



The Audible Release

By Addison Ozakvol, D.C. ATC. CSCS



Hello to all PCCS members, sponsors, and chiropractic friends! My name is Addison Ozakvol and I am excited to be your new PCCS President.

I earned a bachelor's degree in Athletic Training from the University of New Mexico in Albuquerque, NM and graduated from the local chiropractic university NUHS-FL where I served on the PCCS board as a student ambassador during my final 2 semesters as an intern. I am currently practicing in Clearwater where I focus heavily on sports chiropractic and rehab but also integrate acupuncture and other therapies.

I have received multiple recognitions from my alma mater as well as other organizations including the ACA Sports Council (ACASC) with the most recent being the ACASC Next Gen Award – given to young docs who are making an impact in their community as well as sports chiropractic. In addition to serving the PCCS board of directors and being nominated as the current PCCS President, I am also Secretary of the FCA Sports Council and hold multiple committee positions with the ACASC.

My goal as the PCCS president is to build on the work done before me as we continue efforts to grow our local society and further support of FL's chiropractic scope of practice with fundraising and lobbying events, which are achieved by the help and involvement of our members and sponsors.

I am eager to meet everyone at the upcoming PCCS Holiday Party on Friday, December 2nd with a casino theme.



VISIT US ONLINE AT PCCSCHIRO.ORG

Group picture from PCCS-HCCS joint meeting on page 7; thank you Jack Hebert & Dr. Schilaty
Please be on the watchout for 2023 renewal information; mail & email with online pay options to renew
Check out page-7 for opportunities to participate in local sport events with athletes
No general meeting in November & Holiday Party on Friday December 2nd; Casino Theme!!

Patient's perspective on conservative care vs prescription - by Anthony Staganelli

I ran across this interesting article, in my opinion, named “*Spinal manipulation vs prescription drug therapy for chronic low back pain: beliefs, satisfaction with care, and quality of life among older Medicare beneficiaries*” because it considered patient beliefs.

The objective of the study was to compare the patient's perspectives on the use of spinal manipulative therapy (SMT) compared to prescription drug therapy (PDT) and to gain insight on health-related quality of life (HRQoL), patient beliefs, and patient satisfaction with treatment. The article was published in JMPT on March 26, 2022. Methods used by the authors included four cohorts assembled of Medicare beneficiaries with previous treatment according to Medicare claims data. This included a SMT group a PDT group and two crossover groups where the participants experience both types of treatments spinal manipulation therapy and prescription drug therapy. A total of 195 Medicare beneficiaries responded to the survey.

The authors used outcome measures of a 0 to 10 numeric rating scale to measure satisfaction, secondly was The Low Back Pain Treatment Beliefs questionnaire to measure patient beliefs, and third the 12-item Short Form Health Survey to measure health-related quality of life (HRQoL). The study at the time was the first to examine patient - reported overall satisfaction with SMT and PDT, HRQoL, and treatment beliefs among Medicare beneficiaries with cLBP.

The authors hypothesize that older Medicare beneficiaries with chronic low back pain receiving long-term SMT would have higher self reported rates of satisfaction with care received than recipients of long-term PDT. Their results confirm their hypothesis, no surprise. There were significant higher scores according to the authors for the SMT cohort on both the mental and physical components of the 12 – item short form. Furthermore, they indicated that that this study's data on health-related quality of life are consistent with prior studies that also reported improvement in subjective outcomes after spinal manipulative therapy for low back pain.

An attribute the positive effects of chiropractic care is demonstrated by the article's “Results” which states, “Recipients of SMT were more likely to be very satisfied with their care (84%) than recipients of PDT.”

Conclusion

“Among older Medicare beneficiaries with chronic low back pain, long-term recipients of SMT had higher self-reported rates of HRQoL and greater satisfaction with SMT than did long-term recipients of PDT. Participants who had longer-term management of care were more likely to have positive attitudes and beliefs toward the mode of care they received.” ~Kizhakkeveettil A, Bezdjian S, Hurwitz EL, et al.

Kizhakkeveettil A, Bezdjian S, Hurwitz EL, et al. Spinal Manipulation vs Prescription Drug Therapy for Chronic Low Back Pain: Beliefs, Satisfaction With Care, and Quality of Life Among Older Medicare Beneficiaries. J Manipulative Physiol Ther. 2021;44(8):663-673. doi:10.1016/j.jmpt.2021.12.007



Thank you Biospine for hosting our annual PCCS-HCCS joint meeting. Congratulations to our newly announced PCCS & HCCS presidents!



Thank you FCA lobbyist Jack Hebert and Dr. Schilaty for speaking. Additional information on supporting chiropractic research efforts through the joined force of USF and FCA's endowed research chair Dr. Nathan Schilaty will be coming soon! Let's help support and advance DC research!!

