

The Audible Release

Chiropractic and Pediatric Care

By Jordon VanderVeen, D.C.



Chiropractic and Pediatric Care: Is It Safe to Adjust Babies?

Has anyone ever asked you in astonishment, “Do chiropractors really adjust babies?”

After providing the answer, that question is usually followed up with an immediate “Why?” and/or “How?” question.

Much of the population, including our patients, sometimes have difficulty conceptualizing the importance, and frankly, the necessity of providing spinal care for infants. Most do not know that there are light-touch techniques that are both safe and effective at improving a wide range of symptoms in infants who are living with previously undiagnosed spinal misalignments.

Research in the Journal of American Osteopathy revealed that 99 out of 100 newborns who were physically examined and assessed for structural dysfunctions of the spinal column had at least one immovable joint between bones in the upper cervical/occiput region.

The reason for this is that an important nerve that modulates the stress response in the body – the vagus nerve – exits in the skull and travels to various areas of the body from this point. The vagus nerve controls many crucial bodily functions, including mood, immune response, digestion and heart rate. It establishes one of the connections between the brain and the gastrointestinal tract and sends information about the state of the internal organs to the brain.

While we continue to lobby for more rights in the chiropractic community here in the United States, other nations seem to be moving in the opposite direction. A message from the president of the Chiropractic Board of Australia stated, “There’s no evidence that chiropractic care can help babies or can treat them for medical conditions, and that there’s not enough evidence to suggest that chiropractic can achieve general wellness in babies.”

I strongly disagree with that assessment and have patients – and their young children – who have witnessed positive results firsthand.

With one out of four infants suffering from colic, there are a vast number of patients that can walk through our doors and achieve great results. Many of us have seen and achieved those types of positive results in newborns and infants.

It is vital to educate parents and create a wealth of knowledge about basic anatomy and physiology of the human body to better understand the importance of a properly functioning nervous system in a developing infant.

So, the answer to the first question is a most definite “Yes.” It is safe for chiropractors to adjust babies, as long as delicate care is taken, and the proper techniques are applied.

I hope to see you all at the next general meeting. Keep those muscles loose and get your swings in order, because the golf tournament is right around the corner!

Yours in good health,

Jordon D. VanderVeen, DC



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The Audible Release
is published 10 times per year
and unlimited downloads available online.

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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

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

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

April

- 14** 12:30pm Board of Directors Meeting
Location: **The Crafted Plate**
- 28** 6:30pm: General Meeting
Speaker: TBA
Topic: TBA

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: General Meeting
Speaker: TBA
Topic: TBA



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For corrections, contact:
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THE RADIOLOGIST'S VIEW



CAN'T GET NO SATISFACTION

A 35 year old woman complains of non-radiating low back pain after her weekend warrior tennis match. She has had back pain before, but it seems to be more severe then in the past. She recalls being told, "One of my vertebra slid forward". Based on the history and physical examination you perform a lumbar x-ray series that include oblique views, suspecting that she has a spondylolisthesis and likely a lumbar strain/sprain. "There it is (you confidently think to yourself) a 30% anterolisthesis of L5 with posterior arch defects." It is just what you suspected. You initiate your treatment plan but after 10 days the patient continues getting worse. You order an MRI that reveals suspected metastatic lesions at L1 and also in the proximal 10th and 11th right ribs. You frantically reexamine the x-rays that you performed and realize that there is no

right pedicle at L1 and, clear as day, radiolucent lesions in the proximal lower right ribs. Why did you not see those initially? The answer may be one of the leading reasons for x-ray interpretation errors, satisfaction of search.

According to a modified classification of errors in diagnostic radiology¹ there are twelve causes of error described as Type 1 through 12. These errors include:

1. Complacency – A misinterpretation in which a finding is appreciated but attributed to the wrong cause.
2. Faulty reasoning – A misinterpretation in which a finding is interpreted as abnormal but is attributed to the wrong cause. Misleading information and limited differential diagnoses are included in this category.
3. Lack of knowledge – The finding is seen but is attributed to the wrong cause because of lack of knowledge on the part of the viewer.
4. Underreading – The finding is missed.
5. Poor communication – The lesion is found but the message fails to reach the clinician.

