

THE GEORGIA

CHIROPRACTOR

A PUBLICATION OF THE GEORGIA CHIROPRACTIC ASSOCIATION

SPRING 2022



GCA-IT'S ELECTRIC

GCA Spring Conference
& Trade Show Is
June 10-12

Case Study: Resolution of
Vertigo and Headaches

Avoid These Mistakes to
Protect Your License



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2022 SPRING

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Association:

1. A group of people organized for a joint purpose.
2. A connection or cooperative link between people or organizations.

The Georgia Chiropractic Association's Board of Directors talk a lot about our joint purpose, which is to protect, represent, educate and promote the entire chiropractic community in Georgia and advocate for unrestricted access to chiropractic care. But we also fulfill the other definition of association – providing connections between people and organizations.

While the majority of our members are in the metro-Atlanta area, we have significant groups of doctors of chiropractic throughout the state, and as a member who practices in Augusta, one of my goals this year is to foster connections in some of these other areas.

GCA Board Member Dr. Anissa Jones and I hosted a Sips & Chips event last October in Macon, and Drs. Mary Watkins, Amanda Watson and I hosted another one March 31 in Gainesville. And I've hosted several events in Augusta over the past several years.

As small business owners, we are often in our own little bubble. Networking with other chiropractors in your town expands your horizons to find new suppliers or products, seek advice on difficult patients and share best practices. Plus, you'll have the opportunity to open potential new avenues for referrals with local attorneys and medical providers.

Be on the lookout for Sips & Chips events throughout the state this year. But if we don't make it to your town, why not host a get-together yourself? Just call the GCA office at 770-723-1100, and our staff would be happy to help you plan and promote an event in your area.

Yours in Health,



Noel Steinle, D.C.
President



A LETTER FROM
THE PRESIDENT

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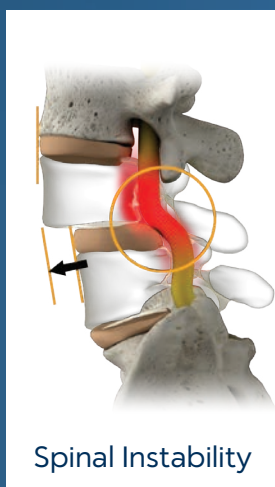
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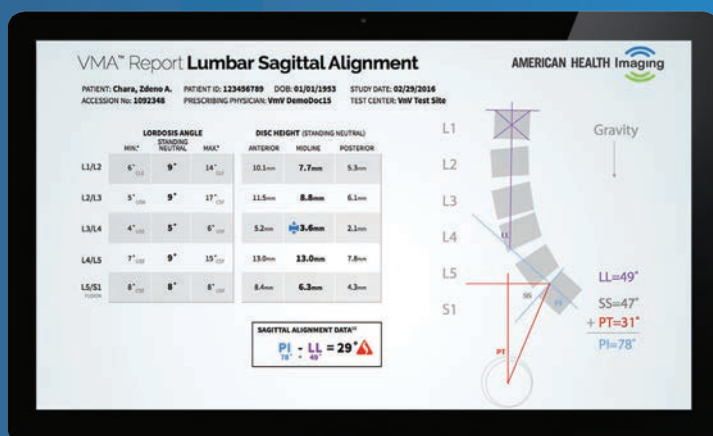
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Make the Most of GCA's Marketing Benefits



EXECUTIVE INSIGHTS

GCA has two great ways to help you with your marketing efforts through our partnerships with Life University and the Foundation for Chiropractic Progress (F4CP).

Relief Without Addiction

The Relief Without Addiction anti-opioid campaign promotes chiropractic as the alternative to opioids in Georgia via billboards, digital advertising and social media. A joint effort with Life University and GCA, this year the campaign will expand to some print advertising and a LinkedIn campaign as well. Thousands of Georgians are being reached per month, and the campaign drives traffic to the campaign website for more information and a way to find a chiropractor in their area.

I urge all of you to check your listing on reliefwithoutaddiction.org and let us know if there's any new information to add AND please follow, like and share social media postings on the campaign's Facebook (facebook.com/ReliefWithoutAddiction) and Instagram pages (instagram.com/reliefwithoutaddiction/).

Finally, if you have any great stories about helping patients stop taking opioids or preventing surgery, or just some great exercise or lifestyle advice about living pain free, let me know – we may want to feature you in a blog or video. Just email me at vsmith@gachiro.org.

Foundation for Chiropractic Progress

GCA joined the F4CP as a group member this year, and you'll reap the benefits of the organization's nationwide advertising efforts, as well as access tools you can use to promote your practice, including marketing roadmaps, newsletters, podcasts and marketing webinars and resources. All F4CP advertising and public relations efforts drive potential patients to their website to find a chiropractor in their area. Visit f4cp.org to see some of the great content available to you.

Please visit F4CP's social media platforms, become a fan and receive access to exclusive up-to-date campaign news and resources. Plus share patient content on your own social media accounts.

Facebook: www.facebook.com/FoundationforChiropracticProgress

Twitter: www.twitter.com/@f4cp

LinkedIn: www.linkedin.com/company/f4cp

Pinterest: www.pinterest.com/f4cp

YouTube: www.youtube.com/f4cp2010

Instagram: www.instagram.com/foundation4chiroprogress/

I hope you'll take advantage of these two members-only benefits designed to support your marketing efforts.



