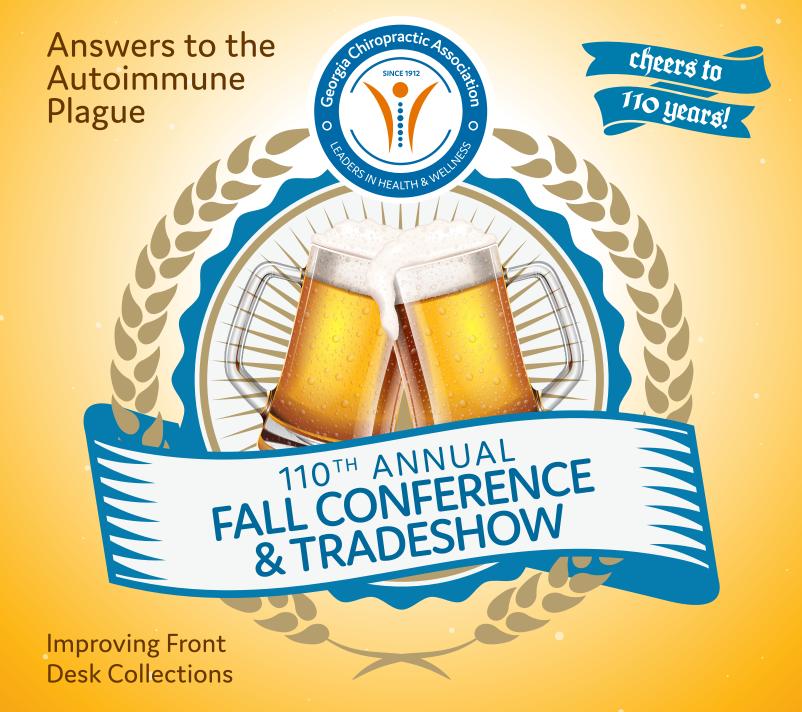
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A PUBLICATION OF THE GEORGIA CHIROPRACTIC ASSOCIATION

FALL 2022



Case Study: Cox® Technic for Post Surgical Cervical Spine Fusion Patient



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Many Thanks for a Productive Year

As I come to the end of my presidential year at GCA, I have so much for which to be thankful. And so many people to thank!

First, I'd like to thank all those who volunteered to host one of our Sips & Chips: Dr. Anissa Jones, Dr. Mary Watkins, Dr. Kellie Baxter, Dr. Lesli Walker and Dr. Johnny Garcia. As a doctor who doesn't live in the metro-Atlanta area, I wanted to be sure members in outlying areas got to experience the fun and fellowship of these events.

I'd also like to thank Dr. Deborah Little and Dr. Leana Kart for spearheading our outreach to Life University students via the Student American Black Chiropractic Association, the Hispanic Club and the Georgia Club. They also created the inaugural women's assembly on campus, which will now become a yearly event at Life. Our future will be very bright when these students graduate and start practicing in Georgia.

Another person I'd like to thank is Dr. Paul Goldberg, who has shared with us why doctors of chiropractic should be an important part of the public health system in America, through articles in our magazine and by teaching us how we can mitigate rheumatoid and autoimmune diseases in our patients.

Finally, I'd like to thank my husband, Dr. Larry Steinle and sons Dr. Brad Steinle and Derek Steinle for their support during this busy and exciting year and for pitching in at the office when I had GCA duties.

I'm excited about our up and coming leaders and for the future of the association in their hands.

Thank you for allowing me to serve this thriving association!

Yours in Health,





A LETTER FROM THE PRESIDENT

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Board Identifies Objectives for 2023



EXECUTIVE INSIGHTS

GCA's Board of Directors and staff spent a day planning for the future of the association and came up with some great objectives for next year, including:

Lead Goal:

The Georgia Chiropractic Association effectively uses resources through mindful planning to promote a diverse, equitable and inclusive culture and structure to achieve excellence in order to serve the chiropractic community.

Lead Objectives:

- Populate the leadership committee under the leadership of Dr. Leana Kart and task it to create a program to identify and cultivate future leaders by the end of 2023. Identify three new leaders by the end of 2023 and increase that by 15% each year.
- Create a formal plan to incorporate DEI into GCA with goals, objectives, action plans and methods for measuring success by the end of September 2023.

Belong Goals:

- Professional doctors of chiropractic and students who adhere to the GCA Code of Ethics will aspire to be members of the Georgia Chiropractic Association.
- Friends and supporters of chiropractic are invited to join and participate in GCA.

Belong Objectives:

- Improve retention and recruitment to increase net membership by 80 by 2023.
- Create a friends and family category of membership and define benefits of joining and serving.
- Create a variety of events at the local level to stimulate participation.

Educate Goal:

The Georgia Chiropractic Association is the leader in continuing education and public relations for the chiropractic profession.

Educate Objectives:

- Create a comprehensive patient communications plan.
- Explore more educational opportunities beyond continuing education.
- Create a whole association app.

Influence Goal:

The Georgia Chiropractic Association is the primary governmental and insurance liaison on behalf of Georgia chiropractors and their patients.

Influence Objectives:

- Grow PAC membership by 25% through fundraisers by the end of 2023.
- The lien law will be passed in 2023.
- Find ways to increase insurance reimbursements by 2023.
- Collect examples of lawyers taking medpay despite assignment of benefits and the resulting 1099 discrepancies.
- Insurance companies will disclose the reimbursement for provider's bill in PI cases.

