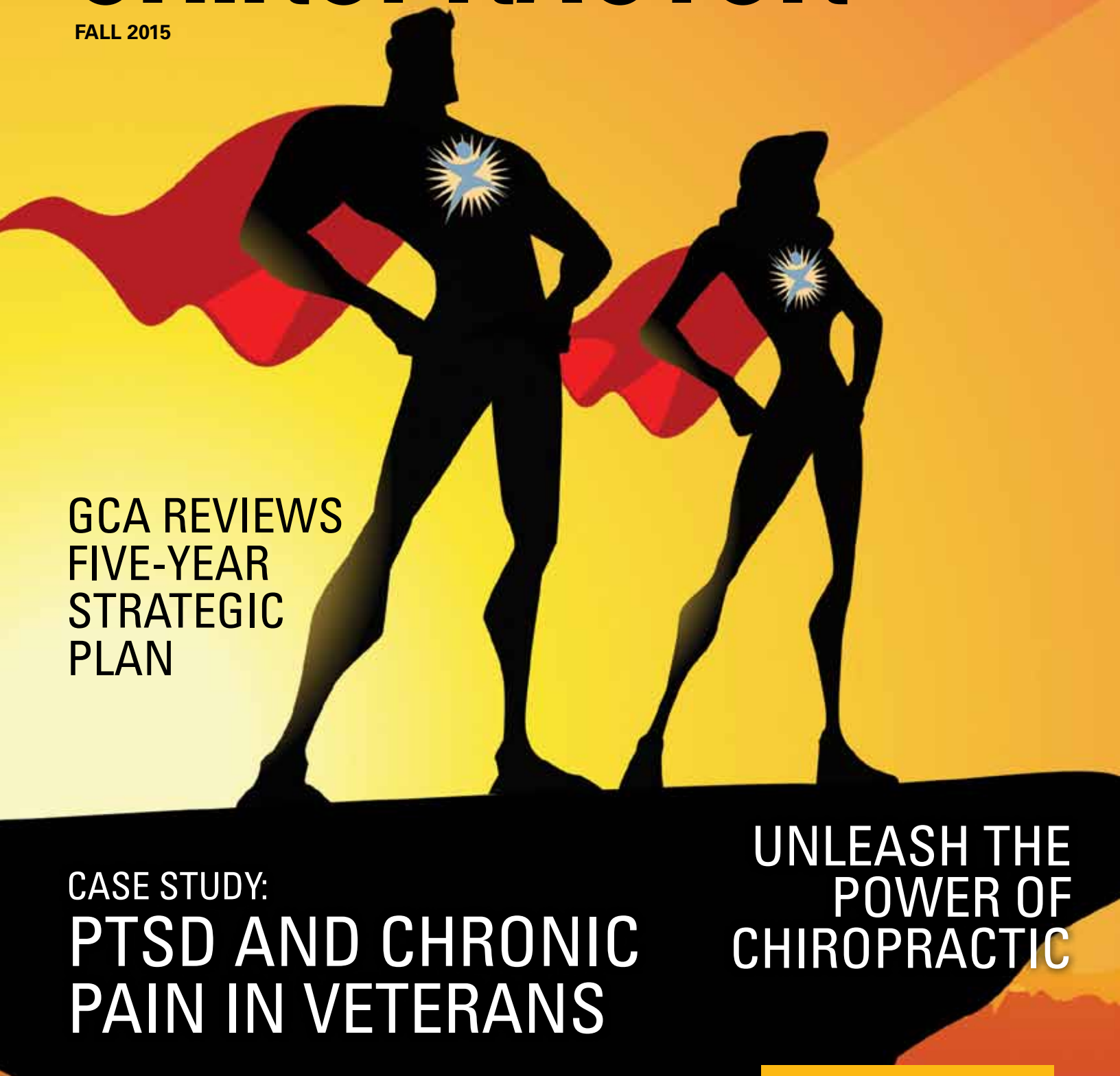
THE GEORGIA CHIROPRACTOR

FALL CONFERENCE COVERAGE!

FALL 2015



GCA REVIEWS FIVE-YEAR STRATEGIC PLAN

CASE STUDY:
PTSD AND CHRONIC PAIN IN VETERANS

UNLEASH THE POWER OF CHIROPRACTIC

A PUBLICATION OF THE GEORGIA CHIROPRACTIC ASSOCIATION

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FEATURES

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Thank You GCA Volunteers

Amazingly, it is almost a year since taking the oath of office to lead the GCA. The staff, board of directors and committees have been working diligently to understand the purpose of everything the GCA does to serve the chiropractic profession and its patients in Georgia. The process of being a part of something bigger than ourselves has certainly not been lost on the hardworking volunteers who give of their precious time and resources. We have had dramatic successes over the last year and have steps in place to continue to make progress in serving the profession more efficiently and effectively and to remain relevant for the practicing chiropractor.

Some of the accomplishments over the last year have been to improve communication, streamline staff, save money, improve organizational efficiency, reach out to other groups and increase the amount of fun we have while doing it. As Diane Hamby, our incredibly efficient director of membership and operations recently stated, "I never knew you could be this happy at a job!" I will speak more specifically on these topics at the annual meeting during Fall Conference. I hope to see you there.

As you read this, the GCA Board of Directors has already had its September board meeting. We chose to celebrate the 120th anniversary of chiropractic by holding our meeting on the campus of Life University. We appreciate their hospitality and look forward to a positive and interactive relationship with LIFE and the future doctors of chiropractic it educates. Special thanks to Ms. Mary Ellen Leffard with the university for being our tour guide.

The GCA runs on a strategic plan, carried out by passionate volunteers and staff. At the end of this month, Drs. Edwin Davis and Richard Buchanan will be sworn in as your president and president-elect respectively. I can tell you being at the helm has been hard but rewarding. Encouragement is just as welcomed as feedback, in fact more so. The end of this month also signifies the stepping down of a man who has held this association upon his shoulders for two decades. Dr. Ed Cordovado has been continuously on the board of directors for 20 years. The GCA has benefited greatly from his altruistic nature along with his wisdom and knowledge. Please take a moment out of your day to thank him for his service to our profession.

As I conclude my last president's message, I would like to leave you with a thought and an action step. It concerns me deeply that I still see those whose goal is to keep us divided. Mostly, they are fellow chiropractors with talk of "us and them" and all the terms that separate D.C. from D.C. They stand on stages and rile up attendees, they write blogs and magazines and blast it out to the profession and beyond, they go and speak to legislators about their own agendas. Until this becomes so unacceptable to you that you speak up against it, we will not have a unified voice. I encourage you to BE the person who finds divisiveness hurtful and DO things to let divisive people know their rhetoric is not acceptable. Only then will we HAVE the profession we want to have. Thank you again for loving what I love. It has been a pleasure to serve.

Tremendously, **Charlie Weiss, D.C.** • President

Georgia Chiropractic Association

THE GEORGIA CHIROPRACTOR

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Founded 1912

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A New Day at GCA

This has been a year of great change at the GCA headquarters. Our Director of Member Services Terrence Cherry became seriously ill and was unable to return to work; our Executive Director Mike Walsh accepted a position at another association; and bookkeeper Rose Griffeth retired after many years of faithful service.

While this staff turnover was challenging, it provided the GCA staff and Board of Directors the valuable opportunity to look at the association with fresh eyes, assess what is working and what is not and recommit ourselves to helping Georgia chiropractors thrive.

We are continually looking to improve and streamline our processes to better serve the chiropractic community. Director of Membership & Operations Diane Hamby has worked to ensure billings are current, while our newest staff member, Director of Communications and Events Carly Sharec, is exploring ways to promote our members on social media for an added membership benefit.

The staff is committed to providing warm, friendly and exemplary customer service to our members, always considering ways to enhance member benefits and ensuring our members have the tools, education and resources they need to succeed.

Our upcoming 103rd Annual Fall Conference & Trade Show is the perfect opportunity for doctors of chiropractic to experience why it is a new day at GCA. I am very excited about our speaker lineup this year (see page 14 for details) as well as our fun superhero theme. Don't forget to come to the Awards Dinner as your favorite superhero!

