

THE GEORGIA

# CHIROPRACTOR

A PUBLICATION OF THE GEORGIA CHIROPRACTIC ASSOCIATION

SPRING 2023



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Beyond Diabetes: Exploring  
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# Relationships Matter



A LETTER FROM  
THE PRESIDENT

Hello, this is your president Ben McDowell and if you are reading this, then you are in the right place at the right time and I have got some GREAT news for you!

I'd like to talk to you today about relationships. Why? That's a great question, and I'm glad you asked! Because relationships MATTER. For example, this year we once again are pushing for chiropractors to be included in the right to file a lien to ensure their right to get paid a fair fee for a great service. We have been working on this for many years, but this year in particular we have gotten farther to date than ever before. We are truly breaking boundaries that we have never broken before. Why? Because of relationships.

Aubrey Villines and Diane Hamby, the dynamic duo, have been pressing the flesh, hitting the pavement hard, lobbying to influence people that can vote our way to do just that. And due to the relationships Aubrey has fostered, we are seeing results with passing the lien bill thru the Georgia Senate for the first time ever! Big thank you to Aubrey and Diane. Now, onto the Georgia House of Representatives.

GCA Board Member Dr. Karen Mathiak is also a state representative, and due to the relationships she has fostered since day one with people like Sen. Rick Williams, she has successfully influenced people to vote our way in addition to introducing our insurance disclosure bill. Big thank you to Dr. Mathiak!

Sen. Rick Williams sponsored our lien bill and helped to push it through the Senate and into the House. Because of the trust he and Karen built, he carried the bill for us and pushed it our way. Big thanks to Sen. Williams.

Next, the peerless team of Dr. Leana Kart and Dr. Vince Erario. Their partnership and collaboration to tirelessly fight for the GCA-Political Action Committee has resulted in countless amounts of financial contributions by chiropractors, medical doctors and personal injury attorneys alike to influence legislators on behalf of Georgia chiropractors. Since my first day in the GCA, I have never seen two people work as hard for a common goal as these two for PAC – thank you to Dr. Kart and Dr. Erario! The relationships you two have forged MATTER... to be able to raise as much money towards furthering our cause is truly impactful.

You never know which relationships will be the game changers, so treat them all with utmost care. For example, GCA's participation at two events to pay homage to Black community leaders made an impact. Aubrey, Diane, Dr. Kart, Dr. Deborah Little, Dr. Nailah Smith, Dr. Lesli Walker, Dr. Anissa Jones, Dr. Dawn Samad and Ms. Angela Getter attended the Georgia Legislative Black Caucus Heritage Dinner, and Dr. Little, Dr. Smith, Dr. Walker, Dr. Samad and Ms. Getter also attended the Lieutenant Governor's Black History Month Reception.

Little did they know that the relationships they forged and continued at those events would encourage the Black Caucus to vote yes in the Senate for the lien bill. Thank you for your service to this coalition!

Next up, thank you to Dr. Harry Brown, our new Governmental Relations Chair. Dr. Brown's close relationships in the legislature were instrumental in pushing the vote our way on the insurance disclosure bill and the lien bill. Thank you to Dr. Brown!

If I have not made my point clear, allow me to re-state it. Relationships MATTER. Always look to add value wherever you go and seek to help before asking for it in return. You never know how much relational equity you will build to get monumental things done. This does not only apply to legislative efforts, it applies to daily life. Again, thank you to everyone specifically listed here, and thank you to everyone not listed here who attended Chiropractic Day at the Capitol or contacted their legislators when we asked.

Until next time, let's let 'em have it!



**Ben McDowell DC**  
GCA President

## 2023 BOARD

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# You're an Important Part of GCA's Legislative Efforts



EXECUTIVE INSIGHTS

One of the most important GCA functions is lobbying. Our full-time lobbyist, Aubrey Villines is at the Capitol every day during the legislative session and is joined by our part-time lobbyist, Diane Hamby at least once or twice per week. Your dues help pay for their lobbying expertise.

