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BIG VICTORY GCA provides info for MRI case



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Vaughn poised to become next president



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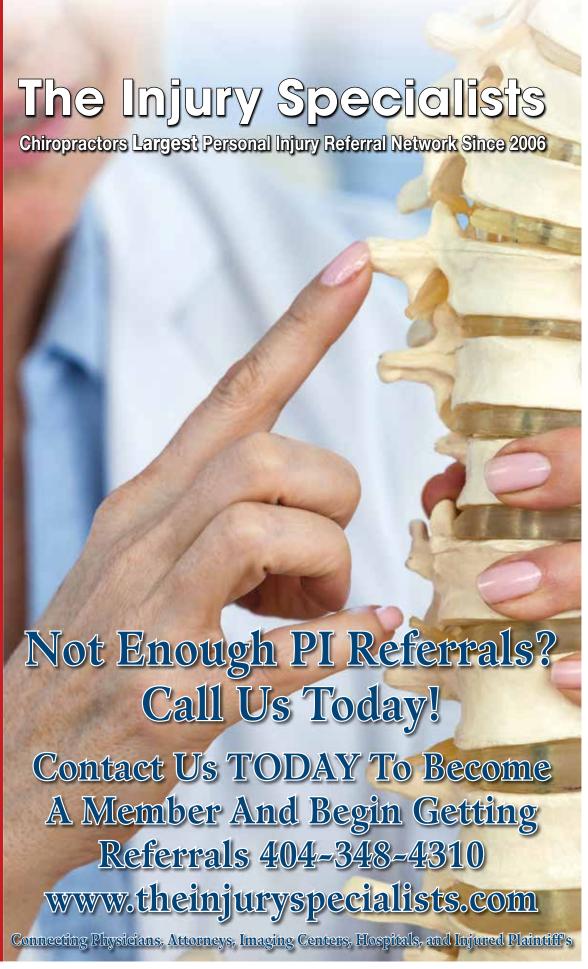
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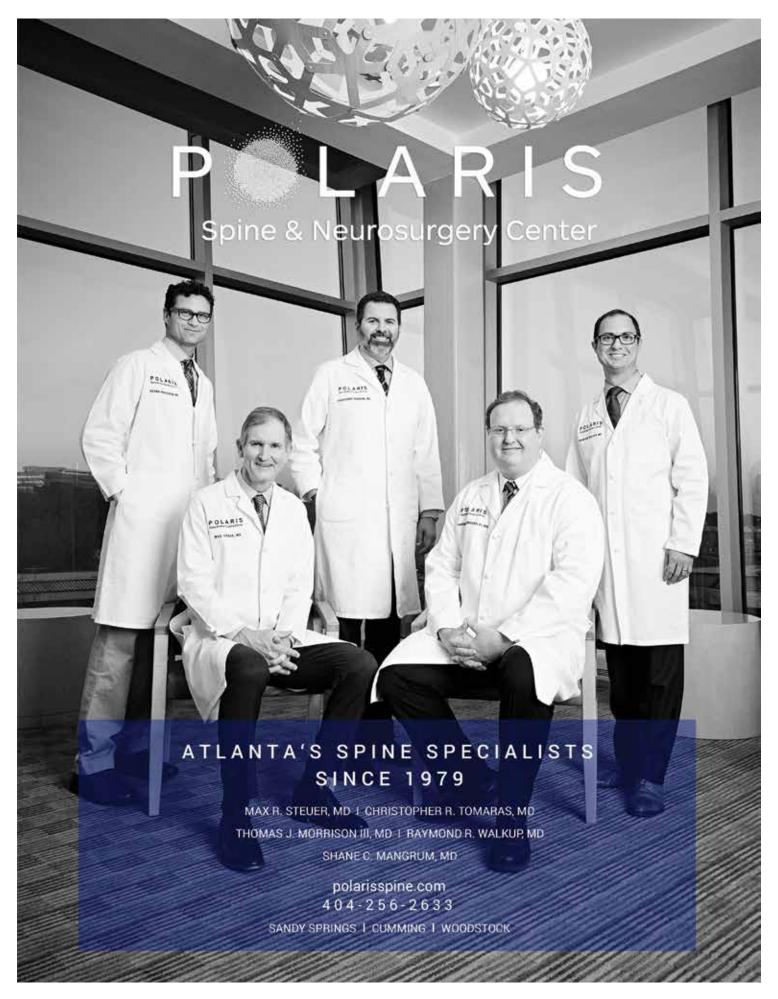
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Looking Over **Accomplishments**

How time flies! It seems like just last month I was sitting down to write my first Letter from the President column. And today will be my final one.

We have had many positive accomplishments over the past year of which I'm so proud:

- We had our largest presence ever at the Gold Dome in Atlanta for Chiropractic Day at the Capitol. Legislators DID notice!
- Dr. Noel Steinle and Dr. Ben McDowell among other volunteers started a
 podcast, The Chiropractic Connection, which you can download on iTunes or
 Spotify.
- We were included with the Attorney General's opioid task force, thanks to representation from GCA member Dr. Chris Connelly.
- Our Sips & Chips socials are growing across the state! (Your area could be next email vsmith@gachiro.org to find out how you can help us grow these great events.)
- Our webinars are growing. Our membership is growing and our PAC membership is up as well.
- Our sponsorship partners are at an all-time high, led by Regional Medical Group as our Platinum Partner at \$35,000.