I look forward to serving as your executive director!

Valerie Smith, M.A. • Executive Director

NATIONAL NEWS

ACA Promotes #PainFreeNation after Report Finds Majority of Adults Experience Pain

Anthony Hamm D.C.

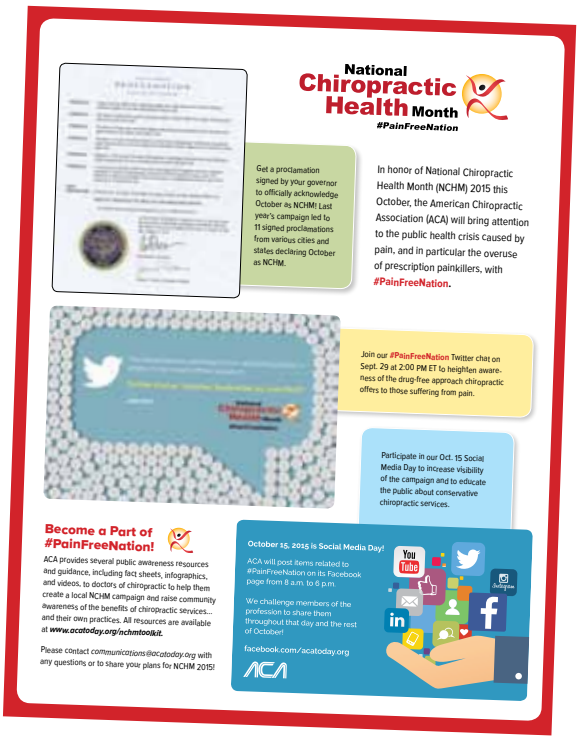
Most Americans have experienced physical pain at some level in their adult lives, according to an analysis of the 2012 National Health Interview Survey by the National Center for Complementary and Integrative Health.

"The American Chiropractic Association is encouraged that NCCIH's research priorities include the study of complementary approaches to pain management, including chiropractic services," said ACA President Anthony Hamm, D.C. "Integrated approaches can offer patients a higher degree of safety and help address opioid overuse and abuse in the United States by reducing the necessity for prescription pain medications."

Throughout National Chiropractic Health Month in October, the association will work to bring attention to this public health crisis, including the overuse of prescription painkillers. This year's theme, #PainFreeNation, is part of the chiropractic profession's ongoing efforts in educating the public about the value of exhausting conservative forms of care for both acute and chronic pain before resorting to prescription painkillers and surgery.

"NCCIH's analysis found that chiropractic services remain one of the most popular non-drug approaches, with more than 19 million patients having received spinal manipulation in the previous year for pain management," Hamm said. "ACA is hopeful that as additional research demonstrates the effectiveness of conservative forms of care for pain management, more Americans will experience the benefits in the form of improved health and quality of life."

Just earlier this year the Joint Commission, which certifies more than 20,000 health care organizations and programs in the United States, revised its pain management standard to include chiropractic services and



Become a Part of #PainFreeNation! All resources are available at www.acatoday.org/nchmtoolkit

acupuncture. Clinical experts in pain management, who provide input to the commission's standards, affirmed that treatment strategies may consider both pharmacologic and nonpharmacologic approaches.

For the association's #PainFreeNation campaign, ACA will offer chiropractors resources to help them share information about a more conservative approach to pain management, and why it's especially significant to today's patients.

"Each patient is unique, and care plans should be tailored to focus on what is the safest, most effective treatment for the individual," Hamm said. "Chiropractic physicians stand ready to work together with medical physicians to help address this epidemic that has caused unnecessary suffering, enormous loss of human potential and massive financial and personal costs."

For more information about the #PainFreeNation campaign, visit ACA's website at acatoday.org.

Study Finds Increased Role of Chiropractors in On-site Corporate Health Clinics

People with access to on-site clinics at their workplace may find they also have access to chiropractors, thanks to a growing trend.

A position paper released by the Foundation for Chiropractic Progress has found the role of chiropractic care has grown, optimizing clinical and financial management of neuromusculoskeletal conditions in the workforce.

"At Cisco's LifeConnections' Health Center, having doctors of chiropractic working closely with the medical team has helped reduce our musculoskeletal spend, and patients consistently give high patient satisfaction scores," said Katelyn Johnson, Integrated Health Manager at Cisco. "The integrated care team of chiropractors, acupuncturists and physical therapists is critical to achieve our Patient Centered Medical Home model."

The paper, "The Growing Role of Doctors of Chiropractic in Corporate On-Site Clinics," was authored in part by Gerald Clum, D.C., president emeritus of Life Chiropractic College West and director of The Octagon at Life University.

The report associates on-site chiropractic services with lower use and subsequent costs of radiology services, outpatient and emergency settings and physical therapy. On-site care may also promote less use of costly health care services, according to an article in the *Journal of Occupational and Environmental Medicine.*

In the workplace, low back pain ranks second to upper respiratory conditions as a stated cause for loss of work, with treatment costs exceeding $50 billion annually in the United States, according to the *Archives of Internal Medicine*. Experts predict that on-site corporate health clinics will grow at a rate of 15-20 percent annually in the coming years.

"Employers are wise to hire the right mix of providers - those who provide cost-effective, quality care," said Laura Carabello, strategic adviser for the foundation and co-author of the paper. "As the sector gains sophistication, I expect chiropractic will become a well-respected service offered at most on-site clinics."

Federal Agency Clarifies Language in Affordable Care Act

The Centers for Medicare and Medicaid Services have clarified a section of the Patient Protection and Affordable Care Act that led to some states improperly limiting patient access to doctors of chiropractic and other qualified health care providers.

"This clarification signifies a remarkable achievement for ACA and its health care association partners in ensuring that all patients have free and fair access to the providers of their choice," said Anthony Hamm, D.C., president of the American Chiropractic Association.

The centers replaced a Frequently Asked Questions document establishing a more reasonable standard for Section 2706(a) enforcement that's more in line with the association's understanding of the issue.

A key dimension to Section 2706(a) is patient access to covered services from licensed chiropractors and other non-medical or Doctor of Osteopathic providers.

Implementation of the law had been hampered in part by flawed information distributed in 2013 by the Health and Human Services' Center for Consumer Information and Insurance Oversight, leading some states to limit patient access to qualified health care providers, including chiropractors.

The FAQs were prepared jointly by the U.S. Departments of Labor, Health and Human Services and the Treasury.

"We would suggest that this new language strengthens the point that singling out chiropractic care for special discriminatory treatment is a clear violation of Section 2706(a)," Hamm said. "The new FAQs reflect ACA's impact on this issue, as we were instrumental in all points that the new document referenced."

CASE STUDY

Post Traumatic Stress Disorder and Chronic Pain in an Iraq War Veteran

By Robert Hayden, D.C., Ph.D., F.I.C.C.

THE NEXUS OF PTSD AND CP

There is a growing, although still inadequate, body of literature documenting and discussing the comorbidity of post-traumatic stress disorder and chronic pain. The combined effect frequently gives some degree or combination of affective distress and physical disability. It has been suggested that the comorbidity may have a synergistic effect in that it makes each component more difficult to treat [1].

The International Association for the Study of Pain tells us that chronic pain involves "suffering from pain in a particular area of the body (e.g., in the back or the neck) for at least three to six months [2]." Chronic pain lasts longer than is reasonable for healing to have taken place.

Numerous studies reinforce our clinical experience suggesting that CP is associated with clinical depression [3-5]. Frequently, we see the evidence of clinical depression in our initial interactions with patients who, for whatever reason, do not heal.

PTSD is an anxiety disorder that may be a sequel to a "terrifying event or ordeal in which severe physical harm occurred or was threatened. Traumatic events that may trigger PTSD include violent personal assaults, natural or unnatural disasters, accidents, or military combat. [6]" Close to 8 million Americans suffer from PTSD, and it has adversely affected up to 20 percent of Iraq War veterans.

