

THE GEORGIA

# CHIROPRACTOR

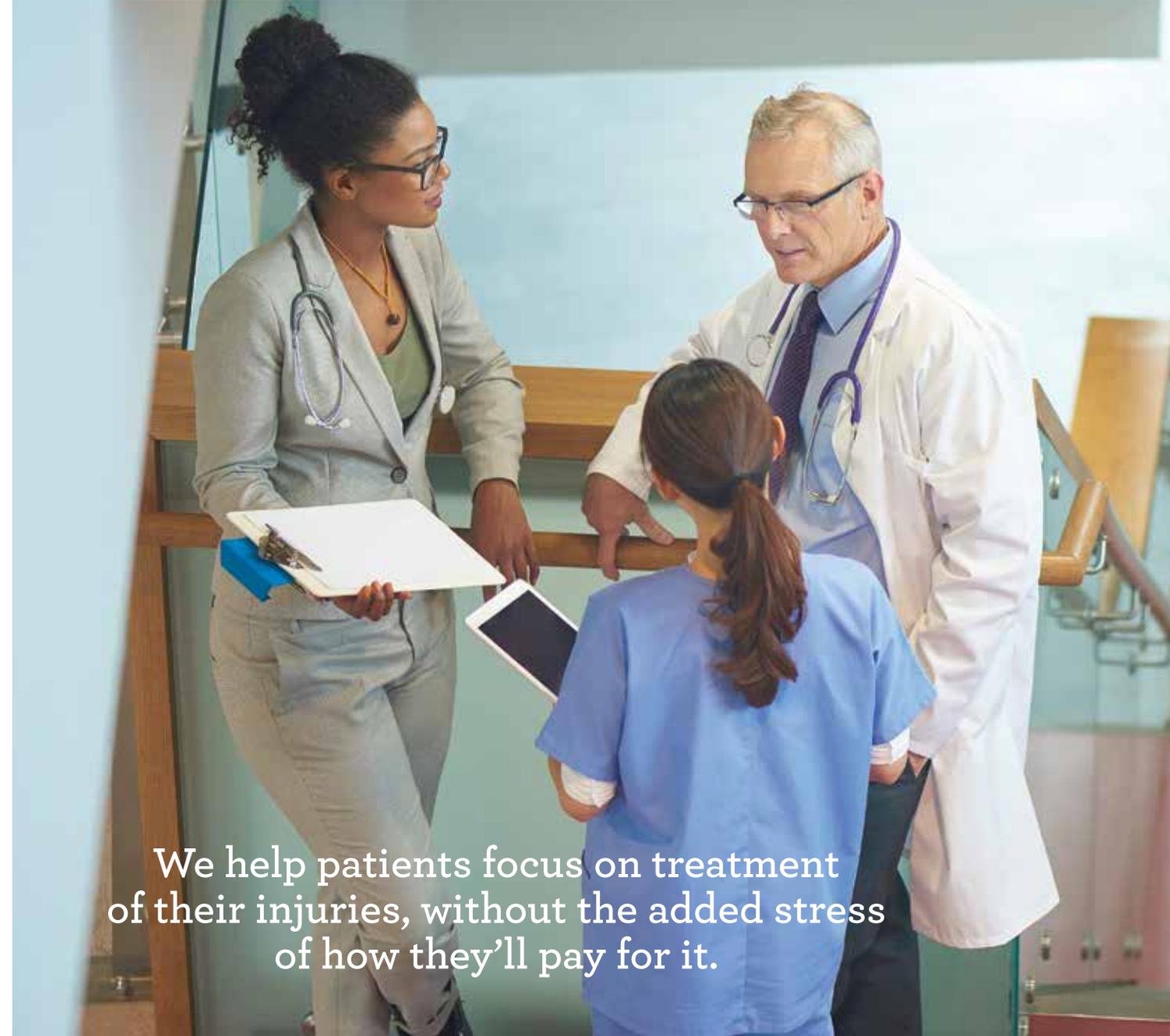
A PUBLICATION OF THE GEORGIA CHIROPRACTIC ASSOCIATION

WINTER 2019



2019 Legislative Preview –  
GCA Pursues Lien Law,  
Co-Pay Legislation

Fall Conference Recap



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# 2019 WINTER

Member app! p. 29 -  
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## ON THE COVER

GCA Past President Dr. Richard Buchanan (center) was voted GCA's 2018 Chiropractor of the Year. Dr. Philip Day received the Dr. Deane Mink Membership Award, and Dr. Dawn Barton Cadwallader won the Hazel Cotney Volunteer of the Year Award.

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# Cheers to a "Passion Filled" 2019



A LETTER FROM  
THE PRESIDENT

Already? To us "old timers," time really does fly! It seems like just yesterday I opened my office here in Macon. I remember looking around at the leaders of our profession. Many became mentors and the trait every one of these people had was "Passion." Passion for their chiropractic offices, passion for their profession and passion to fight for their profession!

Things were not always so rosy back then, either. Just like in 2019, there were insurance, legislative and medical bias issues in 1986 when I started as well. Some things never change.

Over the last several years of serving on the board, I have seen a resurgence of passion within our profession. GCA membership is up! GCA-PAC membership is up! These are essential if we are to keep up the fight for insurance and legislative parity. Face it folks, money talks!

These are exciting times - with good reason - to be positive and passionate about several big time legislative issues at the forefront. Locally, in Georgia, we have insurance co-pay parity and a new lien law we hope to get passed. Nationally, we have a Medicare parity bill. This is the biggest chiropractic federal bill I've seen in my practice lifetime! X-Rays, exams and therapy covered under Medicare! Wow! Who would have thunk it?