Please contact the GCA office if you're interested in volunteering to help meet these objectives: 770-723-1100.



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Georgia Counties Declare September Drug-Free Pain-Management **Awareness Month**



The Boards of Commissioners in Douglas and Macon-Bibb counties have declared September Drug-Free Pain Management Awareness Month.

GCA Board Members Dr. Lesli Walker and Dr. Deborah Little were present for the proclamation in Douglas County September 6, while GCA Board Member Dr. Anissa Jones and member Dr. James Nessing accepted the proclamation from Macon-Bibb County Mayor Lester Miller and Commissioner Elaine Lucas on September 21.

Between 1999 to 2020, more than 263,000 American lives were lost to prescription opioids. That is 187 citizens a day. Of the 263,00 lives lost, 68,630 lives were lost in 2020, making opioid overdoses 74.8 percent of all drug overdose deaths.

Opioid misuse has cost the United States \$78.5 billion a year. This includes healthcare costs, lost productivity, addiction treatment and criminal justice involvement. Many of those who are addicted to opioids were first prescribed opioid medication

Of the 100 million Americans suffering from chronic pain, 80 percent experience some form of back pain. Chiropractors are educated and trained to address spinal and neuro-issues with non-surgical and drug-free management.

For more information on how chiropractors are addressing this national crisis, visit reliefwithoutaddiction.org.



UPCOMING EVENTS

OCTOBER 13 Third Annual Personal Injury Symposium
OCTOBER 14-16 110th Annual Fall Conference & Trade Show

DECEMBER 9-11 December CE Weekend

Atlanta City Council Proclaims September Life University Founders Month for Research

Atlanta City Council President Doug Shipman proclaimed September Life University Founders Month for Research September 19. The proclamation noted Life University's celebration of chiropractic research during the month in honor of the anniversary of chiropractic.

Additionally, several Life University alumni and GCA members were honored for bringing chiropractic to Atlantans, including GCA Treasurer and Life University Trustee Dr. Leana Kart, Dr. Johnny Brown, Dr. Winston Carhee, Dr. Chantaye Carhee, Dr. Cleve Taylor, Dr. Bruce Salzinger, Dr. Joseph Fowler, Dr. Brandon Williams and Dr. Mia Walker.

During the presentation, City Councilman Michael Julian Bond noted, "My father, Julian Bond, was a state representative who was involved in helping Life University get its charter in the 1970s. He always told me I should go to chiropractic school, otherwise I'd become a politician!"

Life University Research Chair and Professor Dr. Christie Kwon and Director of the Dr. Sid E. Williams Center for Chiropractic Research Dr. Stephanie Sullivan represented Life's continued commitment to research. Donations to support research efforts may be made at alumni.life.edu/SupportResearch.







Gonzalez Joins GCA



The Georgia Chiropractic Association is excited to welcome SeKoixa Gonzalez as the new Communications and Events Coordinator.

The first of her family to graduate from college, the Georgia State University alumna started her health communications career with the Centers for Diseases Control

and Prevention (CDC).

As a Health Communications Fellow, Gonzalez found herself volunteering for the COVID-19 response with the Joint Information Center (JIC). Gonzalez was the first Health Communications Fellow to serve on the response. She attended various discussions with a few opportunities to present fresh ideas.

"I happened to be in the right room at the right time. The JIC leadership were frustrated with one of the taskforces. They had seemed unable to come up with ideas to address the issue with student absences because schools were requiring students to have test kits with negative results. Parents were struggling to afford the sky-high prices of the self-test kits. In a long moment of silence, I was able to present plenty of ideas. One thing led to another, and I was asked to attend a private meeting to expand more on my ideas. Eventually, a few ideas made it to the COVID-19 White House team and were implemented such as a website for citizens to register for free self-test kits and schools to access a private site to register for 5,000 test kits a month to provide for needy students."

GCA Executive Director Valerie Smith, CAE, said, "We look forward to working with SeKoixa, as she brings fresh ideas and extensive social media skills to the position, as well as a passion for ensuring access to affordable healthcare for everyone."

COX® TECHNIC FLEXION DISTRACTION SPINE MANIPULATION AND MOBILIZATION FOR NECK PAIN AND HEADACHE IN A POST SURGICAL CERVICAL SPINE FUSION 65-YEAR-OLD FEMALE WITH LOW BACK PAIN

CASE STUDY

by James M. Cox DC DACBR FIANM(H) FICC developer of Cox® Technic | www.coxtechnic.com 260-637-6609 | info@coxtechnic.com



Figure 1 - Sagittal cervical spine x-ray shows the plate and screw fusion from C4 to C7.



Figure 2 - Anteroposterior view of the cervical spine shows the C4-C7 plate and screw fusion.



Figure 3 - Dextrorotation of segments L4 to L1 is seen of less than 10° Cobb angle. L3-L4 disc space narrowing is seen with the right side greater than the left disc space suggesting unequal weight bearing. Right L4-L5 facet sclerosis is seen.



Figure 4 - Degeneration of the L1-L2 through L5-S1 disc spaces is noted with marked loss of the L4-L5 disc, vacuum phenomenon indicating instability and endplate osteophyte formation. The L5-S1 disc is markedly narrowed with retrolisthesis of L5 on sacrum. The L3-L4 disc shows desiccation with both anterior and posterior endplate hypertrophy. Overall, this lumbar spine shows advanced degenerative disc disease.