Patients who suffer from CP are more likely to have a history of an event leading to PTSD. A prevalence of PTSD with CP was 35 percent compared with 3 percent in the general population [7]. Among people with chronic low back pain, the comorbidity was 51 percent [8].

People with PTSD tend to be physically, psychologically or emotionally upset when reminded of the traumatic event that triggered the initial injury. For people with CP, the pain may serve as a reinforcing reminder of the traumatic event [9].

BRIAN

Brian is a 43-year-old Caucasian male. He is an Army veteran who served in the Iraq War. He has recently remarried and lives with his wife and two children. He was well-developed and well-nourished, though he appeared fatigued on the day he came to the clinic.

In the course of his two tours of duty, he was involved in six incidents involving improvised explosive devices, or bombs that insurgents planted on the roads to kill American troops. He survived multiple traumas, but emerged with chronic low back pain, hearing loss, chronic headache, sleep deprivation and mood swings that involved violent reactions to sudden noises or interruptions at work. He stated he saw things too horrific to discuss with anyone. He was diagnosed with traumatic brain injury and PTSD by the Veterans Administration.

The worst of his pain seemed to be in the lower lumbar spine. It radiated into the posterior calves bilaterally. He characterized this pain as constant day and night, sharp at times, and associated with significant difficulty walking. He also had pain in his upper thorax and lower cervical area with occasional severe headaches. His headaches also involved some blurred vision and nausea when they were severe. Tinnitus was also a part of his daily life, unrelenting day and night.

He was employed in shipping and receiving in a large warehouse, where noise might be loud and sudden. His coworkers knew of his PTSD and modified their work style around him because sudden noises would sometimes evoke forceful defensive action from Brian.

Brian enjoyed the outdoors, going

Activities of Daily Living (ADLs)

Activity	bending	carrying	driving	housework	lifting	running
Current level of difficulty	7/10	5/10	4/10	7/10	7/10	8/10
Prior level of difficulty	0	0	0	0	0	0
Comments			Difficult getting in and out of the car			Used to run five – 10 miles daily

hiking or fishing as often as once a month. He rated the difficulty of doing these activities and enjoying them as 10/10 because of the CP. Indeed, many activities of daily living that were once effortless were increasingly difficult for him (see ADL table).

PHYSICAL EXAM

The right ilium and right shoulder were both higher than their counterparts by approximately 1 cm each.

Palpation revealed taut and tender lumbar extensor muscles as well as cervical extensor muscles, with trigger points in the upper trapezii and rhomboids bilaterally. In the cervical exam, Bakody's sign was negative. Foramenal compression produced biateral cervicothoracic pain, while the pain was reversed with cervical distraction.

The lumbar exam showed a negative heel walk/toe walk test, a positive Patrick's test on the right, a negative straight leg raiser, and positive Minor's sign on the right.

IMAGING

AP and lateral cervical spine X-rays revealed a good lordotic curve with disc spaces well preserved. Bones were normally formed with good density. There was a right convexity in the upper thoracic spine that continued into the lower cervical segments, suggesting a degree of muscle spasm or antalgia. Soft tissue was within normal limits.

AP and lateral lumbar films revealed a complete fusion of L5 to sacrum (transitional segment). There was a retrolisthesis of L4 on L5/sacrum of approximately 10 mm. Disc spaces were well preserved. Soft tissue was within normal limits.

INTERVENTION

The retrolisthesis of L4 was likely the source of much of his localized pain. Not only might it pressurize the dorsal root ganglia/nerve root at that level, it may also cause facet pain. There was also a significant element of sacroiliac pain emanating from the right side (positive Patrick's test). Accordingly, Gonstead side-posture technique was used to adjust the right ilium, then the L4 segment was adjusted from posterior to anterior with good result. Diversified technique was used to adjust C3 and C5 with the patient supine. A Thompson anterior adjustment was done at T4 to address a fixation at that level.

Assisted knee – chest stretches were performed and taught to Brian to improve his flexibility.

Brian stood from the table pain free from this single adjustment. He walked through the clinic to test his realignment, returning to the room to sit on the table, crying in relief and in frustration that it took this long to find an answer. He has had no significant pain since the initial adjustments.

DISCUSSION

Like so many of our patients, Brian came to us as a last resort. He came on the recommendation of a friend whose experience with conservative care had been very positive. We see it all the time - the patient who comes because they've tried everything else. The trauma of war, painful wounds and the suppression of his personality and spirit were all evident.

In Brian's case, a physical pain source was not just an aggravation. It was a reminder of the horrors of a war we cannot imagine. A positive feedback loop ensued: His pain reminded him of the war, which intensified his PTSD. Removal of the pain source broke the chain of events in the feedback loop.

Brian's life changed immediately. With his pain finally reduced to the point of insignificance, his personality changed, or perhaps just reemerged. His wife and coworkers noticed significant changes in his behavior and reactions to daily stresses.

Brian had identifiable physical sources of pain that can be treated by conservative means. Unfortunately, his limited access to chiropractic care in the Veterans Administration has limited his care options to pharmacological intervention which has proven wholly ineffective.

Brian is an icon of thousands of soldiers like himself who have returned from the field of battle. If they have not been wounded directly, the majority of them have returned with neck and back pain that can be conservatively treated with what chiropractors uniquely provide.

SOURCES

[1] Otis, J. D.; Keane, T.M.; Kerns, R.D. (2003) An examination of the relationship between chronic pain and post-traumatic stress disorder. Journal of Rehabilitation Research and Development, Volume 40 Number 5, September/October 2003, Pages 397 - 406 [2] Rosomoff, H.L., & Rosomoff, R.S. (1991). Comprehensive multidisciplinary pain center approach to the treatment of low back pain. Neurosurgery Clinics of North America, 2 (4), 877-890. [3] Turk, D.C. (1994). Detecting depression in chronic pain patients: Adequacy of self-reports. Behavior Research and Therapy, 32, 9-16. [4] Lindal, E. (1990). Interaction between constant levels of low back pain and other psychological parameters. Psychological Reports, 67, 1223-1234. [5] Schuster, J.M., & Smith, S.S. (1994). Brief assessment of depression in chronic pain patients. American Journal of Pain Management, 4 (3), 115-117. [6] Psychology Today online article: https://www.psychologytoday.com/conditions/post-traumatic-stress-disorder [7] Asmundson, G.J., Bonin, M.F., Frombach, I.K., & Norton, G.R. (2000). Evidence of a disposition toward fearfulness and vulnerability to posttraumatic stress in dysfunctional pain patients. Behaviour Research and Therapy, 38, 801-812. [8] DeCarvalho, L.T. (2003). Predictors of posttraumatic stress disorder symptom severity level in chronic low back pain patients. Dissertation Abstracts International- B, 64/08, p. 4030.
[9] National Center for PTSD, United States Department of Veterans Affairs website: http://www.ptsd.va.gov/professional/co-occurring/chronic-pain-ptsd-providers.asp

Lumbar Range of Motion

Passive/Active	Region	Plane of Motion	Level of Decrease	With Pain
Active	Lumbar	Flex	Mild	Yes
Active		Ext	Moderate-Severe	Yes
Active		LLF	Mild-Moderate	Yes
Active		RLF	Mild	Yes
Active		LR	Mild	No

Cervical Range of Motion

Passive/Active	Region	Plane of Motion	Level of Decrease	With Pain
Active	Cervical	Flex	Moderate	Yes
Active		Ext	Moderate	Yes
Active		LLF	Mild-Moderate	Yes
Active		RLF	Mild-Moderate	Yes
Active		LR	Mild	Yes

SOME D.C.S MAY NOT BE

Meeting Standard of Care

By Valerie L. Smith

To protect patients, ensure quality care and elevate the practice of chiropractic, the Georgia Board of Chiropractic Examiners has clearly and specifically defined a minimum standard of care that doctors of chiropractic must provide their patients, or else be in violation of the scope of practice:

- A doctor of chiropractic must bring to the exercise of his/her profession a reasonable degree of care and skill which shall include the determination of the need for chiropractic care as defined in Code Section 43-9-1.