Fellow D.C.s, over the next several months we have some wonderful opportunities to show our passion for our great profession. We have to be ready to fight for chiropractic! Fight with our time and money. Oh, and with blood, sweat and tears if need be.

We have to let Atlanta and Washington D.C. know of GCA's passion. We must contact our senators and representatives and let them hear our passion. And plan on being in Atlanta on Feb. 14 to let them see our passion at Chiropractic Day at the Capitol. We plan on having more than 200 doctors at this annual event. There is power in numbers and we will make our voices heard in the legislature. You must be there!

Members, we need you. Non-members, we need you on our team to help us fight the good fight! And always remember that our GCA-PAC needs you as a member, as well. Remember, money talks! Will you show your passion to help your profession? Now is the time to do it!



**Dr. Clark Stull**  
President

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# Help GCA with Our Legislative Resolutions



EXECUTIVE INSIGHTS

Happy New Year!

Just as you have likely made resolutions for the new year, so too has the Georgia Chiropractic Association's Board of Directors.

Two of our resolutions will increase the parity of chiropractic in the state:

- A lien law to protect you in personal injury cases
- A co-pay law that would make the co-pay for chiropractic the same as the co-pay for primary care providers, providing greater access to chiropractic care for our patient

The Board of Directors will need YOUR participation to ensure these resolutions are realized. To help, you can:

- Attend Chiropractic Day at the Capitol on Feb. 14
- Join our grassroots effort by sending your home address to [vsmith@gachiro.org](mailto:vsmith@gachiro.org)
- Get to know your local legislators (invite them for coffee, stop by their district office, attend their town halls, etc.)
- Donate to the GCA-PAC ([www.gachiro.org/political-action-committee](http://www.gachiro.org/political-action-committee))

We are very excited about Chiropractic Day at the Capitol this year. Attorney General Chris Carr will be speaking at 9:30 a.m. regarding the opioid crisis in our state. We've also invited all state legislators to enjoy lunch with us beginning at 1 p.m.

The only way for GCA to pass lien and co-pay legislation is for you to get involved with our legislative efforts. I urge all of you to attend Chiropractic Day at the Capitol to meet with your legislators and make a difference. We'll be providing a free lunch. Call the GCA office today to RSVP at 770-723-1100.



**Valerie Smith, M.A., CAE**  
Executive Director

## WINTER 2019

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the Georgia Chiropractic  
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Founded 1912

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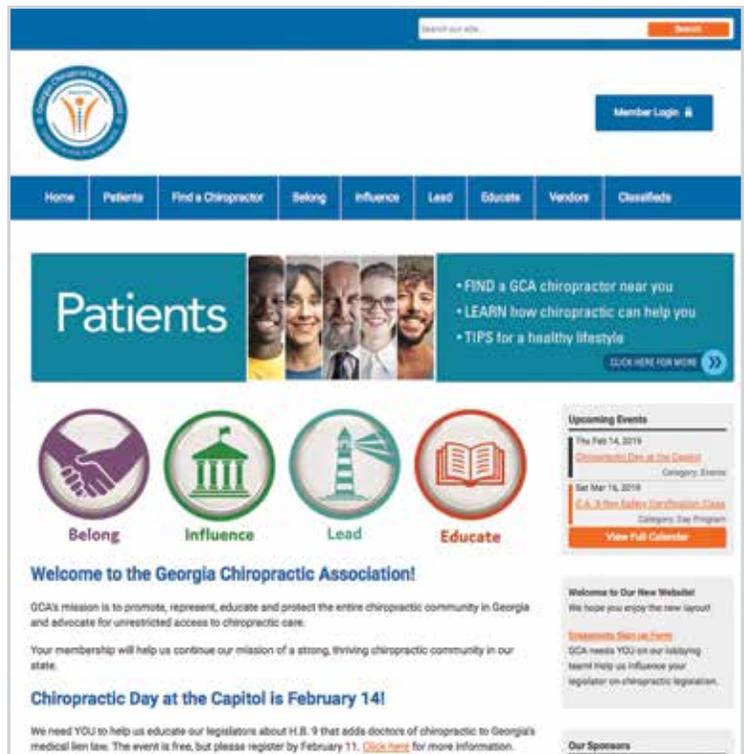
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# NEWS

## ASSOCIATION NEWS

### It's a New GaChiro.org

If you haven't been online lately, you need to check out our new website layout at [gachiro.org](http://gachiro.org). If you're a GCA member and you haven't signed in to our new website yet, you will need to reset your password. You can renew and check the status of your GCA membership, sign up for any of our continuing education and social events, check out the latest in chiropractic news and stay up-to-date on our legislative efforts (plus more!).



### New Member Benefit – Triad Aer

GCA exhibitor Triad Aer is now a member perk! Triad Aer is the leading supplier of indoor air purification products to the chiropractic profession. These products use technologies to actively purge indoor air of floating particles and volatile organic chemicals, and disinfect the air and surfaces of bacteria and viruses.

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It's a win-win for chiropractors and your state association. Call the GCA office at 770-723-1100 for more information and to get started in the program!

# Holiday Party a Smashing Success!



Thanks to the more than 100 attendees (including Santa!) who came to Tin Lizzy's Cantina on Dec. 6 for our fourth annual holiday party – it was great to see everyone and celebrate the end of the year! We'd also like to especially thank our Silver Partner American Health Imaging for sponsoring the 2018 event.