Background

A 65-year-old female was first seen for the chief complaint of low back pain of four months' duration. She rated her low back pain on a VAS (0-10 worst) scale at a 10 out of 10, her left neck pain in the cervicothoracic levels of C7-T5 at a VAS 6 out of 10, and headache at a 5 out of 10. She was unable to walk without a walker.

History/Exam

She presented with a fusion at C4-C7 with a plate and screw fixation. Deep tendon reflexes of the upper extremity were plus 2, and muscle strengths were rated 5 out of 5 in the cervical spine and upper extremities. Ranges of motion of the cervical spine were limited to the upper cervical spine and cervico-thoracic spine. No radicular pain of the upper extremities was present. Cervical compression was positive right and left with no radicular symptoms.

Treatment & Plan

This challenging case responded to a treatment plan following the protocols of The Cox® Technic System of Spinal Pain Management which included spinal manipulation with Cox® Technic Flexion Distraction Decompression (CTFDD) and nutrition. Before treatment began, the patient passed the tolerance testing protocols for both lumbar and cervical spine with no lateralization of pain. Protocol II Cox® distraction manipulation was delivered to the cervico-thoracic spine and Cox® long-y axis distraction manipulation to the lumbar spine. According to the 50 percent Rule, we were seeking 50 percent relief within 30 days.

Clinical Outcomes

The following are the clinical outcomes as described by each visit:

VAS (0 no pain- 10 worst pain)	Low back	Neck	Headache
Visit 1 start	10 (walker)	6	5
Visit 1 end	7	4	4
Day 3		3	3
Day 9		2	0
Day 10		0	0
Day 14		0	0
Day 30	0 (no walker)	1	3

The patient's low back and buttock pain was relieved with Protocol II CTFDD at the T10 to L5-S1 levels enabling her to walk without a walker. The fused cervical spine was well treated with low force Protocol II distraction CTFDD at the occiput-C2 level and C7-T5 levels.

Ten days of CTFDD and mobilization relieved this patient's neck, headache, and low back pain. In my opinion, perhaps high velocity adjusting could be iatrogenic for this spine; however, low force variable amplitude long-y axis CTFDD with careful tolerance testing was successful. A disc nutrition supplement with chondroitin sulfate via perna canaliculus was prescribed as an anti-inflammatory aid.



Figure 5 - Cervical spine and lumbar spine treatment



Figure 6 -Automated long-y axis distraction application via foot switch on table's base

Discussion

Cox® Technic has a history of research support for its use in managing complex cases like this one. When treated with CTFDD, cervical spine pain patients with radiculopathy showed a statistically significant reduction in VAS scores from 50.1 to 8.7 (a 41.4 point drop) in a mean of 13.2 days of care. (1) Post-surgical continued pain (PSCP) patients responded favorably according to recent studies. In a study of 69 such patients treated by 15 Cox® certified chiropractic physicians, 81 percent showed greater than 50 percent reduction in pain at the end of their active care in a mean of 49 days and 11 visits. At 24-months, 78.6 percent continued with more than 50 percent improvement. The mean percent of relief at the end of active care was 71.6 and at 24 months, 70. (2) A prospective study of 59 PSCP patients documented an average of 69.9 percent pain relief in 56.3 days and 12.9 treatments with a statistically significant 9.43 PROMIS[®] disability change. (3) A patient like this may well have benefitted from improved balance as back pain sufferers, particularly older such patients, struggle with balance. A study noted a significant improvement in objective and subjective outcomes for lumbar spinal stenosis patients treated with flexion distraction. (4) Further, an ultrasound study of the biomechanical changes in the thoracolumbar spine elements under CTFDD proved reliable in assessing intersegmental movements by measuring spinal process separation. (5) Separation of the L5-S1 segment under 12 pounds/53.4N of force increased 1.27mm and 1.98mm under 25 pounds/111.2N of force. (6) Such increases may contribute to the reported benefit that flexion distraction appeared to be an effective intervention for pain and disability among lumbar spinal stenosis patients. (7)

With increasing numbers of post-surgical and degenerative spinal stenosis sufferers in our aging population and our chiropractic practices, chiropractic's role in spinal pain management is secure. I look forward to studying with my Georgia colleagues in October.

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Dr. David Webb completed his undergraduate training at the prestigious Xavier University of Louisiana in New Orleans, Louisiana. He then completed medical school and a post-graduate residency in Anesthesiology, at the Medical College of Georgia in Augusta, Georgia.

Dr. Webb further specialized his medical training, completing a fellowship in Regional Anesthesia and Acute Pain Medicine at the University of Pittsburgh Medical Center and an Interventional Pain Medicine Fellowship at the University of Iowa.

During his medical training, he served as chair of the Resident Section of the American Society of Regional Anesthesia and Pain Medicine. He has published numerous peer-reviewed articles relating to all aspects of interventional pain medicine and has been involved in investigative clinical research which has opened new doors in the treatment of chronic pain.

Dr. Webb brings to Georgia Pain and Spine Institute a wealth of knowledge acquired through the years of training and in practice. He is double board certified in Anesthesiology and Pain Medicine and is one of a limited number of physicians in the country who is dual fellowship trained in both acute and chronic pain medicine.

Dr. Webb specializes in many interventional and non-interventional techniques.

GCA's Fall Conference: Cheers to 110 Years

By SeKoixa Gonzalez



Raise your glass and toast the Georgia Chiropractic Association's 110th anniversary at the Fall Conference & Trade Show October 14-16 at the Hotel at Avalon in Alpharetta!