While their roles at the Capitol are vitally important, lobbying is just one part of GCA's three-pronged legislative approach. The other two are equally important:

**GCA-Political Action Committee:** The PAC is a separate entity from GCA, but everyone should be a member. The PAC supports pro-chiropractic legislators by donating to their campaigns. So many of the groups who oppose us contribute a lot more to legislative campaigns than we do, and we need to up our game. I'm a member of PAC. Please join as well, if you're not already a member.

**Grassroots:** While Aubrey and Diane do a great job educating legislators on our issues, legislators want to hear from their constituents. That's where YOU come in. If you provide GCA with your home address, we can look up your legislators and ask you to contact them if one of our bills is in their committee. Please email me at [vsmith@gachiro.org](mailto:vsmith@gachiro.org) if you're willing to contact legislators when needed.

The combination of our well-respected lobbyists, a well-funded PAC and a robust group of grassroots volunteers will help GCA meet its legislative objectives. Please join PAC and grassroots today to help us move forward!



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

## SPRING 2023

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the Georgia Chiropractic  
Association, Inc.  
Founded 1912

**Valerie L. Smith, CAE**  
Executive Director

**Diane Hamby**  
Director of Membership  
& Operations

**SeKoixa Gonzalez**  
Communications &  
Events Coordinator

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

**Georgia Chiropractic  
Association, Inc.**  
1926 Northlake Parkway,  
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Tucker, Georgia  
30084-7069  
P: 770.723.1100  
F: 770.723.1722  
[www.gachiro.org](http://www.gachiro.org)

**Jennifer Campbell**  
Graphic Designer  
[jennndesigneratl@gmail.com](mailto:jennndesigneratl@gmail.com)

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### GCA Launches **Booster Club**

As part of its strategic plan, the GCA Board of Directors tasked Past President Noel Steinle, D.C., with forming an organization of doctors' spouses, friends, family members and significant others who are interested in supporting the profession, and the GCA Back Boosters was born.

"My first call was to Edwenna Rodriguez, the wife of GCA member Dr. Juan Rodriguez. She was the person who inspired me to bring this idea to the Board," explained Steinle.

Also serving on the committee is Dustin Biggerstaff, the president of the Georgia Club at Life University.

"This group is going to reach out to interested friends and family of our members to let them know about events they may attend and opportunities to volunteer at conferences," Steinle said. "Our first event will be at Spring Conference."

If you have friends or family members who are interested in getting involved with GCA, please contact the GCA office at 770-723-1100.

### UPCOMING EVENTS

**MAY 18**

**Women's Assembly**  
Life University, Marietta

**JUNE 8, 6-8pm**

**GCA After 5**  
The DeSoto, Savannah

**JUNE 9-11**

**GCA Spring Conference  
& Trade Show**  
The DeSoto, Savannah

**JUNE 29, 7-9pm**

**GCA Under 40**  
Location to be determined



### **Alpert Elected** President of Board of Examiners

GCA member and past Board of Directors member Dr. Robert Alpert was elected president of the Board of Chiropractic Examiners.

In addition to his service on Georgia's board, Alpert also recently served on the National Board of Chiropractic Examiners Part III and Physiotherapy Test Development Committee, which approved test items that will be used on future examinations.

Part III tests nine clinical areas and diagnostic imaging interpretation.

The Physiotherapy Exam is available to potential examinees after successfully completing at least 120 hours of instruction in physiotherapy.





## GCA Supports Student Events

GCA is excited to support Life University student events and recently participated in the Student American Black Chiropractic Association's Black History Gala and Georgia Club/Hispanic Club practice tour at AMQ Chiropractic, the office of member Dr. Juan Rodriguez.



## Thanks to All Who Attended GCA After 5





## CASE STUDY

By Mark N. Charrette, D.C.

