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A PUBLICATION OF THE GEORGIA CHIROPRACTIC ASSOCIATION

SUMMER 2019

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Spring Conference

CASE STUDY
Chiropractic the way to go
for lower back pain

FIGHTING OPIOIDS
Harris Grant awards
Life University with
funds to educate public



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GCA is **Rockin' Along**

Man, how time flies! The year is half over, and it feels like I was just sworn in.

This has probably been the most exciting year in ages for the GCA. We just had a record number of votes in our election for the Board of Directors and officers – 315 of our GCA members voted! And we are also working with Life University on an opioid public relations campaign with a generous, three-year grant from the Harris Foundation.

Some more good news! We have paid down our mortgage, which will save us nearly \$10,000 and allow us to pay off the building six months sooner than projected.

We are working on new ways for our members to connect with each other at social events throughout the state. Make sure to check your email to see when an event is coming to a location near you. I hope you make plans to attend.

We're also working on our copay legislation over the summer and are meeting with other health care organizations to form a coalition to demand fair copays. We still need each and every member and nonmember to give to the GCA-PAC and help with grassroots with your local legislators. That's how you change scopes and laws!

One way you can give to our PAC is at an upcoming planned fundraiser organized by GCA-PAC chair Dr. Leana Kart and our very own Dr. Pat "Frank Sinatra" Sallarulo. Look for the date and time to be announced soon.

We've got this association rocking!



Dr. Clark Stull
President



A LETTER FROM
THE PRESIDENT

2019 BOARD

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Reignite Your Passion with GCA

Each year, I attend a conference with other association professionals to earn continuing education so I can maintain my Certified Association Executive credential. I could take these hours online and avoid the hassle of driving somewhere and being out of the office, but every year I choose to attend the conference in person.

And, every year, I leave the conference with a renewed passion for my career.

Connecting with my peers lets me know I'm not alone in the challenges I face in my job and gives me creative, new ideas how to meet those challenges. I find out what new tax laws affect nonprofits and how healthy GCA is compared to other associations. (The answer is very robust and healthy, I'm glad to say!)

Attending GCA conferences and Sips & Chips or tuning in to our podcast, *The Chiropractic Connection*, or one of our monthly webinars all offer you opportunities to reignite YOUR passion for chiropractic!

I saw that passion reignite firsthand during a recent podcast recording session, when our hosts and producer were learning about how to start multiple practices so they could help more patients. I saw it in the hallway at our Spring Conference, when two former classmates reconnected and remembered all the reasons why they went into chiropractic.

If you can't make it to our upcoming Fall Conference this year, try to make it to a Sips & Chips or a webinar, or tune into our semi-monthly podcast (search *The Chiropractic Connection* on iTunes or Spotify to subscribe). These are all FREE benefits of your membership.

I hope participating in some of our programs will renew your passion for your profession, as my association helps me reconnect to mine.



Valerie Smith, M.A., CAE
Executive Director



EXECUTIVE INSIGHTS

SUMMER 2019

VOLUME 38, NO. 3

Official Publication of
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Association, Inc.
Founded 1912

Valerie L. Smith, CAE
Executive Director

Diane Hamby
Director of Membership
& Operations

Carly Sharec
Director of
Communications
& Events

Aubrey T. Villines, Jr. J.D.
General Counsel

**Georgia Chiropractic
Association, Inc.**
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Tucker, Georgia
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F: 770.723.1722
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Jennifer Campbell
Graphic Designer
[jenndesignerat@
gmail.com](mailto:jenndesignerat@gmail.com)

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NEWS

ASSOCIATION NEWS

Thanks for Coming to Sips & Chips, Savannah!

The GCA family had a blast at our June 6 Sips & Chips event, held at The DeSoto in Savannah. Thanks to all who attended, and a special thanks to our sponsor, ML Healthcare.



Congratulations to GCA's New Board of Directors

Join us in congratulating the winners of the Georgia Chiropractic Association's most recent Board of Directors election!

Dr. Vince Erario will be GCA's next President-Elect; his term as President will begin in 2020. Erario is currently a Director on the Board.

Dr. Noel Steinle won the Treasurer position, and Dr. Leana Kart won the Secretary position. Steinle is currently a Director on the Board, and Kart is the most recent Past President of GCA.

Dr. Philip Day, Dr. Lesli Walker and Dr. John Webster will each serve two years on the Board.

Day currently serves as Treasurer, and Webster currently serves as Secretary.

All of the above will be sworn into these new roles with GCA at the association's annual meeting, Oct. 18 during the 107th Annual Fall Conference & Trade Show in Atlanta. More information will also be in our Fall 2019 issue of *The Georgia Chiropractor*, including full interviews with both Erario and Dr. Michael Vaughn, GCA's current president-elect who will be sworn in as president at the annual meeting.

Once again, congratulations to all of our winners! And a special thank you to all nominees for your willingness to serve our association. It's through all of our teamwork that makes GCA such a great place to be.



Dr. Philip Day



Dr. Vince Erario



Dr. Leana Kart



Dr. Noel Steinle



Dr. John Webster



Dr. Lesli Walker



From left, The Chiropractic Connection co-hosts Dr. Ben McDowell and Dr. Larona Gore interview GCA member Dr. Johnny Garcia. Podcast producer Dr. Noel Steinle listens in.