Lastly, I am so blessed to have been the president of such a great organization. I couldn't have made it one week without the help of our great staff – Val Smith, Carly Sharec and Diane Hamby! Thank you ladies for your support and all the hard work, blood, sweat and tears you put in for the GCA. Also, many thanks to our attorney Aubrey Villines for his wisdom and advice. And a salute to our board of directors for their dedication and devotion to our profession.

This is a great team! But the GCA needs more of y'all to join our team and the Political Action Committee. To fight and win for our patients and our practices, we need members and money. Simple as that! Join GCA, ask your friends to join and JOIN PAC. Members + Money = Increased Success!

Again, thanks for all of your love and support this year and in the years to come.

Rocking into the sunset,





A LETTER FROM THE PRESIDENT

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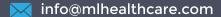
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Convers



Our Conference is **More than CE**

GCA is busy getting ready for our 107th annual Fall Conference & Trade Show. Our Education and Conference Committees have outdone themselves this year with an all-star line up of speakers including Dr. Dan Murphy and Dr. Mitch Mally, plus several fun opportunities for networking with other doctors from across the state:



Enjoy some light snacks and a cocktail with old friends before the conference kicks off on Friday. Sponsored by Gold Partner ML Healthcare. Not planning to attend the conference? You can still join us Thursday night for some networking!

Friday, October 18, 6:30 – 7:30 PM: Denim and Diamonds Welcome Reception (FREE)

Cowboys and divas are invited to put on their boots, try some line dancing and savor some hors d'oeuvres. We'll have a few fun activities to help raise money for the GCA-PAC as well, such as a wine toss (attendees are encouraged to bring a bottle to donate to the cause) and an opportunity to help a chiropractic outlaw make bail! Thanks to American Health Imaging, Elite Radiology of Georgia, MRI Imaging Specialist and Georgia Spine and Orthopaedics for sponsoring this event.

Saturday, October 19, 1 PM: President's Awards Luncheon (TICKETED)

Discover who will be named the Chiropractor of the Year at the President's Awards Luncheon. You must purchase a ticket to attend. Thanks to Platinum Partner Regional Medical Group and Gold Partners TRU Digital Imaging Solutions, ML Healthcare, Polaris Spine & Neurosurgery, Barbour Orthopaedics, Life University and The Injury Specialists, as well as Conference Sponsor TrafficX, for sponsoring this event.

Saturday, October 19, 3:30 PM: Dr. Leslie King Ladies' Tea (FREE)

All women D.C.s are invited to honor the accomplishments of Dr. Leslie King, Dean of Life University's College of Chiropractic. Thanks to NCMIC for being our sponsor of this great tradition!

We'll also be conducting two important meetings that I want to invite you to attend:

Friday, October 18, 1 PM: GCA Annual Meeting

Join President Dr. Clark Stull for an update on how GCA has been working to serve you over the past year.

Saturday, October 19, 5:30 PM: GCA-PAC Meeting

Find out how the GCA-PAC is helping influence legislation at the state Capitol.

Fall Conference is always a wonderful time to catch up with each other, share best practices and work together for the betterment of the profession. I hope to see you there!





EXECUTIVE INSIGHTS

FALL 2019

VOLUME 38, NO. 4

Official Publication of the Georgia Chiropractic Association, Inc. Founded 1912

Valerie L. Smith, CAE Executive Director

Diane HambyDirector of Membership
& Operations

Carly Sharec
Director of
Communications
& Events

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

Georgia Chiropractic Association, Inc. 1926 Northlake Parkway, Suite 201 Tucker, Georgia 30084-7069 P: 770.723.1100 F: 770.723.1722 www.gachiro.org

Jennifer Campbell Graphic Designer jenndesigneratl@ gmail.com

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Be a Cool Kid and Plan a GCA Sips & Chips Event

We're so excited that our Sips & Chips events have taken off all across the state! Thanks so much to our members who have hosted these great events over the past few months – Dr. Kellie Baxter, Dr. Tannaz Modaresi and Dr. Lesli Walker. We also want to thank our Silver Partner Georgia Spine & Orthopaedics for hosting a great event at their Roswell location for us on Aug. 15!

These events are a fun way to bring chiropractors in your area together for an evening of networking and fellowship. If you'd like to set up one in your area, please contact the GCA office at 770-723-1100 or email vsmith@gachiro.org.





Are You Taking Advantage of All GCA MemberBenefits?

Your GCA membership is vital to the support of the chiropractic profession in Georgia, but we are here to serve you. We have multiple member benefits readily available to help you recoup the cost of your membership!

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Thanks for Coming to GCA Chiropractic Day at the Braves

Once again, we had a fantastic time celebrating the founding of the chiropractic profession during our annual trip to watch the Atlanta Braves! Thanks to all who attended, and we'd like to especially thank our Platinum Partner Regional Medical Group for sponsoring the event.



Sharec Completes Leadership Training



GCA Director of Communications & Events Carly Sharec has successfully completed a one-year Leadership Academy through the Georgia Society of Association Executives. She graduated at GSAE's annual Abit Massey Lecture Luncheon, Sept. 18.

Calendar of Events

OCT. 17

Sips & Chips

6-8 p.m.

Crowne Plaza Atlanta Perimeter at Ravinia, Atlanta, Ga.