## CALENDAR OF EVENTS

**JAN. 16-18, 2019**

American Chiropractic Association's NCLC  
*Washington, D.C.*

**FEB. 2, 2019**

GCA Board of Directors Meeting  
*10 a.m.*  
*Macon, Ga.*

**FEB. 2, 2019**

Sips & Chips  
*The Bearfoot Tavern,*  
*4-6 p.m.*  
*Macon, Ga.*

**FEB. 14, 2019**

Chiropractic Day at the Capitol  
*9 a.m.*  
*State Capitol*

**MARCH 2, 2019**

Advanced C.A. Program  
*GCA Headquarters,*  
*10 a.m.-4 p.m.*  
*Tucker, Ga.*

**MARCH 16, 2019**

C.A. X-Ray Safety Certification  
*GCA Headquarters,*  
*10 a.m.-4 p.m.*  
*Tucker, Ga.*

**JUNE 7-9, 2019**

Spring Conference & Trade Show  
*The DeSoto*  
*Savannah, Ga.*

# Appropriately Ordering Higher-Level Imaging Based On Patient Need

## 14 Year-Old- Male Athlete With A Gibbous Deformity: A Case Study

### CASE STUDY

By Joseph J. Cipriano, D.C.

Ordering higher-level imaging is an integral function in a chiropractic practice. Unfortunately many clinicians order inappropriate testing for the suspected musculoskeletal condition being evaluated or the testing is ordered in an inappropriate time frame. Higher level imaging is appropriate when the patient is either not responding to conservative care or there is a condition that may need to be evaluated based on worsening patient complaints and physical examination findings. For uncomplicated spinal pain with no red flags, higher level spinal imaging is not recommended. This case that is being presented has a special circumstance.

### Patient Information

This patient is a 14-year-old football player with a relative prominent congenital gibbous deformity at L1 /L2. Deformities of this type occur to approximately 12 percent of the population. This patient had no spinal pain but both the patient's parents and school for which he is attempting to play for wanted him to be cleared to play football. This required a physical examination and, based on the deformity that was seen, imaging needed to be performed.

### Examination

This patient is quite large for his age. He is 5'8" and is 230 pounds. Thoracic range of motion was slightly limited in rotation bilaterally with no pain elicited. His lumbar range of motion is full with no pain elicited. There was slight tenderness at the level of the Gibbous deformity. There was no muscle spasm or facet joint tenderness.

Adams' Position was negative, Soto-Hall was also negative as was Chest Expansion test. Kemp's Test was also negative. The patient was neurologically intact with normal deep tendon reflexes, no loss of sensation and full muscle strength for both the upper and lower extremities. Based on physical examination finding this patient seemed physically fit to participate in sporting activities such as football. We still had the issue of this gibbous deformity that needed to be visualized for stability. X-Rays of his thoraco-lumbar spine were warranted in this case.

This patient is quite large and muscular for his age. X-Ray imaging was sub-optimal to visualize this deformity. The deformity is between L1 and L2. There is a 51 degree angle to this deformity. Although this deformity looks stable, I was not comfortable clearing this patient to play football unless I was able to see this deformity from a better perspective. Because this deformity is boney in nature, an MRI would not be the best choice to visualize this. MRIs are better suited for soft tissue such as intervertebral disc visualization. The better choice to visualize this deformity in this circumstance would be a CT scan. Because this deformity is at the thoraco- lumbar junction and this patient is subject to trauma playing football, I elected to order a CT reconstruction scan.

A CT reconstruction scan is a mathematical process which generates tomographic images from X-Ray projection data acquired at many different angles around the patient. The upside to a CT reconstruction scan is a much greater image quality than a normal CT scan, but radiation to the patient is increased. Based on the facts of

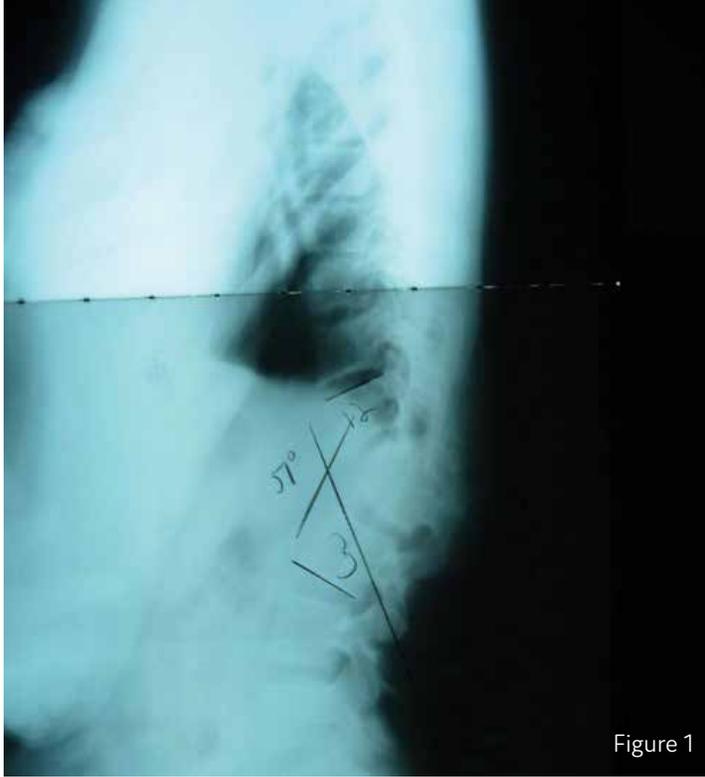


Figure 1



Figure 2

this case, the increase in radiation is offset by the image quality that was critically important for this patient.

## Findings

As you can see by the images shown on the right, image quality is superior to a normal CT scan. We can visualize this deformity in a 360° plane. We see the patient in an A-P plane. As more images are taken, the view of the spine starts to rotate in a counter clockwise direction. When we get to figure 3, we are now in the lateral plane where we plainly see this deformity with clear stability at the site of the deformity. We continue visualizing the deformity as the scan continues taking more images rotating the spine. This is now the P-A plane. As you can see, you can now visualize the spinous processes (Fig. 4).

