

The Audible Release

Exciting And Eventful.....

By Jen Gantzer, DC, MS, FACN, DACBN



We have a very exciting and eventful couple of months. We are hosting our sponsor Dr. Chowderly for the May dinner meeting on the 31st with updates on regenerative medicine. Our June meeting will be our annual social hosted at Salt Rock on Indian Rocks Beach during our regular last Tuesday of the month meeting time for cocktails and appetizers. Then in

July we have another special event coordinated by our board member Mayor Woody Brown for the PCCS Legislative Forum, an outstanding event to hear from the candidates to direct voting and support in a chiropractor-friendly direction during elections.

In this issue we also have special updates from a member and 2 of our board of directors; check out page 3.

On page 3 we hear from our member and local Florida ACA delegate Dr. Guadagno who attended an in-person meeting in Washington, DC this May for the first time since COVID. A highlight of their ACA delegate meeting is the forward momentum of the bipartisan legislation of H.R. 2654 and its recent companion bill S.4042. These collectively represent the Medicare Modernization Act which *“is bipartisan legislation that provides patient access to all Medicare-covered benefits allowable under a chiropractor’s state licensure”* and *“appropriately defines a Doctor of Chiropractic (DC) as a ‘physician’ in the Medicare program.”* Additionally, according to S.4042 at www.congress.gov, passing of the modernization bill *“expands Medicare coverage of chiropractic services to include all services provided by chiropractors, rather than only subluxation corrections through manual manipulation of the spine.”* ACA’s John Falardeau explains the importance of the bipartisan bill, *“What we are attempting to do here is create full access to existing benefits for chiropractic Medicare beneficiaries and bring chiropractic coverage into the 21st century. S. 4042 and its House version, H.R. 2654, do that—in essence, support in both chambers legitimizes the cause.”*

We still need a “call to action” from members, staff, students, and anyone who has access to the internet to use the ACA provided link to send a pre-typed message to each party asking for support. Dr. Guadagno provided us on page 3 the representatives already in support of H.R. 2654 however, with the S.4042 as of April 7th by Senator Richard Blumenthal, we need immediate action to contact our senators as well as any representatives to recruit.

Ask Senators for support of S.4042

<https://www.votervoice.net/ACA/Campaigns/93744/Respond>

Ask Representatives for support of H.R 2654

<https://www.votervoice.net/ACA/Campaigns/93741/Respond>

I ask everyone to participate in this epic movement for chiropractic, even if you do not have Medicare patients.

Also on page 3 we have updates from our board member and Alternate FCA Director Dr. Langheier who attended along with board member Dr. Staganelli the recent Florida Board of Chiropractic Medicine (BOC) meeting which met this May. Recall there have been recommended changes to the FL rules on CE requirements which left many of us feeling unsettled. Myself on behalf of the PCCS and our member Dr. Strauss on behalf of our local chiropractic university, NUHS, spoke out against these changes directly to the BOC under guidance and direction of Kim Driggers and Jack Hebert at the Tampa BOC meeting February 24th along with over a dozen other chiropractors and other chiropractic society attorneys. The policing of CE appears to be a resolved issue according to an FCA bulletin however has been replaced with different requested language by Rick Warner of GoLearn Network. We will keep you updated as this progresses and take a look at page 3 to hear Dr. Langheier’s explanation of this.

We had an excellent annual fundraising event hosted in Odessa during the PCCS Shoot for the PAC, thank you Dr. Roberts for coordinating this event once again. We appreciate all of our paid members and sponsors, your annual dues help raise lobbying money to ensure chiropractic success through political changes and help to preserve FL’s scope of practice.

VISIT US ONLINE AT PCCSCHIRO.ORG

Join us Tuesday May 31st for the educational dinner meeting!

June Social on Clearwater Beach 28th & July 26th PCCS Legislative Candidate Forum back at the Marriott

Page 3 has two special updates from the FL Board of Medicine meeting & Washington, DC delegate meeting

Test your Nutrition know-ALL on page 7 with a grocery shopping choice quiz

Schmorl's Nodes and Modic Changes *or* Vertebral Endplate Fracture with Intravertebral Disc Herniation and Acute Bone Marrow Edema – by Dan Roode

Sometimes axial and paraspinal neck or back pain cannot be explained by pointing to the usual suspects: discs, facets, nerves, muscles. So where do you go from there? Enter the vertebral endplate, a fairly flat pancake of cartilage tissue that borders and connects the vertebral body to the intervertebral disc. Research is driving more attention to the vertebral endplate as a pain generator to offer answers and solutions for people with spinal pain recalcitrant to traditional treatment. A few common radiographic findings may indicate acute traumatic endplate injury, but they are often overlooked or shrugged off as incidental findings.