Sponsored by GCA Gold Partner
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OCT. 18-20

GCA's 107th Annual Fall Conference & Trade Show Crowne Plaza Atlanta Perimeter at Ravinia, Atlanta, Ga. Register online at gachiro.org

NOV.2

C.A. X-ray Safety Course 10 a.m.-5 p.m. Life University Register online at gachiro.org

DEC. 12

GCA's 5th Annual Holiday Party

Details TBD

Sponsored by GCA Platinum Partner Regional Medical Group

DEC. 13-15

20-hour CE Weekend

Atlanta Marriott Northeast/Emory Area Details TBD

Sural Nerve Injuries after Deceleration Trauma: Case Report

CASE STUDY

by Harry C. Weiser, MD, JD, FAANS, FACS and Raymond H. Bailey, DC

ABSTRACT:

The Sural nerve is a sensory nerve that is located along the lateral aspect of the foot under the lateral malleolus and provides sensory to the lateral foot and 4th/5th toes. The nerve is more commonly prone to injury in ankle twists, but in this paper we present the findings of a Sural nerve injury, as documented by EMG/NCV, in a patient who was involved in a deceleration motor vehicle trauma with an injury to the leg.

INTRODUCTION:

Injuries to the Sural nerve can occur at multiple locations along the anatomic course of the nerve in the lateral part of the leg and foot. The Sural nerve runs a course posterior to the lateral mallelous and superficial to the extensor retinaculum, being approximately 20 to 25 mm posterior to and 10 to 15 mm distal (inferior) to the fibular tip, finally terminating in the distal lateral aspect of the foot. The nerve provides sensory only to the lateral aspect of the foot and to the 4th/5th toes. In a deceleration trauma scenario, i.e. motor vehicle accident, the patient may try to slam on the brakes, hold the foot on the brake or have the foot on the floor board at the time of impact which can result in a twisting of the ankle in an inward manner, similar to an ankle sprain, and resulting in an injury to the Sural nerve. Sural nerve injuries are very common in ankle sprains¹ and have even been reported to occur after an injury to the gastrocnemius muscle.² If the patient has multiple complaints of other symptoms or pains, the symptoms associated with a Sural nerve injury initially may be overlooked at the time of presentation for evaluation. Based on a suspicion of a Sural nerve injury, the EMG/ NCV test is a good, objective and reliable diagnostic tool to confirm a neuropathy of the nerve.

CASE REPORT:

Patient is a 56-year-old male who was involved in a motor vehicle trauma where he sustained a fracture injury to his left patella which required corrective surgery. He was immobilized with a knee brace and was using a crutch for support. He presented to the office for evaluation as he was complaining of numbness/tingling in the foot, localized to the lateral aspect of the foot and involving the 4th/5th toes. He also complained of pain in the bottom of the foot localized to the outer aspect of his foot. His neurologic examination was

essentially normal as there were no motor deficits. He agreed to an EMG/NCV evaluation. The results of the test demonstrated a prolonged latency of the Sural nerve, in addition to a decreased amplitude.

DISCUSSION:

The diagnosis of Sural nerve entrapment neuropathy is made by a combination of clinical findings and is confirmed by application of electrodiagnostic studies to the effected extremity. The patient may have symptoms of pain, paresthesia or numbness in the distribution of the Sural nerve.3 Results of needle electrode examination and nerve conduction studies of the lower limb can be normal except for a prolongation of the sural distal latency and a reduced sensory nerve action potential amplitude. The standard technique for the EMG/NCV study is antidromic stimulation of the posterior calf slightly lateral to the midline, 14 cm from the recording electrodes placed posterior and below the lateral malleolus.4 The majority of the cases seen in the literature occur distally about the lateral ankle, due mainly to twisting of the ankle, however, other causes exist and are varied. However, the current literature we reviewed

did not state, as a cause, any cases of where a patient sustained a Sural nerve injury from a deceleration trauma, such as a MVA. The proposed theory or mechanism of injury is similar to a person twisting their ankle. The patient slams on the brakes with the foot and in the course of the rapid deceleration, an incidental twisting of the ankle occurs resulting in an injury to the Sural nerve. The diagnosis may go un-noticed initially if the patient presents with multiple complains or pains. The diagnosis can further be confused as the symptoms may be taken for a compression of the S1 nerve root in the lumbar spine. Imaging studies, i.e. MRI of the LS spine, may be normal with no evidence of nerve root compression. Over time, the Sural nerve neuropathy improves on its own but occasionally surgical intervention maybe required to decompress the nerve if entrapped. Serial EMG/NCV may be helpful if the patient continues to complain of symptoms that do not improve with time or medications. The true incidence of Sural nerve injuries or neuropathies is unknown, as awareness of the injury as a possible explanation of the patient's symptoms may not be taken into account when the patient presents for evaluation and treatment.

CONCLUSION:

Although the condition may be uncommon, it is important to consider the diagnosis of Sural nerve entrapment or injury in any patient who has sustained a deceleration trauma when there is unexplained pain, numbness, or tingling in the lateral aspect of the foot if all other diagnosis have been ruled out. The importance of EMG/NCV in diagnosing this condition cannot be understated, as it will provide, proof of the injury and allow for the following of healing of the nerve over time.