Conference Committee Co-Chair Dr. Kellie Baxter is looking forward to this year's Oktoberfest-themed event. "Our conference is a great opportunity for attendees to network and learn from the various speakers and vendors. I always look forward to hearing from Dr. Paul Goldberg, He's always got something interesting about nutrition and other ideas I can immediately apply to my practice," she said.

Conference Committee Co-Chair Dr. Anissa Jones agreed. "I always look forward to seeing my colleagues from all over Georgia. The conference gives us an opportunity to advance chiropractic in the state," she said. "I'm particularly excited to see Dr. James Cox speak on Friday afternoon."

In addition to a wide variety of continuing education topics, vendors from around the country will be exhibiting products such as nutritional supplements, CBD products, chiropractic software, lasers and more. Plus attendees can build their referral network with M.D.s and personal injury attorneys.

"I always enjoy learning about the new types of technology and devices I may be able to use in my practice," Baxter said.

Several events are planned throughout the conference, including:

Thursday, October 13, Personal Injury Symposium, 7-9 PM

Network with other chiropractors, medical doctors and attorneys at this fun and interactive event and reception. Hosted by Dr. Michael Wax of The Injury Specialists and Mr. Darnell Randall of Randall MPR. FREE, but please RSVP at gachiro.org.

Friday, October 14, Annual Meeting, 1-2:30 PM

Learn how GCA is working on your behalf at the GCA Annual Meeting. You need not be registered for the conference to attend.

Friday, October 14, Oktoberfest Vendor Reception, 6:30-7:30 PM

Catch up with old friends and meet new ones at this lively and fun Oktoberfest-themed reception. Be sure to try your hand at the Whiskey Pull, sponsored by attorney Danny Nagel – all proceeds benefit the GCA-Political Action Committee. FREE

Saturday, October 15, President's Awards Luncheon, 1-2:30 PM

Find out who won Chiropractor of the Year and enjoy a delicious lunch at the President's Awards Luncheon. This is a ticketed event. Tickets will not be available onsite.

Saturday, October 15, Ladies' Tea, 3:30-5 PM

Put on your favorite hat and celebrate women in chiropractic. This year's tea will honor Dr. Deborah Little, the newly elected President-Elect. FREE, but please RSVP to 770-723-1100.

"The Ladies Tea gives women a safe place to talk about the unique struggles we face within our practices while also managing personal lives," Baxter said.

Jones said, "While growing your network can be intimidating, attendees should know everyone at GCA is down to earth. We care for everyone, no matter their background, and I guarantee you'll have a great time at our conference."

GCA President Dr. Noel Steinle is also looking forward to the conference. "Dr. Baxter and Dr. Jones have done a marvelous job planning our special events during the conference, and I'm looking forward to all the speakers that Dr. Karen Mathiak and the Education Committee booked as well. I invite all chiropractors in Georgia to join us in October!" she said.



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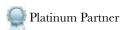
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Improving Front Desk Collections

By Ray Foxworth, D.C., F.I.C.C.

Dr. Ray Foxworth, DC, FICC, is founder and CEO of ChiroHealthUSA. For over 35 years, he worked "in the trenches" facing challenges with billing, coding, documentation, and compliance, in his practice. He is a former Medical Compliance Specialist and currently serves as chairman of The Chiropractic Summit, an at-large board member of the Chiropractic Future Strategic Plan Committee, a board member of the Cleveland College Foundation, and an executive board member of the Foundation for Chiropractic Progress. He is a former Staff Chiropractor at the G.V. Sonny Montgomery VA Medical Center and past chairman of the Mississippi Department of Health.

Being involved in chiropractic means you want to help people live healthier, happier lives. For many compassionate practitioners and their staffs, the tricky subject of payments can seem like adding more stress to the patient rather than taking it away. Here are three key areas that, when mastered, will do a lot to improve your front desk collections.

1. Clarity and Best Practices with Insurance and Care Plans

Have your front desk team clearly communicate to your patients from the first inquiry how much treatment will cost. This is your first and most valuable tool. Being a good communicator improves collections by helping to avoid confusion or conflict when payments are due.

Asking the right questions from the outset also makes it easier to examine how the patient's insurance plan (if they have one) will affect how much they'll owe and if their current status makes them eligible for any benefits. Never schedule an appointment without first speaking to patients about their coverage, then give your practice at least a few days leeway to verify the information the patient supplied by speaking to their plan provider.

Communicate to the patient how important it is for everyone involved that their insurance and health plan details are accurate and up to date, with any changes being immediately reported. Having your front desk team ask patients on every visit if any aspect of their on-file payment details have changed helps here. Gathering this knowledge before you move forward (and at regular intervals thereafter) clarifies how much will be due and how that sum will be paid.

Looking deeply into coverage and benefits early carries another potential front desk bonus. It emphasizes your practice's devotion to making care as affordable as possible rather than prioritizing the bottom line. It can go a long way in making future payment more tolerable for patients when they know they've saved every possible dollar.

2. Diverse and Flexible Payment Options

The more ways you utilize to accept revenue, the easier front desk collections will be. Offering as many of the following payment options as are possible under law and compliance regulations can make collections simpler:

- Cash
- Personal Checks

- **Credit Cards** (GCA offers access to low-cost credit card processing through Netcom PaySystem contact the office for details at 770-723-1100)
- Health Insurance
- Hardship Discounts Take caution to verify a patient's claim of hardship. Be sure to clearly state in writing what qualifies as hardship under your practice's policy and what documentation you'll require from the patient to prove it.