Are You Listening to **GCA's** New Podcast?

By now, we hope you have heard about GCA's podcast, *The Chiropractic Connection*. This semimonthly show seeks to educate and inform our members, while addressing the issues impacting the chiropractic profession today.

Cohosted by GCA members Dr. Ben McDowell and Dr. Larona Gore, chiropractors across the state have been downloading and listening to topics ranging from the opioid epidemic to X-ray protocols, all the way to the “dos and don'ts” of running a chiropractic office.

“It's been exciting to feature a wide variety of guests and topics,” said producer Dr. Noel Steinle. “We really want this to be a resource for Georgia chiropractors. We'd love it if our members would give it a listen, and remember to give us a rating and review!”

You can subscribe and listen to The Chiropractic Connection on iTunes or Spotify. If you have any questions or topics you'd like to be addressed by our expert guests, email them to GCAchiroconnection@gmail.com.

Calendar of Events

JULY 20

10 a.m.-5 p.m.

X-Ray Safety Certification

Room 121, Center for Graduate and Undergraduate Studies Building, Life University

Register online at gachiro.org

JULY 27-28

Board of Directors Strategic Planning

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AUG. 15

Sips & Chips

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SEPT. 7

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Tucker, Ga.

SEPT. 22

GCA Chiropractic Day at the Braves SunTrust Park

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OCT. 18-20

GCA's 107th Annual Fall Conference & Trade Show

Crowne Plaza Atlanta Perimeter at Ravinia, Atlanta, Ga.

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GCA Contributing to ChiroCongress Initiatives



GCA Executive Director Valerie Smith, M.A., CAE, is serving on the Congress of Chiropractic State Associations' Student Education and Engagement Subcommittee to help state associations around the country reach out to chiropractic students and play a role in their success as chiropractors.

“In addition to sharing what we've done to reach out to Life University students here in Georgia,

I'm excited to discover what other state associations are doing to engage chiropractic students. The entire association world is struggling to attract younger members, and this ChiroCongress initiative will help all state associations communicate their relevance to chiropractic students across the country,” Smith said.

Smith also serves on the ChiroCongress branding and membership committees.

Chiropractors Asked to Comply with Medicare Billing Requirements

In a recent report, the Office of the Inspector General determined that payments for chiropractic services did not comply with Medicare billing requirements. Overall, medical record documentation did not support medical necessity or corrective treatment. CMS developed the Medicare Documentation Job Aid for Doctors of Chiropractic Educational Tool, which will help you bill correctly. This tool can be downloaded off of cms.gov.

The Lancet's call to action on low-back pain treatment

Steven Weiniger, D.C., is the author of *Stand Taller – Live Longer: An Anti-Aging Strategy*. He also created the PostureZone assessment app, the Certified Posture Exercise Professional program, and spearheads the PostureMonth.org public health education campaign. He is managing partner of PosturePractice.com and BodyZone.com, and can be reached at 770-922-0700 or DrW@BodyZone.com.

CASE STUDY

by Steven Weiniger D.C.

A series of articles published in March 2018 by *The Lancet* is rocking the low-back pain world, generating expert comment noting that the problem of LBP is “a major global challenge” and the world’s leading cause of disability.^{1,2}

Shortly afterward, the ABC news program Good Morning America featured *The Lancet* articles with the headline “New report warns of widespread ineffectiveness of lower back pain treatment.”³ The GMA segment summarized their findings with a three-step patient strategy:

1. First, stay active, keep moving and continue working.
2. Second, educate yourself about strategies to manage pain, and understand more about LBP and your body.
3. Then if pain persists, use superficial heat, spinal manipulation therapy, massage and acupuncture. If all else fails, try NSAID medication.

This information presents a tremendous opportunity for D.C.s seeking active participation (and referrals) in the health care system.

LBP: Causes & consequences

The number of years people spent disabled with LBP increased nearly 55 percent from 1990 to 2015, according to “What low back pain is and why we need to pay attention,” in which *the Lancet* Low Back Pain Series Working Group chronicles the impact on society.⁴

LBP affects 540 million people globally, yet despite numerous studies the condition remains complex, and specific causes of LBP often can’t be identified, so

researchers label most cases “nonspecific LBP.” The rare exceptions can urgently require treatment, like “fractures, inflammatory disorders, malignancy, infections, and abdominal causes.” However, a recent study found such diagnoses in less than 1 percent of cases.⁵

Up to 99 percent of cases can be considered “nonspecific LBP,” and much of the current care paradigm isn’t helping. Nonetheless, *The Lancet* notes that while the way biophysical impairments can become disabling LBP isn’t entirely clear, “impairments are demonstrable in people with persistent low back pain.”

A clinician’s goal is helping the LBP patient, whose prior episodes have led to compensations to avoid pain. And as *The Lancet* researchers observed, it’s common for people with chronic LBP to differ in muscle strength and mass, and have functional deficits compared to those without pain, and “these changes could be more than merely a direct consequence of pain and are only partly affected by psychological factors.”⁵

In other words, physiological changes may result from pain over time, but aren’t necessarily causing pain. Addressing these factors might provide relief, or pain might just improve with time. A therapy or technique, or some combination, may help in certain cases, but the research is either inconclusive or yet to be conducted.