References

- 1. Mallac, C., *Uncommon injuries: sural nerve neuropathy*, **Sport Injury Bulletin, 2019.** https://www.sportsinjurybulletin.com/unusual-injuries-sural-nerve/
- 2. Blackshear M. B., Lutz G.E. and O'Brien, S.J., Sural Nerve Entrapment After Injury to the Gastrocnemius: Case Report, **Arch Phys Med Rehabil** Vol 80, May 1999 pp. 604-606.
- 3. Suiderland S., Nerves and nerve' injuries. New York (NY): Churchill Livingstone; 1978.
- Schuhmann JA. Sural nerve conduction: a standardized technique. Arch Phys Med Rehabil 1977;58:166-8.



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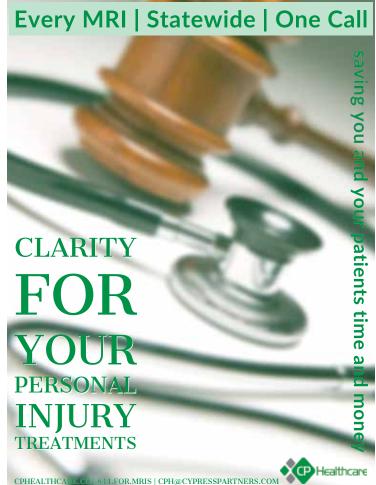


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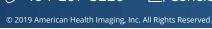


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Saddle Up for GCA's 107th Annual Fall Conference & Trade Show

By Carly Sharec

Put on those boots and saddle up your horses... the Georgia Chiropractic Association is taking you back to the Wild West at its 107th Annual Fall Conference & Trade Show, Oct. 18-20 at the Crowne Plaza Atlanta Perimeter at Ravinia.

"We're inviting all of our chiropractic 'cowboys and divas' to come join us for this wild event," said conference committee co-chair Dr. Leana Kart. "The conference committee is having a lot of fun getting ready for this western, 'denim and diamonds' theme."

And of course, GCA conferences are known for their high-quality educational offerings.

This year's speakers include Dr. Dan Murphy, Dr. Alicia Yochum, Dr. Mitch Mally, Dr. Paul Goldberg, Dr. John Davila, Dr. Kris Petrocco-Napuli and Dr. Andre Camelli. GCA lobbyist and attorney Aubrey Villines, J.D. is back this year to teach the Georgia Law & Ethics course.

One significant change for 2019 is that the Jurisprudence and Risk Management classes will be held on Saturday instead of Friday.

"We had received a lot of feedback that our guests wanted those classes on a weekend day," GCA President Dr. Clark Stull explained. "We had this same schedule at our Spring Conference, and it seemed to work well. I hope to hear from our Fall Conference participants, to see

if this will be an ongoing change in the future."

Registrants are asked to plan to attend the GCA Annual Meeting, 1-2:30 p.m., Friday. (Remember, while everyone is invited to attend the meeting and learn more about our association, only GCA members in good standing may vote.) All attendees are also invited to the Political Action Committee Meeting, 5:30-6:30 p.m., Saturday.

As always, the schedule is completely full in between classes.

"No one who attends should be there simply for the classes," Stull said. "While they are top-notch and vital to our continuing education, not planning to be at our other events is still a great disservice to you and your practice. Meeting other chiropractors and getting involved in your state association is vitally important to the continued growth of our profession."

A new event this year will be a **Thursday evening Sips & Chips**, sponsored by GCA Gold Partner ML Healthcare. This will be **6-8 p.m.**, **Oct. 17** at the hotel lobby bar (at the bottom of the stairs). You don't need to attend the conference in order to come to the Sips & Chips! However, we do ask that you RSVP for this free event so that we may have an accurate headcount. Head over to gachiro.org and view the Upcoming Events on the righthand side of the page for more information and to RSVP.

This year's Friday evening Welcome Reception, 6:30-7:30 p.m., will be a "Denim & Diamonds" studded event – feel free to come dressed in your favorite pair of jeans and/or your favorite sparkles! GCA's Political Action Committee will also be hosting fundraising activities – maybe you'll want to try your hand at winning a bottle of wine? Whatever you do – try to behave, or you may find yourself in "GCA's Wild West Jail," where you'll have to raise bail for your release! Thanks to American Health Imaging, Georgia Spine & Orthopaedics, Elite Radiology of Georgia and MRI Imaging Specialist for sponsoring this

"Don't forget your wallets," Kart, who is also PAC chair, said. "GCA's inaugural Wine Toss at the Spring Conference was a smashing success, and I know our Fall Conference attendees will also greatly enjoy it.

"These fundraisers are vitally important to our PAC mission of supporting pro-chiropractic candidates and legislation," she continued. "We all know that in government, money and numbers are what talks. As we get ready for 2020, PAC needs the support now more than ever – so I hope everyone plans to stay for the Welcome Reception and will enjoy our fundraising events. I also hope to sign up many new PAC members."

Our President's Luncheon & Awards Ceremony is once again on **Saturday**, 1-2:30 p.m. This is a ticketed event; please plan to purchase your \$20 ticket when registering for the conference. Thanks to Platinum Partner Regional Medical Group and Gold Partners TRU Digital Imaging Solutions, ML Healthcare, Polaris Spine & Neurosurgery, Life University, Barbour Orthopaedics and The Injury Specialists, as well as Conference Sponsor TrafficX, for sponsoring this event.

Risk management and GA Law classes are on SATURDAY this year!