# Plantar Fasciitis Relief Through Conservative Care

The classic presentation of plantar fasciitis is “a sharp heel pain that radiates along the bottom of the inside of the foot. The pain is often worse when getting out of bed in the morning.”<sup>1</sup> This can occur in runners or other athletes who repetitively land on the foot. Another susceptible group is middle-aged persons who have spent much time on their feet. More rarely, the fascia becomes inflamed after a single traumatic event, such as landing wrong after a jump, or running a long hill.

The vast majority (95%) will respond to conservative care, and not require or surgery.<sup>2</sup> Many other invasive methods of treatment, such as corticosteroid injections, can also be avoided. Proper treatment is necessary to both ensure continued participation in sports and daily activities and avoid chronic damage. The plantar fascia is the major structure that supports and maintains the arched alignment of the foot.<sup>3</sup> This aponeurosis functions as a ‘bowstring’ to hold up the longitudinal arch.

### Pathology

Plantar fasciitis develops when repetitive weightbearing stress irritates and inflames the tough connective tissues along the bottom of the foot. High levels of strain stimulate the aponeurosis to try to heal and strengthen. If the biomechanical strain continues, it overwhelms the body’s repair capacity, and the ligaments begin to fail. It is this tear/repair process that causes the chronic, variable symptoms that can eventually become unbearable in some patients.

Since the plantar fascia inserts into the base of the calcaneus, the chronic pull and inflammation can stimulate the deposition of calcium, resulting in a classic heel spur seen on a lateral radiograph. Unfortunately, there is no correlation between the presence of a heel spur and plantar fasciitis; many heel spurs are clinically silent, and most cases of plantar fasciitis do not demonstrate a calcaneal spur.<sup>4</sup>

### Examination

Biomechanical evaluation may find either excessive pronation or supination. The flatter, hyperpronating foot overstretchs the bowstring function of the plantar fascia, while the high-arched, rigid foot places excessive tension on the plantar aponeurosis. In either case, it is the combination of improper foot biomechanics and excessive strain that causes the connective tissue to become inflamed. A careful assessment of the weightbearing alignment of the lower extremities is helpful, since many patients will have functional imbalances up the kinetic chain, into the pelvis and spine.

Direct palpation of the plantar fascia will demonstrate discrete painful areas, most commonly at the insertion on the antero-medial calcaneus.<sup>5</sup> Fibrotic thickenings are frequently felt – these are remnants of the repetitive ‘tear and repair’ process. With the foot relaxed, grasp the toes and gently pull them up into passive dorsiflexion. Since this maneuver stretches the irritated plantar aponeurosis, it is frequently quite painful, and is an obviously positive objective sign.

## Acute Relief

- Taping. Temporary support for the strained plantar fascia can be provided with figure-8 taping.
- Restricted activity. Repetitive and straining activities should be strictly limited, initially. Immobilization is not recommended.
- Cryotherapy. Ice massage and/or cold packs help reduce pain and inflammation.

## Healing

- Ultrasound. Initially pulsed, then constant and direct (once inflammation has subsided).
- Transverse friction massage. To stimulate blood flow and collagen deposition.<sup>6</sup>
- Vitamin C with bioflavonoids. A natural anti-inflammatory that can speed healing.

## Adjustments

- Calcaneus. Reduction of calcaneus posteriority to relieve sagittal stress. Kell's technique uses a posterior to anterior thrust on a table with a pelvic drop piece.<sup>7</sup>
- Other foot joints. Brantingham found various areas of joint dysfunction in the tarsal and metatarsal joints in patients with plantar fasciitis.<sup>8</sup> The navicular and first metatarsophalangeal joints are often involved.

## Orthotic Support

- Orthotics for pronation. To support the arches and reduce the stress on the plantar fascia.
- Orthotics for supination. Arch support with added viscoelastic material to cushion the foot and decrease the amount of shock at heel strike.
- Heel spur correction. A 'divot' in the surface of the material under the heel to spread pressure away from the fascial insertion.