THE RADIOLOGIST'S VIEW



UH OH?

Reviewing the scientific literature is an essential part of a physician's work. It helps keep one current and stimulates critical thinking. It is generally more satisfying to read articles that draw conclusions you can agree with as opposed to those that suggest you may be doing things wrong or are contrary to your beliefs. I came across a study that made me question the value of an MRI exam under certain conditions. Although the study is a few years old, it still applies. The article, entitled "Variability in diagnostic error rates of 10 MRI centers performing lumbar spine MRI examinations on the same patient within a 3-week period" (That is the title, not a summary.) It is an open source article and appeared in *The Spine Journal* 17 (2017) 554-561.

The authors explain that, if an MRI is expected to yield similar quality regardless of location or price, then a patient should expect similar results regardless of where they were scanned, or which radiologist interpreted the scan. They hypothesized that radiologists' reports from different imaging centers performing an MRI scan on the same patient, over a 3 week period would have different findings and a range of interpretive errors. A prospective observational study design was utilized and the subject (or sample) was a 63-year-old female with low back pain. She had 10 MRI scans at different centers over a 3-week period.

Some of the results were as follows:

1. There were 49 distinct findings from 10 reports.
2. None of the 49 reported findings were unanimously reported in all 10 study examinations, and only one of the findings, the anterior spondylolisthesis present at L5-S1, was reported in 9 out of 10 examinations.
3. Of the interpretive findings, 32.7% only appeared once across all 10 reports.
4. The overall level of agreement was measured using Fleiss kappa statistic, across the 10 examinations and all reported interpretive findings was 0.20 + or - 0.03. (This statistic is a standard measure of inter-rater agreement that accounts for the likelihood of agreements due to random chance. 1.0 is the maximum, 0.75 is good and below 0.4 is considered poor agreement.)
5. The average false negative count was approximately 10.9 and the average false positive count was approximately 1.6. This translates to an average true positive rate (sensitivity) of 56.4% and false negative rate (miss rate) of 43.6%.

The authors addressed the strength, limitations and weaknesses of the study. They acknowledged that the variability of the interpretation and interpretive errors may be related to the degree of specialization of the radiologist interpreting the MRI exam, the type of equipment and imaging sequences used, and the nomenclature employed to describe and communicate abnormalities. The authors state, "The fact that no interpretive finding was reported unanimously by the radiologist at all centers and the one-third of all reported findings only appeared once across all 10 study examination reports indicates that there is at best significant difference in the standards employed by radiologists when deciding what to include in diagnostic reports, and at worst significant prevalence of interpretive errors." The authors concluded that where a patient has an MRI and which radiologist performs the interpretation can have an impact on the diagnosis, choice of treatment and clinical outcome.

The average patient assumes that their doctor is going to get the information that they need by having an MRI examination. This study suggests that it may not be that simple due to the interpretive variability. An MRI can be a valuable diagnostic tool, but it must be used appropriately. The referring physician needs to expect variation in interpretation and understand that the variation does not necessarily translate into error. The ordering physician can help minimize this variation in several ways. First, be sure that the radiologist understands your needs and that you communicate those needs. Secondly, always provide the radiologist with all pertinent clinical and historical information and most important, be sure to ask the appropriate clinical question. By providing sufficient information, the radiologist can address the referring physician's concerns in the report. Equally important, the radiologist must use acceptable and standardized terminology in the report.

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

Editors:
Dr. Jen Gantzer
Dr. Autumn Burns

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

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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

November

No General Meeting
Happy Thanksgiving

December

Holiday Party Casino Night
December 2nd
Holiday Inn Harbourside
401 2nd St
Indian Rocks Beach, FL 33785

Time: 7:00pm - 10:30pm

Details in your evite and mailed invitation

RSVP by evite or email

Jen Comey at ed@pccschiro.org

December Board meeting 13th 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
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And are additionally recognized on the member directory with a "PAC Star"

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D.A.B.F.P.	
Tom Hughes, D.C.	Welcome 2022
Russell Janssen, D.C.	New Members
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PCCS President Dr. Ozakyol in conjunction with the FCA Sports Council and FCA,
would like to extend an invitation to join the FCASC (FCA Sports Council).

There is currently 10+ events scheduled between November 2022 – May 2023 for opportunities
to provide first aid to local athletes and make an impact with your community.

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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.

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)
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January 1 through December 31

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*Paper & Online renewal form only needs to be completed if contact info has changed.



General Monthly free Educational Dinner Meetings are the "last Tuesday of the month" at the Marriott from 6:30-8:30 pm.
Marriott Crafted Plate, 12600 Roosevelt Blvd N, St. Petersburg
Know someone interested in joining as a DC/Sponsor/Advertiser; www.pccschiro.org click "Join Now or Get Involved"

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