The Lancet researchers noted how perceptions affect chronic pain, with spinal and supraspinal centers showing varying levels of activation, recruitment or avoidance based on nociceptive drive, context, cognition, and emotion.⁴ A related study found moderate evidence that chronic LBP patients can have “structural brain differences in specific cortical and subcortical areas, and altered functional connectivity in pain-related areas following painful stimulation.”⁶

Solution: Less drugs & surgery

In the section of the report focusing on LBP prevention and treatment, *the Lancet* Low Back Pain Series Working Group explores what works, what doesn’t and what the research is telling us.⁷ Their overall recommendations include:

- Avoid opioids (low benefit; high risk).
- Less imaging, medication and surgery. If other options fail, the lowest effective dose of NSAIDs, for the minimum time, can be considered after accounting for gastrointestinal, liver and cardiorenal toxicity risks.
- Primary care LBP management should emphasize self-care, physical and psychological therapies and complementary medicine such as SMT.
- Self-efficacy and fear link pain to disability, so chronic pain treatment should shift from pain relief to changing beliefs and behaviors.

Various treatment approaches in isolation showed poor to very poor evidence for prevention. Combination therapies, such as exercise paired with education, fare better. Yet only half of people with chronic LBP are prescribed exercise – and fewer are compliant.

LBP is complicated by disability economics for patients and profitability for providers. The neglected role of biopsychosocial factors is apparent in the gap between evidence-driven research and what clinicians actually do. Imaging, opioids, spinal injections and surgery are overused despite research and guideline recommendations.

This evidence-versus-practice gap is

widespread across countries and cultures. Low-income and middle-income countries experiencing rapid industrial growth show the greatest increase in LBP disability, likely due to reduced physical activity, increased obesity and lack of affordable care.

In high-income areas, *The Lancet* researchers find that disabling LBP is partly iatrogenic, and overused care can do more harm than good (at least for society and the patient, if not the provider). When the perception of back pain changes from being a fairly benign part of daily life to being a problem requiring medical attention, you see increased use of potentially unsafe treatments like opioids.⁷

It is stubbornly difficult to shift practitioner behaviors from customary practices, despite the prevalent evidence that:

- For lumbar spinal stenosis, some types of surgery result in good outcomes. But these patients “tend to improve with or without surgery and, therefore, non-surgical management is an appropriate option for patients who wish to defer or avoid surgery.”⁷
- Early surgery for a herniated disc is associated with faster relief of radiculopathy than with initial conservative treatment with the option of delayed surgery. After a year, however, the benefits diminish.

For non-radicular LBP with disc degeneration, intensive multidisciplinary rehabilitation gives similar results to expensive spinal fusion surgery, with less risk and cost.

The Lancet recommendations:

- Spinal decompression surgery can be considered for radicular pain if non-surgical treatments are unsuccessful, and herniated discs or spinal stenosis symptoms correlate with clinical and imaging findings.
- Avoid spinal epidural or facet joint injections for low back, but for severe radicular pain consider epidural local anesthetic and steroid injections.

Low-back pain treatment: The chiropractic opportunity

The concept of “positive health” is *The Lancet* group’s strategic global recommendation to prevent LBP disability. They challenge health care providers to deemphasize the current fragmented, biomedical care model and promote a cultural change in LBP interventions by addressing misconceptions among health professionals, patients, the media and the general public.

The Lancet’s call to action presents an extraordinary opportunity for the chiropractic profession to step up, especially in light of the American College of Physicians 2017 guidelines in advising SMT and motor control exercise over surgery and pharmaceuticals.⁸ They identify the greatest potential to advance LBP care as “aligning practice with the evidence, reducing the focus on spinal abnormalities, and ensuring promotion of activity and function.”

D.C.s often say health (and disease) is about the body and mind, with each affecting the other. The Lancet’s series of articles likewise emphasizes evidence for a behavioral BPS approach to reduce disabling LBP with a positive health approach.

The Lancet recommends SMT for LBP. To actively participate with other health care professionals, D.C.s should support the concept of public health, and be evidence congruent.

Evidence-based doesn’t mean evidence-limited. D.C.s should provide credible advice for people to understand and avoid pathologizing their pain, and to stay active and remain working when possible. For unresponsive cases or those requiring specific medical care, D.C.s should refer out appropriately.

The chiropractic opportunity is to parlay evidence for treating LBP with spinal manipulation and exercise into positioning D.C.s as primary-care gatekeepers for spinal pain.⁹

People are increasingly opting for a natural path over expensive and risky drugs or surgery, providing opportunities to earn their trust. In the longer term, as chiropractic’s traditional strength of treating LBP systematically shows better results, D.C.s should see increased respect from patients and referrals from other providers.

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Harris Foundation Grant Goes to Opioid Education, Awareness Efforts

By Carly Sharec

Through a combination of teamwork and the generosity of the Harris Foundation, chiropractors across Georgia will have a much stronger voice in the battle against the opioid epidemic.