## Rehabilitation<sup>9</sup>

- Heel and foot stretching. 'Runner's stretch' for the calf and the bottom of the foot.
- Intrinsic muscle strengthening. Toe curl exercises (sitting, gather a towel on the floor up under the arch – repeat three times).
- Extrinsic muscle strengthening. Toe raises (standing on the edge of a stair; slowly raise up on balls of feet), ankle stabilizing series with exercise tubing.

## Conclusion

Plantar fasciitis usually responds well to focused, conservative treatment. Corticosteroid injections and surgical release are seldom necessary and are best avoided. One of the most important treatment methods is to reduce any tendency to pronate excessively. In addition to custom-made orthotics, runners should wear well-designed shoes that provide good heel stability.

The use of custom-made orthotics can prevent many overuse problems from developing in the lower extremities. Investigation of foot biomechanics is a good idea in all patients, but especially for those who are recreationally active.

---

Dr. Mark Charrette will be presenting a hands-on extremity adjusting seminar at GCA's Spring Conference & Trade Show June 9. Register at [gachiro.org](http://gachiro.org)

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## References

- <sup>1</sup> Souza TA. *Differential Diagnosis for the Chiropractor*. Gaithersburg, MD: Aspen Publications, 1997:354.
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- <sup>3</sup> Huang CK et al. Biomechanical evaluation of longitudinal arch stability. *Foot Ankle* 1993; 14:353-357.
- <sup>4</sup> Lapidus PW, Guidotti FP. Painful heel: report of 323 patients with 364 painful heels. *Clin Orthop* 1965; 39:178.
- <sup>5</sup> Subotnick SI. *Sports Medicine of the Lower Extremity*. New York: Churchill-Livingstone, 1989:237.
- <sup>6</sup> Lear L. Transverse friction massage. *Sports Med Update* 1996; 10:18-25.
- <sup>7</sup> Kell PM. A comparative radiologic examination for unresponsive plantar fasciitis. *J Manip Physiol Ther* 1994; 17:329-334.
- <sup>8</sup> Brantingham JW. Examination and treatment of plantar fasciitis. *Chiro Technique* 1992; 4:75-82.
- <sup>9</sup> Kibler WB et al. *Functional Rehabilitation of Sports and Musculoskeletal Injuries*. Gaithersburg, MD: Aspen Publishers, 1998:280.



# Impact of Inflation – Is it Time to Raise Your Fees?

By Kristi Hudson, CPCO, ChiroHealthUSA



Chiropractors are in the business of caring, naturally looking for any way to keep that care affordable for current and prospective patients. Sadly, harsh financial realities can and do come, forcing healthcare providers to charge more for their services.

Two of those realities in 2023 are the ever-present force of inflation and the latest rules from the Centers for Medicare and Medicaid Services (CMS). Inflation affects your fees because it simultaneously impacts a chiropractor's personal finances and their professional income; the former due to a higher cost of living, and the latter to the public's hampered ability to pay for care services and health insurance. How much have prices increased? According to an article from the World Economic Forum, school lunches saw an increase of 254.1 percent, fuel increased by 65.7 percent, and eggs, 49.1 percent.

Dr. Mario Fucinari voiced his concerns last December, spotlighting how a CMS final rule – now in effect – decreases reimbursement rates for 2023 and reduces Medicare payments by almost 4.5 percent. Chiropractors thus entered the new year with reduced financial prospects as practitioners and a higher cost of living as people.

Those in the healthcare sector are painfully aware that millions of Americans struggle to meet ever-increasing medical expenses. Such compassion for community discomfort is at the heart of chiropractic, a fact that can make some practitioners and business owners resistant to raising their fees.

## **“How much of an increase is fair?”**

This is the big question! Chiropractors must ensure that “fair” applies primarily to them. You can't help patients if your practice falls into debt or closure. Help yourself by accurately calculating and then covering overhead and operating costs.