Becoming a member of the ChiroHealthUSA provider network is also an excellent way to deliver simpler payment options and discounts and help cash, under-insured and out of network patients better handle the burden of increasing health care costs.

ChiroHealthUSA ensures your practice stays compliant when offering any kind of discount to patients to avoid any conflict with existing payment options or plans.

3. Competent and Caring Collections Staff

There are three things the best chiropractors keep in mind when a patient is ready to pay: that parting with money is rarely fun, that payment models can be confusing for many people even after they've been explained, and that payees may already be in physical discomfort and don't need any more stress.

Your patients will be expecting the same level of knowledgeable care and consideration they received at the chiropractor's hands when they go to pay at the front desk. Collections staff should be competent in handling every payment model you offer while answering any financial questions with confidence, sensitivity and patience.

It's also a bonus if your front desk staff aren't squeamish about asking patients to pay then and there rather than be billed (for co-pays, at the very least) and at addressing any outstanding account balances. This is a delicate skill, so train your team to handle payment policies and people. Striking the right balance between friendship and forthrightness can help make the front desk an efficient part of revenue collection. Be mindful that if your front desk staff are having financial problems, or don't pay their bills, you may not have the right person in the right seat, so consider a credit check when you hire.

Following these three steps can provide a boost to flagging front desk collections. For more information, visit chirohealthusa.com or call 888-719-9990 to discover how we can help your practice.



Answers to The Autoimmune Plague (Part II) The Intersection of Autoimmune Disease, Clinical Toxicology and Public Health

Paul A. Goldberg, B.A., B.S., M.P.H., D.C., D.A.C.B.N., D.C.B.C.N.

"Autoimmune disease" has proven to be a common diagnosis for general practitioners to label patients with, often shuttling them out of their offices to a rheumatologist. Here patients receive one or more of 140 different autoimmune diagnoses along with a lifetime of toxic medications, diminishing their opportunity to address causal factors that could open the door to health renewal.

Medically, autoimmune diseases are addressed with steroids and "biologicals," immunosuppressant agents e.g., Enbrel, Humira and Remicade, all carrying significant risks including lymphoma.

There is a desperate need to take a panoramic view of autoimmunity from both a clinical and public health perspective rather than simply "treat" patients with drugs or "alternative" medicine. We can move from "treating disease" to developing a practical knowledge base of the factors leading to autoimmunity, many of which have their origins in an increasingly toxic environment. Understanding the etiological factors involved will allow us as practitioners to far more efficiently address this rapidly increasing plague.

Missing the Target with COVID-19... Missing the Target with Autoimmune Disorders

The importance of identifying the causal factors of the autoimmune plague is exemplified by COVID-19. The

medical establishment has focused on containment of the COVID-19 viral transmission through isolation and vaccines, yet even as COVID-19 continues to afflict the public, monkeypox has now arisen along with renewed talk of new vaccines and isolation procedures.

"Those who cannot remember the past are condemned to repeat it."

- George Santayana, The Life of Reason, 1905

The history of pandemics/plagues is a re-occurring one including the Plague of Justinian, The Black Death starting in China in 1300s, the resurgence of Bubonic plague again in China from 1859 to 1959, Smallpox, the 1918 Flu, HIV /AIDS and COVID-19 being among the more notable. All began in densely populated areas with poor sanitation and hygiene; i.e., they had environmental/toxicological related origins. Infectious disease outbreaks will continue to be commonplace as long as the same causal factors are at play and ignored. Rather than focusing on vaccines and isolation, it would be advantageous to address causal factors e.g., population density and poor hygiene.

The Autoimmune Plague presents similar issues. Here too the medical emphasis has been on treatments rather than addressing etiological factors. In Part One of this series, it was suggested that one of the primary factors leading to the Autoimmune Plague was a growing number of patients harboring heavy burdens of a myriad of environmental toxins.

Environmental Toxins, Autoimmune Disease and Clinical Toxicology

Environmental toxins are found in increasing amounts in our population derived from the growth in industry, fossil fuels, the spraying of food crops, cosmetics, synthetic materials in our homes and a myriad of other sources. Environmental toxins are substances and organisms that disrupt biological processes including increasing the risks of **autoimmunity**, cancer, cardiovascular and endocrine issues. They can be synthetic in nature such as with glyphosate, 2,-4D and other herbicides/pesticides/organophosphates, or from molds and naturally occurring elements such as arsenic, lead and mercury.

Dangers associated with any given toxin, of which there are thousands, are increased based on the amount of exposure and the individual's tolerance. The diversity and amounts of plastics and other synthetics, including drugs from the pharmaceutical industry, are all relatively new to human existence. The new industrial toxins we are exposed to, in combination with each other and with endogenous toxins the body produces, can make the *total burden to an individual overwhelming*. The results in terms of illness to both individuals and the population at large are complex and pervasive.

Some of the more recognized toxins found in human tissues include arsenic, atrazine, dioxins, lead, mercury, Perfluoroalkyl Substances (PFAs), Asbestos, BPA, Phthalates, Radon VOCs, noxious gases, particulate matters along with a wide array of plastic related materials.

Substantial evidence exists linking environmental toxins to health risks such as autoimmune/rheumatoid illnesses, cancer, gastrointestinal disturbances, endocrine issues, etc. The level of education and awareness of the majority of physicians/practitioners, however, is extremely scant. As a result, identifying and addressing toxin levels in patients, including those with autoimmune, endocrine and other chronic health issues, is rarely performed and with the course of action usually followed being merely the suppression of symptoms through pharmaceuticals.

