiography in Chiropractic:"

- * If the patient has sustained a significant traumatic injury, as a bone may be broken or a joint may be dislocated
- * If an infection may be causing the patient's pain
- * If any significant disease is suspected, such as cancer or possible tumor
- * If any type of joint disease is suspected, such as arthritis causing joint pain
- * If the patient is over age 50 and has experienced any type of trauma (even a minor one)
- * For most patients over 65 years of age
- * Anyone who has been diagnosed with or who may be at risk for osteoporosis to identify or rule out a possible vertebral fracture from osteoporosis
- * Any suspected spinal instability
- * If the patient has had long-standing pain that has not responded to or resolved with previous health care treatment.

Reading that list over again, there are few patients that walk through our offices who don't fit into at least one of these categories. Those fine young Radiologists over at Advanced Diagnostic Imaging will tell you the same.

In recent news, a Canadian chiropractor evaluated an 80-year-old person with metal rods in his lower back due to a degenerative condition, and did not utilize any type of X-rays before treatment. He used an activator technique with a "gentle" drop table to assist with the adjustment. During the treatment, an ossified longitudinal ligament adjacent to the patients' neck fractured, leading to disc rupture and spinal cord injury, and eventually death. I believe a tragedy like this could have been averted with a simple routine X-ray.

Rule No. 1 should always be "Do no harm." X-rays provide us with a road map to not only promote the healing process, but to also limit any further damage that undiagnosed and improper treatment may cause. Radiography technology has been around for well over 100 years, and the images and insight those X-rays provide are just as important today as they were in the late 1800s.

Come check out the general meeting later this year to refresh your radiography diagnostic skills, because utilizing the X-ray technology available to us is still the best way to have "eyes on the inside."

Jordon VanderVeen, DC



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Details on Pg 4**

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PIP/No-fault Repeal Passes Senate Committee

Wednesday, January 22, 2020, Tallahassee – Late yesterday afternoon the Senate Infrastructure and Security Committee voted 6-1 to approve Senate Bill 378 by Sen. Tom Lee (R-Tampa). The legislation proposes to repeal Florida’s four-decades-old no-fault auto insurance system, replacing it with a new at-fault system requiring drivers carry mandatory bodily injury and property damage coverage. Sen. Lee, who introduced similar bills during the last two sessions, also chairs this committee. His efforts in previous years both died on the calendar, lacking final consideration.

The FCA was the only health care and chiropractic group rising to speak in opposition to the proposal. FCA General Counsel Paul Lambert provided testimony on one of our main points of concern: The lack of any provision in the bill that protects doctors from a patient’s or attorney’s failure to satisfy an outstanding balance per a letter of protection, upon the patient’s settlement or judgment in a personal injury claim or action.

A representative for the Florida Insurance Council (FIC), which represents a number of Florida’s major auto insurers, likewise rose to express their opposition to the current bill – though qualifying that they might likely support the

changeover if it were to include third-party bad faith reforms. Representatives from Florida’s business community testified similarly.

Sen. Aaron Bean (R-Jacksonville) cast the sole dissenting vote. In addition to Committee Chair Tom Lee (R-Brandon), five voted in support of the proposal: Sen. Keith Perry (R-Gainesville), Sen. Ed Hooper (R-Clearwater), Sen. Travis Hutson (R-Palm Coast), Sen. Janet Cruz (D-Tampa), Sen. Linda Stewart (D-Orlando) and Sen. Annette Taddeo (D-Miami). The bill next heads to the Senate Banking and Insurance Committee, its second committee of reference. The companion bill in the Florida House, HB 771, has not yet been scheduled for a hearing.

The FCA continues to oppose the repeal of PIP/No-Fault, but, will also continue in our efforts to ensure that any new program includes access to chiropractic. Your FCA Lobby Team is closely monitoring this situation and will provide you with updates, including any future “Calls to Action” when appropriate. Today marks the eighth day of the legislature’s annual 60-day lawmaking session. Please watch for our future updates.

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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

January

- 14** 12:30pm Board of Directors Meeting
Location: **The Crafted Plate**
- 28** 6:30pm: General Meeting
Speaker: Dr. Clay Hopkins
Topic: Proper use of CPT & EM codes and much more!!!