Women chiropractors are invited to the **Dr. Leslie** King Ladies' Tea, 3:30-5 p.m., Saturday. This is a great event that supports the accomplishments women have made and continue to make in the chiropractic profession; this year, we will be honoring Life University's Dean of the College of Chiropractic, Dr. Leslie King. Please RSVP ahead of time by emailing vsmith@ gachiro.org. Thanks to Silver Partner NCMIC for being our sponsor.

"I think our guests will note that our conference committee, volunteers and staff have once again outdone themselves in bringing a high-quality program to Georgia chiropractors," Stull said. "I'm greatly looking forward to this year's conference, and I know I'll see many of my colleagues and friends there!"

Editor's Note: Speakers lead busy lives, and we regret to inform our readers that Dr. Terry Yochum is no longer available to speak at the Sunday session. However, we are happy that his daughter, Dr. Alicia Yochum, will join us instead!

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Elections Yield New Board Members, Officers

GCA's June elections led to some shifts in the board of directors, including one new board member in Dr. Lesli Walker and President-Elect Dr. Vince Erario.



Join us in welcoming the new GCA board:

By Carly Sharec



Dr. Vince Erario, President-Elect1979 graduate of Palmer
College of Chiropractic

"Every chiropractor should belong to the

GCA so that you have a voice at the table to influence the direction of the association and to consider changes in legislation that benefits our patients and the profession," Erario said. "As a member of the Board of Directors, I plan to work as a team to fulfill its goals and objectives as outlines in the strategic plan. I will stress that our organization use its strength as the oldest and largest chiropractic trade organization in Georgia to bring growth, diversity and harmony to all chiropractors so that we can work together for the benefit of our patients and each other."

Editor's note: Erario will be sworn in as GCA president for the 2020-21 year.



Dr. Leana Kart, Secretary1987 graduate of Life University

"We need all chiropractors in

Georgia to be a driving force with focus on political action and mentoring students, as this is our future," Kart said. "I want growth in both GCA membership and our Political Action Committee membership. We need all GCA members to become aware of how important our PAC is to practicing chiropractic. It's our fair share to contribute to both."

Editor's note: Kart is a GCA past president, and is also know as our resident "Wonder Woman."



Dr. Noel Steinle, Treasurer1986 graduate of Life
University

"GCA is an amazing resource for

chiropractors," Steinle said. "Members have access to numerous services ... there is a camaraderie in GCA that can't be matched in other chiropractic organizations.

"I'd like to promote the goals set in our strategic plan that fall under our four areas of influence, education, belonging and leadership," she added.



Dr. Philip Day, Board Member1986 graduate of Life
University

"There's not just one reason to join GCA,"

Day said. "There are so many reasons. Joining your state association helps us become stronger as a profession, to fight for our right to practice in this state.

"I'd really like to continue pursuing my goal of a larger and stronger membership," he continued. "We gain influence through numbers, and I hope to see chiropractors wanting to give back to a profession that has given so much us."

Editor's note: Day is a GCA past president.



Dr. Lesli Walker, Board Member1994 graduate of Life
University

"I encourage other chiropractors to join

GCA because everyone has something they can contribute to help make this association one of the best," Walker explained. "Times are changing and we need more diverse and young doctors to get involved.

"During my term, I would like to help increase our diversity and recruit more young doctors to get involved," she continued. "We need everyone to get involved to help push our chiropractic agenda forward."



Dr. John Webster, Board Member1983 graduate of Life
University

"All chiropractors should join GCA to help

us be a strong voice for chiropractic in the state," Webster said. "We have a full-time lobbyist and a great executive director and staff. We are determined to protect chiropractors' rights to practice while advancing our place in the health care arena.

"I'd like to see parity with other health care providers in terms of reimbursement and legislation," he continued. "And chiropractors should be the first line in treatment for patients in light of our current opioid crisis."

Editor's note: Dr. Rob Alpert has been named to complete the current term previously held by Dr. Dawn Barton, who has stepped down from her role with the GCA Board of Directors.

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ACA Report: Support H.R. 3654; Register for ACA Engage 2020



Legislation championed by the American Chiropractic Association to increase Medicare coverage of chiropractic services was introduced in the U.S. House of Representatives on July 9 by Reps. Brian Higgins (D-NY-26)

and Tom Reed (R-NY-23).

If passed, H.R. 3654, the Chiropractic Medicare Coverage Modernization Act of 2019, will allow beneficiaries to access all Medicare-covered benefits allowable under a chiropractor's state licensure.

This bipartisan legislation does not add any new services under Medicare, but simply allows patients to visit their chiropractor for the Medicare-covered services they are licensed to provide.

Chiropractors are the only physician-level providers whose services are currently restricted under the Medicare program, forcing beneficiaries to access medically necessary care from other providers or pay out of pocket for the services from their chiropractor. This limits patient choice and leads to delays in care as well as more costly or higher-risk procedures that are often unnecessary. You can stay up to date with ACA's Medicare initiative by visiting acatoday.org/Medicare and help pass this bill by sending a letter to your representative at acatoday.org/TakeAction and registering for ACA Engage 2020.

ACA Engage 2020, ACA's annual conference and advocacy day, is part of ongoing efforts to position students and doctors for success by bringing them cutting-edge education sessions, networking and leadership-development opportunities, and the chance to lobby Congress and develop meaningful relationships on Capitol Hill on behalf of chiropractic patients and the profession. Learn more and register at acatoday.org/Engage2020.