The value of identifying/quantifying exposure to synthetic and organic toxins in patients with autoimmune illness is widely and tragically overlooked. It helps to have a background in toxicology and experience with patients with autoimmune issues to be most effective. Once elevated levels

of toxins are identified, the sources can be directly targeted to avoid ongoing exposure and to expedite gradual removal. Clinically the patient's immune system, now less burdened, becomes less reactive and the opportunity for health renewal more favorable.

Proper evaluation of patients with autoimmune issues requires conducting a detailed interview, examining their lives from birth to the present, not overlooking any aspects of their personal lives and occupations. **This takes time**. We find that to properly do an interview with a patient with autoimmune related illness an hour and a half to two hours of the doctor's time should be allotted for the initial visit. Proper analysis includes the case history, physical examination and laboratory testing. The appropriate tests must be identified followed by professional interpretation of them in a comprehensive manner, taking into consideration occupational, nutritional, endocrinological, neurological, digestive, microbial and other factors.

From a public health standpoint, competing commercial interests present barriers. Our nation has developed a dependence on toxic materials such as plastics, pesticides and fertilizers along with our energy sources. There are financial interests from toxin generating industries supplying billions of dollars in tax revenues that enjoy wide political support.

Autoimmune disease is a growing plague upon our nation. Doctors of chiropractic as Guardians of the Public's Health can do much to help individuals so afflicted. Increasing our awareness of the causal factors behind autoimmune disease is one major key. By improving each patient's neurological and biomechanical balance, we improve the patient's potential to regain health regardless of their issues. Educating patients on good nutrition and hygiene is another important step. Lastly, through understanding the causes of autoimmunity, *including the toxicological burden many patients carry*, we can provide them with knowledge on practical steps to take to help identify the sources of their illness.

As Guardians of the Public's Health, it is also incumbent upon us to use our influence as individuals and through professional groups such as the Georgia Chiropractic Association to positively influence the Public Health System of which we are part. We can use our collective influence to help encourage, motivate and legislate positive steps to improve our environment and lower the burden on a population under toxicological stress.

In part three of this series, we will look at allergies as another Clinical and Public Health Issue contributing to autoimmune disorders. We will discuss how allergies and autoimmunity are two sides of the same coin and how to improve clinical outcomes by recognition of this relationship.

Source Materials

*Vojdani, Pollard and Campbell :Environmental Triggers and Autoimmunity: Autoimmune Disease 2014 https://www.hss.edu/conditions_environmental-triggers-associated-with-autoimmune-diseases. asp *Environmental Exposures and Autoimmune Diseases: Contribution of The Gut Microbiome https://www.frontiersin.org/articles/10.3389/fimmu.2019.03094/full *Pesticide-Induced Diseases: Immune System Disorders https://www.beyond pesticides,org/resources/pesticide induced diseases-database/immune-disorders *A Closer Look at the Environmental Triggers of Autoimmune Disease Diseasehttps://www.orlandomedicalnews.com/article/978/a-closer-look-at-the-environmental-triggers-of-autoimmune-disease

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



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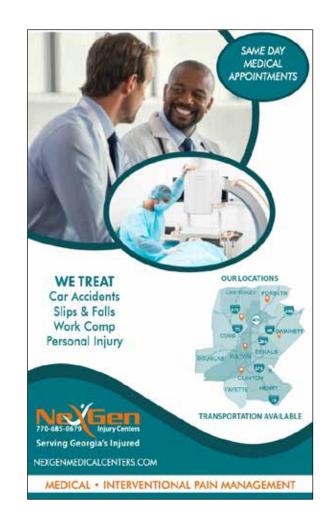
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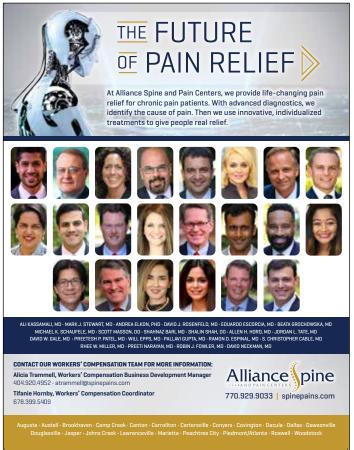




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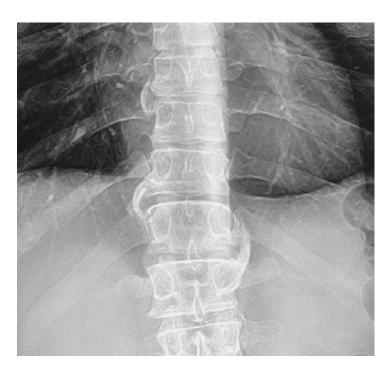


Spinal Psoriatic Arthritis

Psoriasis is a common skin disorder which can be associated with inflammatory psoriatic arthritis (PA) in both the spine and extremities. Spinal involvement may occur in up to 60 percent of patients with the skin disorder. PA is a seronegative arthropathy but patients often have an elevated ESR. Approximately 75 percent of PA patients will have the presence of the HLA-B27 antigen.

The most common location to see spinal radiographic changes is at the upper lumbar and/or lower thoracic segments. The hallmark radiographic finding is the presence of thick non-marginal syndesmophytes that extend from mid-vertebral body to mid-vertebral body. There is no specific distribution pattern but these non-marginal syndesmophytes tend to be unilateral. It must be remembered that the X-ray changes of PA in the spine are identical to those of Reiter's syndrome and clinical correlation is important in the proper diagnosis.