Schmorl's nodes (SN) are disruptions in the vertebral endplate which involve herniation of the disc nucleus pulposus into the vertebral body. They were traditionally thought of as incidental developmental defects seen in the central region of the endplate in the lower thoracic and upper lumbar spine. However, endplate defects can also be of traumatic origin later in life, in which case they often occur with correlating findings on MRI during the acute stage of injury. Clues that a SN is acute/traumatic in nature are when the defect:

- is outside the traditional location (central endplate, thoracolumbar spine)
- involves recent axial-loading trauma of the spinal region in question (which occurs in both the cervical and lumbar spinal regions during rear-end MVC)
- occurs with corresponding bone marrow changes indicating acute inflammation (described on MRI as Type I Modic change)

Bone contusions also called bone marrow edema (BME) or bone bruise, is mobile water within the bone marrow and is a physiological phenomenon that is identifiable on magnetic resonance (MR) imaging, and signal changes result from blood pooling, reactive hyperemia, edema, and microfracture. When these MR lesions are associated with an acute traumatic event, the findings are referred to as bone bruises and so represent a unique manifestation of injury.

Below are the three types of Modic changes, each representing tissue changes at different stages in a singular pathological process. Type I is known to sometimes resolve but often progresses to Type II, and Type II in turn often progresses to Type III but can also revert back to Type I.

- Type I: Represents inflammation, neovascularization – *Acute*
- Type II: Represents fatty infiltration – *Chronic*
- Type III: Represents bony sclerosis – *Chronic, late-stage*

The cortical bone can be quite thin next to the endplate to result in the “weakest link” for which the nucleus pulposus to herniate through (as opposed to herniating posteriorly through the annular fibers). Occurring in conjunction with Modic Type I changes surrounding the SN and recent trauma involving axial-loading of the region, it becomes reasonable to suspect a traumatic, acute SN involving acute fracture/puncture of the endplate and invagination of inner trabecular bone with nucleus pulposus.

Clinical Pearl: When the disc herniates through the endplate and into the vertebral bone I use the term “intravertebral herniation” to emphasize that the disc herniated *into* the vertebral bone (hence the *intra*-prefix). I have seen cases of traumatic endplate fracture which are new based upon comparison MRIs just months apart in which the only interim trauma was a car crash. Two of these cases involved SN with surrounding bone marrow edema (Modic Type I) in the cervical spine. There's not even an ICD-10 code for cervical SN! This is an unfortunate testament to how these defects are still poorly appreciated and too often regarded as completely incidental.

REPORT FROM FLORIDA FROM THE BOARD OF DIRECTORS

Dr. Stanganelli and I attended the Board of Chiropractic Medicine meeting at the Holiday Inn Disney Springs Hotel on May 12th, 2022. After roll call and the Pledge of Allegiance were heard, the first disciplinary proceedings began, the disciplinary proceedings were due to revocation of license, loss of license, and some of the petitions for reinstatement of licenses were due to disciplinary actions regarding fraudulent billing, additional facility licenses and individuals not obtaining enough CE continuing education units in a timely matter. Noted that if you preregister 14 days before the BOC meeting you can obtain five CEU hours. Our very own Dr. Roberts brought up repeatedly to the individuals that did not appear before the board to “show up”. Meaning, if you’re going to be on the Board of Chiropractic Medicines agenda you better “show up” and “you have a greater chance of a positive outcome than not showing up”.

Regarding rule discussion was Dr. Rick Warner, an individual vendor who operates online CEU courses for profit along with the FCA and Florida Chiropractic society where multiple petitions for rule Amendments to revisit new and old petitions, also “SERC” was brought up, which is a “statement of estimated regulatory costs” regarding costs for additional in person CEUs... which led to a motion to be revisited at the next board meeting on August 26th, 2022. If you have any greater detail, feel free to contact myself or Dr. Stanganelli for the list is much larger than can be addressed in this brief article.

By - Cris Langheier

REPORT FROM WASHINGTON FROM THE ACA DELEGATE

The House of Delegates of the ACA met in person in Washington DC May 13-14 this past weekend and held their mid-year business meeting. I can report to you that the wheels are turning, we are on the cusp of righting a 50 year wrong. The time is now to lean on to the accelerator, brush off the “Medicare fatigue” you may be experiencing and take action. Now that the Senate has introduced a companion bill, we must try to get our FL senators on board. We need to also continue to recruit more Representatives.