Cont On Pg 8

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Your Pinellas County Chiropractic Society has endeavored to bring the members closer ties to National University of Health Sciences for both learning opportunities and mentoring our future chiropractic leaders. With this I would like to introduce our two student ambassadors; Monica Vera our 9th Tri and Crystal Corona our 10th Tri. These students attend our monthly meetings as well as our board meetings to help them understand the facing future of chiropractic and ways to become involved to make it better for our profession and the students that will follow them.

Please make a point of introducing yourselves to them at the meetings and welcoming them and their fellow students to our profession and your offices to shadow and learn.

If you have any questions about the school, the program or would like to arrange a tour please feel free to call me.

Mark Wieland, DC
Assistant professor, NUHS

**See page 12 for the Bios on the
PCCS Ambassadors**

THE RADIOLOGIST'S VIEW (Cont From Pg 6)

6. Technique – Findings are missed due to poor image quality or limitation of exam.
7. Prior examination – The lesion is missed because of failure to consult prior exams.
8. History – The finding is missed because of inaccurate or incomplete clinical history.
9. Location – The finding is missed because the location of the lesion is outside the area of interest.
10. Satisfaction of search – Finding is missed because of a failure to continue to search for additional abnormalities after the first one was found.
11. Complication – Complication from a procedure.
12. Satisfaction of report – Finding is missed because of complacency of report and overreliance of the report from a previous examination.

The causes of most of these errors are self-explanatory. Type 2 is similar to the Type 10 in that, in both instances, there is a failure to complete the evaluation. An example of a Type 2 error would be a vertebral body compression fracture that is recognized but then attributed to recent trauma, since it matches the history and location. However, the viewer fails to recognize that the underlying bone is pathological, secondary to a primary malignant or metastatic lesion. Type 4 - Underreading and Type 10 - Satisfaction of search (SOS), are the most common errors. Simply put, SOS occurs because the viewer stopped searching. In the case of the spondylolisthesis, the doctor found what was expected and therefore

terminated the usual scan of the entire image or images. Another common example would be the observation of a rib fracture at one level and failing to recognize fractures at other levels or worse, a pneumothorax. Failure due to SOS is not unique to plain film radiography. This error, as well as the other types, can occur with the interpretation of MRI, CT and other modalities.

The “satisfaction of search” error occurs among experienced radiologists and, more so, with non-radiologists. Many of the errors can be reduced with advanced training and experience. However, regardless of the level of training, SOS requires that the viewer not be satisfied until the entire image or images are completely evaluated, even if there is an immediate finding. Remember, the more significant finding may be the next one. And if you try some time, you just might find, you’ll see what you need.

References

1. Kim YW, Mansfield LT. Fool me twice: Delayed diagnoses in radiology with emphasis on perpetuated errors.

AJR 2014; 202:465-470

Terry D. Sandman, DC, MPH, DACBR
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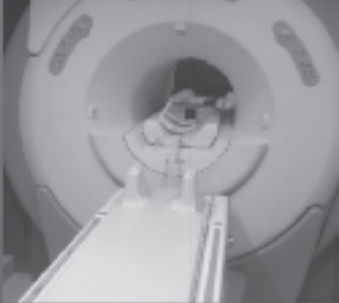
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ENGAGE 2020

Dr. Chris Langheier and I represented the Pinellas County Chiropractic Society along with 8 students from NUHS and members from the FCA board at the recent ACA ENGAGE 2020 (formally NCLC) in Washington. The goals for this annual pilgrimage is lobbying congress on a “Grass Roots Level” for bills sponsored by the ACA on behalf of the chiropractic profession. This year there was only one bill, HR3654, being pursued.

H.R. 3654 “Chiropractic Medicare Coverage Modernization Act of 2019” is a landmark bill providing beneficiaries access to all Medicare-covered benefits allowable under a chiropractors state license. This bill would allow for services currently limited to spinal manipulations to be expanded to cover examinations, therapies, x-rays and other diagnostic test currently non-covered. This would positively impact the more than 55 million covered Americans with additional options of Non-drug, Non-surgical care.