- The doctor of chiropractic has the responsibility as a primary healthcare provider to examine, establish a diagnosis/clinical impression, render treatment and/or referral, commensurate with his/her findings.

- A diagnosis/clinical impression must be established based on the correlation of the history and the examination into a logical and meaningful framework to determine the chiropractic care to be utilized.

- The doctor of chiropractic is expected to render adjustments in accordance with specific chiropractic methods when such treatment is indicated.

- The doctor of chiropractic may utilize ancillary physiological therapeutic procedures in conjunction with adjustments of the spinal structures in accordance with Rule 100-9-.01.

- The doctor of chiropractic may utilize procedures, as may be authorized by statute, and as are necessary to provide a reasonable degree of care and skill in the rehabilitation of the patient.

- Records shall be maintained clearly showing the progression of the events under clinical review, diagnosis/clinical impressions, chiropractic care and case management. All records shall be available as provided in O.C.G.A. Title 31, Chapter 33.

"The board is aware of clinics that are going to festivals, flea markets, concerts and events and adjusting patients 'for demonstration purposes,'" said Board of Chiropractic Examiners President Dr. Karen Mathiak. "Because of the nature of these events, the Board is concerned whether the standard of care is being reached.

"Are these doctors performing a thorough exam and history on the patient before adjusting them, and are they keeping a record of the treatment?" she asked.

"At worst, they could seriously injure a patient. As it is, they are diminishing the value of who we are and what we do in the eyes of the public. Where is our value if we are treating people at the flea market?"

Violating the standard of care can cause serious consequences.

"If you harm a patient, you're looking at malpractice. If the Board investigates you and finds you're in violation, we issue a cease and desist order and post a consent order to your license, which is public record. We could even take your license away," she said.

Doctors who participate in festivals, flea markets or concerts are urged to review the standard of care to determine whether they are in compliance before adjusting any potential patients.

"The Board is charged with protecting citizens of this state related to chiropractic care and treatment. We will continue to take action to ensure standards of care are upheld," added Board of Chiropractic Examiners member Dr. David Wren.

GCA BOARD

Sets 2016 Objectives

By Valerie L. Smith

The Georgia Chiropractic Association's Board of Directors identified objectives it plans to meet in 2016 to further the implementation of its strategic plan during its annual planning session the first weekend in August. Objectives were formulated in each of our four focus areas of the strategic plan: Lead, Belong, Educate and Influence.

"The board worked hard to identify these objectives, and we look forward to meeting them in the upcoming year," said GCA President Dr. Charles Weiss.

LEAD

Goals:

- Optimize the organizational culture, structure and resources to achieve excellence.
- Maximize the financial resources of the association while making efficient use of those resources through careful planning and stewardship.

2016 Objectives:

- The whole GCA and ActivHealthCare Boards should meet annually.
- Develop a plan to review and audit finances.
- Create programs that allow people to endow to the association.
- Review district model.
- Stabilize and/or increase the Gosline Fund.
- Create a digital communications committee to assess our online performance and needs. Budget time and money for online presence.

EDUCATE

Goal:

- Become the primary provider of Doctor of Chiropractic programming in the state of Georgia.

2016 Objectives:

- Offer online webinars consistently.
- Create a task force to study whether certification programs are wanted/needed in Georgia.
- Develop or modify CA program to include online offerings and additional quarterly classes.
- Identify criteria to find people to speak at Georgia Club meetings.
- Help chiropractors create Office of Inspector General/HIPAA policy and compliance manuals.

BELONG

Goals:

- Increase membership.
- Increase the value of membership.
- Increase member involvement.

2016 Objectives:

- Attain 51 percent membership of all doctors in Georgia by 2020.
- Develop Georgia 4 LIFE booster club.
- Generate five new member benefits.
- Host social events to foster fellowship.

INFLUENCE

Goal:

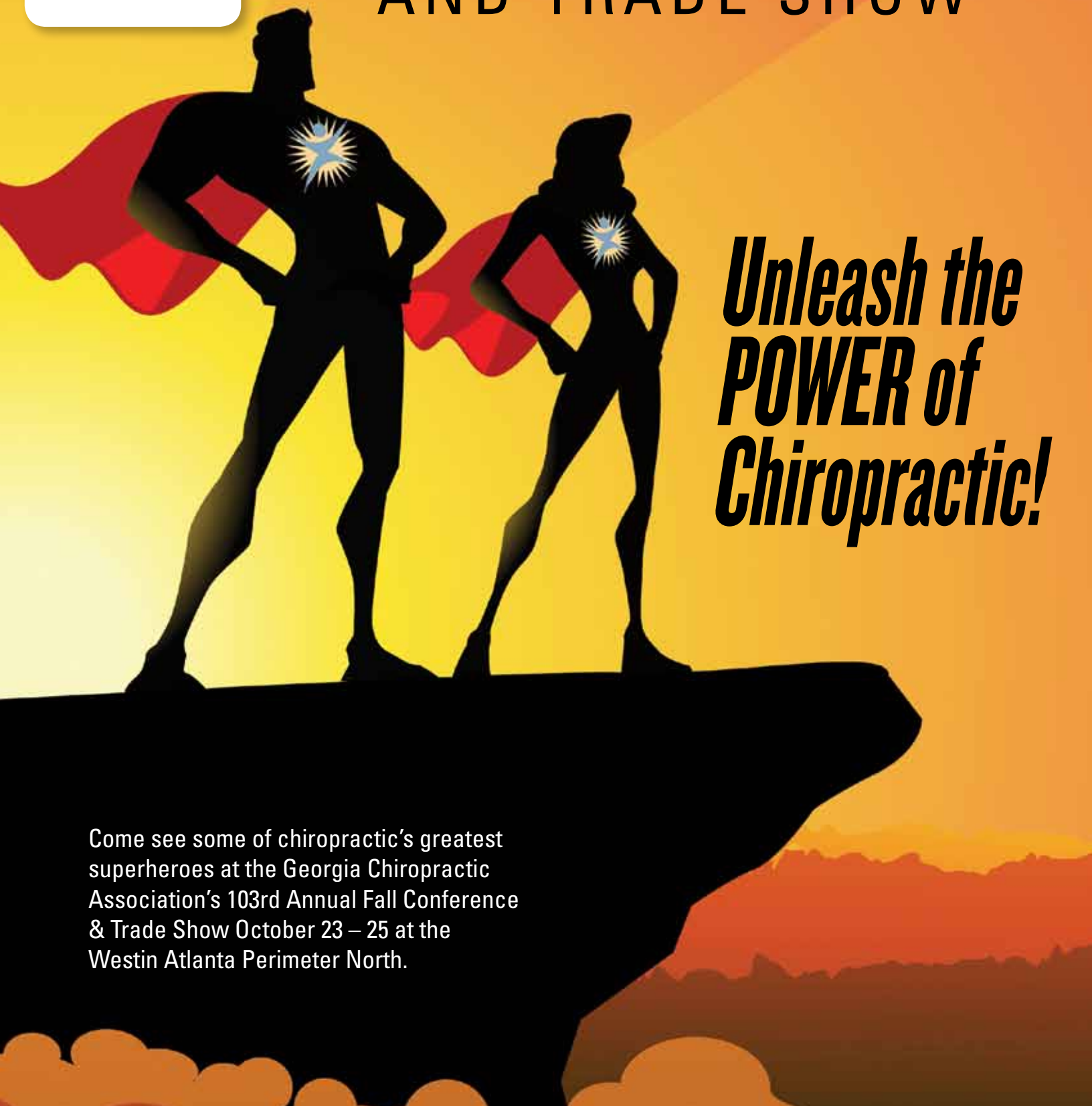
- Serve as the primary, effective advocate on behalf of Georgia Chiropractors and their patients.