An effort spearheaded by Georgia Chiropractic Association Past President Dr. Leana Kart has led to Life University receiving a sizeable grant from the Harris Foundation, with the sole purpose of bringing chiropractic awareness to the public.

“About the time that I appeared on the Atlanta CBS news program with a patient discussing the opioid epidemic, the Life University Board of Trustees appointed me and Chancellor Dr. Guy Riekeman to an opioid task force,” Kart explained. “We were looking to come up with what Life University would want people to know about chiropractic and its role in the opioid crisis.”

A light dawned for Kart when thinking about the Harris Foundation, and their mission about chiropractic education. GCA and Life University are working together on this project so as to create as much awareness as possible.

“That first step is going to be awareness,” Kart said, stressing the importance of working with state legislators to change the laws regarding how opioids are prescribed in the first place. “And then once we develop that, we are going to hopefully educate all GCA doctors on how they can present at their local drug task force.

“We’ve had a lot of this with GCA already, but we just want everybody in the GCA to be going out into Georgia

carrying the same message, the same voice of chiropractic being the first choice in the opioid crisis,” she explained.

The terms of the grant include \$100,000 for three years, with a reassessment of effectiveness at the end of each year. If the program is considered to be successful, it may go to \$150,000 for the remaining two years.

The task force assembled to handle the grant funds includes Kart, Riekeman, chair of the Georgia Board of Chiropractic Examiners Dr. Mary Watkins, GCA Executive Director Ms. Valerie Smith and Dr. Gerry Clum. Clum is an executive committee member for the Foundation for Chiropractic Progress and president emeritus of Life University West, among multiple other roles. He has been presenting information about the opioid crisis going on seven years, and is serving as a specialist for the group.

“The Centers for Disease Control, the FDA, the Institute of Medicine, all have come out with policies saying that nonpharmacological approaches should be the first choice in pain management,” Clum said.

“This is very serious business,” he continued, discussing the opioid crisis. “This is something that the Harris Foundation should be applauded for, and the GCA and Life University working together to bring this information to the public is really a very significant effort, and one that should be applauded and supported.”

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May 18, 2020

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2019 SPRING CONFERENCE AND TRADE SHOW JUNE 7-9, 2019



Spring Conference Attendees 'Twist & Shout' for Chiropractic

By Carly Sharec

There were no “Hound Dogs” at the Georgia Chiropractic Association’s 1950s-themed Spring Conference & Trade Show ... but we were “All Shook Up” by the fantastic time attendees and exhibitors alike shared.

“This was truly one of the best shows we’ve presented,” said GCA President Dr. Clark Stull. “All of our speakers received rave reviews and, thanks to our sponsors, the social events we hosted were some of the best. I tip my hat to our education and conference committees, especially to Dr. Leana Kart and Dr. Noel Steinle for once again planning a successful event.”

Hosted once again at The DeSoto in historic Savannah, speakers for the weekend were Dr. Jennifer Illes (sponsored by FootLevelers), Dr. Jimmy Yuan (sponsored by RockTape), Dr. Joseph Krzemien, Ms. Kathy Mills Chang (sponsored by NCMIC) and Ms. Laurie Simpson (sponsored by Mighty).

Alongside the traditional Friday evening Welcome Reception, the GCA Political Action Committee hosted its own fundraiser – the inaugural PAC Wine Toss.

“It was a lot of fun,” said Dr. Leana Kart, GCA Past President and PAC Chair. “And not only was it fun, but we raised \$1,200 for the PAC! Needless to say, I think we’ll be doing that again. Anyone planning to attend the Fall Conference should start practicing their ring toss skills!”

Along with all of our GCA partners, including Platinum Partner Regional Medical Group, GCA would like to thank event sponsors Spine Center Atlanta/Savannah, RockTape and Special Olympics of Georgia for sponsoring various portions of the event.

“Our partners and sponsors make our GCA events possible,” Kart said. “And they’re all heavily involved in the chiropractic industry, so they’re a great resource for our members and event attendees.”

GCA’s Fall Conference is Oct. 18-20 at the Crowne Plaza Ravinia at Perimeter. Early bird registration is open on our website, gachiro.org or by calling our office at 770-723-1100. Speakers at that event will include Dr. Dan Murphy, Dr. Mitch Mally, Dr. Terry Yochum, Dr. John Davila and Dr. Kris Petrucco-Napuli. A detailed schedule with class information will be available soon.

“Whether you need continuing education hours for the year, wish to attend GCA’s Annual Meeting and the PAC meeting or simply want to connect with other chiropractors, our Fall Conference is the top chiropractic event in the state for the year,” Stull said. “I hope to see all of our GCA members there in some capacity that weekend.”



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2019 FALL CONFERENCE REGISTRATION

OCTOBER 18-20, 2019 : Register online at gachiro.org

Giddy on up to GCA's Fall Conference

Saddle up and get ready for a stompin' good time at GCA's 107th Annual Fall Conference & Trade Show! This year's sparkling speaker line-up includes Dr. Dan Murphy, Dr. Terry Yochum, Dr. Mitch Mally, Dr. Kris Petrocco-Napuli, Dr. Andre Camelli and Dr. John Davila. We'll also be throwing quite the "Denim & Diamonds" shindig! Don't get left in the dust – register by filling out the form below or by calling the GCA office at 770-723-1100.