Valerie Smith, M.A., CAE
Executive Director

SPRING 2022

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Member-Get-A Member Campaign Launches

Help your chiropractic friends grow their businesses by encouraging them to join the Georgia Chiropractic Association!

All members who recruit a new GCA member now through the Fall Conference October 14-16 will be entered to win a FREE conference (including 3-night hotel stay!) in 2023. The winner will be drawn October 18.

GCA membership includes a wide variety of benefits including:

- Affordable health insurance
- Step-by-step process on how to get paid in PI cases
- Insurance expert from H.J. Ross Company to answer your billing and coding questions (a \$468/year value!)
- Marketing tools with our Relief Without Addiction (reliefwithoutaddiction.org) anti-opioid marketing campaign and partnership with the Foundation for Chiropractic Progress (www.f4cp.org)
- Networking opportunities with other D.C.s, M.D.s and attorneys

Contact the GCA office at 770-723-1100 with any questions.

Congratulations Winter Scholarship Winners

The Georgia Chiropractic Association is pleased to announce its Life University scholarship winners:

Nkenge Mitchell Hamad Shirazi Dustin Biggerstaff

GCA grants 12 scholarships per year for Georgia students attending Life University. If you're interested in becoming a mentor for one of GCA's scholarship recipients, please contact GCA at 770-723-1100.

UPCOMING EVENTS

JUNE 10-12, 2022

Spring Conference &
Trade show
Savannah, GA

OCTOBER 14-16, 2022

110th Annual Fall
Conference & Trade Show
Alpharetta, GA

For more information on events or to register, visit gachiro.org.

Try Out the GCA App

The Georgia Chiropractic Association is currently beta testing an app to keep you better informed about legislative issues, events and other news important to your practice. To download, visit your phone's app store and download the Engagefully app, then search for Georgia Chiropractic Association within the app.

Testimonial Contest

Every chiropractor has amazing stories about how they helped their patients get well, and GCA's Public Relations Committee wants to hear them! Please submit a great patient outcome story to vsmith@gachiro.org now through October 16. The committee will review, and the doctor with the best story will win a free conference in 2023.

Stories may be used in the Relief Without Addiction campaign and GCA press releases.

Show Your GCA Pride

Georgia Chiropractic Association merchandise is now available! Visit our GCA store here: gca.merchwebstore.com for shirts, cups and totes featuring the GCA logo. Some of the proceeds will be donated back to GCA to support our legislative efforts and programming.



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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.

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Lien Law Does Not Pass

By Valerie L. Smith, CAE

Despite hard work by GCA's lobbyists, governmental relations committee and grassroots committee members, H.B. 1298, that would have added doctors of chiropractic to Georgia's lien law, failed to make it out of the House Judiciary Committee this year.

"We knew if the bill was assigned to the Judiciary Committee that it would be an uphill battle," explained GCA lead lobbyist Aubrey Villines. "We tried to have the bill assigned to the House Regulated Industries committee and also tried to have it introduced in the Senate, but were unsuccessful."

The House Judiciary Committee is comprised of mostly attorneys, and the Georgia Trial Lawyers Association (GTLA) strongly opposed the bill.

"The Judiciary Committee Chairman Rep. Chuck Efration asked us to work with the GTLA lobbyist to negotiate language. Our bill's sponsor, Rep. Matt Gambill (R-Cartersville), Rep. Karen Mathiak, D.C. (R-Griffin) and I all reached out to set meetings with GTLA, but after an initial conversation, we didn't hear back from them," he said.

"We also asked our grassroots committee members whose representatives are on the committee to reach out and ask them to hear the bill."

While GCA has a robust presence at the Capitol, the GCA-PAC candidate donations are a lot less than organizations like GTLA, which can have an impact.

"In the 2020 election cycle, the GCA-PAC gave about \$99,000 in donations to candidates, while GTLA's Civil Justice PAC gave nearly \$1.3 million," said Dr. Leana Kart, chairwoman of the GCA-PAC. "This is why we've made such a push for our members to also join the PAC this year. We have a great lobbyist and legislative connections, but we also need to put our money where our mouth is."

Villines agreed. "Increasing our giving to candidates will only have a positive impact on our legislative efforts."

In addition to working on the lien legislation, GCA, along with the physical therapists and occupational therapists, opposed legislation that would have greatly expanded patient access to athletic trainers.

The original definition of athletic injury in the scope said: 'Athletic injury' means any injury sustained by a person as a result of such person's participation in exercises, sports, games or recreational activities or any activities requiring physical strength, agility, flexibility, range of motion, speed or stamina without respect to where or how the injury occurs.

"The athletic trainers wanted to change the definition to change the word injury to condition and delete reference to exercises, sports, games or recreational activities. This would mean they could treat injuries arising from accidents, trips, etc. As athletic trainers are trained specifically to treat sports-related injuries, we felt the new definition was too broad for their training. We opposed the bill, and the bill did not pass out of committee," Villines said.

GCA's SPRING CONFERENCE AND TRADE SHOW



The DeSoto
SAVANNAH, GEORGIA
JUNE 10-12 2022

GCA-IT'S ELECTRIC



Spring Conference is **June 10-12**

By Valerie L. Smith, CAE

Break out your dancing shoes and hustle on down to Savannah for the Georgia Chiropractic Association's Spring Conference & Trade Show June 10-12 at the DeSoto in Savannah.