February

- 11** 12:30pm Board of Directors Meeting
Location: **The Crafted Plate**
- 25** 6:30pm: General Meeting
Speaker: Dr. Susanti Chowdhury
Topic: Fact about Stem Cell Therapy



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March

- 10** 12:30pm Board of Directors Meeting
Location: **The Crafted Plate**
NO GENERAL MEETING
- 31** 6:30pm: General Meeting
Speaker: June Carver Drennon
Tampa Bay Thermography
Topic: Discover your imbalances before they become a diagnosis with Thermography

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Plans for social media
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For corrections, contact:
Mark Lipkin DC



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THE RADIOLOGIST'S VIEW



FINDINGS THAT ARE IMPORTANT BECAUSE THEY ARE NOT

The most important obligation the radiologist has to the referring physician is to communicate an opinion as to the presence or absence of pathology. In many cases, this may not be an easy task because the determination of a significant finding is not always black or white. Few findings are pathognomonic. Additionally, there are imaging findings that need to be reported that are not significant on their own but can mimic a finding that is significant. That is, there are things seen on an image that are important, not because of what they are, but because of what they aren't.

A radiology report can simply state that there is no pathology. This statement would answer most clinical

questions. However, which such a report, the referring clinician is likely to feel that the radiologist's evaluation was incomplete and would be uncertain that the entire image was assessed. This is of greater concern when the clinician observes something on the image and is confused as to why it was not mentioned in the report. For example, the clinician notices a fairly well defined 1 cm round, well defined radiolucency in the femoral neck of a 17 year old female with low back pain. It is not mentioned in the radiology report. Was it missed? Or was it something that the radiologist does not report on because it is a frequent finding and is confident that it a fibrous cortical defect. After all, not every radiolucency or radiopacity needs to be reported. That would not be feasible. So, which findings are worth mentioning? That depends on the presenting symptoms and patient history.

If we use the example above but change the history to that of a 60 year old female with a known

Cont On Pg 8

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In an effort to save you money, time, effort and confusion, the FCA provides links to the state and federally required posters as .pdf files that you can easily download from our web site and print on your office printer. All relate to employment issues and should be posted in an area of your office where employees may easily see them.

Updated as of 1/7/2020

FEDERAL POSTING REQUIREMENTS

US Department of Labor Poster Requirements

FLORIDA POSTING REQUIREMENTS

Florida Department of Economic Opportunity

Florida Commission on Human Relations
Florida Law Prohibits Discrimination - English and Spanish

Florida Department of Revenue
Reemployment Tax (formerly Unemployment Tax)
Reemployment Assistance Poster English
Reemployment Assistance Poster Spanish

Florida Department of Business and Professional Regulation Child Labor Laws

Employers who hire minors must display a poster in a conspicuous place on the property or place of employment notifying them of the Child Labor Law. Child labor posters may be obtained through this website by accessing by calling Child Labor Compliance at 1.800.226.2536. Other Florida and Federal posting requirements can be obtained through the Agency for Workforce Innovation at www.florida-jobs.org/workforce/posters.html.

Florida Division of Workers' Compensation
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OPTIONAL POSTERS (not required for a Chiropractic Office)
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The Occupational and Safety Health Act (OSHA)

Migrant and Seasonal Agricultural Worker Protection Act
The Uniformed Services Employment and Reemployment Rights Act
Florida Child Support Enforcement Program
Equal Employment Opportunity is the Law
Family Medical Leave Act

THE RADIOLOGIST'S VIEW (Cont From Pg 6)

history of breast malignancy, most radiologists would report on the radiolucency. Why? Because now, the radiologist is letting the clinician know that the radiolucency is not likely a metastatic lesion. The finding is now important not for what it is but for what it is not. This is an opinion, and as such, would require confirmation in this case. There are many other situations in which the radiologist has an obligation to mention a finding that ordinarily would not be discussed unless the clinical presentation dictates. These are some examples:

- An unfused ossification center or an old fracture is described so that it is not confused with an acute injury.
- A bone island, a localized condensation of medullary bone, usually about 1cm in diameter may be hard to distinguish from a metastatic blastic lesion. In many cases, advanced imaging is needed to arrive at a correct diagnosis.
- Osteitis condensans ilii is a condition that can easily be mistaken for a sacroiliitis.
- A frequent finding is an underdeveloped intervertebral disc, especially at L5-S1. This resembles degenerative disc disease if it was not for the lack of other findings.
- Mach lines, nutrient foramen and overlying soft tissue planes can resemble fractures.
- Phleboliths in the pelvic basin may be mistaken for

calcifications in a soft tissue mass.