Whatever amount is necessary to meet those two ends will help you finalize your fee rates and fight inflation. Our president and founder, Dr. Ray Foxworth, D.C., FICC, defined the five essential factors necessary for successful fee calculation:

- Your fixed monthly expenses
- The average number of monthly office visits over the last year
- The average income per visit
- Average monthly income
- The average cost to deliver care

These should reveal how much you need to break even. From there, you can set a percentage markup that creates a fair profit for you and still provides value to your patients. Reviewing the market average for services in your zip code is another fee-setting step. Finally, you could use tools such as the ChiroCode fees calculator (<https://www.chirocode.com/chiropractic-fees-calculator/>) or [fairhealthconsumer.org](https://fairhealthconsumer.org), a valuable resource for calculating per-code market values in your area.

ChiroHealthUSA offers a free overhead calculator, [chirohealthusa.com/overhead-calculation/](https://chirohealthusa.com/overhead-calculation/), that your business can use to start reviewing your yearly income and expenses and begin adjusting your fees accordingly. Remember: if you're raising prices to stay in business while providing value through high-quality care, you're doing all you can.

**Contact us at 888-719-9990 or visit [chirohealthusa.com](https://chirohealthusa.com) to learn more about what ChiroHealthUSA can do to help you, your practice and your patients.**

Kristi Hudson is a certified professional compliance officer (CPCO). She serves as the Vice President of Business Relationships for ChiroHealthUSA, Director of Marketing for ChiroArmor, and Administrator of the Foxworth Family Chiropractic Scholarship. She serves on the leadership board for the Chiropractic Future Strategic Plan and ChiroCongress Cares. She speaks nationally on the topics of billing, coding, documentation, ethics, practice growth, and more. You can contact Kristi at [Kristi@chirohealthusa.com](mailto:Kristi@chirohealthusa.com).



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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.



# 2023 SPRING CONFERENCE AND TRADE SHOW

The DeSoto • Savannah, Georgia  
**JUNE 9-11, 2023**

## Hula Down to Savannah for Spring Conference!

By SeKoixa Gonzalez

Aloha is the word that should come to mind for those attending this year's Georgia Chiropractic Association's Spring Conference and Trade Show June 9-11 at the DeSoto in Savannah. DeSoto sits in the historic district and has played host to many such as Elvis Presley, Katharine Hepburn, Gregory Peck, Presidents Herbert Hoover, William McKinley, Woodrow Wilson and William Taft. Now, the hotel will get to play host once more to the Georgia Chiropractic Association and its conference attendees.

This year's speakers include:

- Extremity Adjusting with Mark Charrette, D.C., sponsored by Foot Levelers
- Risk Management with Ralph Davis, D.C.
- Georgia Law with Rob Alpert, D.C.
- Sports Chiropractic with the Atlanta Falcon's chiropractor Joe Krzemien, D.C.
- Clinical and Public Health Aspects of Diabetes with Paul Goldberg, D.C.
- Chiropractic Assistant Classes with Laurie Simpson, C.C.C.A.

Conference Committee Co-Chair Dr. Kellie Baxter said, "I feel this conference's speakers like Dr. Alpert and Dr. Krzemien will bring in unique D.C.s who are seeking an opportunity to gain a fresh perspective in chiropractic."

Conference Committee Co-Chair Dr. Anissa Jones agreed and said, "We've got a great luau theme this year. I know I am especially looking forward to the Ladies' Tea. Every year, we have the chance to bring women of chiropractic together and show support, while getting dressed up in cute tea party hats, dresses and gloves. It gives us time to unwind during conference."

In addition to the tea, the conference will host a GCA After 5 event Thursday evening, a luau-themed vendor welcome reception Friday evening, that will include a whiskey pull benefitting the GCA-PAC, and the president's luncheon.

Let this spring conference remind you that you can have your cake and eat it too. Or, in this case—pineapple and eat it too!