2016 Objectives:

- Appoint a liaison to every insurer, including MedPay insurers.
- Create an effective key contact/grassroots program.
- Determine process to respond more quickly and proactively to potential harmful legislation.
- Pass a new graduate interim license bill as part of legislative agenda

Georgia Chiropractic Association

103RD ANNUAL GEORGIA CHIROPRACTIC ASSOCIATION FALL CONFERENCE AND TRADE SHOW



Unleash the POWER of Chiropractic!

Come see some of chiropractic's greatest superheroes at the Georgia Chiropractic Association's 103rd Annual Fall Conference & Trade Show October 23 – 25 at the Westin Atlanta Perimeter North.

"We are very excited about this year's conference," said Dr. Leana Kart, GCA Conference Chair. "We have a number of great activities planned to help everyone get into the spirit of our superheroes theme."

In addition to providing excellent speakers and access to top vendors, GCA strives to give attendees opportunities to connect with their peers and get energized about chiropractic and its benefits to patients.

"We want the experience of attending our conference to be as powerful to our attendees as our care is to our patients," Kart explained.

Attendees will feel the EXCITEMENT from some of the profession's premier speakers including:

JURISPRUDENCE

Georgia Rules & Regulations
Friday, October 23, 8:00am-9:00am
Karen Mathiak, D.C.

RISK MANAGEMENT

OIG Compliance
Friday, October 23, 9:00am-1:00pm
Kathy Mills Chang
Sponsored by ChiroTouch

CLINICAL SCIENCES

Chiropractic: An Idea Whose Time Has Come
Friday, October 23, 3:00pm-6:00pm
Fabrizio Mancini, D.C., F.I.C.C., F.A.C.C.
Sponsored by Advanced Musculoskeletal Therapies

Clinical Pearls in Functional Medicine: Reversing Neurodegeneration from Womb to Tomb
Saturday, October 24, 8:00am-5:00pm
Brandon Lundell, D.C.
Sponsored by Nutri-West Blue Ridge

Stress, Structure and Neurology
Saturday, October 24, 8:00am-5:00pm
Brian Jensen, D.C.
Sponsored by Foot Levelers

Concussion & Traumatic Brain Injury: A Contemporary Perspective and Treatment Model
Sunday, October 25, 8:00am-12:00pm
Ted Carrick, D.C.
Sponsored by The Carrick Institute

CA PROGRAM

Third-Party and Patient Billing, Collections and Patient Retention
Saturday, October 24, 9:00am-1:00pm
Kathy Mills Chang
Sponsored by ChiroTouch

Social Media
Saturday, October 24, 2:00pm-5:00pm
Chris Connelly, D.C. and Carly Sharec

Medicare
Sunday, October 25, 8:00am-12:00pm
Laurie Simpson, C.A., C.C.C.P.C.

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Show Your Inner Superhero!

Dress up as your favorite superhero at the Superheroes of Chiropractic Awards Reception and Dinner Saturday evening. During a superhero parade, the crowd will vote on its favorite costumes and prizes will be awarded during this special, ticketed event.

#UnleashThePowerGCA

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Web: *chiro-serve.com*
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The Injury Specialists
Contact: Michael Wax
Phone: 404-348 4310
Web: *theinjuryspecialists.com*
We are a private trauma network.

BOOTH #108
NuMedica LLC
Contact: Kelly Avera
Phone: 866-787-5175
Web: *numedica.com*
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CrossFields Inc.
Contact: Scott Boldt
Phone: 770-424-9020
Web: *chiropracticofficedesign.com*
Chiropractic office design services.

BOOTH #110
Eclipse Practice Management Software
Contact: Cathy Grow
Phone: 800-462-0288
Web: *eclipsepracticemanagementsoftware.com*
Practice management software.

BOOTH #112
Scoliosis Specialists
Contact: Brian Ouellette
Phone: 678-297-0901
Web: *scoliosisspecialists.com*
Spine core scoliosis brace.

BOOTH #200
Nutri-West Blue Ridge
Contact: Kim Edenfield
Phone: 843-342-3688
Web: *nutriwestblueridge.com*
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BOOTH #201
ChiroTouch
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Web: *chirotouch.com*
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Web: *lightforcelasers.com*
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Phone: 800-452-5032
Web: *palmer.edu/alumni/*
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Phone: 303-586-7546
Web: *mukava-tables.com*
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Contact: Joyce Langley
Phone: 713-266-2117
Web: *transformationenzymes.com*
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BOOTH #210
Cancer Treatment Centers of America
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Phone: 770-312-8007
Web: *cancercenter.com*
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Contact: Leslie Miller
Phone: 404-918-5770
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Phone: 770-966-0576

Exhibitors

Web: *spectrum4med.com*
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BOOTH #300
Newton Laboratories, Inc.
Contact: Marjorie Roberts
Phone: 770-922-2644
Web: *newtonlabs.net*
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BOOTH #301
China Gel
Contact: Kim Jozoritis
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Web: *chinagel.com*
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NCMIC Insurance Company
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Phone: 515-313-4727
Web: *ncmic.com*
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Phone: 888-247-3522
Web: *oumchiropractor.com*
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BOOTH #304
Carrick Institute for Graduate Studies
Contact: Trish Carrick
Phone: 321-868-6464
Web: *carrickinstitute.com*
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Web: *thejoint.com*
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Web: *itgdiet.com*
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Phone: 404-297-5226
Web: *americanhealthimaging.com*
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Ortho Sport and Spine Physicians
Contact: Cody Crowder
Phone: 678-634-3034
Web: *orthosportandspine.com*
Orthopedic and sports medicine practice.

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Slate & Oliver, LLC
Contact: Brooke Oliver
Phone: 678-673-6480
Web: *slateoliverlaw.com*
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Phone: 678-516-7853
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BOOTH #412, 414
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Phone: 770-364-5432
Web: *spinecenteratlanta.com*
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Contact: Chris Goodson
Phone: 404-823-1319
Web: *standardprocess.com*
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Contact: Jay Drew
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Web: *promassagers.com*
Foot and body massagers.

BOOTH #426
Posture Medic
Contact: Sylvia Burrell
Phone: 512-215-4385
Web: *posturemedic.com*
Posture-improving devices.

BOOTH #428, 430
FootLevelers
Contact: Heather Warfe
Phone: 800-553-4860
Web: *footlevelers.com*
Orthotics.

BOOTH #432
ChiMedical Management
Contact: Stephen Cooper
Phone: 855-880-7568
Web: *chimedusa.com*
Manipulation under anesthesia.

NOVEL TREATMENT ASSISTS with Genetic Disorders

By Carly Sharec

Farrel I. Grossman, D.C.,

Farrel I. Grossman, D.C., found it difficult to complete what many can do without a second thought. Picking up a pen or pencil, for example.

He could barely even walk, saying he had a "high steppage gait," causing his legs to flare outward.

"It was extremely difficult for me to even walk 50 feet without tripping," Grossman said. "I was at a point in the game where I really didn't know if there was going to be help for me at all."

With a family history of Charcot-Marie-Tooth Disease, a neurological disorder impacting the peripheral nerves, Grossman had resigned himself to the condition. It took a fateful trip to Texas and an encounter in 2012 with Life University President Dr. Guy Riekeman for the South Carolina-based chiropractor to see a ray of hope.

After watching Grossman walk across the room, Riekeman informed him of the work that then-Life University professor Dr. Ted Carrick was doing at the school's Functional Neurology Center. He invited Grossman to the college for a visit.

"They asked me a lot of questions that I didn't even think about until I got there," Grossman said, revealing that in addition to CMT, the former athlete and cyclist had experienced severe head trauma at various points in his life. After a full neurological exam, the medical team discovered that along with CMT, the concussions and head trauma also helped lead to Grossman's physical state.

Treatment involved use of the Gyrostim, a piece of equipment involving a rotating chair. Grossman was strapped in, much like a fighter pilot would be strapped into his jet.

Then, as he described, he was spun around - first in such a way to turn off any nausea reaction, and then slowly in a variety of directions.

Photo Credit: The Gyrostim™ from Life University Functional Neurology Center - www.past.life.edu

The gyrostim provides vestibular stimulation to help improve the brain's processing skills, basically retraining the brain to adapt to certain situations.