- Rib cartilage calcification may mimic pleural plaques, calcified lesions in the lungs or in the abdomen.
- Many congenital anomalies may simulate pathology. A “butterfly vertebra” can look like a compression fracture on the lateral view. An os odontoideum can look like an odontoid fracture.
- Often, the radial tuberosity or greater tuberosity of the humerus can resemble a cyst or metastatic lesion.
- In too many cases, a clothing artifact or the patient’s hair shadow can mimic pathology.

On a daily basis, the radiologist is faced with the responsibility to report on things that are significant and separate them from things that mimic pathology. What is important to mention in one case may not be important in another. The clinical information can help in this situation and the correlation of the imaging findings with the patient’s presentation and history will result in a more concise report that answers the clinical question.

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

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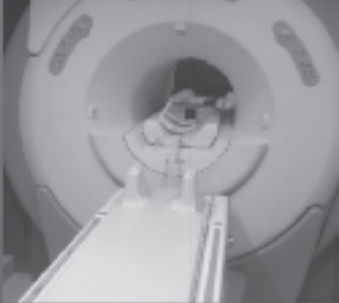
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We appreciate your support of our society which works hard to serve & represent you. Names listed in **BOLD** have donated to the PAC In their membership dues (Political Action Committee)

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Human Trafficking Requirement

<http://www.flhealthsource.gov/humantrafficking>

This website provides basic information about the Human Trafficking Bill, [Chapter 2019-152](#), Laws of Florida, which addresses healthcare professionals licensed by the following Boards: Acupuncture, Medicine, Osteopathic Medicine, Chiropractic Medicine, Podiatric Medicine, Optometry, Pharmacy, Dentistry, Nursing Home Administration, Occupational Therapy, Dietetics and Nutrition, Respiratory Care, Massage Therapy, and Physical Therapy. Healthcare professionals licensed by these Boards must complete one hour of continuing education (CE) on human trafficking and post a sign about human trafficking in their office by January 1, 2021.

The legislation also requires that new Massage Establishments have a Designated Establishment Manager (or DEM) starting July 1, 2019 and that all Massage Establishments, regardless of the time the license was issued, have one no later than January 1, 2020 Chapter 2019-152, Laws of Florida, also amended the provisions governing when the Board shall take disciplinary action against a Massage Establishment's license. Finally, Massage Establishments are required to implement a procedure for reporting suspected human trafficking by January 1, 2021 and have a sign outlining that procedure posted in their establishment.

SIGNS

Each healthcare provider licensed by one of the named Boards must post a sign regarding human trafficking in a conspicuous place accessible to employees by January 1, 2021. The sign must be at least 11 x 15 inches and in at least 32-point type. The sign must contain statutorily required language and be posted in English and Spanish. The Department has also provided Mandarin translations of these signs for use in offices where those languages are spoken. The links below contain signs that meet the statutory requirements when printed at the listed size.

CE

Each healthcare provider licensed by one of the named Boards must complete a one hour continuing education (CE) course on human trafficking that has been specifically approved by their Board for this purpose. The course must be completed by January 1, 2021 and will count towards the required CE for renewal. The bill does not require that this course be taken again for future renewal cycles. The links below will direct you to courses that meet this requirement as soon as they are approved by the applicable Board.

To find an appropriate course, please visit: <https://courses.cebroker.com/search>

MASSAGE ESTABLISHMENTS

The bill amends the laws governing massage establishments, requiring establishments to have a plan for reporting suspected human trafficking, amending the grounds for discipline of an establishment, and the requiring that each establishment have a Designated Establishment Manager.

FL DC License Renewal Requirements:

If this is **NOT** your first biennium renewal, you are required to accumulate 40 hours before March 31, 2020 in the following categories:

27 Hours CLINICAL CEs
6 Hours DOCUMENTATION
2 MEDICAL ERRORS
2 ETHICS
2 FL LAWS & RULES
1 RISK MANAGEMENT

You may obtain more than the minimum number of hours in required sessions as long as your total number of hours for the biennium is at least 40. Each FCA CE event offers up to 20 hours in DC license renewal courses.

The Board of Chiropractic Medicine added a 4-hour requirement ONLY for DC's certified in Acupuncture starting with biennium 2012-2014. These requirements must be in 2 hours of Acupuncture Technique & 2 hours of Acupuncture Risk Management (THIS DOES NOT FULFILL the general RM requirement for FL DC's).

STILL NEED CE's???

There are still two FCA Conventions left with the opportunity to get CEs.

February 6-9, 2020 Regional Convention Panama City Beach, FL

March 13-15, 2020 Make-Up Seminar Orlando, FL



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