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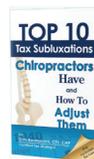
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NATIONAL NEWS

ACA Announces Keynote Speaker of ICSC



The American Chiropractic Association continues its work toward encouraging interprofessional collaboration, fighting the opioid epidemic and expanding access to chiropractic services.

ACA recently announced Anthony Delitto, PT, PhD, FAPTA, as the keynote speaker of the Interprofessional Collaborative Spine Conference, a new event that brings together researchers and practitioners from the chiropractic, physical therapy and osteopathic professions for a unique discussion regarding improving patient outcomes through the use of manual therapy and other non-pharmacological approaches to pain management. Dr. Delitto is the Dean of the School of Health and Rehabilitation Sciences at the University of Pittsburgh. Learn more at acatoday.org/icsc.

In early May, ACA joined the Voices for Non-Opioid Choices coalition, a newly formed nonpartisan group dedicated to preventing opioid addiction by increasing patient access to non-opioid approaches and therapies, like chiropractic, as a first-line approach to treating and managing acute pain.

Additionally, ACA is continuing its work to re-introduce a bill that would increase access to chiropractic services for Medicare beneficiaries. The proposed legislation would update the current Medicare statute and allow patients to access all Medicare-covered benefits permitted under a chiropractor's licensure. Learn more about ACA's efforts at acatoday.org/medicare-initiative.

Looking to fit some extra education into your busy schedule? Learn ACA offers on-demand online education from the chiropractic profession's most knowledgeable subject matter experts and respected thought leaders. Earn and track continuing education credits with ease at learn.acatoday.org.

ICA Expands China Ambassador Program, Volunteers Sought

In October 2017, under leadership of ICA Immediate Past President Dr. George Curry and then ICA Executive Director Ron Hendrickson, the ICA launched the first Global Chiropractic Awareness Tour with eight chiropractors, visiting 45 cities in China. China has 1.4 billion people and 160 booming,



modern cities boasting a population of over a million. The task of bringing chiropractic to the people may seem daunting but as ICA President Stephen P. Welsh stated, "The ICA mission 'To protect and promote Chiropractic throughout the world as a distinct health care profession predicated upon its unique philosophy, science and art of subluxation detection and correction' has not wavered since BJ started the organization in 1926."

The initial 2017 tour and each since have been an overwhelming success with the very first presentation at Alibaba reaching over 1 million people that day alone! The project has grown and evolved to the current ICA China Ambassador's Program with several tours sponsored by ICA and King Koil reaching millions of people each year.

The ICA and King Koil Shanghai have signed a 10-year Royalty & Cooperation Agreement with a projected value of approximately \$3.5 million. The ICA plans on reinvesting over \$1 million in educational & charitable projects designed to introduce chiropractic to the 1.4 billion people of China.

The ICA will be accepting applications beginning July 1 for 10 positions for the upcoming October 2019 tour. All ICA members are eligible to apply.

For more information you may contact the ICA at 1 800 423-4690 or the ICA China Ambassador Program Chair, Claire M. Welsh, DC, FICA at drclairew@gmail.com.

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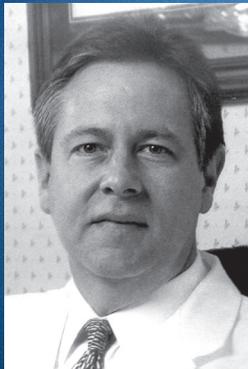
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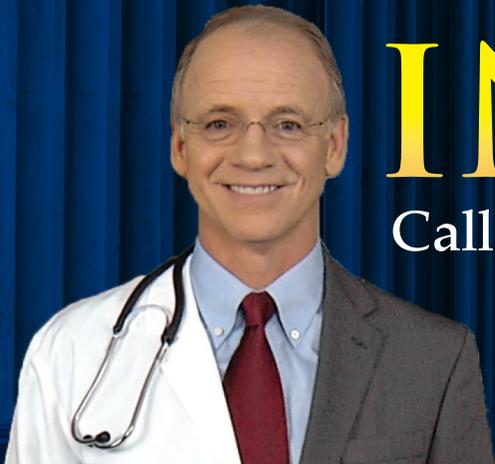
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*Attorney Ted Greve is a Georgia licensed doctor of chiropractic. He practices only law.

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THE FRONT LINE

By Laurie Simpson, C.C.A., C.C.C.P.C.

Team Work Makes the Dream Work

Film director Michael Winner is quoted as saying “A team effort is a lot of people doing what I say.” While there are those who seem to govern by that quote, the fact is that leaders shouldn’t be dictators.

Nothing of significance was ever achieved by an individual acting alone or acting as though they were the only significant member of their team. Look below the surface and you will find that all seemingly solo acts were really team efforts. Frontiersman Daniel Boone had companions from the Transylvania Company as he blazed the Wilderness Road. Sheriff Wyatt Earp had his two brothers and Doc Holliday looking out for him. Even Albert Einstein, the scientist who revolutionized the world with his theory of relativity, didn’t work in a vacuum. Of the debt he owed to others for his work, Einstein once remarked, “Many times a day I realize how much my own outer and inner life is built upon the labors of my fellow men, both living and dead, and how earnestly I must exert myself in order to give in return as much as I have received.”