During that first visit, he was spun around four times a day for eight days. A follow-up visit had him spun three times a day over a two-day period. That was the extent of his treatment, other than routine chiropractic visits, he said.

Carrick, who was involved with Grossman's treatment at the time, did not speak about Grossman's case in particular but advises chiropractors to remember that the Gyrostim, while an exciting advancement, is just one piece of the puzzle of patient care.

"We've had a lot of excitement with the emergence of new technology that allows us to activate the nervous system," Carrick said. "I think it's an essential part to the things that we do and it can certainly increase the efficacy of other treatments."

Now at 60 years old, Grossman can accomplish many tasks that he had previously believed he could no longer do.

"I put a mirror at the end of my hall and I taught myself to walk all over again… with the help of my lovely girlfriend who is a physical therapist," he said. "I re-learned to do some things like snap my fingers, that I had not been able to do for 10 years."

While the former cyclist can no longer get on the bike, Grossman practices Pilates on a regular basis and enjoys fishing. He's also on the National Board of Chiropractic Examiners.

It's the kind of active life he never knew would be possible in his later years.

"When I got out of that machine the first time, and I stood up and I did not have to hold on to anything, I almost cried," he said. "It had been 10 years since I had been able to do that."

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"…legislative battles aren't so much with the medical profession anymore, but with the insurance lobbyists."

PROFESSION MOVES FAST

Since 1980s

By Carly Sharec

1980

1980 marked a pivotal year in the direction chiropractic took not only in Georgia, but across the United States.

"There's no doubt about that," said Aubrey Villines, general counsel to the Georgia Chiropractic Association. "Until then, nothing had occurred.

"We had a law that was done in 1921, and then we had … a legislative chair who created (what would become Life University). That was a big thing … but it wasn't dealing with scope or practice. ...The only thing, really, in the 1970s, was the creation of Life."

Changes since 1980 include things like adding chiropractors to the definition of "provider" in the Patient Protection Act of 1996, to allowing chiropractors to see a narrative of any complaints filed against them with the Board of Examiners, a rule that passed in the early 2000s according to Villines.

Prior to 1980, chiropractors were allowed to adjust the articulation of the human body and use X-rays. Since then, there have been nearly 20 changes to the Chiropractic Practice Act.

Nationally speaking, the role of chiropractic has also become more widely addressed.

Attorney General opinions also slowly changed over time, with Michael Bowers ruling in 1995 that chiropractors could use, offer and recommend hot and cold packs, as well as non-prescription over-the-counter structural supports.

Eleven years later, in 2006, Attorney General Thurbert Baker ruled it was within the chiropractic scope of practice to refer patients for MRIs.

The shift over the years, according to Villines, is that the legislative battles aren't so much with the medical profession anymore, but with the insurance lobbyists.

"The major trend is in our major opposition … it's the insurers and managed care," Villines said. "It's been going off and on for the last 10 years. Don't get me wrong; when we have scope issues, the medical association is still an opponent. The insurance company is also an opponent."

However, there are several issues on which chiropractors work hand-in-hand with the medical industry now, Villines said.

"We can generally count on the insurance industry to oppose us on everything, including our scope," he added.

Georgia Chiropractic Association's legislative accomplishments

1921 Chiropractic Practice Act passes.

1967 Insurance equality bill introduced; would not pass until 1980.

1972 Medicare begins covering chiropractic care; GCA member Dr. Hoyt Duke testified in front of Congress for inclusion, and Dr. D.N. Parkerson urged chiropractors in his area to convince Rep. Williamson Sylvester Stuckey, Jr. to sponsor the Medicare bill.

1976 Chiropractic Political Action Committee (CPAC) formed; Dr. Joseph Bishop serves as first president.

1979 GCA hires Aubrey Villines as lobbyist.

1980 Insurance Equality passes in Georgia.

2006 Georgia's Attorney General rules doctors of chiropractic may refer patients for MRIs.

2007 Chiropractic Scope of Practice expands in Georgia.

2009 Georgia Supreme Court rules against informed consent, with GCA General Counsel Aubrey Villines contributing to the case.

2011 Georgia General Assembly passes legislation that third-party administrators must comply with existing Georgia prompt pay statutes.

2015 A "name badge bill" signed into law by Gov. Nathan Deal requires licensed health care providers to wear a name badge which would also state their degree; chiropractors are generally exempt from the name badge provision.

"It amazes me that while chiropractors are all required to take continuing education every year, chiropractic assistants are not."

CA EDUCATION... not Mandatory but it is Essential!

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

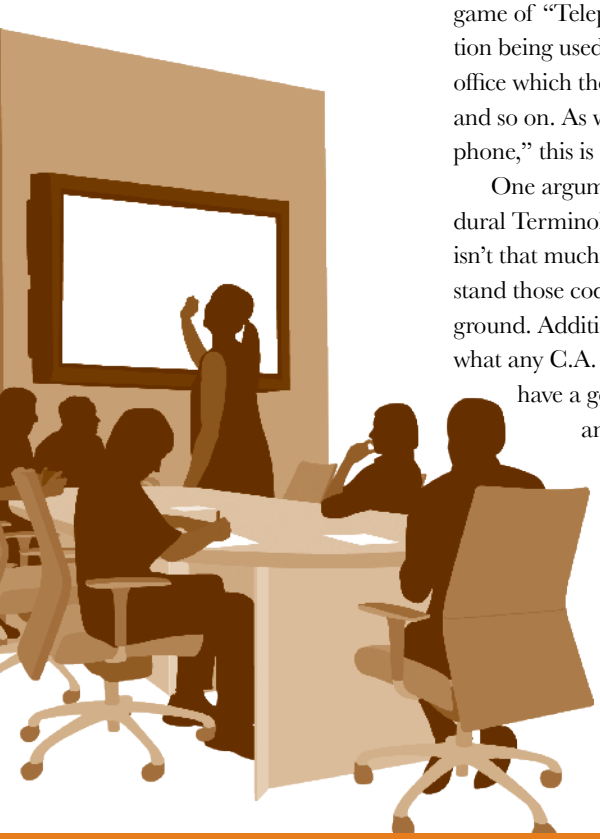
Laurie Simpson

More than 28 years ago, I began my career as a chiropractic assistant. When I went to interview with Dr. Patrick Sallarulo, one of his first questions was, "How much do you know about chiropractic?", and one of his next statements was, "The Georgia Chiropractic Association offers a course I'd want you to attend."

And that was the beginning of my education as a chiropractic assistant. Not only did I complete the course with the GCA but I have continued my education process throughout the years via seminars, and more recently, webinars.

It amazes me that while chiropractors are all required to take continuing education every year, chiropractic assistants are not. As a matter of fact, if all they get is some basic in-office training, that is satisfactory for this state as well as for some doctors. Sadly, too many are relying on outdated or antiquated systems. Another issue I've seen is very similar to the game of "Telephone." In other words, the information being used was supplied by another doctor's office which they received from someone else's office and so on. As we know from having played "Telephone," this is not a good plan.

One argument is that chiropractic Current Procedural Terminology codes are minimal so there really isn't that much to know, but if you don't fully understand those codes, you've already started off on shaky ground. Additionally, CPT codes are only a part of what any C.A. should know. Many offices still don't have a good grasp on understanding Medicare and in particular, billing Medicare. And Medicare isn't the only thing that lacks understanding.



Many doctors participate with several insurance companies. Many C.A.s don't have a clear understanding of what their doctor's fee schedule is with those various companies, and they don't even know where to look for them or who to ask. Some are just giving it their best guess when they are collecting a deductible or co-insurance amount versus actually finding out what that amount should be. Additionally, it is due to some of those contracts that you aren't getting paid for certain services you are rendering to your patients.

And this is just the tip of the iceberg. How up to date is your office with HIPAA? How many of you know about PQRS? How many of you are doing MU? How many are trying to figure out what these initials actually stand for? A chiropractic assistant shouldn't just be someone you see as the person who answers the phone, does the scheduling, assists with patients and does the billing. Your chiropractic assistant is an extension of you. He or she works under your direction. Your C.A. is an investment in your practice.