The conference will feature a variety of speakers including:

- Humans in Motion: Factors of Age in the Diagnosis and Assessment of the Athlete, with Christine Foss, D.C., sponsored by Foot Levelers
- Risk Management with Morgan Mullican, D.C., sponsored by Breakthrough Coaching
- Georgia Law with Aubrey Villines, J.D.
- Coding with Evan Gwilliam, D.C., sponsored by ChiroHealthUSA and PayDC
- Rheumatoid Arthritis & Other Rheumatoid Disorders; Clinical & Public Health Perspectives with Paul Goldberg, M.P.H., D.C., D.A.C.B.N., D.C.B.C.N.

- C.A. program will include the Coding class, as well as Difficult Patients 101 and Chiropractic Assistants Ethics with Audrey Wheatley, C.C.C.A.

Plus, attendees will have plenty of opportunities to get their groove on!

The night before the conference starts, join GCA for a Sips & Chips event in the hotel bar, then put on your dancing shoes for the Friday night vendor reception, where we'll have a DJ spinning the best of the disco era, plus a glow party for any children who are attending. Attendees may also purchase tickets to the president's luncheon on Saturday and all women are invited to the Groovy Tea Saturday afternoon, honoring Past President Kathy Webb, D.C.

"Be sure to bring your wallets to our Friday evening event so you can purchase some chances to WIN in our whiskey pull," said GCA-PAC Chair Dr. Leana Kart. "All proceeds go to benefit the PAC and support GCA legislative efforts."

Register by May 15 at gachiro.org for early bird rates. Special hotel rates start at \$195 + tax – call 800-239-5118 and mention you're with the Georgia Chiropractic Association to receive the discounted rate.

EXHIBITORS

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"A lot of doctors don't realize their license hasn't been renewed until an insurance company checks their status and turns them in."
- Robert Alpert, D.C.

Avoid These Mistakes to Protect Your License

By Valerie L. Smith, CAE

Keeping your chiropractic license in good standing is key to a successful practice and staying out of trouble with the Georgia Board of Chiropractic Examiners (GBCE) and Secretary of State's office.

The number one reason doctors of chiropractic are called in front of the GBCE is for letting their license lapse, according to its Vice Chair Robert Alpert, D.C.

"This is the most serious problem we see. Even if you have filled out the form online and paid for your renewal, you need to check your license online to be sure you've been renewed," Alpert said. "A lot of doctors don't realize their license hasn't been renewed until an insurance company checks their status and turns them in."

To make matters worse, if a chiropractor is unaware his or her license has lapsed and has been practicing, the **board** will issue a public consent order on the license, charge the doctor a \$1000 fine and place the doctor on probation. The doctor must also complete the National Board of Chiropractic Examiners' Ethics and Boundaries Examination.

"After a license is reinstated, that doctor will be audited during the next renewal period as well," Alpert said.

Unprofessional or unethical conduct can also cause problems for chiropractors.

"A big complaint is chiropractors telling dirty jokes to patients, or asking them inappropriate questions about their sexual preferences. Don't do that. The patient or even a staff member may turn you in for that behavior," Alpert said.

Many complaints the board receives are regarding records.

"Georgia law states you must release medical records within 30 days of the request. You must release records whether the bill is paid or not; you can't withhold records due to an outstanding balance of the patient or the attorney," explained GBCE Chair Andrew Krantz, D.C. "Attorneys will report you to the board if you do that."

Other issues the board deals with are ensuring chiropractors are aware of rules and regulations.

For example, while chiropractic assistants may provide therapies to patients, they must do so under direct order

and supervision of the doctor.

"The board has defined direct order to mean the doctor must provide a written or verbal instruction to his C.A. about what to do with the patient, and direct supervision means the doctor must be onsite while the C.A. is working with a patient," Alpert explained.

"We also see a good amount of advertising infractions," he said. "The top issues here are not making it clear you're a chiropractor, claiming you're better than someone else and saying you provide physical therapy services. Only physical therapists can use that term."

He also pointed out that the Board, with assistance from the attorney general's office, has been cracking down on advertising claims that chiropractors can cure certain ailments, such as COVID-19, that aren't supported by research.

Alpert also warned young doctors and those working as associates or independent contractors to be aware of office billing practices and that the doctor they work with is operating ethically.

"Associates should check and verify their billing to be sure everything is being billed properly. If your name is on the HCFA form, you're liable. Be sure no extra services are being billed and that you only treat what the patient came in for. If the complaint is a headache, treat the headache, not the low back and pelvis. Also, if the doctor you're working for provides you with a list of personal injury patients to call, that's a violation of Georgia law, and the doctor making the call is the one who will get in trouble," Alpert said.

"It's also the doctor's responsibility to keep the board apprised of any changes in his or her contact information including phone number, email and address. This is imperative for the board to keep in contact with you," Krantz advised.

"We have had staff members, attorneys, insurers and even doctors' spouses or partners turn them in. Stay up to date on the Board rules and be sure to thoroughly document care, and you'll mitigate your risk of board sanctions," Alpert concluded.