Effective teamwork is the key to the success of any business. Teamwork helps tasks get completed quickly and efficiently, and when a team works together well, the resulting effect will not only be a positive one for your business but also for you and your team.

So how does one build this magnificent team? First, recognize the members of your team and commit to helping to develop them. Depending upon the size of your team, you may want to include significant others and/or colleagues to be a supporting team. Your

success can be defined by those of whom you surround yourself.

Evaluate each member’s strengths and weaknesses. Depending on the goal or task of the team, it would be wise to know who would be best in each given position. For example, if you were coaching the Atlanta Falcons, you wouldn’t ask Matt Ryan to play safety just like you wouldn’t ask Damontae Kazee to play the quarterback position.

Communicate effectively what the goal of the team is. If you do not verbalize the ultimate goal to your members then they will have no clue as to what they are striving towards. Additionally, it is equally important that you be openminded if a team member suggests what could be considered an even better route that still will result in the same goal.

Realize that struggles are okay and so are failures. What do Walt Disney, P.T. Barnum, Henry Ford, and Milton Hershey all have in common? They all at one time or another had to file for bankruptcy, restructure, reorganize and start over. As long as you learn from your mistakes, chances are you won’t repeat them.

Finally, give credit for success to the team. People are willing to work hard if they receive recognition for their efforts. Compliment each other. John Maxwell suggests that if you’re the leader, take the blame but never the credit. Do that and your team will always fight for you.

Individuals play the game, but teams win championships.

INSIGHTFUL IMAGING

By J.C. Carter, D.C., D.A.C.B.R.



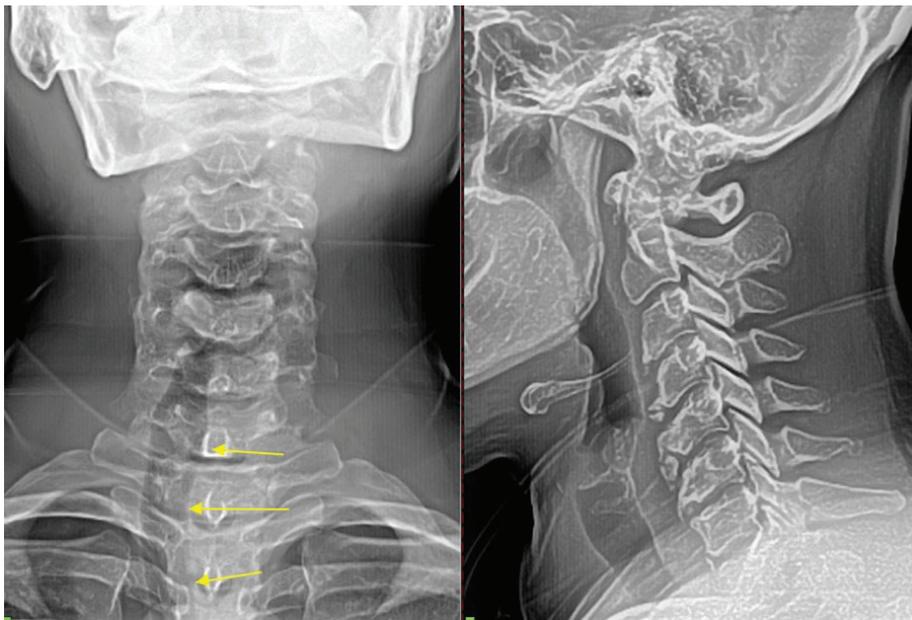
Anterior Mediastinal Mass

A somewhat frequent incidental finding on an AP lower cervical or AP thoracic X-ray is displacement of the tracheal air shadow to the right or left of midline from around C6 to about T4. This displacement indicates that an anterior mediastinal mass is present. The vast majority are due to substernal thyroids, which was the final diagnosis in this case. Other causes of anterior mediastinal mass include thymoma, teratoma, T cell lymphoma and ascending thoracic aortic aneurysm.

After additional work up of this patient substernal thyroid was confirmed. Substernal thyroids are a type of goiter that grows into the thoracic inlet. Clinical features include

frequent cough, a feeling that something is stuck in the throat and waking up at night feeling that you can't breathe. The most common causes are dietary, inflammatory, autoimmune and tumor.

The classic spinal X-ray finding is displacement of the trachea away from midline at the cervicothoracic junction seen on any coronal X-ray image of this region. If identified first on spinal films, chest X-rays should be taken for further confirmation. Following the chest X-ray, CT of the chest as well as a thyroid panel to include TSH, T3 and T4 is indicated to try to determine the cause of the goiter. The most common method of treatment is surgical removal.



(Figure 1). The tracheal air shadow is displaced from C6 to approximately T4. Unrelated, there is flowing anterior ossification with relative preservation of the disc space on the lateral view secondary to D.I.S.H.

