

The Audible Release

By Jen Gantzer, DC, MS, DACBN, FACN



I hope everyone faired well and stayed safe during the storm!



Thank you to all golf tournament teams, sponsors, and raffle donors



We had another outstanding annual fundraiser golf tournament; check out page-2 for the official results as well a list of sponsors and, raffle donors.



“See you next year for the 28th Annual Tournament. Until then, hope you hit ‘em long and straight!”
Dr. Hughes - Golf Director

VISIT US ONLINE AT PCCSCHIRO.ORG

Our annual PCCS-HCCS joint meeting is being hosted in Tampa at Biospine Tue Oct 25th.
Annual Golf Tournament & Fundraiser pictures & results on pages 2, 3, 7, 14
No general meeting in November & Holiday Party on Friday December 2nd

27th Annual Golf Tournament – by Tom Hughes, DC

The 27th Annual PCCS Golf Tournament was held on October 13th. Once again played at Bardmoor Golf & Tennis Club in Largo, the weather was a little moist but both players and sponsors had a great day. 76 golfers competed for the coveted PCCS Championship as well as other fun and exciting contests. We had some interesting things happen like having a 1st place tie and going to the score card on 13th to decide the winner and 4 players sinking the putt in the putting contest!

The official results are below:

1ST PLACE (53)

Joel Berrman
Colbie Staubs
Jessie James
Jeremy Waldrip

2ND PLACE

Ryan Hohl
George Hunter
Brian Koesling
Dave Clark

HONESTY AWARD (66) That's not bad!

Clay Hopkins
Dave Sandefur
Thomas Nienke
Harish Patel

CLOSEST TO THE PIN

Men – Frank DiCosola, P.A., won by Adam Jaksic

Women – Florida Chiropractic Association, won by Nikki Dejsubha

CLOSEST TO THE PIN ANYONE – Sponsored by INDIBA, won by Joel Berman

CLOSEST TO THE SPINE – Florida Law Doc, won by Joel Berman

LONGEST DRIVE

Men – Sponsored by Neurology & Physical Therapy Centers of Tampa Bay, won by Scott Elliott

Women – Sponsored by Erchonnia, won by Nikki Dejsubha

STRAIGHTEST DRIVE – Sponsored by Demesmin & Dover, won by Ross Batiste

PUTTING CONTEST – Sponsored by Coastal Medical Imaging,

4 made it! – John Daly, Woody Brown, Michael Aitken, & Sid Panchancia.

3 of 4 were present to decide on a putt off or split the pot; they decided to split the pot for \$80 each!

DRIVING RANGE – SimonMed

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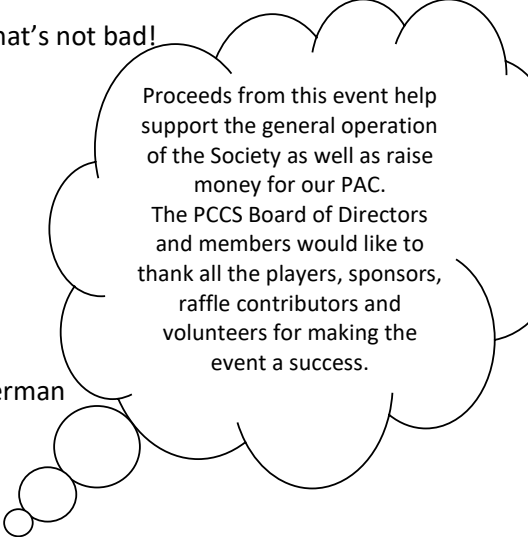
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PHOTOGRAPHY – Thomas Boland, MD, DMD



Proceeds from this event help support the general operation of the Society as well as raise money for our PAC.

The PCCS Board of Directors and members would like to thank all the players, sponsors, raffle contributors and volunteers for making the event a success.

AUCTION ITEMS

Flats Monster Inshore Charters – Tyler Wallerstein
Bascom's Chop House

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Woody Brown, D.C.