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.



(Figure 1). Note the non-marginal syndesmophytes going from mid-body to mid-body at T9/T10, T11/T12 and T12/L1. The unilateral distribution at a given level is typical.

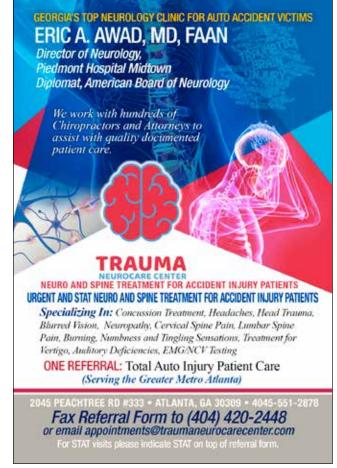


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New President, Fresh Ideas



It's a normal day of football practice, and young Dr. Ben McDowell was not prepared for a sudden life changing experience. With a tackle from behind, McDowell was bent backwards, pain radiating from his back to his hips and down to his legs. A phone call was

made, and his father placed him in the back seat, making their way to see a chiropractor.

"The chiropractor took some X-rays and studied it. He came back in and basically said, 'Son it's going to be okay. I know exactly what's wrong, and we're going to help you just like I've helped thousands of people with this thing before. You're going to be alright, and you'll get back to playing football, weight room and all your other sports.' And I remember thinking that I didn't really believe him, but he certainly believes what he is saying. So I figured, 'What have I got to lose? To heck with it. Let's give it a try."

After McDowell's first adjustment, to his surprise he was able to stand once again. It was in that moment he realized he was meant to become a chiropractor.

McDowell earned his undergraduate degree in biology at the University of Georgia and his Doctor of Chiropractic at Life University. By September 2013, McDowell became a chiropractor, and a month later began his work with an associate doctor in North Carolina.

During his employment, he was required to join the North Carolina Chiropractic Association (NCCA). While he was a member, he learned the importance of paving the way for future chiropractors and honoring the past chiropractors. After his move to Georgia, he joined the Georgia Chiropractic Association, growing his network within the chiropractic community.

In 2017 McDowell had the opportunity to meet with Dr. Leana Kart, someone he extremely admired. Kart eventually encouraged McDowell to run for a seat with the GCA Board of Directors. He was elected Spring 2018, serving as the youngest director at that time. Four years later, Kart encouraged McDowell to run for president-elect.

"She believed a different mindset might be able to solve some problems we were dealing with. I obliged and agreed and put in my application for running for president-elect. I was elected by my peers again, and now I will be the youngest president of the GCA since 1912," he said.

When asked what he hopes to achieve within his time as president-elect he said, "I believe the GCA is a home for chiropractors regardless of their skin color, presence or absence of religious creed, style of practice, sexual orientation, etc. I hope to not only communicate that in the GCA, but also to represent that at our events; to be inclusive and to invite all so people can see different faces, perspectives and realize that this is a place that protects all. So, when they become a member, they can know their interests will be protected, appreciated and respected."







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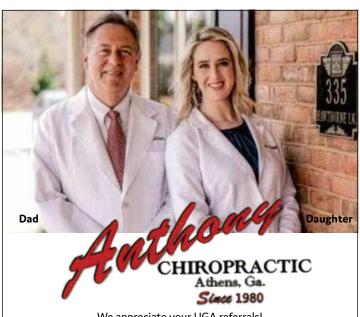
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Birthdate	Male	Fema	ale
Office Name			
Office Address			
City State		Zip _	
Home Address			
City State	County	Zip _	
Cell Phone Office Ph			
Email address			
Website			CA Name
College			
Year of Graduation Years in			
Techniques used in practice			
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I hereby apply for membership in The Georgia	•		PAY-IN-FULL
Inc. I understand that my application is subjectee approval and election by the Board of Dire	-		Regular
notified of its action. I do hereby agree to abid			Spouse
Code of Ethics of the Association. I also under			☐ First-year licensed
dues will result in loss of membership and all r			☐ Second-year licen
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GEORGIA CHIROPRACTIC ASSOCIATION, INC. Mail or Fay to: 1926 Northlake Pkwy Ste 201 T			GCA-PAC Dues
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Email

PAY-IN-FULL	Dues
□ Regular	\$575
☐ Spouse	\$287.50
☐ First-year licensed	\$100
☐ Second-year licensed	\$175
☐ Third-year licensed	\$360
☐ Associate	\$100
☐ Chiropractic Assistant	\$60
☐ Student	\$25
☐ Over 65, Practicing	\$287.50
☐ Over 65, Retired	\$143.50
Pay In full:	

PAY MONTHLY	Dues
☐ Full Active	\$55
☐ Second Year	\$16.67
☐ Third Year	\$33.33
☐ Spouse/Over 65 and Practicing	\$27.50
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<u>\$250</u>

)ues

<u>\$21</u>

Total:

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THE HUB CLINIC DIRECTOR, while supporting the mission/vision of Life University, the College of Chiropractic, and the Life University Clinics, is directly responsible for providing leadership and oversight for the HUB clinics and all associated operations and related facilities. https://workforcenow.adp.com/mascsr/default/mdf/recruitment/recruitment.html?cid=b7f2041e-f961-4f13-b6c0-bd9a33be9f7a&ccld=162624380_7744&type=MP&lang=en_US