Our FL representatives that are already on board are:

- Brian Mast
- Lois Frankel
- Debbie Wasserman Schultz
- Darren Soto
- Theodore Deutch
- Greg Steube
- Stephanie Murphy
- Bill Posey



We should thank these friends of chiropractic. If yours is not listed, read on for tips you and I can do.

Please understand, regardless of whether you see Medicare patients in your office or not, hundreds of tentacles of Medicare policy influence a myriad of important and influential payer groups.

Let’s get this done during this congress so we can move on to other issues and not start from scratch all over again!

By – Carlo Guadagno

John Falardeau is ACA senior vice president of public policy and advocacy. For questions about S. 4042/H.R. 2654, visit acatoday.org/Medicare or call (703) 276-8800.

The Chiropractic Medicare Coverage Modernization Act

Ask Congress to Support S.4042

THE RADIOLOGIST'S VIEW



DOING THE DIRTY WORK

Radiologists are a peculiar group. They spend the majority of their workday in subdued light curiously staring at shadows of the body, essentially playing “Where’s

Waldo?” The monotony of the moment is occasionally interrupted by, what radiologists morbidly refer to as, a good case. Most radiologists live for this moment. Like kids do with something “gross”, the radiologists show each other disease, deformity, injury and boney destruction then say, “nice case”. But that is part of what makes radiology the discipline it is. The desire to find the holy grail of cases, the one that elicits a collective academic “cool”. Shortly after the ceremonial cigar, there is the realization that there is a person behind those images and somebody has to inform the patient.

There are many reasons that one becomes a radiologist: the challenge of the image, the affinity for anatomy and pathology or the desire to be part of the healthcare team. But the dirty secret (or maybe not) the radiologist enjoys a buffer to patient contact, and that buffer is the referring physician. When a “good case” is recognized, the radiologist relays that information to the referrer who then informs the patient. The radiologist can remain objective and seemingly distant, appearing uncaring, since the bad news is delivered by the surrogate.

The stoic facade of the radiologist collapses when a nexus between the images and the patient is realized. This generally occurs when the radiologist can relate to the patient in some manner. The patient may be a child, similar in age to the radiologist’s or an elderly patient the same age as the radiologist’s parents. The connection may be a disease that is intimately familiar in some way. Regardless, the case loses its “good case” luster.

Some examples:

A 15-year-old male involved in a motor vehicle incident has an MRI of the cervical spine. The scan reveals a focal disc herniation at C5-6. Ordinarily, there would be some satisfaction in a positive finding if it correlates with the clinical presentation and history. But, in this case, the radiologist begins to think about the possible consequences of a 15-year-old patient diagnosed with a herniation. What if he loses his football scholarship? Will the patient feel vulnerable the rest of his life or possibly become clinically depressed? The positive finding creates that link between the image and the patient that the radiologist strains to avoid. The radiologist then realizes that it is the referring physician that has to deal with the effects that the disc herniation will have on the patient.

Progressive low back pain in a 68-year-old woman leads to an MRI. There is no history of trauma or prior disease. The radiologist finds foci of abnormal marrow signal in several vertebral bodies and the visualized portions other the pelvis. The changes are consistent with metastatic disease. Adding to the ominous situation, it is two days before Christmas. Once again, the radiologist is empathetic, but finds solace in the fact that their job is done. The referrer has to do the dirty work.

Nowadays, radiologists are under increasing pressure to have more patient interaction. In recent studies, patients reported that they would prefer speaking directly to the radiologist regarding their findings and some radiologists agree that this may have advantages. In some cases, where a serious pathology is discovered, such as malignancy or infection, there may be a legal duty for the radiologist to contact the patient when the referring doctor cannot be reached. The mere thought of having to leave their comfort zone creates angst in some radiologists. For others, it is an opportunity to feel like a member of the healthcare team and affords the chance to do some dirty work.

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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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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

May

31st-General Meeting

Location: St. Petersburg Marriott - 2nd Floor

Speaker: Dr. Susanti Chowdhury

Topic: The Latest Update on Spine
Surgery & Regenerative Medicine

June

28th- Social

Location: Jimmy's Fish House & Iguana Bar
521 S Gulfview Blvd, Clearwater Beach, FL 33767

May Board meeting 10th 12:30pm
Zoom

June Board meeting 14th 12:30pm
Zoom

July Board meeting 12th 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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Megan Burgess, D.C.	D.A.C.B.R.
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Clay Hopkins D.C.	
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SILVER

Test YOUR nutrition know-ALL

1-Which of the following foods contains healthy fats that are cardioprotective and can modulate pain & inflammation?