ICA Report: Panel Recognizes Importance of Integrative Health Professionals

The Pain Management Best Practices Inter-Agency Task Force, managed by the U.S. Department of Health and Human Services issued their final report entitled "Pain Management Best Practices, Updates, Gaps, Inconsistencies and Recommendations." It is available at hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf



The introductory comments acknowledge the importance of an integrative approach to pain management:

"It is imperative to ensure that patients with painful conditions can work with their health care providers to develop integrative pain treatment plans that balance a focus on optimizing function, quality of life and productivity while minimizing risks for opioid misuse and harm."

In establishing 'best practices' for individualized, multimodal and multidisciplinary pain management, the task force included complementary and integrative health as one of five treatment approaches. The other four are medications; restorative therapies; interventional procedures; and behavioral health approaches.

Specific gaps and recommendations from the report specific to the complementary and integrative health include:

Gaps and Recommendations

Gap 1: A large variety of complementary and integrative health approaches are often overlooked in the management of pain.

- Recommendation 1A: Consider complementary and integrative health approaches, including acupuncture, mindfulness meditation, movement therapy, art therapy, massage therapy, manipulative therapy, spirituality, yoga, and tai chi, in the treatment of acute and chronic pain, when indicated.
- Recommendation 1B: Develop CPGs for the application of complementary and integrative health approaches for specific indications.

Gap 2: There is a gap in the understanding of complementary and integrative health approaches.

 Recommendation 2A: Conduct further research on complementary and integrative health approaches to determine their therapeutic value, risk and benefits, and mechanisms of action.

- Recommendation 2B: Consider the inclusion of various complementary and integrative health approaches as part of an integrated approach to the treatment of chronic pain.
- Recommendation 2C: Conduct further research on nutritional supplements such as alpha lipoic acid, L-carnitine transferase and vitamin C and their effect on acute and chronic pain management.

Dr. Stephen Welsh, president of ICA upon reviewing the report noted: "While the Task Force may have issued its final report, the work to implement its recommendations will continue for many years. ICA is actively engaging with legislators and policymakers on legislative and policy changes needed to eliminate the vestiges of restraint of trade discriminatory acts that continue to create barriers to chirobractic care."

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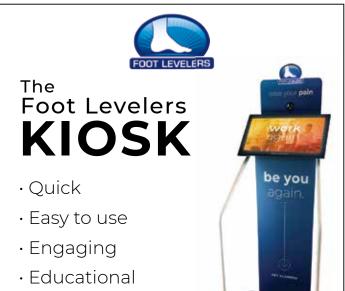
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*Attorney Ted Greve is a Georgia licensed doctor of chiropractic. He practices only law.



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Coding FAQs

Are your claims being denied due to missing modifiers or incorrect coding? If you answered yes, you may be able to take solace in the fact that you aren't the only one. I thought it best to give a refresher (if you will) on a few modifiers as well as X-ray CPT codes.

Modifiers GN, GO and GP are increasingly becoming important and claims are being denied without the appropriate modifier added on physical therapy codes. GN signifies services are delivered under an outpatient speech language pathology plan of care. GO signifies services delivered under an outpatient occupational therapy plan of care. GP signifies services delivered under an outpatient physical therapy plan of care. GP is obviously the one that matters most to us. Palmetto has been requiring this since they took over from Cahaba. Therapies should be reported to Palmetto with a GP GY. GY is used to obtain a proper denial on a non-covered service. You use this modifier to notify Medicare that you know this service is excluded. Bear in mind that GY is not exclusive to physical therapy codes. It should be used on all CPT codes that you know Medicare will deny because the service is noncovered.

Our next modifiers came out of the Affordable Care Act. The Affordable Care Act requires coverage of certain health benefits, two of which are rehabilitative and habilitative services and devices. Since the ACA did not define these terms or specify coverage requirements, it is left up to individual states to create benchmark plans to determine coverage requirements. The following are informational modifiers in order to differentiate as to which type of outcome is anticipated for the type of therapy being performed:

- -96 Habilitative: services that help a person DEVELOP skills or functions they didn't have before
- -97 Rehabilitative: services that help a person RESTORE functions which have become either impaired or lost

Moving on to X-ray CPT coding, for years we have been utilizing the same CPT codes for X-rays. However, in 2016 there was a significant change in those codes. For whatever reasons, this didn't seem to be an issue until this year. So please check your X-ray codes and change accordingly. The codes that were deleted are: 72010, 72069 and 72090. The new codes are:

- 72081, radiological examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine, 1 view.
- 72082, radiological examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine, 2-3 views.
- 72083, radiological examination, spine, entire thoracic and lumbar,

including skull, cervical and sacral spine, 4-5 views.

 72084, radiological examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine, minimum of 6 views.

Using the New Codes

Per CPT, here is how each of the new codes is to be used as replacement for each of the three deleted codes:

- 72010 has been deleted; to report, use 72082, as this would reference the two-view or AP and lateral.
- 72020 has not been deleted and remains valid, but now states a single view of the spine that includes the entire thoracic spine uses 72081.
- 72069 has been deleted; to report, use 72081, 72082, 72083 or 72084.
- 72090 has been deleted; use 72081, 72082, 72083 or 72084.

Your CPT lists and fees will need to be updated to accommodate these changes. Note these changes apply to all insurance claims and entities that utilize CPT.

