



The Audible Release

We Appreciate You....

By Addison Ozakyol, D.C. ATC. CSCS



Hello everyone,

I would like to thank everyone who has completed their membership renewal process, we greatly appreciate your continued support and contributions to the PAC. We

recently sent members of our organization to Tallahassee as well as Washington DC to continue our efforts in promoting growth of our profession and we could not have done it without our members. We had great success in meeting with local representatives and are excited and optimistic for the future of chiropractic here in Florida and across the US. As always, we are grateful for any help and support, so keep an eye out for our various fun events throughout the year to get involved and grow our organization even further!

Just as a reminder, coming up on THURSDAY, March 30 we will be hosting our annual meeting at the NUHS-FI clinic in Pinellas Park. Please join us as we highlight case studies from our local students and future Doctors of Chiropractic. We look forward to seeing all our members there.

Finally, I would like to remind our members of the recent revival of the FCA Sports Council. As a local society under the FCA, we at the PCCS would like to give a reminder notice of the FCASC's efforts to provide opportunities to gain experience in sports chiropractic settings. These opportunities are a great option to boost patient referrals for different populations as well as an avenue to

give back to our local communities. Further, if you have events that you need help with coverage as medical staff we would love to help provide assistance if possible. Currently, the FCASC has multiple sporting events scheduled in the Tampa Bay area and many more in the works across Florida. We are also planning a series of CEU events to promote various skills that may be applicable in anyone's office regardless of sports population in practice. If you are interested in dabbling in sports chiropractic or finding further opportunities to get out in our community, please reach out to the PCCS or to the FCASC (sportsCouncilfca@gmail.com) directly and we would be happy to provide more information about events and other happenings in your area!



Renewal Payment Link

\$175
without PAC

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Please input the amount
on the payment page.

VISIT US ONLINE AT PCCSCHIRO.ORG

Join us Thursday March 30th for a special meet 'n greet at the local chiropractic university clinic.

2023 renewals are ready with payment by check, online, or QR payment code on page 14; please consider PAC CPR biannual re-certifications are due; Join Us for CPR class and recert FREE for members on June 27th

Hearing Loss after Airbag Deployment

By Fouad Raad DC

A radiology professor once lectured that “if you are performing x-rays in your office and haven’t diagnosed tumors, you are likely missing them on your patients.” A similar argument can be made for our patients that have been involved in auto injuries. If we remain fixated on the typical, albeit more ubiquitous spinal injuries, we could be missing other less common but serious and permanent injuries that can be detrimental to the patient’s life.

Since airbags have been required to be installed in all passenger vehicles, they have been greatly successful in reducing the number of fatal car accidents. The tradeoff for this safety feature is the risk of other injuries ranging from mild abrasions and lacerations to more serious facial fractures, retinal detachment and chest trauma, which have been described and documented in the literature. One of the more common and less reported injuries is the development of hearing loss after a motor vehicle collision with airbag deployment. Studies show that 17% of cases involving single airbag deployment result in hearing loss. Several reasons have been suggested for this lack of reporting: (1) Patients may not immediately recognize the hearing loss which may be masked by ringing in the ear (tinnitus) or other inner ear symptoms; (2) Patients may recognize it but don’t think of it as a serious injury, especially when significant spinal injuries are present, OR (3) Patient recognizes the hearing loss but does not attribute it to the motor vehicle collision.

The research on this topic has consistently shown that single airbag deployment results in impulse noise characterized by a peak pressure wave of 150-170 decibels (dB) that lasts for under 100ms. For reference, a normal conversation occurs around 40-60 dB with anything over 85 dB widely considered harmful at prolonged exposure (see figure below). Keep in mind, the decibel scale is a not a linear scale but a logarithmic one using 10 as the base. This means that 20 dB is 10x louder than 10 dB (not double); and 30 dB is 100x louder than 10 dB. This puts in perspective the magnitude of stress being put on the ear with airbag deployment.