One of the facts noted in research shows the annual charges for opioid prescriptions were 78% lower for patients who received chiropractic care. This fact alone serves as an important strategy in the national efforts to combat and control the epidemic of prescription opioid abuse. The most common cause of severe long-term pain and disability is musculoskeletal pain led by spinal disorders. Chiropractic is a researched based, medically acceptable primary portal of care for these conditions.

This bill was introduced as a bipartisan legislative initiative from Rep. Brian Higgins (D-NY) and Rep. Tom Reed (R-NY). There were 41 co-sponsors including 4 from Florida when we arrived. Following the great work of Dr. Perman as our legislative liaison whom set up appointments with 22 of the 27 representatives over 3 days meeting with 13 members of congress personally and their staffers on the others. Currently there are 63 co-sponsors with 7 from Florida including; Rep’s. Soto, Deutch, Frankel, and Hastings signing on prior with Steube, Wasserman Schultz and Mast signing on following our meetings.

In a comment from Dr. Perman last week referencing those who think a “staffer” meeting without the member of congress present isn’t worthwhile, he shared an email.

“It was a pleasure to meet you and your group yesterday morning. I wanted to let you know that I’ve signed the Congresswoman on as a cosponsor to H.R. 3654.”

Remember the “grassroots” starts here at home with our local leaders and legislators that may move up the ladder. Contribute your time and energy to the election process; contribute to the PCCS-PAC and or Chiro-PAC and most of all VOTE.

Respectively submitted,

Mark C. Wieland, DC
FCA Alternate Director





Monica Vera is currently the 9th trimester NUHS Student Ambassador for National University of Health Sciences. She is currently interning at the Pinellas Park Clinic and is scheduled to graduate in August 2020 with her Doctor of Chiropractic degree. She is originally from Maryland, and relocated to Florida for her undergraduate studies at the University of Tampa in 2007. Monica is an efficient and organized individual who can excel at many tasks at any given moment. For instance, she has her first-degree black belt in Kuk Sool Won, spent 10 years of her early career as a Veterinary Technician, rehabilitated sea turtles back to health at the Clearwater Marine Aquarium

as an intern and volunteer, is nationally credentialed as a unit victim advocate for victims of sexual harassment and/or assault, has honorably served as an Ordnance Officer in the Army since 2011, and will be starting her Chiropractic Clerkship at the Bay Pines Veterans Affairs Healthcare System next month. She is highly respected and well-known in the military community as Captain Vera. She is currently serving in the U.S. Army Reserves, as the 641st Higher Headquarters Company Commander and is in charge of 156 Soldiers. Monica is extremely excited to have been accepted as a NUHS Student Ambassador and looks forward to the opportunity to meet and connect with the current leaders of the chiropractic profession in Pinellas County. Her interests and hobbies include traveling, salsa dancing, obstacle course races, distance running, weight training, volunteering, and advocating for her troops.



Crystal Corona is currently the student ambassador for the Pinellas County Chiropractic Society. She is in her 10th trimester at National University of Health Science and is interning at the Pinellas Park Whole Health Center. Crystal will be graduating April 24th, 2020. She is a Florida native from Loxahatchee, FL. She attended the University of South Florida and received her Bachelor's degree in Public Health. After graduation she worked in a Rheumatology office while preparing for her medical career. She focused on finding a medical field that benefited patients while using a holistic approach. After seeing the effects of chiropractic care on her husband's Costochondritis, she moved forward with her career by attending NUHS. Crystal has participated in many clubs on campus and was the Vice President for Motion Palpation Club and Lambda Chi. She

has participated in the Veterans Clinic rotation at NUHS which provides free acupuncture treatment to veterans and their spouses. She is certified in Functional and Kinetic Treatment with Rehab. Outside of school she participates in various community service activities such as Farm Share which provides families with food, Cadaver workshops at SPC, and Activity Days for 8-11 year olds to help build confidence and make new friendships. Crystal enjoys zip lining, rock climbing, and running. She will be running in the Skyway 10K March 1st, 2020.

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- NE** REGIONAL CONVENTION + EXPO: June 11-14
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