As you can see, this higher-level of imaging was the best choice to image this deformity which was critical because of the patient's age and the sport for which he was playing. Based on this imaging, we see that this deformity was stable and he should not be in any increased risk for injury.

## Conclusion

In conclusion, we as clinicians should be able to properly determine what higher-level of imaging is appropriate based on patient presentation, physical examination findings, timing and any extenuating circumstances presented.



Figure 3



Figure 4



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#### GWINNETT

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## LEGISLATIVE PREVIEW

By Carly Sharec

# GCA Promoting Lien Law, Co-Pay Legislation in 2019

By all accounts, the Georgia Chiropractic Association has a busy 2019 legislative season ahead, as the association works to pass two bills to better serve patients across the state.

GCA board member and District 73 House Rep. Dr. Karen Mathiak is introducing lien legislation (H.B. 9), which will allow for a chiropractic practice to have a lien on a cause of action accruing to an injured person for the costs of care and treatment.

“This is the same lien right that hospitals, nursing homes, physician practices and traumatic burn care medical practices have,” Mathiak explained. “It’s a lien against such causes of action, and wouldn’t be against an injured person or any other property or assets.”

The lien also would not be evidence of a person’s failure to pay a debt, Mathiak further clarified. GCA is working on an informative Q&A sheet to hand out to legislators and other health care professionals to explain the legislation.

“We’ll be involving our grassroots committee on this one,” said Legislative Committee Chair Dr. John Webster. “Boots on the ground are always important, but we want to especially be loud on this one. It’s a great boon to have one of our own, Dr. Mathiak, paving the way for this legislation.”

GCA also continues to pursue Co-Pay Legislation, which never made it out of committee in 2017 and 2018. As it did not pass during the two-year cycle, the association is now seeking a new sponsor for this bill.

The original phrasing of the bill would prohibit insurers from “imposing a copayment, coinsurance, or office visit deductible amount greater than such charges imposed on a physician or an osteopath to an insured for services rendered by a physical therapist, an occupational therapist, or chiropractor.”

“This legislation is important for patients, especially for those who may only be able to afford a limited copayment,” Villines explained. “It’s important to the chiropractic profession that we take care of our patients by offering a safe and effective alternative to opioids for pain management. This is another way we can protect them and their wallets.”

GCA also continues to pursue copay legislation, which passed out of the Senate but never made it out of the House Insurance Committee in 2017 and 2018. This helps us to connect you with your legislators on important issues. You can join by calling the GCA headquarters at 770-723-1100.

## Important Dates to Remember

### JAN. 14

Opening Day for the 2019 Georgia Legislative Session

### JAN. 16-19

NCLC 2019 in Washington, D.C.

### FEB. 14

GCA Chiropractic Day at the Capitol

Beginning 9 a.m.; see [gachiro.org](http://gachiro.org) for the complete schedule and to RSVP



## GCA Signs Letter of Support for ACA Medicare Legislation

The Georgia Chiropractic Association Board of Directors voted to sign a letter showing support of legislation championed by the American Chiropractic Association to expand Medicare coverage of services provided by chiropractors within the scope of their license.

H.R. 7157, introduced in November 2018 by Rep. Erik Paulsen (R-Minn.) would allow Medicare beneficiaries to access the chiropractic profession's broad-based, non-drug approach to pain management. Access to drug-free pain management in Medicare as well as private health care plans has become increasingly important in the wake of the nationwide opioid crisis.

The bill adds no new services; it only allows access to those current Medicare benefits that chiropractors are licensed to provide.

"This new law would cover X-Rays, therapies, extremity treatment and exams in addition to adjustment of the spine," explained GCA President Dr. Clark Stull. "This gives our seniors and those with disabilities a safe and effective alternative to opioids.

"GCA is proud to show support for this bill," he added.



## Join the GCA Political Action Committee

A membership in GCA's Political Action Committee helps us continue to fight for chiropractic at the state government level. A strong PAC membership means our voices are more likely to be heard! You can learn more and join by visiting our website, [gachiro.org](http://gachiro.org).



# SAVE THE DATE!

## THURSDAY, MAY 16, 2019

For more information, email Mary Ellen Leffard, Director of Alumni Relations, at [MaryEllen.Leffard@LIFE.edu](mailto:MaryEllen.Leffard@LIFE.edu).

# 6th Annual Scramble for LIFE

## Proceeds benefit the Life University Student Scholarships

When: Thursday, May 16, 2019

Where: Governors Towne Club, Acworth

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# 106<sup>TH</sup> ANNUAL FALL CONFERENCE AND TRADESHOW

OCTOBER 19-21, 2018



## Everyone Was a Winner at GCA's Fall Conference

By Carly Sharec

Making the choice to attend the Georgia Chiropractic Association's 106th Annual Fall Conference & Trade Show was no gamble – it was a surefire success!

“It was, hands down, one of the best conferences GCA has put on in recent history,” said Immediate Past President and Conference Committee Co-Chair Dr. Leana Kart. “Everything came together perfectly, from our speakers to the special events. The venue was excellent, and we had so many great exhibitors this year, too.”

In the hustle and bustle of the weekend, GCA's newest officers assumed office, with Dr. Clark Stull taking the helm as the 2018-19 President. Dr. Philip Day was sworn in as treasurer, Dr. John Webster was sworn in as secretary and Dr. Michael Vaughn was sworn in as GCA's president-elect.

“I'm looking forward to the next year,” Stull said. “We have a lot of plans for the association – our members can expect our continued excellent service as well as added benefits and continued work on our anti-opioid campaign. And, of course, I hope to see everyone back again at one of our conferences next year. Our conference and education committees are already hard at work in planning these great events.”