Hotel and early bird rates end May 16. Special hotel rates start at \$235 +tax a night. Call 866-810-5325 and mention you're with the Georgia Chiropractic Association to receive the discounted rate. Visit [gachiro.org](http://gachiro.org) to register and for a reservation link to the hotel.





# EXHIBITORS

## Booth #1-2 Registration Booth



### Booth #3 Michael E. Carroll & Associates

Olga Balakin  
678-473-9472  
michaelcarrollattorney.com  
Personal injury attorneys.



### Booth #4 NCMIC

Emily Wood  
800-247-8043 ext 4581  
ncmic.com  
NCMIC is the nation's largest provider of chiropractic malpractice insurance in addition to offering a comprehensive portfolio of financial and insurance products and services.



### Booth #5 & 6 Foot Levelers

Samantha Pagans  
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footlevelerssales.com  
Foot Levelers, the world's leading provider of custom-made functional orthotics and other therapeutic products, has been serving health-care professionals for 70 years. Foot Levelers supports every step patients take to enjoy fuller and happier lives at work, home, or play.



### Booth #7 Proleve

Jonathan Solomon  
844-776-5383, ext 100  
proleve.com  
USA Grown CBD Manufacturer.

## Booth #8 Multi Radiance

Judy Lombard  
877-542-0761  
multiradiance.com  
Multi Radiance laser therapy provides a photoceutical approach to managing pain and accelerating recovery. This light-based care works effectively in conjunction with your current modalities.

## Booth #9 & 10 Shockwave Centers of America

David Tucker  
877-341-8367  
shockwavecenters.com  
Shockwave Centers of America™ is the leading provider of Shockwave Therapy across the country providing practitioners with Shockwave devices at affordable prices.

## Booth #11 Hope Neurological & Medical Services

Stevie Pinkerton  
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Hope Neurology & Medical Services provides a wide range of neurology treatments, including neurological evaluation, neuro psych testing, vestibular therapy and more to address a variety of nervous system diseases.

## Booth #12 Delgado Law

Nia Martinez  
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## GCA Champions **Two Bills**

By Valerie L. Smith, CAE

Georgia Chiropractic Association lobbyists and members hit the ground running in January, supporting two bills: H.B. 362, which will require insurers to disclose how much of a provider's bill they paid and S.B. 168, which would add chiropractors to Georgia's lien statute.

"We've been working on the lien bill for the past four years, so we decided to try introducing it in the Senate this year. Sen. Rick Williams, who helped with the bill in the past when he was in the House, agreed to carry it for us, and between him and the relationships our new Governmental Relations Chair Dr. Harry Brown Jr. has in the Senate, we were able to get the bill through," explained GCA General Counsel and lobbyist Aubrey Villines.

The bill, which was cosponsored by Sen. Carden Summers, Sen. Shawn Still, Sen. Shelly Echols and Sen. Marty Harbin, passed both the Senate and House and will go to the governor for signature.

H.B. 362 was sponsored by Rep. Karen Mathiak, D.C. and cosponsored by Rep. Stan Gunter, Rep. Gerald Greene, Rep. Ginny Ehrhart and Rep. Darlene Taylor and Sen. Nikki Merritt. It passed the full House of Representatives and passed the Senate Insurance & Labor Committee, but the full Senate adjourned before the bill was up for a vote. The bill is still alive and will go back to

the Senate Insurance & Labor Committee at the beginning of 2024, before being voted on by the full Senate.

"Part of the success we found this year is based on the fact we had a great turnout for Chiropractic Day at the Capitol," explained Villines. "For the first time, we had the event in the Capitol and had nearly 20 legislators stop by to meet with us. While what I do as a lobbyist is important, it's also vitally important for legislators to see and hear from their constituents – if you're willing to visit the Capitol, they know you'll make time to vote, too!" |

GCA members who contacted their legislators who served on the various committees in which the bills were being considered were also important.

"The more legislators hear from their constituents, the more likely they are to consider our bills favorably," Villines said.