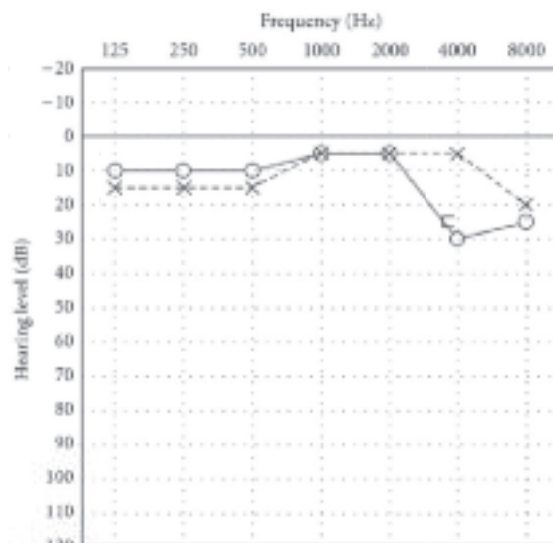
It is important to note that the brief nature of the blast plays an important role in the likelihood of injury. A sudden impulse noise is more likely to bypass an involuntary reflex of the stapedius muscle which contracts in response to sustained loud noise to stabilize middle ear structures and protect against injury. Other variables including previous otologic conditions, deployment of multiple airbags or having the ear directly oriented toward the airbag when it is deployed were also shown to be statistically significant indicators for the degree of injury. Head orientation has been also associated with perforation or rupture of the tympanic membrane (eardrum) as an ear facing a blast will experience a pressure that is nearly double that of an ear not facing the blast. Our suspicion for serious acoustic injury should therefore be even higher in the cases of lateral (side) bag deployment in newer vehicles.

To understand this better let's take a closer look into the anatomy. The ear is generally divided into 3 categories the outer, middle, and inner ears. The outer ear extends to the eardrum where the middle ear begins. Sound vibrations are transmitted from here via 3 small bones (malleus, incus and stapes) which end at the inner ear. The inner ear is where the interpretation of information occurs. The semicircular canals relay information on head orientation and movement. The cochlea is where sound waves travel and are converted to nerve impulses that are interpreted by the brain.



Hearing loss can be categorized into 3 types: Conductive, sensorineural, or mixed. Conductive hearing loss occurs when there is a problem with transferring sound waves in the outer or middle ears (similar to wax impaction in the outer canal). Sensorineural hearing loss happens when the pathology is in the inner ear (cochlea) or the acoustic nerve relaying the information to the brain. Sensorineural hearing loss is the most common type seen after MVCs with airbag deployment, indicating insult to the sensitive structures in the inner ear.

The human hearing spectrum is limited to frequencies (pitch) between 20 Hz and 20,000 Hz. It is interesting to note that the vast majority of reported hearing deficits after airbag deployment have been noted in the mid to high frequency range (4000 Hz to 8000 Hz) which may contribute to less recognition and reporting by the patient. The extent of hearing loss can be measured objectively and quantified using pure tone audiometry. This is done by introducing sound stimulus at different tones being tested and recording the threshold intensity (loudness) at which the patient can hear the stimulus. The figure on the right demonstrates hearing loss at 4000 Hz in the right ear (circles) in a 38-year-old male after an auto injury.



Referral to an audiologist may be necessary if hearing loss is suspected. Treatment options range from medication to surgical intervention, depending on type, onset, and severity of hearing loss.

- McFeely WJ, Bojrab DI, Davis KG, Hegyi DF. Otologic injuries caused by airbag deployment. *Otolaryngology*. 1999;121(4):367-373
 - Ohki M, Ishikawa J, Tahara A. Sensorineural Hearing Loss due to Air Bag Deployment. *Case Rep Otolaryngol*. 2012; 2012:203714. doi: 10.1155/2012/203714. Epub 2012 Jun 12. PMID: 22953102; PMCID: PMC3420767.
 - Yaremchuk, K. and Dobie, R.A., "The Otologic Effects of Airbag Deployment", *Journal of Occupational Hearing Loss*, Vol. 2, Nos. 2 and 3, pp 67-73, 2000

THE RADIOLOGIST'S VIEW



WHAT WOULD YOU DO?