REGISTRATION REFRESHMENTS – Demesmin & Dover



THE RADIOLOGIST'S VIEW



THE URGENT FINDING

While sitting in your office, completing patient files, your concentration is abruptly ended by the distinct sound of your phone tone. It's the receptionist telling you that the radiologist from the MRI center needs to speak with you concerning the lumbar spine scan

on Mrs. Jones. Immediately your mind is overloaded with thoughts of impending doom. "Did I miss a fracture? A malignancy? Is my insurance up to date? Who's going to take care of my family while I'm incarcerated?" You pick up the phone and sheepishly say "H_e_l_l_o". "Yes, hello. Hope all is well. I would like to invite you and your staff to a charity event next week at the local golf club. Oh, and by the way, Mrs. Jones' MRI looks good." "Phew"...

This case may have ended well, but it is very likely that at some point in your career you will receive a call alerting you to a critical, urgent or unexpected finding on your patient. A critical finding requires immediate action; an urgent finding requires attention within 24 hours. The significant unexpected finding may or may not be critical or urgent, but is not expected by the referrer. As an example, a lesion that is suspicious for malignancy may be urgent but not critical. The same is true for some fractures. Evidence of hemorrhage or suspected aggressive infection would be considered critical. Critical findings are generally seen in inpatient facilities.

This is a risk management issue that needs to be addressed in a proactive manner. Therefore, it is important to have a policy or plan in place that deals with this situation. This is true for both the radiologist and the referring physician. For those who perform their own imaging and film interpretation (performing the function of a radiologist), the burden is amplified when there is uncertainty of the significance of a finding. In other words, is there confidence that the finding is truly urgent or is it just a normal structure, a variant, artifact or other benign entity? An example may be a suspected fracture of the odontoid versus a Mach line. A consultation with a radiologist would be an appropriate initial step.

The primary responsibility of the reading radiologist is to interpret the diagnostic image, create a clear and concise written report with a rational, reasonable conclusion and deliver the report to the referring physician in a timely manner. If the radiologist discovers a critical, urgent or unexpected finding, additional steps become necessary. Although a FAX or e-mail may be considered immediate modes of communication, the radiologist may have the added responsibility of phoning the referring physician, often before a written report is generated. If the physician cannot be reached directly, the information should be transmitted to the proper office person or other person responsible for the patient's care. In some cases the radiologist may find it necessary to contact the patient directly. The radiologist should continue efforts to contact the referrer. In addition, the actions taken by the radiologist should be indicated in the written report. For the non-radiologist challenged by the urgent finding, a similar algorithm should be followed with attempts made to contact the patient. It is important that the referrer carefully document the communications with the radiologist, the subsequent results of the exam and the outcome of any and all attempts to make patient contact.

There are immediate actions that should be put in place so that the urgent finding is dealt with in a timely and responsible manner. In the cases that are sent to a facility out of your office, it is extremely important that the radiologist has all available contact information regarding the referring physician, including all phone numbers, FAX numbers and e-mail addresses. Similar contact information is required for a physician covering your office during your absence. In addition to clinical information regarding the patient, a phone number should be provided in the unlikely case that the radiologist needs to call the patient directly (If the referrer cannot be reached). If you perform imaging on your own, it is important that you have access to a radiologist for consultation prior to referring a patient to another physician. If you cannot reach a radiologist and, in your opinion, the finding is critical or urgent, do not hesitate to refer the patient for immediate care.

So, the next time the radiologist gives you a call, relax. It is more likely a call for additional information or an invite to play some golf.

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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

October

25th- Joint General Meeting

Location: Biospine

4211 W boy Scout Blvd #400, Tampa, FL 33607

Time: 6:30 - 7:00pm Social Time

Meeting & Dinner start: 7:00pm

November

No General Meeting

Happy Thanksgiving

December

Holiday Party Casino Night
(will provide the address/name place)

October Annual board & Budget Meeting -22nd
at the Holiday Inn Harbourside 9am

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

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HERO TO A CHILD is hosting their Superhero 5K on Saturday Oct 8th and is looking for sponsors and participants. This fundraiser supports families and children of domestic violence. To register for the race or review sponsor opportunities visit www.herotoachild.org/the-superhero-5k.com or contact Dr. Sarah Kelly (skelly@nuhs.edu).

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

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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.

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- FREE Classified ads & listings in our "Audible Release" newsletter (also digital archive on the website)
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