

The Audible Release

Hello To Our Members

By Addison Ozakyol, D.C. ATC. CSCS



Thank you to those of you who were able to attend our last meeting. We greatly enjoyed Dr. Martensen's presentation on interesting radiological cases and the review of some of these conditions. Huge thank you to Dr. Martensen for speaking with us!

THURSDAY, March 28. This meeting will feature presentations of cases by our interns and some other updates from our sponsors. We always look forward to hosting at the NUHS clinic and meeting with some of the future leaders of our profession. We hope to see you there.

As a reminder, our membership renewals are going out for the start of the 2024 year. Please be sure to donate to PAC and support the advancement and protection of our scope of practice and profession. We appreciate your continued support!

Next month we will be having our annual meeting at the NUHS PPC clinic. This clinic is located at 66th St. and 78th Ave. in Pinellas park. More details will be coming soon, but most important item is the meeting will be on



VISIT US ONLINE AT PCCSCHIRO.ORG

Join us Thursday March 28th for a special meet 'n greet at the local chiropractic university clinic.

Mark Your Calendar to attend the 'Shoot For PAC' trapshooting tournament April 25, 2024

2024 renewals are ready with payment by check, online, or QR payment code on page 13; please consider PAC



Tenth Annual Pinellas County Chiropractic Society

SHOOT FOR THE PAC

TRAPSHOOTING TOURNAMENT

Thursday
APRIL 25
2024

Check out this years NEW location
Skyway Trap Club
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This is a trapshooting event that will be held at the Skyway Trap Club in St. Petersburg. No previous gun handling experience or equipment is needed, as there will be registered instructors to help each participant in the safe use and handling of the shotguns. There are no age restrictions for participating.

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

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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

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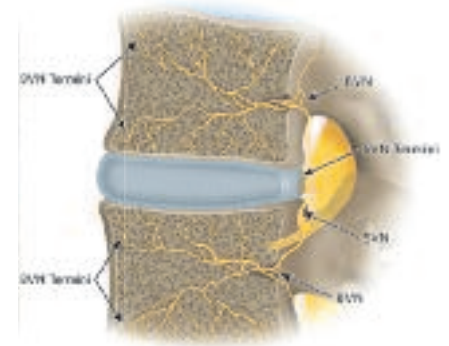
Time: 10:00 AM
for squad assignments (must be prompt)

The “Un-usual” Suspects in Spinal Pain

In everyday practice, when working with a new or established patient, our focus can sometimes become narrow on what is causing our patient’s problem. The temptation to become “lazy minded” is always there and easy to take. And why wouldn’t we? After all, about 71% of patients with neck or low back pain will either have a facet or disc mediated pain; treat both, combined with therapy aimed at the soft tissues and you almost have all your bases covered. But what about the 5-10% of cases that seem to be unresponsive to conservative treatment or even more invasive interventions. In this newsletter I would like to briefly touch on a few lesser known pain generators of the spine. Identifying them and explaining them to our patients with targeted treatment options is essential for any expert physician.

Vertebral end plate

The cartilaginous vertebral endplate is thought to be one of the weakest links of the vertebral motion segment (two vertebrae and the disc between them). The end plate is highly innervated by the basivertebral nerve (BVN) which branches off the sinuvertebral nerve (SVN). Injuries to the endplate typically involve the same loading mechanisms that cause disc injury, and are in fact often precipitated by pressure from the disc onto the cartilage. Typical patient presentation is of pain along the midline of the spine worsened by stationary positions and transitions. This can occur with or without apparent disc injury. We can conclude injury to the endplate when MR imaging demonstrates Modic changes or Schmorles nodes, although the presence of these findings is not essential for diagnosis.



Thecal Sac Compression

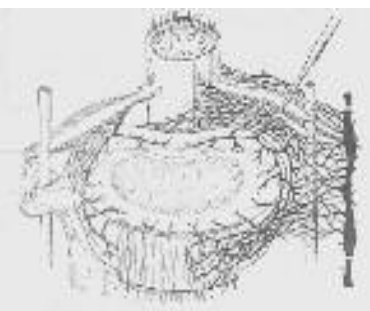
The anterior aspect of the thecal sac is more highly innervated (by the sinuvertebral nerve) than the posterior side. Pain from the anterior theca is often triggered by either physical compression or inflammatory irritation (discussed below) from a central disc protrusion. We can pick this up on physical examination when a straight leg raise test is positive for pain in the lower back but does not reproduce leg pain. Recent studies suggest that this maneuver performed in the supine position does not significantly irritate a small lumbar central disc herniation as previously thought but causes stretching of the thecal sac, known conveniently as the “thecal tension sign”

Inflammatory Chemical Mediators

Acute injury to the spinal tissue often brings about an inflammatory cascade. This is followed by release of chemical mediators such as inflammatory cytokines, TNF- α , neurotrophins and interleukins. These chemicals play a role in amplifying the pain signal coming from the injured tissue as well as other structures around it. For example, a disc herniation can be “leaky” of these inflammatory chemicals and cause irritation of the nerve roots and subsequent radicular pain in the absence of true nerve compression. In fact the same can occur in an injured and leaky facet joint, producing radicular symptoms even in the absence of disc injury!

Granulation Tissue

Ok, so we are talking about the disc again here, BUT...in this case we are not discussing acute injury to the disc itself but rather the changes in the disc tissue that follow. The occurrence of disc injuries typically takes route from the inside out. This means the nucleus pulposus tears through the inner layers of the annulus and makes its way outwards. Pain is not perceived until the tear reaches the outer one-third of the annulus which is innervated by nerve fibers. The healing process of this tear involves “plugging” it with granulation tissue which does not exhibit the properties of full tensile collagen making it weaker and more susceptible to reinjury. More importantly, the deposition of granular tissue comes with deeper infiltration



of the outer nerves into the disc, and increased expression of nociceptors, making the disc more sensitive and recording pain more frequently.

