The Official Publication of the Pinellas County Chiropractic Society

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News & Upcoming Events

ociety



Pinellas County

Chiropractic/

By Jen Gantzer, DC, MS, FACN, DACBN

We are excited to be hosting our annual fundraiser "Shoot for the PAC" with all proceeds going to lobbying efforts, as PAC is the Political Action Committee. The event is on Thursday April 21st in Odessa, please plan to be early to allow for registration, and the shooting begins promptly at 10 am! We are looking for teams as well as sponsors, check out page 2 for more details or visit

the event at www.pccschiro.org.

The upcoming March monthly educational dinner meeting is being hosted at the local chiropractic college, National University of Health Sciences, at their Pinellas Park Clinic; see pg-6 for the address and please RSVP to the Evite for head count, we are catering the event. Another off-site monthly dinner meeting will be our annual June Social. We had an excellent event last year at Caddy's on Madeira Beach and look forward to deciding the venue in the next few weeks, until then...mark your June calendars!

The ACA has been gaining continual momentum in the Medicare see pg-2 for the QR code which sends a pre-typed message asking for support. We have been informed this is about numbers, and we need your help sending the messages. Please help us be part of the Medicare movement MEDICARE H.R. 265 and share it with family, friends, and staff too!

We are in the 2nd biennial of our chiropractic license renewals, due by April 31st. Be sure to check your CE hours for all 40 including requireds. As of November 2021, our CE hours are now obtainable online. I strongly encourage members to remain involved in-person at the conventions to support the FCA, vendors, students, and enjoy the commodore & networking, plus lunch and dinners with our alumni and universities. We DO NOT want to lose the annual opportunity to come together to learn new science or techniques or be reminded of how to use new supplements or devices in practice. Additionally, FCA members have discounted CE courses through their online CE platform "chiroLEARN". As we continue "Ketogenic Lifestyle" there are a lot of questions about foods to include and foods to avoid. Many times, it is as simple as *"what do I eat?"*

What to AVOID, the high glycemic harmful carbs.

Carbs to Avoid - Sugar & High Fructose Corn Syrup

Baked goods (refined flour products): cakes, cookies, breads, pastas, muffins, croissants, rolls, pop tarts

High sugar & HFCS: soda, fruit juices, candy, ice cream, many cereals, flavored yougurt, jams & Jellies

I will continue to introduce the science, but if there is a goal of shifting toward a healthier lifestyle, start with eliminating the high glycemic, high sugar carbs. These spike blood sugar and worsen glycemic response. To introduce ketogenic successfully, no matter which approach, and I will be introducing several, these are always eliminated. If you need a "cheat day" allow yourself to enjoy a bite or a snack, but DO NOT have these as daily dietary choices. They must be eliminated. Low glycemic choices are coconut crystals, stevia, and xylitol; however, these are best in moderation. Sugar substitutes that are non-absorbable sugar alternatives such as sorbitol and xylitol can cause disruptions in the gut bacteria and induce bacterial overgrowth and gastric distress, especially in people prone with constipation, and need to be used sparingly. In large amounts they can induce osmotic diarrhea. However, xylitol can be used for baking in a 1:1 substitution for table sugar for a low-glycemic option. Stevia droppers are better for taste compared to the powder.

Since the ketogenic diet is high fat, it's best to pair a ketogenic meal with antioxidant foods and supplements. These include options of plant-based colorful fruits and vegetables, citrus, multivitamins, B-complex, Vitamin C, and phytonutrients such as green tea catechins (EGCG), resveratrol, turmeric, ginger.

Next month I will continue to explore food choices for dietary fats as well as different ways to implement a ketogenic diet for strict and less-strict options.

Another Ketogenic recipe will follow in April.

VISIT US ONLINE AT PCCSCHIRO.ORG See page 2 for details on the upcoming April fundraiser Shoot for the PAC Join us Tuesday March 29th for the educational dinner meeting at NUHS clinic



Eighth Annual Pinellas County Chiropractic Society

SHOOT FOR THE PAC TRAPSHOOTING TOURNAMENT



Thursday

April

Proceeds from this FUN event will benefit the PCCS PAC and will be used to support campaigns of State Legislators that support the chiropractic profession.

PRICE

(includes one practice round and two tournament rounds of trap, trophies and lunch!):

Current PCCS members and their guests \$95/person Non-members and their guests \$105/person Corporate sponsored team of five \$450/team

Corporate Sponsorships available:

Ammunition Sponsor: Company info and Logo on all baxes of shells used in the tournament includes a team of 5 shooters \$1200. Only one of these is available.

Trap House Sponsor: Your Company Banner placed in front of a trap house for all to see \$600. Four of these available.