Investing in C.A. education results in a more smoothly functioning office, fewer denials and better cash flow. The Georgia Chiropractic Association offers a chiropractic assistant course every year that will equip your C.A. with a firm foundation to build on. Additionally, Fall Conference is just around the corner. Kathy Mills Chang will be one of the speakers for the C.A.s and she is extremely knowledgeable. She will be presenting information on third party and patient billing, collections and patient retention, and I will be presenting a seminar on Medicare billing.

I've always been of the mindset that if I sit through any seminar and only learn 15 minutes worth of new information, then I've learned something new. As for everything else, it was a great refresher course and a reminder that I'm on the right track. I would rather have that be my scenario versus it being one where I work in my office day after day thinking I'm doing everything right up until I find out we are being audited by an insurance company and now I'm questioning everything.

Invest in your C.A. Educate your C.A. It will make a huge positive difference in your practice.

SIMPLE BONE CYST in the Calcaneus

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

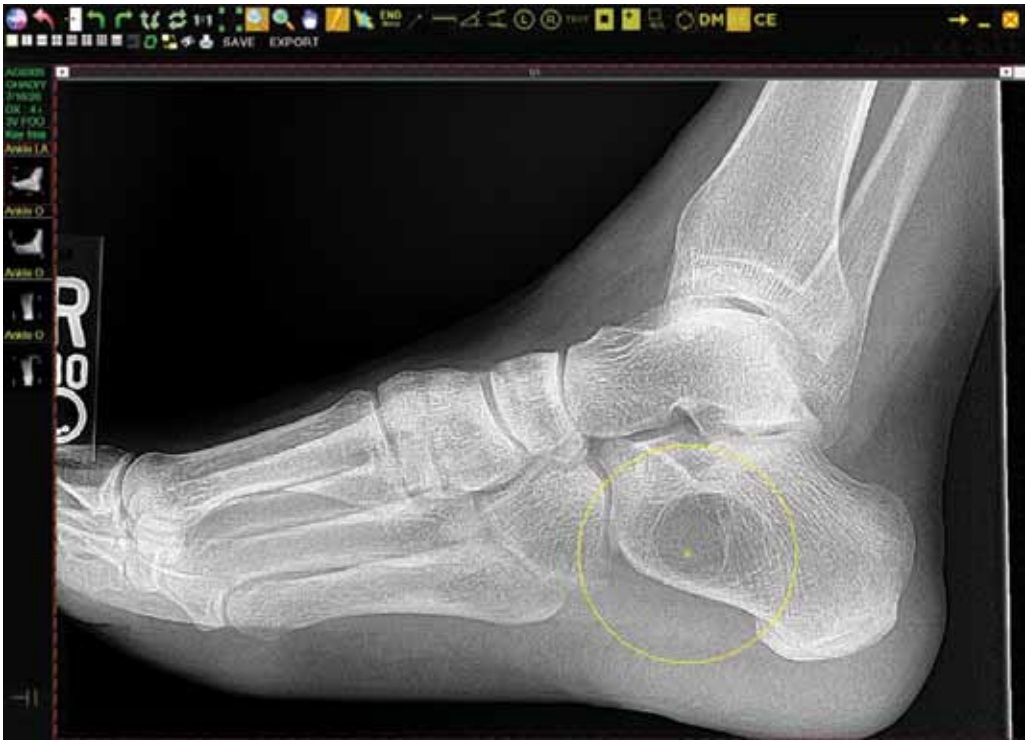
Dr. Carter is a GCA member. He maintains a busy film reading practice at 3350 Riverwood Parkway Ste 1900, Atlanta, GA 30339. If you have **questions regarding digital X-ray or his film reading service** please call 770-984-5395 or email at jccarterdc@gmail.com. His website is jcradiology.com.

Simple bone cysts are fluid-filled cysts in the medullary portion of bone. They are benign with no aggressive tendencies. Simple bone cysts are also known as solitary bone cyst, unicameral bone cyst or juvenile bone cyst. They can be found in almost any bone, but they are most commonly seen in the medullary portion of long bones. They can be seen in all ages, but are frequently found prior to skeletal maturity.

Although the calcaneus is not the most common site to encounter a simple bone cyst, the radiographic appearance, as evidenced below, is consistent with SBCs found elsewhere. The lesion will be seen as a well-defined non-expansile radiolucent lesion in the anterior calcaneus, usually several millimeters from any of the surrounding cortex. The lesion is usually surrounded by a thin rim of sclerosis.

In the calcaneus, simple bone cysts are found as incidental findings with no associated symptoms. The anterior location of the lesion is consistent, which is important since this is a non-weight bearing portion of the bone. As such, the simple bone cyst of the calcaneus rarely fractures. Typically, there is no need for referral. However, in long bone, the rate of the cyst leading to a pathologic fracture are as high as 66 percent. When found in regions other than the calcaneus, referral is warranted as treatment such as steroid injections have been shown to reduce the rate of recurrence.

Plain film radiographs are almost always diagnostic. If any question exists, an MRI will confirm the diagnosis since the fluid of the cyst follows the signal of water on all MRI sequences.



ASSOCIATION NEWS

Dr. Robert Alpert

Alpert Joins Board of Directors

The newest member of the Georgia Chiropractic Association's Board of Directors knows exactly where he would be if he wasn't a chiropractor.

"I'd be in jail," Dr. Robert Alpert deadpanned. "There's nothing else I really like doing."

Alpert, who graduated from Life University in 1987, has always had chiropractic care in his life, from his early days of pee wee football through high school and college athletics.

"I got hurt playing pee wee football, and the first place that we went to was the chiropractor back then, who was my uncle," Alpert said. "I think I was probably about 9 or 10 years old. And every time I got injured in football, once pretty severely … I just went to my uncle and he basically adjusted me and I always got back out on the field."

Alpert now practices at Southmetro Chiropractic Center in Jonesboro.

Since his earliest days in the profession as a student, Alpert felt the importance of joining an association and found GCA to stand out as a leader in chiropractic for Georgia.

Around 10 years ago, he began to give back to the association by volunteering on various boards.

Alpert's goal for the association is to promote unity among the different factions in chiropractic and increase membership.

"It's mainly because we have such a faction of people practicing from all different schools, and instead of creating anger against ourselves and each other, we really need to unify because we're going to have a lot of strength in unification.

"Membership is important to me. With membership you have bodies, and with bodies you have power," he added.

Smith Named as Executive Director, Sharec Joins GCA

Valerie Smith

Valerie Smith has been named executive director of the Georgia Chiropractic Association, after seven years of working first as a marketing vendor and then as a full-time staff member.

"I love being around people who are passionate about what they do," Smith said. "Doctors of chiropractic love their work more than any other group I've encountered. It's a great energy to be around."

Smith graduated with a bachelor's degree in corporate journalism from Auburn University in 1992, and went on to receive her master's in communications in 1994, also from Auburn. She has completed requirements for the Certified Association Executive designation and is awaiting the exam.

She joined the GCA staff as director of membership and communications in 2010.

As executive director, Smith is focused on running the association "efficiently and effectively to ensure we meet the objectives of the strategic plan.

"The biggest challenge facing us is effectively communicating to younger doctors why they should be a part of our association," Smith said. "As our membership ages, we need new doctors to join.

"I'm very excited about our new relationship with Life University that will give the association opportunities to connect with students and show them the value of belonging to GCA," she added.

A former clarinet player, Smith marched with the Lassiter Trojan Band in the 1988 Rose Bowl Parade. When not in the office, Smith enjoys watching movies, cooking, trivia and playing with her dog. She lives in Lilburn.

Carly Sharec

In other staff news, Carly Sharec has been named as director of communications and events for the association.

A 2007 graduate of Berry College in Rome, Ga., Sharec has extensive experience in the print industry, coming to GCA after serving as editor for *The Paper of Flowery Branch* and reporter for *The Times*, both in Gainesville, Ga.