- a. Margarine
- b. Salmon & Sardines
- c. Peanuts & Trail Mix

2-Which of the following foods includes a hepatoprotective antioxidant sulfur and helps the liver safely eliminate toxins?

- a. Broccoli
- b. White Rice
- c. Cereal

3-Which of the following items contains a protective antioxidant and a special ring that supports a healthy gut?

- a. Distilled White Vinegar
- b. Granola Bars
- c. Red Wine

4-Which of the following foods function as a non-digestible fiber and supports daily bowel habits and healthy gut?

- a. Beans & Peas
- b. Cooked, Cooled Rice & Potato
- c. Both A and B

5-Which of the following "leafy green" is high in B9 and vasodilating nitrate and has a rich nutty flavor?

- a. Swiss Chard
- b. Arugula
- c. Kale

6-Which of the following foods should be included during a dietary strategy to lose weight through physiological ketosis?

- a. Bread
- b. Pineapple
- c. Butter

Name the Leafy Greens!



5



6



7

Answers & Details on pg-8

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3-Red Wine (Resveratrol)

One glass a day provides polyphenolic rings which are metabolized by the gut commensal bacteria for a healthy gut microbiome and is also protective antioxidant

4-Beans, Peas, Cooked Cooled Rice & Potatoes

These are excellent fiber choices that remain undigested in the intestine and help flourish the healthy gut bugs while also supporting optimally formed stool

5-Arugula

This nutty flavored leafy green salad alternative has natural folate (B9) also rich in nitrate recently shown to support blood vessel relaxation, improves blood pressure

6-Butter (rich in colon-supporting butyrate too!)

Ketogenic weight loss strategy is low carb, avoids high glycemic foods such as pineapple and starchy flour breads

7-Arugula 8-Kale 9-Swiss Chard

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FREE TO A 2021 PCCS MEMBER: Winco tables. They have imperfections on their tops. 2 - 14 X 17 rare earth green cassettes/screens and 3 - 10 X 12 of the same. Please contact Dr. Russell Janssen at 727-726-8822 or email at backdr1@verizon.net

OFFICE COVERAGE- 1982 grad from Texas Chiropractic College. Proficient in Diversified, activator, Arthrostim and Chirotouch. Prefer the Largo, Seminole, St Pete and Clearwater areas. 727-212-1902. Dr. Doug Kole

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Looking for a chiropractor to cover my practice located in Tampa. Please email me directly at yourtampachiro@gmail.com and ask for Dr. Jenny

Seeking to purchase a practice in mid-Pinellas county targeting Dunedin, Safety Harbor, Tarpon Springs area or surroundings. Please contact Ken D'Souza at kdsouzadc@gmail.com

The PCCS Board of Directors wants to express our appreciation and thanks for all the support that these sponsors have extended to the Chiropractic Profession.

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ABOUT THE PCCS

The goal of the PCCS is to preserve, promote, protect, and advance the Chiropractic Physician profession.

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)
- FREE unique URL member page to advertise and market yourself and your practice (click your name in the directory)

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- HEALTH CARE CLINIC COMPLIANCE
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- IME
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- CIVIL LITIGATION
- INSURANCE LAW
- PIP BILLING COMPLIANCE
- FEE SCHEDULES
- SINKHOLE



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PCCS 2022 Membership Application & Invoice
 January 1, 2022 thru December 31, 2022
Payments due for 2022 due by January 31st for our calendar year renewal

The following will be displayed in the website member directory

Name: _____

Credentials and Post-doctorate certifications:

Circle all that apply: DC MS DABCI DACBN DACNB DACBSP DACBR DICCP

Select One: New Member / Renewal / New Member 1st Year DC

Renewals Only: complete below IF YOUR CONTACT INFO has changed

Office or Company Name: _____

Office or Company Address: _____

Multiple office locations: _____

Email: _____

Office Phone: _____ Office Fax: _____

Cell phone (for PCCS communications): _____ On directory? Y / N

*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

ONLINE APPLICATION & RENEWAL CONTACT INFO UPDATES; online replaces this form

New Members online application www.pccschiro.org/join-now
 Renewal online payment www.pccschiro.org/pay-now

Join by Mail: Enclose Completed Application & Invoice, & Check Payable to:
 PCCS
 P.O. Box 7515
 Seminole, FL 33775-7515

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.

*Contributions to the PCCS-PAC are not deductible as charitable contributions for federal income tax purposes.



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