BUSY DOT OFFICE IN ATLANTA needs caring chiropractor or DOT Medical Examiner. Must enjoy working with patients. New grads OK willing to work M-F. Send resume to dotphysicalshr@gmail.com

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TION works in collaboration to direct all aspects of the development, implementation, promotion, and administration of clinical educational programs;

including clinic course management, educational outcomes assessment, curriculum scheduling/planning, intern communications and skills development, and educational support. https://workforcenow.adp.com/mascsr/default/mdf/recruitment/recruitment. html?cid=b7f2041e-f961-4f13-b6c0-bd 9a33be9f7a&ccld=162624380_7744& type=MP&lang=en_US

BUSY CHIROPRACTIC CLINIC IN STONECREST needs a hardworking, motivated, caring Chiropractor. Must have a Georgia license and carry your own malpractice ins. Be willing to train on our CMS, be good with car accident

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own malpractice ins. Be willing to train on our CMS, be good with car accident patients, and able to see many patients per day. Bilingual a plus. Please send resume to dotphysicalshr@gmail.com

THE DIRECTOR OF CLINICS is

responsible for providing leadership and oversight of clinic patient care operations, clinical personnel, and clinic related departments contained within each Life Chiropractic Centers facility. https://workforcenow.adp.com/mascsr/default/mdf/recruitment/recruitment. html?cid=b7f2041e-f961-4f13-b6c0-bd9a33be9f7a&ccld=162624380_7744&type=MP&lanq=en_US

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FORT, SC - Multi-disciplinary practice working with Personal Injury and cash patients. Any experience level accepted as we offer training. Salary negotiable. Looking for motivated doctor with leadership qualities. Please call Dr. Jared Brown 912-677-1851 or email resume to drjared@brightlifechiropractic.com

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BEACH! Busy Brunswick, GA chiropractic clinic is looking for an associate doctor to perform exams and great adjustments. Competitive salary working only 4 1/2 days a week. Benefits include 401(k) with paid vacations and holidays. Hours are Mon-Thurs. off at 5:00pm and Friday's off at 1:00pm with no weekend hours. Our office understands the balance between work, family, and play! Visit our website at www.familyhealth-chiropractic.info to see our state-of-theart facility and fabulous team! Email cover letter and resume to jboczar@ familyhealthchiropractic.info

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have an established practice in Dalton Georgia with a stellar reputation. You will start getting your own new patients immediately. You can easily make \$80k your first year minimum. You will be working with a long-term associate and will be taking my place in the practice. Send your resume to spinedocgb@ vahoo.com.

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- Diversified Technique Thompson Technique, Activator. Decompression Therapy. Located in Douglasville Ga. Average patient visits 200-250 wk. Contact information - Dr. Jorge Bueno. Office 770-942-5575 Cell 770-386-0222 or send email at jorgechiro@ gmail.com. Motivated seller.

CONYERS GEORGIA \$500,000.00

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Great Profit Margin- Averages 57 NP/month. EHR w/Chirotouch. Large clinic w/lots of room for profit centers. Digital X-ray. Techniques are Diversified, Drop and ART. Call/Text Dr. Randi Ross, 770-748-6084 DrRandi@PremierPractice-Consultants.com

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FOR RENT/SHARE in our Buckhead
or Chamblee location. Looking for a
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OFFICE SPACE AVAILABLE in bright and airy Roswell professional building off Holcomb Bridge Road between exits 7 and 8 of 400. 20 + parking places. Rent includes all utilities, Wi-Fi, reception area, access to front desk and break room. \$350/month (\$1,350 with exam room and digital x-ray). Call or text 917-549-5886

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CHIROPRACTIC OFFICE EQUIPMENT

FOR SALE. Ideal for new doc starting a practice or a satellite office. Fisher x-ray w/extra tube, TRUdigital x-ray developing conversion, Activators, Erchonia adjustors/percussor, Office telephone system by Lucent Technologies, Foot levelers systems- 1 portable, 1 kiosk, filing cabinets, Miscellaneous bookcases, carts, lamps, medical charts, etc., Vitamin Testing kits- SP, NW, Biotics, Premiere Research are also available. Pictures on request. Contact Dr. Sara Sweeney at sweeneywellness@yahoo.com.

EQUIPMENT FOR SALE – Konica film processor (refurbished like new) asking \$1500. Please contact us at 770-923-8787

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OFFICE CLOSING! USED EQUIPMENT FOR SALE! 2 exam tables, 1 flat bench adjusting table, 1 Lloyd drop table, 1 L-Shaped Front desk with 5 built in filing cabinets, Printer, 2 X-ray units CR and DR processors. Other office equipment! If you ask, we probably have it! Email: Vermontregenmed@gmail.com for more information!

X-RAY EQUIPMENT FOR SALE - -Universal X-ray Products (Lead/Shielding)
-Wuestec Medical-single phase digital x-ray machine (Manufactured-July 1996; Model- CR-AMC; Serial # 1992)
***Midwest X-ray Equipment Co.
-Anode/Cathode - Model 3560 - Part 402.501.01 - Serial # 04529-1004
(Manufactured-Oct 2004) *** Del Medical Imaging Corporation - Control Panel - Model HE425 - Part 402.100.00 - Serial # 04528-1004 - Manufactured-Oct 2004 -- \$1500.00 contact aspinwalljim1@ qmail.com

DECOMPRESSION Table for Sale - Chattanooga Group - Triton DTS with table... Computer is less than 1 year old. \$5999 Call 706-210-8550 to inquire

X- RAY AND DIGITAL EQUIPMENT -

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