THE RADIOLOGIST'S VIEW



The Importance of Evaluating the Median Atlantoaxial Joint

The spinal manipulation treatment protocol that is ubiquitous and unique amongst the chiropractic profession mandates that careful evaluation of spinal stability be performed. The median atlantoaxial joint is a target site for many conditions. Several of these can cause changes that can result in spinal instability and, for that reason, is the topic of discussion.

The median atlantoaxial joint is a complex region of anatomy that needs to be assessed during the routine evaluation of cervical spine images. This joint consists of the odontoid process (dens), the posterior aspect of the anterior arch of the atlas, associated ligaments, and synovial tissue. It is this anatomy that predisposes this region to instability. The transverse ligament tightly holds the odontoid process against the posterior portion of the anterior arch thereby establishing a potential site of weakness in cases of trauma. Interposed between the anterior surface of the odontoid and the anterior arch of the atlas is a synovial membrane and interposed between the posterior surface of the odontoid process and the transverse ligament is another synovial membrane. The synovial anatomy creates the potential for erosion of the osseous structures and/or ligaments, and therefore instability of the joint, in cases of inflammatory arthropathies or other causes of soft tissue inflammation.

However, despite the atlantoaxial joint complexity, the determination of stability is relatively simple. The space between the anterior surface of the odontoid process and the posterior portion of the anterior arch of the atlas is called the anterior atlantodens interval or ADI. On the lateral view of the cervical spine, taken at a 72-inch focal film distance, a space that

exceeds 3.5mm in the adult or 5.0 mm in a child in either the neutral position or in flexion indicates instability. Instability is almost always associated with fracture of the odontoid whereas isolated instability without fracture indicates an abnormal transverse ligament related to trauma, inflammation, or congenital anomaly. This includes rheumatoid arthritis, ankylosing spondylitis, tonsillitis and pharyngitis that leads to ligament laxity due to hyperemia. As a matter of fact many of the inflammatory arthropathies are capable of causing instability. Within the congenital category, Down syndrome is often associated with an unstable atlantoaxial joint.

So, in practical terms, what does this mean? Prior to manipulation of the cervical spine, a patient with a history of cervical spine trauma, known or suspected inflammatory arthropathy, infection or certain congenital anomalies, should be screened with a lateral view of the cervical spine in the neutral position and in flexion to evaluate the ADI. Routine radiographic examination without flexion views may not be sufficient for evaluating the ADI prior to manipulative therapy. An important caveat: do not perform the lateral view in flexion until the neutral lateral is screened.

Keep an eye on the ADI if you want to improve patient care, minimize your liability, promote a successful practice and enhance your professional standing in the health care system.

Terry D. Sandman, DC, MPH, DACBR
drtssandman@aol.com

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contact@langheier

FCA Alternate:
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F-727-518-1986
woodybdc@gmail.com
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drstaganelli@gmail.com

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Mark@LipkinChiropractic.com
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Suite P
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F-727-544-3222
fjraad@gmail.com
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O-727-201-4549
8400 113th St.
Seminole, FL 33772
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Dr. April Shook
O-727-490-6011
3637 4th Street N. Suite 290
St. Petersburg, FL 33704
dr.aprilshook@gmail.com
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The Audible Release
is published 10 times per year
and unlimited downloads available online.

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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Cynthia Gramberg

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email: ed@pccschiro.org

Calendar of Events

Monthly Dinner Meetings

Join us In-Person

Last Tuesday of the Month

www.pccschiro.org/annual-calendar

Marriott Upstairs
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

Meeting Changed to Thursday

28th-General Meeting

Location: National University of Health Science

7200 66th St N, Pinellas Park, FL 33781

Speaker: NUHS Students

Topic: Student Case Studies

April

30th-General Meeting

Location: Marriott Upstairs

12600 Roosevelt Blvd N., St Petersburg, FL 33716

Speaker: Ligori & Ligori

Topic: 2024 Legislative Changes Influencing
Your Practice

April Board meeting 9th 12:30pm Zoom

May Board meeting 14th 12:30pm Zoom

PCCS PAID MEMBERS 2024

“Thank you to the chiropractors below that are supporting the PCCS and PAC in 2024”
See page 13 for the 2024 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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Thank You Dr. Martenson for a very informative presentation.



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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)

New Laws Championed by the FCA Win Legislative Approval

Tallahassee – Two new laws promoted this session by the FCA won the unanimous support of the full Senate on Tuesday of this week, heading next to the Governor’s desk for his consideration. Once approved, a new statute will correct difficulties some DC students have experienced in getting licensed by virtue of having earned their undergraduate degree from colleges outside the U.S., while a second law creates clarification in Florida statutes that dry needling procedures are within the scope of chiropractic for DCs practicing in Florida.

An amendment added in the House providing guidelines for education, training, and certification DCs would be required to complete before performing dry needling procedures was agreed to by the Senate before the upper chamber gave their final approval to the new laws by a 40-0 vote. The effective date of the measures is “upon becoming law,” meaning they take effect on the date the Governor signs the new legislation or alternately allows it to become law without his signature on the 15th day after receipt.



PCCS 2024 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 ONLY IF YOUR CONTACT INFO has changed

Office or Company Name: _____

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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

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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 upstairs, 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.

The PCCS Board of Directors as well as our membership would like to thank all of our sponsors for their support in 2023. We couldn't continue to promote, protect, preserve and advance the Chiropractic profession without your support. We look forward to working with you and your continued support in 2024.

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