"I look forward to using my experience to assist the association and its members with their professional goals," Sharec said. "Everyone has been incredibly welcoming so far, and it's clear our members love what they do. It's inspiring to get to work with such an enthusiastic group of people!"

Sharec has also worked as news editor for both the *Dawson News & Advertiser* in Dawsonville, Ga., and the *Thomasville Times-Enterprise* in Thomasville, Ga.

When not in the office, Sharec enjoys hiking, practicing yoga and exploring the north Georgia region's many wineries. She lives in Dawsonville with her miniature schnauzer, Bowser.

More than 230 patients, friends, family and chiropractors celebrated GCA lifetime member Dr. Deane Mink's career and accomplishments at a festive retirement party Aug. 13 in Valdosta. GCA members in attendance were, from left, Dr. Ken Register, Dr. Randy Griffis, Dr. Davis Kinney, Dr. Lacie Guy, Dr. Daren Sanchez, Dr. Glenn Robinson, Dr. Mitch Mink, Dr. Ed Cordovado, GCA General Counsel Aubrey Villines and Dr. Deane Mink (seated).

GCA-PAC Chair and GCA Director Dr. Winston Carhee, left, joined Gov. Nathan Deal and Rep. Rick Jasperse at a reception honoring newly appointed Georgia House of Representatives Chairmen Aug. 26 in Atlanta. In addition to Jasperse, other chairmen being honored included Rep. Christian Coomer, Rep. Bubber Epps, Rep. Gerald Greene, Rep. Jason Shaw, Rep. Tom Taylor and Rep. Andy Welch.

The Georgia Chiropractic Association is seeking volunteers to mentor Life University chiropractic students and recruit potential chiropractic students.

To help the next generation of doctors of chiropractic proceed, please go to www.life.edu/about-pages/state-chiropractic-clubs/ and click on Georgia 4 LIFE.

CARTER MAKES X-RAY INTO

Life's Passion

By Carly Sharec

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

Dr. Carter is a GCA member. He maintains a busy film reading practice at 3350 Riverwood Parkway Ste 1900, Atlanta, GA 30339. If you have **questions regarding digital X-ray or his film reading service** please call 770-984-5395 or email at jccarterdc@gmail.com. His website is jcradiology.com.

Dr. J.C. Carter originally wasn't that interested in taking X-rays.

"My brother is also a D.C. and the two of us had decided we were going to practice together, so I went to school to be a practicing D.C.," he explained. "While I was in school, I actually didn't like X-ray. X-ray didn't excite me, because at that time X-ray was not taught very well."

It wasn't until he attended a seminar taught by chiropractic radiologist Terry Yocum that Carter really began to feel the trajectory of his career path shift.

"The way that he presented it was very exciting to me," he said. "From that point forward, I've always been very excited by X-ray, the interpretation of it, the teaching of it, any of it."

In fact, it wasn't even until college that Carter decided to become a chiropractor. He knew he wanted to work in the medical field, and did appreciate chiropractic after it helped his dad when Carter was in sixth grade. When his mom also received the help of a chiropractor while Carter was still in college, he decided he had seen enough and chose to enter the profession.

If not a chiropractor, Carter said he would still be in a health care-related field, but doesn't think he would have been as enthralled with X-rays as he is.

Carter did practice with his brother when he first graduated college, but his film reading business began to take off and he became too busy. Today, he interprets X-ray results for doctors across the country and up into Canada.

Along with his business, Carter has also been a teacher for much of that time with Life Chiropractic College West. Most recently, he's been employed by Life University in Marietta since January, after a cross-country move from California to Georgia in 2013.

"My wife's from Dunwoody," he explained, adding that the two met while in school at the University of Georgia. "We both love Atlanta and we both love Georgia."

While he's still working to get his footing after a move from the West Coast to the East, Carter also loves baseball and was a very involved coach when he lived in California. It's something he would like to get involved with again.

"I do like the Braves, but growing up in Ohio, I'm an Indians fan," he said when asked about his favorite team.

Carter also teaches several post-graduate courses.

As a member of the Georgia Chiropractic Association, he said he's always felt it's important to have a strong representative for the profession, particularly on the legal front.

"I think it's really important that, regardless of your philosophy, we come together as a collective group… to protect ourselves in the legislative environment," Carter said. "We need more people to participate so we can continue to promote ourselves and protect ourselves at the same time."

And for aspiring chiropractors, or those who are new to the profession, the longtime teacher advises them to never stop learning while maintaining the personal approach that is signature to so many chiropractors.

"A chiropractic student needs to really try to learn as much as they can and to really approach their entire learning experience with an open mind," he said. "That's one thing I keep trying to emphasize with students. You never really know for sure how you're going to practice 10 years from now, so learn as much as you can.

"If you can approach every patient like he is your most favorite person, you can't go wrong," he added.

TECHNOLOGY IS the Best Frenemy

By Linda Denham Gilreath, D.C.

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 out done, 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 rain 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 NHF, either.

Linda Denham Gilreath, D.C.

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

PRACTICE BUILDING 101

By Robert Hayden, D.C., Ph.D., F.I.C.C.

Spend Time with Patients for Best Results

Question: *We were taught in chiropractic school to do an elaborate report of findings/patient consultation. In the real world, I am finding I just don't have that much time. What should I include in a report of findings to be most efficient with my time as well as my patient's time?*

I believe the report of findings is important for many reasons. First and foremost, it is your opportunity to bond with the patient. There are teachable moments in this report that will establish you in your role and create the kind of team for the best outcome possible.

From the patient's perspective, they want to know as concisely as possible what is wrong. Most of our patients come to us with a complaint of pain or loss of function. Sometimes this is a point of irritation, but many times it is a more serious and multifactorial problem.

For example, the patient who has the primary income in the family who comes to you with debilitating lumbar pain has more than one problem. One problem is the pain itself, but the other has to do with anxiety related to how they are going to make a living to support the family. To minister to that person's needs, you need to be aware of the multifactorial nature of the issue.

Also, the patient has a need for information. They want to know what can be done about the problem, and specifically if you can help them.

Following your review of the patient's history and exam, sit down one-on-one with all of these things in mind. Tell them what you think the problem is based upon all that you have seen and heard, whether you can help them and how.

I do not rush this consultation. It is critically important, and you only get one chance to do this well on the first visit.

Be a detective. Be aware, for example, that chronic or recurrent pain has nearly a 100 percent correspondence with depression. An injury or condition impairing function can lead to social isolation, as there are things their friends and family do from which they will be excluded until the condition is resolved.

At some point you may want to talk about the various alternatives for care as a part of informed consent. While it is not legally mandatory in Georgia, it is always a good idea. Talk about the options of doing nothing, treating with medication, treating with surgery and treating with chiropractic and other conservative methodologies.

If you obtain informed consent, it is best to get it signed. Also include in your notes the content of your discussion. Documentation of patient education is not just being thorough – your notes may be used in your defense someday.

A patient should emerge from the consultation with information about their condition, but there is something in my opinion that is more important. After a report, if I can help this patient, there should be a little glimmer of hope that things will get better.

Sometimes I realize I cannot help this person with my skill set. It happened recently when I had someone with multiple medical conditions taking precedence over anything I might accomplish. I dropped everything to get a referral to an internal medicine doctor who I knew would be thorough. Sometimes, this is the best thing you can do, but you will still create that little glimmer of hope.

As a patient progresses through a care plan and improves, that spark of hope gets stronger. Relief, joy and other wonderful things will follow. And that's why we went to school.

need advice?

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Top Malpractice Attorney's 6 Recommendations for D.C.s

In my 34-year career, I've seen a lot, including what factors really make a difference in a malpractice lawsuit. Among my recommendations …

Michele Quattlebaum, J.D.

#1 Knowledge is Power

For D.C.s, there is nothing worse than getting a claims representative on the phone who has no idea what you are talking about or an attorney that you have to educate. You can tell immediately if they don't know anything about chiropractic.

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