A professional liability insurance company released a malpractice case study for educational review.¹

A highly motivated female junior high school basketball player develops low back pain during pre-season practice which included conditioning exercises, running and free weights. Although there is no clear cause of the pain, it worsened over time to the point that her parents sought professional care by the start of the season, about two months later. No other information is made available about her medical history.

Her parents brought her to a chiropractor who advertises himself to be a sports medicine specialist. Since there is no specific trauma and she is young, he decides not to perform an x-ray examination. After several manipulations and other therapy, she is somewhat improved, but the low back pain persists. She is allowed to continue playing basketball.

One month later, the young athlete developed increasing back pain that now extended into her anterior thighs, bilaterally. This began after a game in which she saw considerable playing time. The next day her parents brought her back to the chiropractor and asked that their daughter be x-rayed. Using the same rationalization as her earlier visit, he did not think that it would be necessary. He proceeded to perform manipulation on her low back at which time she experienced a sudden sharp pain. Her parents, concerned about this reaction, immediately take their daughter to the emergency room. X-rays reveal that she has bilateral defects in the pars interarticulari at L4. She is later treated by a pediatric orthopedist with a hard body cast for six weeks and another six weeks with a soft cast. The young girl made a full recovery.

Without reading any further and based only on the information provided, think about what you would have done with this patient from her initial presentation, I'll wait...

A lawsuit was filed against the chiropractor alleging that he was negligent by failing to perform x-rays prior to treatment and failed to diagnose the pars defects. Further, it was alleged that the manipulation either caused the defects or aggravated a preexisting bony pathology. The case went to trial which lasted four days. A defense witness testified that although x-rays would have likely discovered pars defects and may have resulted in a patient referral, not performing an x-ray examination was reasonable and within the standards of care since there was no specific trauma to account for the patient's symptoms. The jury found in favor of the chiropractor on all counts. The rationale for the verdict included the jury's belief that the clinical notes were credible, the chiropractor demonstrated professionalism and the defense witnesses were persuasive.

Without more detail, it may be difficult to conclude that your

approach in this case would be any different. The results of the physical exam are not provided and the diagnosis that the doctor used to determine a care plan, is not available. Furthermore, the standards of care can vary geographically. Therefore, I cannot opine on this case. But I can provide a radiologist's view.

One of the clinical pearls I have observed over the years is that the history and clinical findings often do not match and there is an affinity for making a diagnosis through professional prejudice. For example, I was involved in a case in which a 22-year-old female with shoulder pain was diagnosed with a rotator cuff tear by an orthopedist even though there was no history or clinical findings to support that diagnosis. Her actual diagnosis was Hodgkin's lymphoma causing radiating pain to the shoulder. As another example, young, otherwise healthy military recruits were experiencing foot pain after long periods of marching. Although there was no clear history of trauma, fractures were found to be present in the metatarsal bones, hence the term march fractures. These are a type of stress fracture due to mechanical fatigue or failure in otherwise normal bone.

In the malpractice case described above, the history suggested excessive activity and load on the spine in both the preseason and after considerable playing time one month after her first treatment. Defects in the pars interarticulari do not usually occur as a result of a single trauma but rather from fatigue or overuse. This can be the result of sports-specific maneuvers with repetitive twisting rotation and extension such as gymnastics, weight training or track and field.

In a case involving a young and otherwise healthy person, the history must be carefully evaluated and correlated with a clear understanding of the mechanism of injury to consider a possible diagnosis of stress fracture in the symptomatic region. This especially applies to fractures in the pars region of the lumbar spine. Furthermore, one must understand that the information obtained by the history and examination should outweigh the x-ray findings. That is, x-rays could be normal, but bone stress injury may still be present. When a case has a strong suspicion for stress injury, but x-rays are normal, MRI becomes the imaging modality of choice to document bone marrow edema which may suggest the potential for fracture.

What would you do in the case described above? That depends on your ability to correlate history and clinical findings, understanding mechanism of injury, bone stress injury and proper use of diagnostic imaging.

Reference

Davis, CJ. Young hoopster gets benched by back pain. NCMIC, Case Studies. Dec 27, 2022.

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and unlimited downloads available online.