Trophy Sponsor: Recognition of sponsoring the trophies during the awards ceremony \$500

Lunch Spensor: Recognition of sponsoring the Lunch during the awards ceremony \$500

Make checks payable to: PCCS PAC

Dr. Michael Roberts Mobile 727.434.2002 or mkrdc@aol.com

Time: 10:00 AM for squad assignments (must be prompt)

Address: 12515 Silver Dollar Dr., Odessa, FL 33556

2 www.pccschiro.org

Extremity Assessments post-MVA- by Jason Miller, DC

Treatment and evaluation of shoulders, post motor vehicle accident, are not only important for the patient, but it can also increase your revenue. Often, shoulders are injured during motor vehicle accidents, because of the restraints of the seatbelts. Your case history should include an overall assessment of all extremities. It is my opinion, however, that the shoulders are the most injured in accident cases. Frequently, this extremity is overlooked during evaluation and examination of patients because the focus is on spinal issues as chiropractors.

The examination should include palpation, range of motion, and orthopedic tests. Based on the history and examination, x-rays should be ordered. If you are doing x-rays in house a 3 view or 2 view of the shoulder would be appropriate. The CPT code is 73030 which at the 2018 200% of Medicare rate is \$53.78. When you diagnose the injury, your treatments can include adjusting, muscle stimulation, ultrasound, myofascial release, and trigger point therapy to help aid in the repair process of the soft tissues. If you adjust the extremity and other spinal segments, make sure you document that it is a separate and distinct procedure. You must use a modifier

98943.59 when billing for this specific procedure. The Medicare reimbursable amount is \$30.00 per treatment. If the patient is not responding positively to treatment, then the doctor should consider doing an MRI (at a facility that supports the PCCS) to rule out any significant abnormalities i.e., SLAP tears, labral tears, rotator cuff tears, adhesive capsulitis, etc.

When enough time and treatment has passed, the patient should begin strengthening the shoulder through rehabilitation exercises. This process can be as simple as small weights or bands tied to the door. CPT code 97530 requires "use of dynamic activities to improve functional performance. Examples of such activities include lifting, pushing, pulling, reaching, throwing, etc." Billing this code also requires direct, one to one contact and is billed in 15-minute increments. The reimbursement for one increment of therapeutic activity as of 2018 is \$40.42.

These are just suggestions that you can implement in your office and they can pertain to all extremities.

Jason Miller, D.C.

Contact your representative and encourage them to support H.R. 2654



Using your phone's camera app, scan the QR code to send a letter to your representative.

H.R. 2654

The Chiropractic Medicare Coverage Modernization Act



THE RADIOLOGIST'S VIEW



RADIOLOGISTS AND PILOTS HAVE MUCH IN COMMON

There is an expression often used by pilots to describe the experience of flying; long periods of boredom, interspersed by moments of sheer terror. Think about it. On a typical commercial flight, the pilot spends

the majority of time monitoring instruments while the autopilot maintains the plane in a straight and level position. Even the takeoff and landing are carefully executed but essentially routine maneuvers. But, the pilot knows that at any moment chaos and terror can ensue due to a mechanical failure or other catastrophic event.

Pilot training is extensive, requiring both the intellectual capability and motor skills that not everyone is capable of achieving. The majority of the training involves preparation and practice in handling emergencies and bringing the plane to its aerodynamic limits, which include recovering from simulated stalls (aerodynamic), preventing the plane from falling from the sky. In other words, the overwhelming majority of pilot training involves planning for the rarest of events that can lead to disaster (terror), while the overwhelming majority of the time the pilot is flying straight and level (long periods of boredom). So, what does this have to do with radiology?

In a similar manner, a radiologist in training dedicates the vast majority of time learning to understand and recognize diseases, conditions, syndromes and rare disorders that make up a small percent of a radiology practice. Most of the radiologist's time in clinical practice will consist of reading essentially normal studies or describing the common disease entities, such as degenerative joint disease, disc bulges and osteoporosis. This can lead to potential problems.

The day-to-day practice of the typical radiologist (long periods of boredom) can lead to a sense of complacency. The repetition of describing disc degeneration, postural changes, disc herniation and bulges can cause the radiologist to lose focus and to arrive at incorrect assumptions. That is, the thought process that the images are most likely normal becomes the default. The readiness for that "Jack in the Box" pop-up urgent or unexpected finding, is blunted. Like the pilot, the radiologist needs to be consistently ready, as it is likely that one of those "sheer terror" moments is waiting in that pile of films or on the PACs work list.

When the non-radiologist evaluates a film there is a level of confidence that comes with experience. After all, one may have been in practice for twenty years and claim to have never had a case of metastatic disease or unexpected finding. But much of that is simply due to a numbers game. The vast majority of clinical training encompasses studying both the common and esoteric disease processes, but in reality those entities make up a fraction of the conditions that present to a clinic. The absolute number of "terror" cases that one may come across is very small since the percent of those cases in the general population is small. The number of images that a radiologist sees in one day is likely to equate to several weeks of a clinical, non-radiologist practice. So, if it is unusual for the radiologist to find a serious case it is much less likely that a non-radiologist will find one.