The key to knowing which modifiers to use and which CPT codes to use comes down to knowing payer requirements. The more you know and understand the less likely you are to experience denial.

INSIGHTFUL IMAGING

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



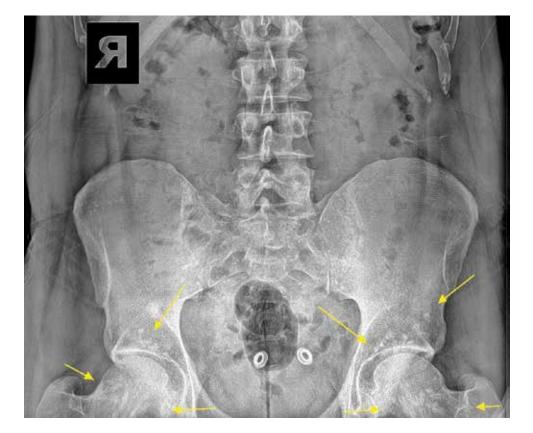
Osteopoikilosis

An alarming appearance on any radiograph is the presence of multiple areas of increased density. When these findings are present, the first consideration should be skeletal metastasis since it is the most common aggressive tumor of bone. However, another consideration is the congenital dysplasia known as osteopoikilosis.

Osteopoikilosis is a hereditary disorder characterized by multiple (tens to hundreds) of small bone islands. Individually, each bone island is seen as a small, well-defined area of increased density. What is peculiar about osteopoikilosis is that these bone islands are confined to regions of bone close to a joint (juxta-articular distribution). The bone islands are

not in the diaphysis of long bones or short tubular bones and are not found in the middle of flat bones. In addition, they are bilateral and rather symmetric. The very regular juxta-articular distribution and bilateral symmetry is quite different than the random distribution of various sized lesions in skeletal metastasis. The bone islands of osteopoikilosis are cold on bone scan and have decreased signal intensity on all MR sequences.

Osteopoikilosis is asymptomatic and seen as an incidental finding. There are no contra-indications to any type of care within our scope of practice.



(Figure 1). Multiple bone islands are seen near the acetabulum and proximal femur bilaterally.

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.



"Like Breathing:" No Other Way but Chiropractic for Incoming President



Growing up in a chiropractic family and lifestyle, Dr. Michael Vaughn never realized there was another way.

"To me, this is like breathing," he said. "I just assumed everybody was on board with chiropractic. But the truth of the matter is they're not, so it's up to us to convince patients and the public that there is an alternative to pain

management, and it's a very good one."

Vaughn, the son of the late Dr. William Vaughn who also served as GCA President, will be sworn in as GCA's next president at the Oct. 18 annual meeting, and he sees the state association playing a big role in educating the public on the benefits of chiropractic.

"We've got the best opportunity in the world to share our gifts with this opioid crisis," he said. "We need to be educating other health care professionals and our patients on choosing noninvasive treatments, like chiropractic, first for pain relief."

An estimated 130 people die daily in the United States from an opioid overdose, with many addicts first being introduced to the drug through a legal prescription (source: hhs.gov/opioids/about-the-epidemic/index.html). GCA has been hard at work distributing resources regarding the opioid crisis among both members and other health care professionals.

GCA is also on a task force on how to use funding from

a grant from the Harris Foundation, set aside for bringing chiropractic awareness and education to the general public. Vaughn says that this funding will make a huge difference in helping grant recipient Life University better educate the public and government leaders about the benefits of chiropractic care, especially in light of the opioid crisis.

While GCA's membership numbers have been increasing in recent years, continued growth is a main focus for Vaughn as he eyes strength in numbers when it comes to GCA's influence at the state capitol.

"I want to make a GCA membership as attractive as possible for every single chiropractor in this state," Vaughn said, "because every chiropractor should be a member, period. So we'll be looking at increasing member benefits, and really getting across the point that being a GCA member ends up paying for itself."

With a chiropractor father, Vaughn never knew any other life, but it wasn't until he suffered a high school football injury that he seriously considered it as a career.

"I could not walk," he recalled. "I think my dad gave me three adjustments that day. The next day, I was probably 95 percent pain free and able to walk again. I recovered from my injury much faster than other injured teammates who took different approaches.

"Since then, I've treated a couple of my former coaches, and I think they sought chiropractic care because they saw how I recovered," Vaughn explained.

When not practicing at his Savannah business, Vaughn enjoys hunting, fishing and spending time with his seven grandchildren.

"They keep me pretty busy," he said, laughing.



An MRI Victory for Chiropractic

By Aubrey Villines, J.D.

On July 23, 2019, in the state court of Cobb County, in the case of Hendeh Asgharivaloujaei v. Carlos Gomez (18-A-2093-3), Judge John S. Morgan ordered that Navid Mahallati, D.C., acted within the chiropractic scope of practice when he referred a patient to Northside Hospital for an MRI.

The issue came before the court on the defendant's motion for partial judgment. The defendant contended that his chiropractor had ordered an MRI, which was a medical decision outside the scope of chiropractic. The defendant based his argument heavily on Colvard v. Mosley (2004), while the plaintiff team led by attorney Michael Calabro with Melman Law Group contended that decision had been superseded by the unofficial attorney general's opinion, along with more recent laws and regulations.