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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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Calendar of Events

Monthly Dinner Meetings

Join us In-Person

Last Tuesday of the Month

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

30th-General Meeting

Location: See Address

Speaker: **Special Thursday Event at**

Chiropractic Clinic 6630 70th Ave. N.

Pinellas Park, FL 33781

Topic: Meet & Mingle

April

28th-General Meeting

Location: St. Petersburg Marriott - 2nd Floor

Speaker: AKUMIN

Topic: TBA

May

4th - PAC shoot Annual Fund Raiser Event

17202 Target Way, Odessa, FL 33556

28th-General Meeting

Location: St. Petersburg Marriott - 2nd Floor

Speaker: TBA

Topic: TBA

March Board meeting 14th 12:30pm

Zoom

April Board meeting 11th 12:30pm

Zoom

PCCS PAID MEMBERS 2023

“Thank you to the chiropractors below that are supporting the PCCS and PAC in 2023”
See page 14 for the 2023 Membership Application

Names listed in BOLD have donated to the PAC
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Tampa Bay Imaging	10
Thomas Boland, MD, DMD	10

Seeking Member Suggestions

We are beginning to consider locations for our July social.
Please share your location suggestions! Check as many as you like!



Scan the QR code to access the suggestions survey!
Places we've been before? New rooftop to explore?
Other suggested mid-county locations?

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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.

Update from the FCA Director – by Cris Langheier, DC

As you may already know Chiro Day '23 was held Tuesday, January 17, 2023 in Tallahassee Florida at the state capital, many DC's from around the state attended to meet with our elected officials. Our FCA president Dr. Joe Miller was present along with our Pinellas County delegation to include past FCA, PCCS President Dr Mark Wieland along with a national university of health science student Raquel Higginbotham Dr. Anthony Stanganelli and myself some of the issue briefs which are available at FCA were concerns with opioid abuse and alternative treatments to include chiropractic additionally in acting a physician lien law to provide physicians payment for letters of protection, to also preserve Florida's no-fault auto insurance system which unfortunately is already up for repeal as of this writing in both the house and senate and to reiterate that FCA is Florida's preeminent trusted voice for chiropractic since 1931 with over 4300 member strong. If you should have any questions or concerns, please feel free to contact me.

In addition to Chiro day in Tallahassee several doctors from Pinellas County and students from National University of Health Sciences went to Washington DC during the ACA's "Engage" which was held from January 25 through the 28th, somewhat back to back from our FCA Chiro day in Tallahassee. In Washington, myself along with Dr. Steve Perman, Dr. Mike Roberts, Dr. Anthony Stanganelli, and NUHS faculty member and Florida ACA Delegate Dr. Carlo Guadagno were brought before Florida members of Congress to highlight the "ACA's Issue Briefs" which primarily focused on Medicare access to chiropractic services and chiropractic reimbursements.

If any of our members would like additional information regarding the Washington ACA legislative event you can contact the ACA directly at 703-812-0228 attention John Falardeau.

By and large we were received in a positive manner in Washington and in Tallahassee, it is important that we continue to represent ourselves in our profession. I encourage any and all of you to become "engaged" in the next legislative event, it is quite an eye-opening experience as to how the legislative process works.



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)

PERSONAL INJURY PROTECTION (PIP) ATTORNEYS

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Philip Friedman and the FL Legal Group team have represented many individuals and medical providers helping them protect their rights against the insurance companies.

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- HEALTH CARE CLINIC COMPLIANCE
- PERSONAL INJURY (NO-FAULT)
- PIP
- IME
- EUO
- PERSONAL INJURY (BI)
- CIVIL LITIGATION
- INSURANCE LAW
- PIP BILLING COMPLIANCE
- FEE SCHEDULES
- SINKHOLE



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MAIN OFFICE - TAMPA

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PCCS 2023 Membership Application & Invoice
January 1 through December 31

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 & Renewals: PAC contribution; website 'PAC star' & newsletter 'bold'

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

1st Year DC: Graduated in 2022

- 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 & RENEWALS* AVAILABLE

<https://pccschiro.org/join-now/>
<https://pccschiro.org/paynow/>

Or you may still Join or Renew* by Mail:

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

*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"

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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