Dr. Carter is a GCA member. He maintains a busy film reading practice at 4480-H S Cobb Dr. #325, Smyrna, GA 30080 and is a full time faculty member at Life University. If you have **questions regarding his film reading service** please call 678-424-8588 or email at jccarterdc@gmail.com.

MEMBER SPOTLIGHT

By Carly Sharec

Saboura a Leader for Chiropractic in WellStar System



Promoting the professionalism and results of chiropractic has been the end game for GCA member Dr. Charlie Saboura since he first began his chiropractic practice in 1999.

“My mission as a chiropractor has been to always help patients and provide them with the best service possible,” Saboura said. “That’s been my mission from the beginning of

my career.”

Having lived in Cobb County since 1992, and then attending Life University and opening his practice in the same location, Saboura has been able to see the progression of the WellStar Health System in the area in serving its patients.

Early in his career, Saboura developed a relationship with the neurosurgeon Dr. William Benedict, who often referred patients to him.

“And the patient would be surprised,” Saboura said. “It’s like, ‘A neurosurgeon referred me to you?’”

This relationship has proven beneficial over the years, including when Benedict went on to introduce the idea of a spine center at WellStar, bringing Saboura in to meet with the team to see how chiropractic could be included.

“I was successful in convincing them that the benefit of having a chiropractor built into the spine program... is very beneficial to the patient,” Saboura explained. “It wasn’t a financial decision for them. It was a very patient-centric decision for them.”



WellStar Neurosciences & Spine Center is the only such center in the state that lists chiropractic care on its sign, a fact Saboura is quite proud of. He’s also proud of the continuing relationship between WellStar and chiropractors, with chiropractic playing a

role in WellStar’s Center of Integrative Health, which just opened in January 2019.

“Chiropractors have been around for over 100 years,” Saboura said. “We wouldn’t still be in business if we did not get patient results. There’s a chiropractor on every corner. I pass by at least 10 chiropractors between my house and my office, and I practice four miles away from my home. Those practices would not be open if there wasn’t a need, and not just a need, but results. If you don’t get results, you don’t stay in business.”

He looks forward to continuing his relationship with WellStar, a system that he says is focused on the best outcome for the patients who trust their health to them.

“I want to shed a light on chiropractic for all conditions,” Saboura said. “My mission, my objective, is to elevate chiropractic in the eyes of the health care profession and highlight the importance of including chiropractic on the health care table.

“At the end of the day, it’s not to benefit the chiropractors and it’s not to benefit the health care system. It’s to benefit the patients.”



Do your patients understand their financial responsibility?

By Dr. Ray Foxworth

Almost 40 percent of patients are now covered by a high deductible health plan, leaving you to collect significantly more from your patients. One has to wonder if the majority of them can afford their soaring deductibles. According to the Kaiser Family Foundation, 34 percent of insured adults find it difficult to afford their deductibles. As a business owner, I can see the impact this trend is having on our bottom line. Nearly 25 percent of practice revenue now comes directly from our patients' pockets. With this shift in responsibility, it's time to utilize technology to streamline our patient's financial experience in our offices.

1. Provide a Financial Report-of-Findings. A financial report-of-findings is the perfect opportunity to sit down with your patients, explain the cost of the care recommended, review their insurance coverage, and estimate their total out-of-pocket expenses. Providing price transparency helps to ease your patient's fears about receiving a higher-than-expected bill once care is complete.

2. Make Collections a Top Priority. Once a patient leaves your office, your ability to collect from them diminishes rather quickly. Research has shown that practices only collect 12 percent of outstanding balances at the time of service, while collecting nothing at all a shocking 67 percent of the time. Establishing expectations with your front desk team should be a top priority. Utilize team meetings to review scripting and rehearse asking your patients for money to help everyone become comfortable with financial conversations.

3. Streamline the Payment Process. Today's patients want their health care experience to be as convenient as other aspects of their lives. More than half of all consumers

prefer to receive bills electronically, and Americans already pay more than half their bills online. You can offer auto-debit as a payment option for your patients and break up their out-of-pocket costs into affordable monthly or bi-monthly payments. You should also offer electronic bill delivery and give your patients the ability to pay online. This option is especially handy for those times when your patients leave their wallets at home.

The average out-of-pocket healthcare costs for patients with high-deductible plans in 2017 was \$1,813. More than 15 percent of patients covered by high-deductible plans struggle to pay medical bills. One in ten of those with high-deductible plans either delayed, or decided against, receiving care due to cost. As a provider and small business owner, making these small changes to your practice can help increase patient collections, decrease the risk of bad debt, and improve patient satisfaction. What could be better than happy patients and an improved bottom line?

Dr. Ray Foxworth is a certified Medical Compliance Specialist and President of ChiroHealthUSA. A practicing chiropractor, he remains "in the trenches" facing challenges with billing, coding, documentation and compliance. He has served as president of the Mississippi Chiropractic Association, former Staff Chiropractor at the G.V. Sonny Montgomery VA Medical Center and is a Fellow of the International College of Chiropractic. You can contact Dr. Foxworth at 1-888-719-9990, info@chirohealthusa.com or visit the ChiroHealthUSA website at www.chirohealthusa.com.