It would be interesting (albeit unethical) to simply take an x-ray, put it away and guess what the findings would have been. For example, x-rays of the cervical spine on a 70 year old female is likely to demonstrate degenerative disc disease, facet arthrosis and some degree of osteopenia. Diagnostic accuracy would be on the order of 99%. The chances that that particular patient has an unusual or urgent finding would be very small, but the consequences of missing that finding would be enormous.

The pilot, the radiologist and the clinician have much in common. The majority of training is designed to correctly react to the emergency while the reality is that most of the time is spent in cruise mode. Don't get complacent, stay alert and know your limits. When it comes to radiology, sit back, relax and let some one else fly the plane.

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The Audible Release is published 10 times per year

and unlimited downloads available online.

Dr. Jason Miller: Editor

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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Executive Director

Jennifer Comey P.O. Box 7515, Seminole, FL, 33775-7515 email: ed@pccschiro.org

Calendar of Events

Monthly Dinner Meetings In-Person & Virtual for 2022

Join us In-Person Last Tuesday of the Month Join us Virtual via Zoom

www.pccschiro.org/annual-calendar

Marriott Crafted Plate 12600 Roosevelt Blvd N St. Petersburg, FL 33716 6:30-8:30 pm

Dinner/Speaker at 7 pm Please RSVP to Evite for dinner attendance

March

29th-General Meeting Location: NUHS - Pinellas Park Campus 6630 78th Ave N. Pinellas Park, FL 33781 Topic: Case Studies by Interns

<u>April</u>

26th-General Meeting Location: St. Petersburg Marriott - 2nd Floor Speaker: Dr Jain - Florida Surgical Consultants Topic: Neurosurgeon's Perspective of Neuroquant

> April Board meeting 12th 12:30pm Zoom May Board meeting 10th 12:30pm Zoom

PCCS PAID MEMBERS 2022 "Thank you to the chiropractors below that are supporting the PCCS and PAC in 2022" See page 14 for the 2022 Membership Application

Names listed in BOLD have donated to the PAC Political Action Committee

And are additionally recognized on the member directory with a "PAC Star"

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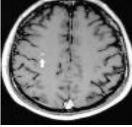


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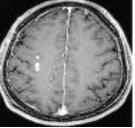
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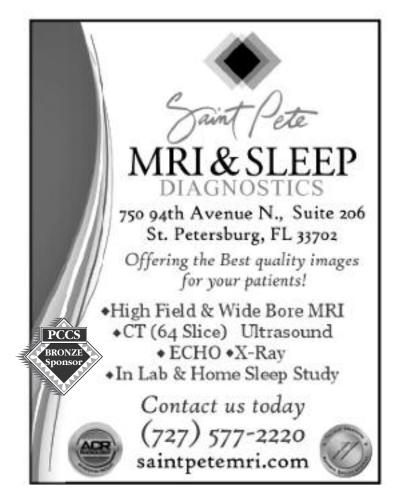
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We sincerely appreciate your chiropractic financial support which helps us to preserve, promote, and protect you!

Join Now: https://pccschiro.org/join-now

OUR MEETINGS

We host 8 monthly member educational dinner meetings, an off-site social mixer, a holiday party, and 3 annual PAC events.

The 8 general meetings are held the last Tuesday of the month at the Marriot restaurant The Crafted Plate which begin at 7:00 pm with pre-meeting networking at 6:30 pm as members and sponsors begin to arrive. Dinner is served during a featured speaker on a Chiropractic related topic with the meetings concluding around 8:30 pm. We are continuing the monthly dinner meetings in-person and virtual for 2022; please RSVP to the evite for dinner or connect via Zoom to join us.

PROVIDING VALUE TO YOUR MEMBERSHIP

- FREE dinner at monthly meeting (\$30 for non-members; guests/staff/spouse)
- FREE dinner & drink at our annual social and holiday parties (for members & one guest)
- FREE training class for CPR recertification (every other year; next CPR recert class will be 2023)
- FREE Classified ads & listings in our "Audible Release" newsletter (also digital archive on the website)
- FREE round-trip transportation via bus to Tallahassee for Chiropractic Day with the FCA (anticipated for 2022)
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Select One: New Member / Renewal / New Member 1st Year DC

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*Membership is for the chiropractor listed above only & is non-transferable.

New Members and Renewals:

- □ Annual Dues with a \$50 voluntary contribution to the PAC = \$225.00
- □ Annual Dues = \$175.00

1st Year DC: Graduated in 2020

- □ 1st Year Licensed D.C. Annual Dues +\$50 contribution to the PAC = \$149.00
- □ 1st Year Licensed D.C. Annual Dues = \$99.00

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2022: All General Meetings will be held In-Person and Virtual via Zoom to accommodate travel and social distancing. Know someone interested in joining as a DC/Sponsor/Advertiser; www.pccschiro.org click "Join Now or Get Involved"

Email Jennifer Comey, Executive Director at ED@PCCSChiro.org with any questions.

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