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D.C.s Must Comply with Parts of the No Surprises Billing Act

By Valerie L. Smith, CAE

While the No Surprises Billing Act's main purpose is to protect consumers from surprise bills during complex hospital visits, part of the new law requires all providers, including doctors of chiropractic, to provide good faith estimates to patients who are self-pay or uninsured.

Here are some frequently asked questions about the bill.

Q: What is the No Surprises Billing Act?

A: Establishes new protections from surprise billing and excessive cost sharing for consumers receiving health care items/services. It implements additional protections against surprise medical bills, including provisions related to the independent dispute resolution process, good faith estimates for uninsured (or self-pay) individuals, the patient-provider dispute resolution process, and expanded rights to external review.

Q: Who does the bill apply to?

A: D.C.s who see self-pay and uninsured patients, as well as patients who have insurance that might not cover certain services (for example, Medicare patients who need exams, X-rays or modalities that are uncovered).

Q: How do I comply with the act?

A: D.C.s must put signage up in two places in the office, one near scheduling and one near payment areas, plus on the

office website announcing a good faith estimate is available for those who are uninsured or cash patients. This must also be orally communicated to those who call for an appointment.

Q: What is a Good Faith Estimate?

A: Good Faith Estimates:

- Must be specific to each patient; a generic list of fees is not acceptable.
- Must include the cost of expected items and services.
- Must be given orally and in writing.
- Must be in an accessible format for the patient (ie may need to be in a different language).
- Should include estimates from any other providers who may be involved in care (ie massage, imaging).
- Must include the expected scope of any recurring primary items or services (such as timeframes, frequency and total number of recurring items/services).
- May not exceed 12 months for recurring items/services.
- Should be signed by the patient.

Q: When do I need to provide a Good Faith Estimate?

A: Specific time frames are outlined in the legislation:

- When an item or service is scheduled **THREE** business days before the date of the visit, a good faith estimate must be provided no later than **ONE** business day after the date of scheduling.
- When an item or service is scheduled at least **TEN** business days before the date of the visit, must provide good faith estimate no later than **THREE** business days after the date of scheduling.
- When a good faith estimate is requested by an uninsured or self-pay patient, good faith estimate must be provided no later than **THREE** business days after the date of request.

Q: What happens if there's a dispute?

A: If the bill to the patient is \$400 or more above the good faith estimate, the patient is eligible to proceed with a dispute resolution process with the provider, if initiated within 120 days of receiving the bill.

Q: Where can I find more resources?

A: Use this link for signage and good faith estimate examples:
gachiro.org/no-surprises-billing-act-faqs

Rheumatoid Disorders are now the leading cause of disability in the United States.

By conservative estimates, between 2002-2014, almost two-thirds (64 percent) of adults with doctor-diagnosed arthritis were younger than 65 years old.



Rheumatoid Disorders – A Clinical and Public Health Challenge

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

My interest in rheumatoid disorders began in 1976, the same year Charles Christian, M.D., past president of the American Rheumatism Association, commented, “Fifty million Americans suffer from some form of arthritis/ rheumatoid disease, nearly a quarter of the population. That would make it the most common disease we have.”¹

The situation has since worsened. Newer estimates report that 92.1 million adults in the U.S. have rheumatoid disease or report arthritis symptoms², over a third of all U.S. adults. Frequency figures are likely understated due to persons who do not or cannot see physicians.

Despite the large population segment afflicted by rheumatoid diseases, we’ve failed to address the personal and public health importance of the problem.

Patients with rheumatoid diseases suffer from chronic pain ranging from uncomfortable to excruciating ... making life a sea of agony. Most try numerous health care professionals and a plethora of advertised nostrums without experiencing anything more than short term symptomatic relief. Many undergo treatments with immunosuppressive drugs resulting in a nightmare of side effects including lymphomas and death. The unrelenting discomforts can drive a person into deep despair.

The term “arthritis” means inflammation of a joint which can occur for many reasons. Metabolic

forms of arthritis, here referred to as “rheumatoid disorders,” do not merely affect joints and muscles, but the entire constitution, including organs and glands. The connective tissues comprising about 25 percent of our body are the primary tissues affected. Rheumatoid diseases are not merely uncomfortable ... they are systemic conditions that entail a tortuous hell-bent road.

The term “arthritis” conjures up visions of an elderly person crippled with gnarled joints, and that image does sometimes apply. There are, however, millions of young people in the United States including children, who suffer with rheumatoid disease as severely as seen in older people. It is difficult for younger, relatively healthy persons and some practitioners to recognize how widespread rheumatoid diseases are until they themselves are afflicted. By conservative estimates, between 2002-2014, almost two-thirds (64 percent) of adults with doctor-diagnosed arthritis were younger than 65 years old.³

There are over 100 different classifications of rheumatic diseases which commonly involve varying degrees of joint involvement. Some researchers and practitioners argue that the classifications are artificial, do not represent true differences in the disease and lead to confusion among practitioner and patient.

The late Dr. Hans Selye commented: “Since the etiology of all these arthritides is not known, we wonder if it is really justified to stress so much the differences

between them, which are often difficult to detect, rather than the similarities which are always obvious”.

I have observed, over 40 years of working with patients with rheumatoid disorders, that the differences between patients with the same medical diagnosis are dramatic. Taking an individual approach is critical to having successful outcomes. Medical treatment involving the administration of drugs as per the “diagnosis” rather than determining and addressing etiological factors, is a grievous error.