The defendant phrased the issue to be decided this way; Whether plaintiff's chiropractor, David Mahallati, D.C., referred plaintiff to the appropriate health care provider for the MRIs in order to determine the need for chiropractic care or whether plaintiff's chiropractor simply ordered the MRIs of the thoracic spine and cervical spine.

It should be emphasized that Dr. Mahallati stated by affidavit that he referred his patient to Northside Hospital for the MRI.

Plaintiff's counsel diligently researched the issue and consulted with myself serving as GCA's legal counsel, as well as other members of the legal profession. GCA President Dr. Clark Stull encouraged me to assist with any and all information we could provide as assistance. It was pointed out and stressed that O.C.G.A. 43-9-1 was amended after the Colvard decision and that O.C.G.A. 43-9-12.1 expressly permits chiropractors to refer their patients to the appropriate health care provider to determine the need for chiropractic care. It was further noted that "the chiropractic board through its rules authorizes chiropractors to refer their patients to hospitals and diagnostic imaging centers for the purpose of

having diagnostic procedures administered and evaluated."

However, the importance and determinative power of the Georgia attorney general's unofficial opinion "is instructive and pervasive on issue framed by defendant as the opinion concluded that no longer was MRI referral outside the scope of practice of chiropractic, as it had been superseded by O.C.G.A. 43-9-12.1, which makes referral necessary when appropriate in the determination of chiropractic care."

Attorney General Thurbert Baker noted, "There is a distinction between referring for a diagnostic procedure such as MRI and ordering such a procedure. The law permits a chiropractor to refer when appropriate. The referral would necessarily be to a diagnostic group with a health care professional such as a radiologist trained to read, evaluate and report on the images. I am informed by the board that this is the actual practice since enactment of the 1997 amendment. So long as the referral is made under these circumstances, the chiropractor is acting within the scope of current Georgia law."

The doctor's records evidenced the referral to a radiologist at Northside Hospital authorized to do the procedure. The motion of the defendant was denied and referral for the MRI was found to be authorized.

So, what did we learn in part from this decision by the trial court? We learned that in this limited instance, the opinion of the attorney general and our more recent law changes were determinative in the order that doctors of chiropractic can refer for an MRI. The opinion of the court further established what the attorney general stated, that there is a difference between a referral and an order. The chiropractor's records should show evidence as appropriate that the patient is being referred for the MRI. Referral is a critical component.

A copy of the full opinion is accessible for GCA members.



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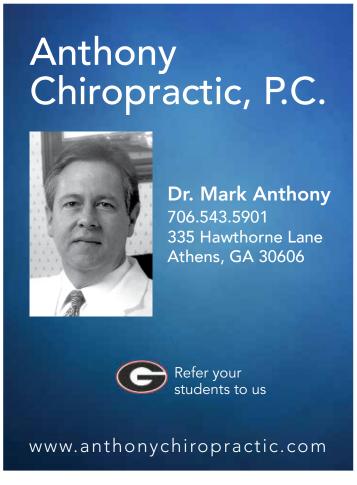
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New Car Blues

Let's face it: Some people are car people, like my daughter. She has had more cars than anyone I know. She bought a very used BMW convertible and sold it for more than she paid for it. She bought a Hummer when gas was at its all-time high and sold it for more than she paid for it, which even selling it for any price was a miracle. She has had a Jeep Wrangler, a Pontiac Sunfire or bird convertible, a Mazda 626 and countless Mercedes thanks to her husband being an employee of a dealership. Oh, the list goes on and on.

I, on the other hand, purchased a PT Cruiser new in 2000. I saw one on I-75 while going to the airport headed for Seattle. I loved the look of the car. I hadn't really been in love with a car since my brother's '59 TR3. Wouldn't you know it there was a full-page photo of it in the Seattle newspaper? I made the seldom uttered statement, "I am getting one of those." I came home, ordered it and waited eight months for it. I am still driving it much to the chagrin of my family and friends.

I did purchase another car about 10 years ago, a 1991 Mazda rag top with an additional hard top. What a find. I had driven a '91 that my son sold me when he left for the Army. A grandchild soon rendered the car inadequate. I did love that car. You could go around curves really fast. Its wide wheel base held it to the road. It might spin around, so I heard, but it wouldn't turn over. I still have that car but I have decided that it

is too small to drive on I-75. The horn is a wimpy beep and it is so low that it could fit under a tractor trailer, a feat I do not wish to attempt. So it sits patiently, waiting to be driven around town or on back roads.

I have been encouraged by many people to get a bigger car, so I am now the owner of a Ford Explorer. That is a big dang vehicle. Trucks can see it and the horn is loud but I can't park it in anywhere except in the far-off regions of a parking lot, and I am not real sure exactly where I am in my lane. Then there is the problem that I can't ever find it. I don't recognize it right off. SUVs all look the same to me. Plus, have you ever noticed how many grey SUVs there are? I can't tell you how many times I have gone up to the wrong car and it wouldn't unlock. Then I notice things like a car seat - a big clue considering that I don't have an infant. Sometimes I can spot it because I don't pull far enough into the parking spot so that big vehicle is sticking out. That never happened with the Miata. It was so small you could never see it in a parking spot. I imagine that caused many frustrated drivers thinking they had snagged a great spot.

So now that I am driving that big dang Explorer, no one asks to use it in a parade nor for their teenager to drive for their license exam. A small consolation for driving a big dang vehicle.

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