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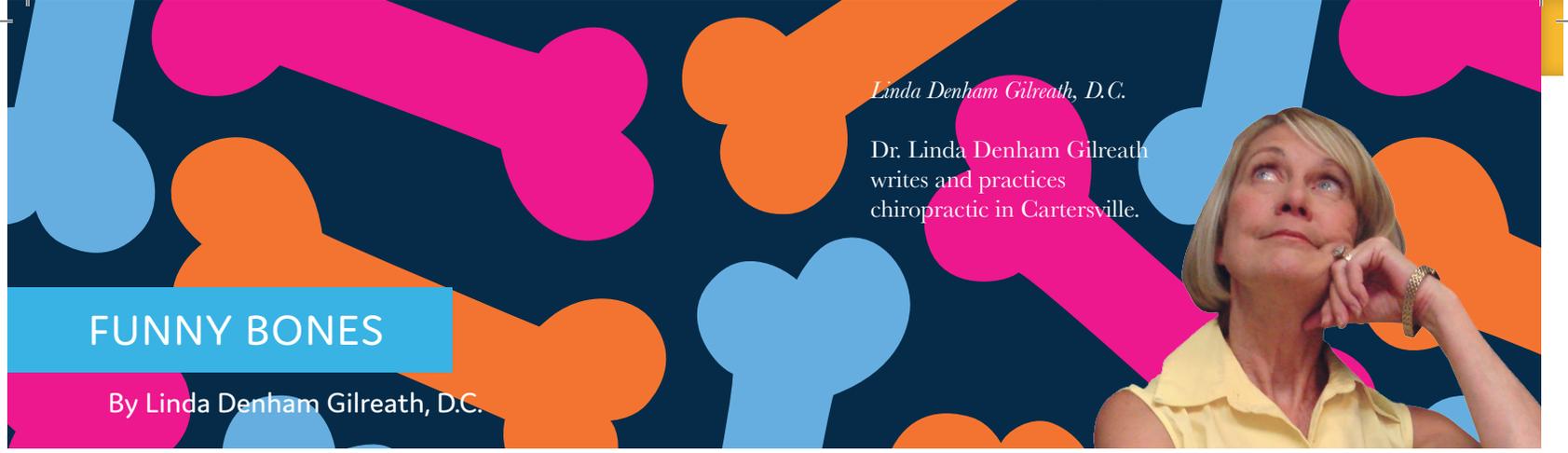
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Linda Denham Gilreath, D.C.

Dr. Linda Denham Gilreath writes and practices chiropractic in Cartersville.

FUNNY BONES

By Linda Denham Gilreath, D.C.

Phobia

My granddaughter asked, “What are you afraid of Gaga?” Keeping few secrets from my family I replied, “I’m afraid of birds.” She thought I surely must be joking as often is the case.

“No, really what are you afraid of?”

“Birds,” I replied with some shame.

“That’s ridiculous,” answered the 5-year-old smart aleck.

It’s a phobia, an unfounded fear. Surely everyone is afraid of something. Do I get credit for not fearing spiders or bugs?

I have a long history with birds. I was afraid of birds before Alfred Hitchcock filmed “*The Birds*.” Who knows, it could have started with Grandpa Womble’s outhouse that was frequented by the vicious red rooster. Try baring your soul or at least your backside in a closet-sized privy so you could get a plain view of the foraging rooster looking for corn. Double-edged fear, choose your poison. Either fear of staying with a rooster in close proximity or running for your life with a swift-footed rooster gaining on you. I can still hear that screened door slam as I took shelter in the kitchen.

We had a neighborhood parrot that could mimic every mother’s voice on the block. That bird couldn’t get to me but it did cause countless children to run home to Polly’s prank. We hated that bird. Momma volunteered to keep her cousin’s horrible parrot one summer. Thank goodness that was a summer I spent with my grandmother. My brother did not fare so well. The bird bit him and his pain reflex caused him to sling his

hand with bird attached. The bird hit the brick wall. Thinking the dang bird was dead, he placed it back in the cage to feign natural causes. The next day the bird was back on its perch and not a word was spoken of the incident for 20 years.

Over the years my fear of birds has humiliated me countless times. I have been known to cross the street to avoid pigeons. That probably is the result of a pigeon pooping on my head while watching the Hank Williams’ Parade in downtown Montgomery.

This phobia did not resolve with age. No, I continued to embarrass myself to my friends delight. The laughter is still ringing in my ears when a friend came to rescue me from the eagle that flew down my chimney. Well, maybe it was a tiny sparrow.

Once at the Kmart garden center, I was squatting down looking for flower seeds on the bottom rack when out of the corner of my eye I spotted a bird flying. There were two older women standing by me and I knew from my past history that I would scream uncontrollably if the bird came near me so I tugged on the hem of one of the ladies dresses and said, “Excuse me, I just wanted to say that I am terrified of birds and if that one over there comes by me I will scream uncontrollably.” The look on their faces was priceless.

I have worked on this phobia. I forced myself to look at photos of birds. I even spent time in the pet store edging closer and closer to the bird cages. I don’t run from birds on the sidewalk, nor do I run to them. However, if a bird flew at me I still may not be able to control myself.

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