Health care professionals generally have paid little attention to those with rheumatic diseases. Family physicians prefer not to see these patients and shuffle them off to medical rheumatologists for toxic, symptom suppressing drugs.

Rheumatic disease sufferers are indeed a tragically neglected segment of the population.

The famous William Osler, M.D. once commented, “When an arthritis patient walked in the front door, I wanted to walk out the back one.”

Medical rheumatology attracts few medical students despite financial opportunities and demand. It is understood that under medical care, rheumatoid patients do not regain their health, that the drugs utilized do not reverse disease and that the waiting rooms are filled with deeply suffering patients who feel their lives have been stolen from them.

These patients do not have self-resolving issues that will go away with or without care/treatment. They are chronically ill and need individualized care requiring time and patience with the appropriate applications of nutritional biochemistry, toxicology, biomechanics/neurology, physiotherapeutics, microbiology/parasitology, endocrinology and emotional care as per the needs of the patient. This takes skill, time and patience which some practitioners in modern offices do not afford patients as they seek numbers and capital return.

Because rheumatoid diseases afflict a large number of Americans, they are both a public health and clinical issue. These disorders also cause a tremendous economic impact on our nation.

Some doctors of chiropractic are hesitant when facing the patient diagnosed with rheumatoid arthritis, systemic lupus, ankylosing spondylitis, psoriatic arthritis or other rheumatoid disorders and immediately refer the patient to a medical rheumatologist. The die is thus cast and the patient is subjected to toxic pharmaceuticals.

Have we taken these patients as far as we can within clinical and legal constraints?

Rheumatoid disease is not a single entity; it reflects numerous factors, different ones in different people. The name of the particular rheumatoid disease does not identify the causal factors behind it. There are a multiplicity of factors to uncover in seeking disease etiology.

The starting point is to view the patient as having a body wide problem, not merely a musculoskeletal one. We must address the symptoms’ causes, not just the symptoms themselves. Osteoarthritis, notably, is not simply due to “inevitable wear and tear” and “growing older.” There are usually also metabolic/biomechanical issues involved.

A review of the literature on rheumatic diseases exhibits many potential factors including genetic predisposition, infection, endocrine factors, psychological stressors, allergy, injury, autoimmunity and neurological dysfunction. In offices around the country, however, patients continue to be treated for symptomatic relief, ignoring causal factors. It is also not enough to declare the patient’s problems stem from allergic, autoimmune, infectious, nutritional or other factors unless we are prepared to address those issues.

The chiropractic profession has much to offer patients with rheumatoid issues presently and with further understanding/knowledge of rheumatoid disorders can, with confidence, offer more. Rheumatoid diseases are a major public health issue. As guardians of the public’s health, the chiropractic profession has the potential to play a greater role in helping this growing and too often ignored segment of our population.

Rheumatic disease patients are challenging and less glamorous perhaps than the young athlete, actor or actress some practitioners boast they take care of. They take more time, knowledge and patience. The doctor, however, who becomes proficient in bringing rheumatic disease patients back to health truly can become a master of their art and science. They also discover that those same skills can be utilized in assisting others with chronic disorders recover their health as well.

Note: Dr. Goldberg will speak on Clinical and Public Health Aspects of Rheumatoid Disorders at the GCA Spring Conference and on Clinical and Public Health Aspects of Autoimmune Disorders at the GCA Fall Conference.

¹ Christian C.L., “Latest on Dealing With Arthritis,” U.S. News and World Report, (Oct. 4, 1976)p. 77.

² Jafarzadeh SR and Felson DT. Updated estimates suggest a much higher prevalence of arthritis in US adults than previous ones. Arthritis & Rheumatology. Published Online: November 27, 2017 (DOI: 10.1002/art.40355).

³ Barbour KE, et al. Prevalence of Severe Joint Pain Among Adults With Doctor- Diagnosed Arthritis — United States, 2002-2014. MMWR. 2016;65: 1052-1056.

⁴ Selye, Hans, Stress, (Montreal: Acta, Inc. Inc. 1950), p. 393.



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Women Lead Chiropractic in Georgia

By Valerie L. Smith, CAE

In honor of National Chiropractic Women's Day, which is June 5 each year, the Georgia Chiropractic Association asked three women leaders about their experiences in the profession: GCA President Noel Steinle, D.C., Georgia Board of Chiropractic Examiners Past President and Member Mary Watkins, D.C. and GCA Past President, current Treasurer, GCA-PAC Chair and member of the Life University Board of Trustees Leana Kart, D.C.

Are there any unique challenges to being a female chiropractor?

STEINLE: I don't look at females having challenges, but opportunities. Historically, female chiropractors were way ahead of their time in the professional sphere. Many owned businesses DECADES before other professions even allowed females in their ranks. My field chiropractor was a female, and that was one of the things that inspired me to become a chiropractor: the fact that she was a woman who owned her own business and called her own shots in the early '80s.

WATKINS: In my first associate position, I worked for an older doctor who told me he expected me to wear skirts and dresses to work.

When I started my practice, I was single and had debt. The banks told me I had to be married and have guaranteed income before they would lend me money. I was lucky to have a strong female - my grandmother - put up her CD as collateral for me so I could open my clinic.