This year's speaker line-up was particularly exciting, including Dr. William Moreau, who is the first vice-president of sports medicine with the United States Olympic Committee; he also served as the medical director for Team USA at the London 2012 and the Sochi 2014 games, and is the first D.C. to serve as a chief medical officer for a national Olym-

pic committee. He was Team USA's CMO for the Rio and Pyeongchang games.

Other speakers included Life University President Dr. Rob Scott and Vice President for Academic Affairs Dr. Tim Gross; posture expert Dr. Steven Weiniger; Dr. Reid Nelles from RockTape; Dr. Dave Hogsd from Standard Process; Dr. Dennis Buckley from Foot Levelers; chair of the Georgia Board of Chiropractic Examiners Dr. Mary Watkins; Dr. Steve Conway from ChiroHealthUSA; Burt Satcher, J.D.; and Aubrey Villines, J.D.

“We were so proud of the quality of the classes we were able to offer this year,” said Education Committee Chair Dr. Karen Mathiak. “Dr. Moreau was a captivating speaker. It was such an experience to be able to learn from him. We were also so honored to have Dr. Scott and Dr. Gross with us. They are true professionals in the field.”

The Fall Conference is also the time of year when GCA recognizes excellence among its members. Outgoing President Kart recognized Drs. Dawn Barton Cadwallader, Philip Day, Vince Erario and Noel Steinle with President's Awards, while Barton Cadwallader also received the Hazel Cotney Volunteer of the Year Award and Day received the Dr. Deane Mink Membership Award.

Past President Dr. Richard Buchanan won the prestigious Chiropractor of the Year honor.

“It's a true privilege to be awarded this by my peers,” Buchanan said. “I've greatly enjoyed being a part of helping our



**SAVE THE DATES**  
 GCA's 2019 conferences are:

<b>JUNE 7-9</b> Spring Conference Savannah	<b>OCT. 18-20</b> Fall Conference Atlanta
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association grow throughout the years, and I look forward to being a part of it for many years to come.”

Beyond the awards and classes, it wouldn't be a GCA event without some fun thrown into the mix – and the conference delivered, with the Las Vegas theme extending into a Casino Night Welcome Reception. GCA's very own Dr. Pat Sallarulo brought his Sinatra show to the group, while Elvis worked his magic.

Along with the Welcome Reception, attendees were invited to the Saturday President's Luncheon, and women once again were delighted by the annual Ladies' Tea, this year honoring Kart.

“Dr. Kart has been such a driving force for our association and for the chiropractic profession in our state,” said Dr. Noel Steinle, conference committee co-chair. “It was lovely to be able to recognize her at the tea with a beautiful ‘Queen of our Hearts’ theme.”

GCA's 2019 conferences will be June 7-9 at The DeSoto in Savannah, and Oct. 18-20 at Crowne Plaza Atlanta Perimeter at Ravinia.

“I'd love to see every member at one of these events... hopefully both!” Stull said. “Even if you already have your CE hours, mark your calendars to attend the GCA annual meeting during our Fall Conference. It's a great time to learn about what the association is up to, and how we can better help YOU as a member.”



# THANKS TO OUR EXHIBITORS AND SPONSORS!

We're very appreciative of our many exhibitors who helped make this show a success! We wouldn't be able to put on such great programming without your support, and we look forward to seeing you all again in 2019.

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Dr. Ray Foxworth is a certified Medical Compliance Specialist and president of ChiroHealthUSA. You can contact Dr. Foxworth at 1-888-719-9990, [info@chirohealthusa.com](mailto:info@chirohealthusa.com) or visit the ChiroHealthUSA website at [www.chirohealthusa.com](http://www.chirohealthusa.com).

# When It Comes to Growing Your Practice, **Think Small... Not Big** By Dr. Ray Foxworth

I have spent years talking to chiropractors across the country and one of the biggest dilemmas most of them share, myself included, is determining the clinic's fee schedule. We are torn between running a profitable business and giving our patients access to affordable health care – in many cases diminishing the value of our services and making us the target of unnecessary risk. If we're offering lower fees for cash than insurance, or discounts that are far beyond our cost of billing, or not charging for some services, it could trigger inducement violations. Many of the doctors I speak with have not evaluated or raised their fees in over five years. While we are all aware of changes to the economy, and increases in the cost of doing business, we often put ourselves in the position of working harder and longer hours to make the same, or less, money than we did in previous years. And all because we fear that any increase in fees will result in fewer patients getting the care they need in our office.

On July 12, the U.S. government released updated inflation numbers that showed annual increases ranging from 1.4 to 24.3 percent. Yet, as business owners and doctors, we can't bear the thought of raising our fees just a fraction after five years. In reality, there is a fixed cost for a patient visit in our offices. As business owners, we are setting ourselves up to lose money when we don't know what that cost is.

Reviewing your provider contracts is crucial to practice success. You must read your provider agreements and understand every stipulation that you are agreeing to with your signature. Far too often, doctors find out well after the fact that a procedure regularly performed in the practice isn't covered or is bundled under the terms of the contract. Additionally,

providers may choose to add a new service or product and find that their provider agreement allows for reimbursement at a level lower than the actual cost of providing that product or service.