GCA's growing political action committee played a vital role as well.

"The groups who oppose us are generally a lot better funded than we are," said GCA-PAC Chair Dr. Leana Kart. "While we have been expanding the number of members of our PAC, we still have a long way to go. I urge every member of GCA to also join the PAC to help us have a stronger voice at the Capitol."







# THANK YOU

to our GCA-PAC Donors!



The support of these individuals was key to a successful legislative session this year. If you're not a member of the Georgia Chiropractic Association-Political Action Committee, join today at [gachiro.org/political-action-committee](http://gachiro.org/political-action-committee)!

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# Beyond Diabetes

## Exploring A Public Health Crisis

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

A Consultant to The Goldberg Tener Clinic for Chronic Disease Reversal  
[www.goldbergtenerclinic.com](http://www.goldbergtenerclinic.com)



There is a rapidly increasing prevalence of diabetes in the U.S. Forty percent of the adult U.S. population meets the definition of being diabetic or pre-diabetic. Dysglycemia (disordered blood glucose) is also an under recognized component of autoimmune disorders and other chronic health issues. In addressing glucose imbalances chronic

health issues are often more successfully addressed.

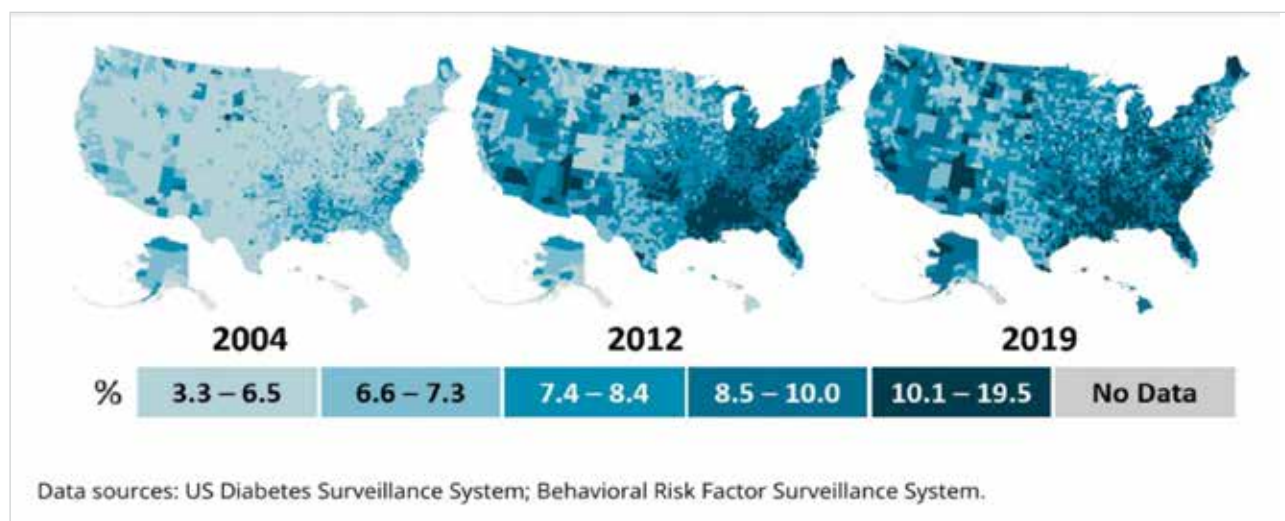
I have frequently witnessed how blood glucose physiology and biochemistry are involved in diverse health issues. Many patients we work with have impaired glucose regulation regardless of their medical diagnosis, including those with autoimmune illness and other chronic health issues.

Chronic health issues frequently have glucose regulatory issues as part of their etiology.