For years, the chiropractic and medical professions have been male dominated, but that's changing. When I was in school, only 20 percent of students were female. Now 60 percent of chiropractic and medical students are women.

KART: Unique challenges to being a female chiropractor have been setting time aside from practice and patients for family and personal life and often knowing when or when not to mother team members.

What prompted you to seek a leadership position in chiropractic in Georgia?

STEINLE: Because my child became a chiropractor. Before, my husband and I were just thinking about what our retirement would look like, but when he decided to become a chiropractor, I began to ask the question: what would chiropractic look like in 30 years? It forced me to take a longer view of the profession. Secondly, I always had a strong sense of civic duty, and what better thing is there than to give back to your profession in that way?

WATKINS: My second associate position was with Dr. Eugene Sparlin, who was the past president of GCA and a member of the Board of Chiropractic Examiners. He expected all chiropractors working for him to be members of GCA. When I got my license, the first thing I did was join GCA. I learned how important it was to give to the PAC, and I've been giving \$200 a month for 35 years. I paid my dues and went to conferences. At a conference in Savannah, Dr. Philip Day and Dr. Edwin Davis asked me to be a district leader, and I decided to step up and get involved.

That's when I really learned all GCA does for our profession. I served on many committees - membership, convention chair and awards, and was working toward becoming president, when Gov. Nathan Deal asked me to join the Board of Chiropractic Examiners. My fellow examiners then elected me president.



Steinle



Watkins



Kart

KART: I chose to be involved in leadership in the GCA because I wanted to grow membership in GCA to increase our political influence to improve our laws to protect and promote our right to practice. My goal is to include all chiropractors in Georgia in GCA so we become one strong voice together. It is not my style to complain without giving it my best to help improve our association.

Do you feel women are well-represented in leadership roles in Georgia's chiropractic institutions?

STEINLE: I have been in a leadership role in the GCA for about five or six years, and women have never been more represented in our state. GCA has never been as diverse than it is now. We owe this debt of gratitude to Dr. Leana Kart, and all of the chiropractors who have been on our board in recent years. Young people see someone who looks like them on our board. It is one of the things I am most proud about in Georgia.

WATKINS: We have many talented women in key positions. When I first was appointed to the Board of Examiners, Dr. Karen Mathiak was there as well. Currently, I'm the only woman. The GCA board has come a long way. When I came on the board – there were only two women, out of 21 board members. Now we have six women out of 11 board members.

KART: In the last several years GCA has worked to recruit a strong, diverse group of female leaders focused to push chiropractic into a higher position in Georgia's healthcare system.

What is your advice to young women who are just starting out in their chiropractic careers?

STEINLE: When I started out, I looked very young, and I was always concerned about patients taking me seriously. I recommend finding a coach or practice management consultant who will help build your confidence. In the early years I joined BNI (Business Network International), and my husband joined Toastmasters. We used a chiropractic management consultant as well. All of those things helped polish us and helped us manage and build our practice.

WATKINS: I would advise them to seek out an associate position in a type of practice they want to have. My work with Dr. Sparlin set me on the path to where I am today. He used to say you can't put a price on the knowledge and experience you gain as an associate. Chiropractic is the most wonderful and fulfilling profession, and women can thrive in it. Be around other successful women and see what they do. Important to have a mentor/coach when you want to start your own practice. I've had 15 women associates over the years who have gone one to start their own practices.

KART: Find a female chiropractor to be your mentor, someone you can emulate who will encourage you to be your best and has similar core values. I have a female GCA mentor who has always been there for me. I couldn't have done it without her words of encouragement and knowledge. I met her the first day I visited GCA; Dr. Mary Watkins is my mentor till this day!



Her management skills are sharp. Her vision is focused. She knows exactly how to facilitate the direction of her organization.

100% That Woman, That Leader

By Tiffany Ringfield, D.C.



Her name is Micheala E. Edwards, D.C., and the “E” stands for excellence in leadership. Her management skills are sharp. Her vision is focused. She knows exactly how to facilitate the direction of her organization. She is the President of the American Black Chiropractic Association.

Edwards is a proud 2009 graduate of Logan College of Chiropractic (now Logan University). Before she matriculated at Logan, she attended the University of Kansas on a track scholarship for two years, then finished her undergraduate education at the University of Texas at Arlington.

In addition to her chiropractic education, she has experience in mortgage lending and personal training. Edwards has spent 16 years on the board of the ABCA. She started out as a student representative and was the parliamentarian, rewriting and updating all policies and procedures for the organization. And no leadership training would be complete without becoming familiar with the financial health of the organization, so she also served as treasurer. In short, she has served in nearly all positions on the board of the ABCA including the vice president and director of programs and has worked closely with the Student American Black Chiropractic Association (SABCA).

Edwards also knows who she leads. African American Chiropractors in the US make up only three percent of the profession. ABCA consists of only one-third of that three percent. Edwards is making sure ABCA's continuing

education programs are relevant to the current world of chiropractic and there are a variety of courses to choose from with CE credits. Her biggest plan in fortifying the ranks of the ABCA is a building bridge for students during their matriculation and national boards, to remain a constant source of support as they become fully licensed practitioners. This also includes providing resources and information for those who decide to become clinic owners.