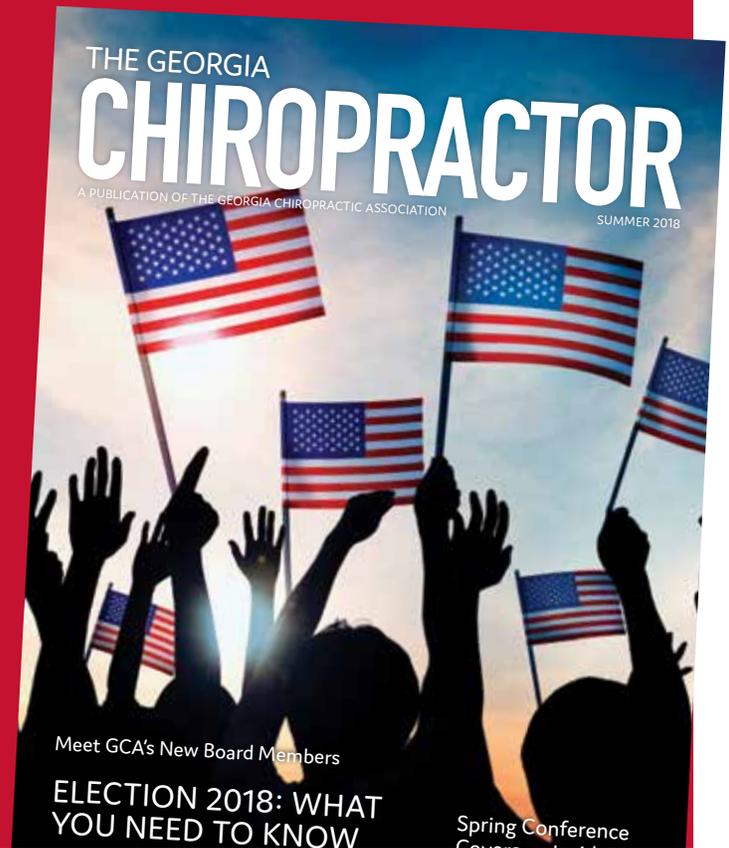
So, once you've gathered all the data, what's next? There are several websites (such as [chirocode.com](http://chirocode.com) and [fairhealth.org](http://fairhealth.org)) that provide fee calculators. These can give you an idea of "usual, customary and reasonable" charges and are usually listed by CPT code and zip code. Pulling published fee schedules (such as Workers' Comp) also lets you know if you are billing above, or below, UCR charges for your area. Take a look at these resources to see where you are versus other providers in your area. If your fees are lower, are you undervaluing the services you provide and leaving revenue on the table? Having this information available will give you a good idea of the overall financial health of your practice.

When I gathered this information, and considered raising my fees, I experienced a sense of dread. I felt that any increase, big or small, would turn patients away from my practice. What I didn't realize was that small adjustments to my fees could have a big impact on the financial health of my practice without burdening my patients with rising healthcare costs. For example, I discovered that by increasing my fees \$5 per visit (less than the cost of a cup of coffee), my practice would generate an additional month's worth of revenue per year.

Practice growth starts with taking small steps in the right direction. You don't have to dramatically increase your fees to improve your practice value and raise the perceived value of your services.

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# Chiropractors Keep Eye on National Medicare Legislation

## ACA Promotes the Introduction of H.R. 7157



Championed by the American Chiropractic Association, H.R. 7157, introduced on Nov. 16, 2018 by Rep. Erik Paulsen (R-Minn.) would allow Medicare beneficiaries to access the chiropractic profession's broad-based, non-drug approach to pain management, which includes manual manipulation of the spine and extremities, joint mobilization, soft-tissue massage techniques, physiological therapies, exercise instruction and activity advice.

Access to non-drug approaches to pain management in Medicare as well as private health care plans has become increasingly important in the wake of the nationwide opioid crisis, according to an ACA press release.

According to GCA member and ACA spokesperson Dr. Robert Hayden, the ACA has hired the Capitol Hill Consulting Group to "add extra strength to its efforts to pass federal legislation that would grant parity to D.C.s by allowing them to perform to the fullest scope of their license in Medicare.

"This lobbying group has strong contacts within the U.S. House Ways and Means Committee, which will play a vital role in helping any pro-chiropractic Medicare legislation to gain momentum in Congress," Hayden added.

## ICA Urges Caution on H.R. 7157

The International Chiropractors Association's Legislative and Medicare committees have thoughtfully reviewed the recently introduced H.R. 7157, and strongly urge caution, according to a press release on the matter.

"The proposed Medicare coverage expansion bill as written falls short of the needs of the chiropractic community and undercuts the recognition of chiropractic in federal law as a separate, distinct, drugless and non-surgical alternative form of health care," the press release states.

The framework of the current bill, according to ICA, would allow D.C.s to be compensated for all services within their scope of practice; in some states, that would include prescribing and surgery authorization. Georgia's scope of practice does not allow for these things.

ICA does not currently support the bill as written and recommends caution to the profession regarding the language in the legislation. They are in the final stages of crafting their own Medicare legislation.



After careful review and with input from GCA attorney and lobbyist Aubrey Villines, the GCA Board of Directors has joined 37 other states and the Congress of Chiropractic State Associations in signing a letter of support for H.R. 7157.

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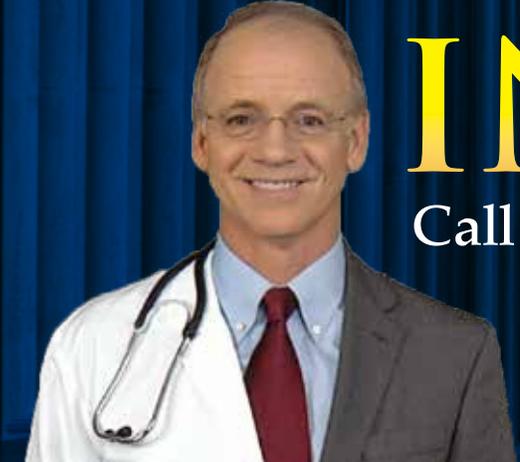
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\*Attorney Ted Greve is a Georgia licensed doctor of chiropractic. He practices only law.