Edwards' favorite initiative of the ABCA is going to communities of color throughout the country and displaying the diversity of the chiropractic profession to the youth in those communities. ABCA also identifies local non-profit organizations in the cities that are hosting its conferences, and either help them raise money or donate for a specific cause of the non-profit's choice.

Another initiative the ABCA supports is chiropractic research. Edwards is actively identifying individuals to participate in various research projects to ensure the experience is gained and passed on for the future. She is also encouraging the organization to assist with research programs that include minorities in their study groups. And most importantly that the information gathered from these studies is safe guarded for future use.

As a woman of action, Edwards represents the ABCA as both a committee chair and member of the Leadership Committee for the Future of Chiropractic Strategic Plan that was initiated in 2019 by the Congress of Chiropractic State Associations. This group is strategizing and fundraising to bring the chiropractic profession further into mainstream health choices for the future. Edwards brings the path she has walked as a woman, an African American, a businesswoman and leader to the table. She understands the quote of the former female Gov. of Texas Ann Richards, “If you're not at the table, then you're on the menu.”



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

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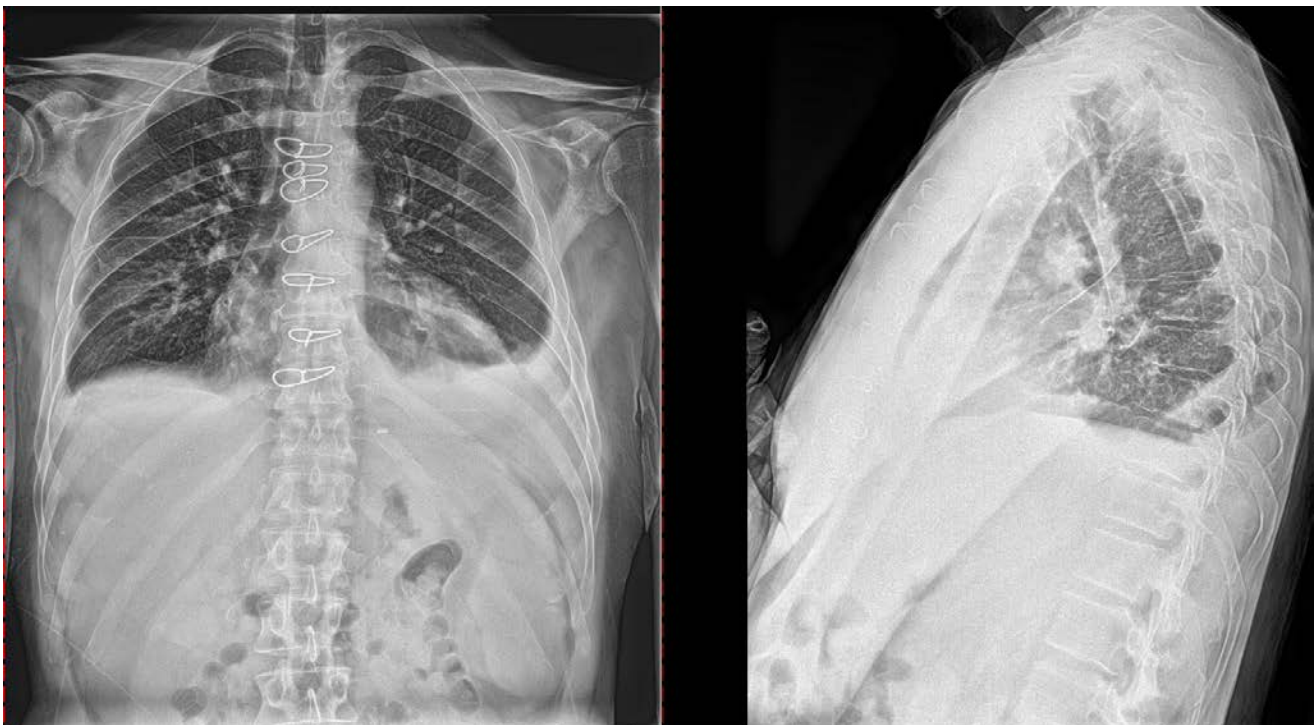


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Pleural effusion is a collection of fluid in the potential space around a lung between the visceral and parietal pleura. The fluid can collect unilaterally or bilaterally. Although there are many causes of pleural effusion, the most common causes are cardiac failure and tumor. Once pleural effusion is identified the fluid is usually removed by thoracentesis. The fluid is then analyzed for the presence of transudate (most commonly cardiac disease) or exudate (most commonly tumor). The patient will usually be placed on diuretics to try and prevent re-occurrence. Once the exact cause of the pleural effusion is identified it will be treated with the most appropriate care.

Plain film radiographs are typically diagnostic. The fluid will accumulate in the most dependent area. On an upright film it will first be seen by obliterating (filling with fluid) the posterior costophrenic angle. It only takes 50 cc of fluid to be seen on the lateral film. As more and more fluid accumulates, eventually the frontal radiograph will become positive with obliteration of one or both of the lateral costophrenic angles. It takes about 300 cc of fluid to be seen on the frontal films. As the fluid travels up the chest wall the fluid will take on a smooth curve called the meniscus sign much like fluid in a test tube.



(Figure 1). Note the obliteration of all three costophrenic angles with a classic meniscus sign on the left. Sternal wiring is present and there is mild cardiomegaly. In this case the pleural effusion is a complication of cardiac failure.

Resolution of Vertigo and Headaches with Vestibulo-Spinal Integration Techniques

CASE STUDY

By Marc Ellis, D.C., M.S., N.M.T., D.A.C.N.B., F.A.B.B.I.R.,
Juli Owens D.C. and Cassandra Jimenez, D.C.,
D.A.C.N.B., F.A.B.V.R.

History

James is a 65-year-old man who was referred to Georgia Chiropractic Neurology Center for help with vertigo, headaches and neck pain. He was a healthy, avid bicyclist who was under regular chiropractic care until a cycling accident in November of 2020 left him with chronic dizziness, headaches and neck pain. James reported having these symptoms for approximately one year before his initial visit. These symptoms were exacerbated by exercise, stress and working on the computer. His biggest concern was not having been able to participate in any biking events since March of 2021, when the severity of his symptoms increased and left him unable to participate in any cycling events. He rated his pain a 7/10 at its worst with radiating pain from his head into the cervical region bilaterally. Previous medical professionals seen for this condition included: an ear, nose and throat doctor who found no problems with his inner ears, an endocrinologist who found no associated chemistry problems, a physical therapist who performed vestibular therapy to no avail. James was referred to Georgia Chiropractic Neurology Center by his primary chiropractor after his care plateaued.

Evaluation and Treatment

During the evaluation, James' dizziness was exacerbated with positional change. Positional nystagmus testing revealed a geotropic nystagmus in the left posterior canal position, downbeat nystagmus with a mild left torsional component from the left anterior canal.

During right posterior canal testing, he had an ageotropic nystagmus, which also entails the component of a left beating nystagmus. The positional nystagmus indicated a central vertigo with an increased activity in the left rhombencephalon. James also had a positive cervico-ocular reflex (COR) and he could not attenuate his vestibulo-ocular reflex (VOR).

A cervico-ocular reflex is an eye movement that occurs in relationship to movement of the neck. This is an appropriate reflex in children up to two years of age and is considered pathological if it is present beyond that time period. To test for this, the patient is placed in visual eyes infrared video oculography goggles with the cover on, leaving their eyes completely in the dark. The COR test is performed by holding the head stationary while rotating the neck/body underneath. The eyes should remain stable. Drifting in the eyes from their original position constitutes a positive test. This reflex, when positive, can cause cervical musculature to tighten in response to visual, vestibular or proprioceptive input. This can result in musculoskeletal consequences such as fascial adhesions and chronicity of cervical subluxations. Merely fixing the musculoskeletal consequences may temporarily relieve the patient's symptoms but they can return because the aberrant cervico-ocular reflex is still present.

The vestibulo-ocular reflex is an eye movement that occurs in response to movement of the vestibular apparatus located in the inner ear. When a person is rotated in a chair, they should have a slow drift in their eye movement to the opposite direction of rotation followed by a fast eye movement to the direction in which they have been rotated. For example, when



rotated to the left a patient should have a slow drift in their eyes to the right followed by a fast eye movement back to the left. Equally as important, when given a target to visually fixate on, the patient should be able to keep their gaze stable on that target while being rotated in either direction. The inability to inhibit the VOR was a contributing factor to James' vertigo, headaches and neck pain.

When a person is rotated in a chair, they should have a slow drift in their eye movement to the opposite direction of rotation followed by a fast eye movement to the direction in which they have been rotated.

Treatments for James began by addressing his positional nystagmus. These treatments consisted of gaze stability exercises in the different positions that caused his nystagmus. Gaze stability exercises are known to promote neuroplastic changes that improve the vestibular system and associated symptoms. These treatments resolved his positional nystagmus and associated dizziness. This was followed by VOR attenuation therapy. His chiropractors at Georgia Chiropractic Neurology Center would have him look at his thumb while they rotated him at a rate and vector where he could stay focused on his thumb and inhibit his VOR. As he improved, they would increase the speed and amplitude of the treatments. After three visits James' headaches had decreased from a constant 7/10 to only occurring once in the afternoon for approximately 30 minutes. After the improvements

from the first few visits, COR attenuation therapy was administered. This treatment is similar to VOR attenuation therapy. His head was held in place while his body was gently rotated at a speed and vector where he could inhibit his COR. Once his ability to attenuate his COR improved cervical adjustments and myofascial treatments were performed. After 10 visits the patient reported that his dizziness had completely resolved, and his neck pain only occurred while performing strenuous exercise. He stated the pain did not raise above a 1/10. At this time, James was referred back to his primary chiropractor to continue with wellness care.

Discussion

This case demonstrates that proper integration of the cervico-ocular (COR) and vestibulo-ocular (VOR) reflexes can have a significant impact on quality of life. The doctors at Georgia Chiropractic Neurology Center noticed the complexity of this case and performed the additional testing. This allowed them to locate the dysfunctions preventing the patient from healing and to design a treatment plan to specifically target those dysfunctions. Once the COR and VOR systems were recalibrated James felt better and was able to return to his normal lifestyle and athletic hobbies. COR and VOR testing are important examination procedures that can change the treatment plan and lead to improved patient results.



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*No representation is made that the quality of legal services to be performed is greater than the quality of legal services performed by other attorneys.