## THE FRONT LINE

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



# What to get in place for a successful 2019

With 2019 just beginning, it is a good time to take stock of what worked well for you in 2018 and what you want to change or improve for the new year. That being said, it is important you remember the following to make sure you start off on a good foot in regards to claims billing:

**First**, be sure to get copies of all insurance cards from patients. 2018 in particular saw a huge change with regards to Medicare. Medicare patients were issued new cards containing ID numbers that did not include their Social Security numbers. If you weren't already obtaining those cards, you need to make sure you do so now.

**Second**, make sure you are checking benefits. Whether you choose to do those online or over the phone or perhaps both, it is imperative that you check your patient's benefits instead of just assuming that they are the same as the previous year. In addition, you want to make sure that you are aware of any limitations on the policy.

**Third**, have your patient sign a new assignment of benefits form. This is particularly important especially if your patient has a new insurance policy or their existing policy has changed in some form or fashion. Even if it is the same insurance as they had last year, if the ID number has changed, then technically the policy is different.

**Fourth**, whether you are submitting your claims electronically or dropping to paper it is important to recognize that the story you're telling the insurance company is based upon the information you're supplying on the claim form. Therefore, it is important to make sure that you are completing everything accurately. The top half of the claim form as we all know is the part that explains who the patient is, the insured is, the pertinent insurance information and whether it is accident related.

“First, be sure to get copies of all insurance cards from patients.”

The bottom half of the claim form is the part that says what was done (CPT coding), when it was done (dates of service), who performed the services (provider NPI) and what was the reason for the services (diagnosis coding). What is most important to remember is that your claim forms need to be a direct reflection of what is listed in your documentation.

One of the easiest mistakes to make is not updating or changing the patient's diagnosis according to what is documented in the patient's records. Keep in mind that even when a patient has an exacerbation of an existing condition, the illness date will change (Box 14) even if the diagnosis remains the same.

Keeping with the topic of Box 14, Medicare specifically states that the date listed should be the date of the “initiation of the course of treatment.” Which means that if your Medicare patient states that their onset date of illness is July 15, 2015 but they begin treatment with you on Jan. 2, 2019, the illness date should reflect 01/02/2019.

Insurance billing and coding can seem like quite the undertaking to the novice and even to those with more experience. But if you are organized, keep on task and continually educate yourself, those attributes will serve you well for a successful 2019.

## INSIGHTFUL IMAGING

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



# Limbus Bone Seen in Cadavers

The limbus bone (aka vertebral edge separation) is seen in about 5 percent of cadavers. In reality, the limbus bone represents a type of Schmorl's node occurring along the very anterior aspect of the end-plate. The theory is that during adolescence the cartilaginous end-plate softens to allow for growth during the growth spurt. The softened end-plate increases the chance of the nucleus herniating through which in this case is so far anterior that it displaces the anterior corner of the vertebra from the rest of the segment.

Clinically, there may be pain for a short period at the time of development which can produce adjacent bone marrow edema on a MRI. However most limbus bones are seen in a healed state as an incidental finding with no pain or real clinical significance.

The classic spinal X-Ray finding of a limbus bone is an oblique lucency at the anterior superior corner of the vertebral body resulting in a small triangular piece of the vertebral body being slightly displaced from the rest of the segment. In the healed state the edges will be smooth and corticated differentiating from fracture. L2, L3, and L4 are the most common locations but limbus bones may occur at L1 and L5, as well. In the healed state the limbus bone does not typically alter any form of conservative care.



(Figure 1). At the superior aspect of L4 there is a smoothly corticated triangular fragment of bone slightly displaced from the remainder of the vertebral body.

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](mailto:jccarterdc@gmail.com).

## MEMBER SPOTLIGHT

By Carly Sharec

# From California to Canton: Daniel Turner Exchanges Fighting Career for Chiropractic

A college sports injury led Dr. Daniel Turner away from his expected career of becoming an M.D. to the path of a D.C. during his life in California.

“I was in a fight camp, and I ended up getting an injury to my wrist,” the former mixed martial arts fighter explained. “I went to go see an orthopedist at school, and it was a horrible experience. The guy was in and out of the room, giving me prescriptions for Vicodin and muscle relaxers. He never touched me.”

As a fighter, Turner was sponsored by a chiropractor at that time. Turner, who had never used chiropractic care before, decided to give it a try.

“He spent a lot of time in there with me,” he explained. “He really worked on everything. It probably took about 30 minutes. He adjusted a rib back in place, and I never knew ribs could pop out of place at that point. I left that office

probably about 75 percent better.

“I ended up talking with him about chiropractic overall, and that’s when I knew it was the career path for me.”

Turner ended up becoming an intern and eventually an associate at that same office once he graduated as a D.C. from

the Southern California University of Health Sciences in 2009. While practicing in California, he worked with several professional athletes and sports teams, building up his own practice.

Eventually, fate and family would lead Turner and his then-wife to Georgia, where he has been practicing at DT

Chiropractic in Canton since 2014. While the marriage didn’t last, his love for Georgia did and he’s enjoying raising his children in the state.

“I love the people out here,” he said. “They’re just honest, down-to-earth people. And one of the things I love about Georgia is all of the trees ... you don’t really have that out in California!”

And in his spare time, Turner remains pretty busy with three young children.

“I have three kids – I have no hobbies!” he said, laughing. “The kids really run my life right now, but we all love baseball, so we play a lot of baseball in this house. We’re constantly going to different games and tournaments. I also want to travel a lot more than I currently do, so hopefully that will happen at some point.”

But his fighting days may be behind the 39-year-old.

“I would like to get back into training jiu jitsu,” Turner said. “But at this point I’m worried about injuring myself and the livelihood of the practice.”

Turner himself is becoming rather well-known throughout GCA as a dedicated member volunteer. He belongs to multiple committees, including the editorial and membership committees.

“Eventually, fate and family would lead Turner to Georgia, where he has been practicing at DT Chiropractic in Canton since 2014. He’s enjoying raising his children in the state.”



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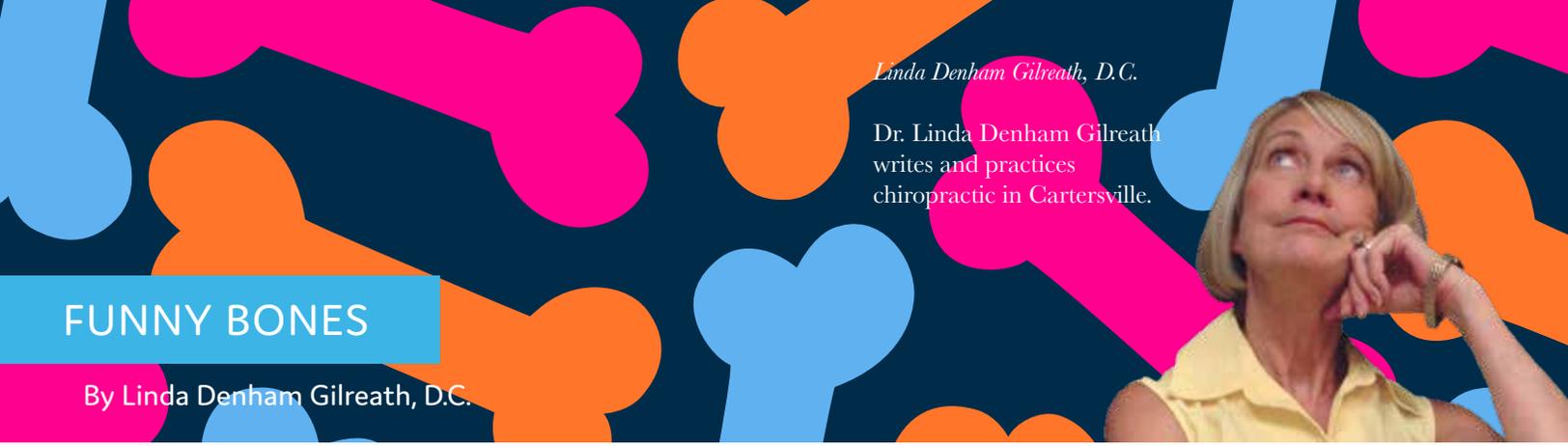
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Linda Denham Gilreath, D.C.

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

## FUNNY BONES

By Linda Denham Gilreath, D.C.

# Technology is the Best Frenemy

My Grandma Womble lived days shy of her 100th birthday. Born in 1900, she experienced inventions that ranged from the use of airplanes to man landing on the moon. We often speculated just how much the world changed during her lifespan.

Fast forward to my life, the transmission of sound has gone from the 4-foot-tall radio with tubes to the CD. The trusty old Underwood typewriter has been replaced by progressively more powerful and faster computers. Through all this change I have discovered technology is Not My Friend, or NMF.

Take the telephone. No one lost their telephone when I was growing up. Perhaps it was missing from the hall telephone shelf – but that was because my brother had stretched the cord so he could have privacy in the hall closet. Years went by with only minor modifications. I believe the trouble began when they started monkeying with the rotary dial. The push button technologists probably were plotting all along to cause chaos when they came up with the cordless phone. Did they not realize we needed a cord? It was a long and winding cord that led us back to our phone.

Not to be outdone, some Chatty Cathy went just a little too far when they came up with the car phone. No one lost that, of course. It was as big as a tank and weighed as much as an anchor.

Next thing you know, the phones became smaller and smaller. That technology coincided with the decline in my close-up vision. That is when I understood that size really did matter. I found, once again, technology was NMF.

We can hardly call our cell phones simple phones – they are communication devices. I can call, text, send emails, get step-by-step driving directions or hear Phillip Phillips any time I want.

What I can't do is find my phone.

Early on, I learned the perils of turning my sound off. That is when I got a second cell phone; they just do not stand up to ring when you leave them on the picnic table.

Once I mastered that lesson, I became proficient in calling my phone to locate it. Home is often my most frequent caller.

I have made more friends since I upgraded my phone technology. Jay from the phone store is my new best friend forever. He put me in a red phone case so I could locate my phone without a landline. This worked well until my last phone destruction incident. My new larger phone didn't have a colorful case on the shelf, yet. I knew that I was stressed when I started carrying my phone in a beer koozie. Technology is NMF.

Cataracts came on about the time electronic notes became the status quo. No, I could not use a tablet. The glare from the fluorescent lights gave me a blinding headache by noon. Besides, I kept losing that magic pen. I finally purchased a 17-inch screen laptop while my peers were using iPads. I loved that thing. I could see and type on it. I found myself inserting lots of free text because I am so verbose. I told my patients that I would be using the drive-in movie screen by the time I retired.

I felt vindicated when I visited a much younger doctor who was carrying around the very same laptop. I commented that I used the same computer. He said that he had used a tablet but his mother-in-law traded him the ginormous laptop for it.

Technology is NMF, either.

*Editor's note: This particular version of Funny Bones originally ran in The Georgia Chiropractor's Fall 2015 issue.*





**CHIROPRACTIC OFFICE FOR SALE** - south of the airport. Fully equipped with Xray zenith tables and ChiroTouch software. The price is 50 thousand dollars non negotiable. A qualifying letter from a bank is required before any info will be shared or any in house visit will be done. The clinic is price right and is making money. Contact me via email for any additional information at ledinoff@thedinoffschool.com or call 770-375-5044

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