Glucose regulation is not simply a matter of insulin output or resistance nor just a dietary issue. It cannot be discounted because someone has a normal fasting glucose. All systems are affected by glucose levels, and virtually the entire body plays a role in its regulation. This includes the insulin producing Islets of Langerhans, glucagon from the alpha cells and hormones from the pituitary, thyroid and adrenal glands. The liver plays a role in glucose control, storing glycogen and releasing it as glucose. The gastrointestinal tract, endocrine system and nervous system all play vital roles in glucose regulation.

Glucose is required for the operation of our cells or when not available, the production of ketone bodies as an alternative fuel. The nervous system including the brain, spinal cord and peripheral nervous system require a regulated glucose supply.

When glucose (or ketones) are not available, diverse symptoms increase. Notably, chronic inflammation is produced when glucose regulation mechanisms are impaired.



Age Adjusted Prevalence of Diagnosed Diabetes among U.S. Adults 2004, 2012 and 2019

Data sources: US Diabetes Surveillance System; Behavioral Risk Factor Surveillance System

## Assessment of Blood Glucose Regulation

The case history, physical examination and laboratory evaluation are all important in assessing a patient's glucose regulation. Symptom questionnaires can also be helpful in uncovering hidden glucose regulatory issues.

Labs useful in blood glucose assessment include HgA1C, Fasting Insulin level and importantly but infrequently performed, the five–six-hour glucose tolerance test.

No single test fully evaluates glucose regulation. The Glucose Tolerance Test (GTT) when administered and interpreted correctly, however, is an excellent source from which to identify and address glucose regulatory issues. The GTT looks at the body's ability to balance glucose under physiological stress.

We would not evaluate a car by simply listening to it idle. We observe how the car performs under driving conditions. The same can be said for the GTT. It is not a test of what the blood sugar is with the body at rest but how the body works to control glucose under physiological stress over a prescribed time period. It is a complex test requiring clinical experience for proper evaluation.

The GTT is commonly ordered for too short a period, i.e., three hours or less when it should be done for five or six hours. A two- or three-hour GTT test greatly reduces its value. A two-hour test might identify full blown diabetes but will miss hypoglycemia and other dysglycemic variations that provide information to improve the patient's metabolic issues.

Characteristic	Prediabetes, <sup>a</sup> 2019 estimates Number in millions (95% CI)	Prediabetes, <sup>a</sup> 2017–2020 estimates Percentage (95% CI)
Total	96.0 (90.5–102.0)	38.0 (35.7–40.3)
Age group		
18–44	32.2 (27.7–36.8)	27.8 (24.0–32.0)
45–64	37.4 (35.0–39.9)	44.8 (41.7–47.9)
≥65	26.4 (24.1–28.7)	48.8 (44.3–53.2)

## References

<sup>A</sup> Age Adjusted Prevalence of Diagnosed Diabetes among U.S. Adults 2204, 2012 and 2019

<sup>B</sup> Data sources: US Diabetes Surveillance System; Behavioral Risk Factor Surveillance System

<sup>1</sup> Lind PM, Lind L. Endocrine-disrupting chemicals and risk of diabetes Diabetologia. 2018;61(7):1495–1502.

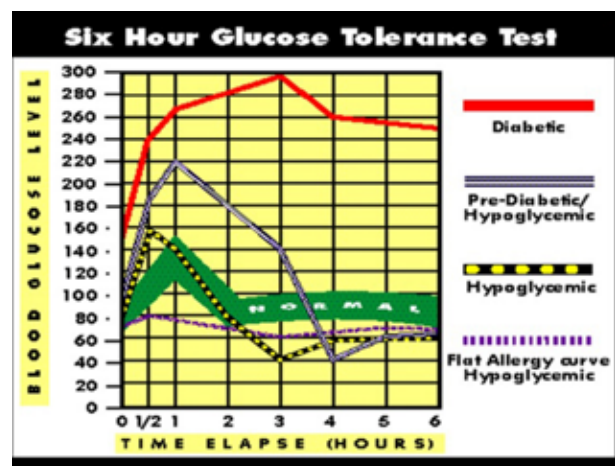
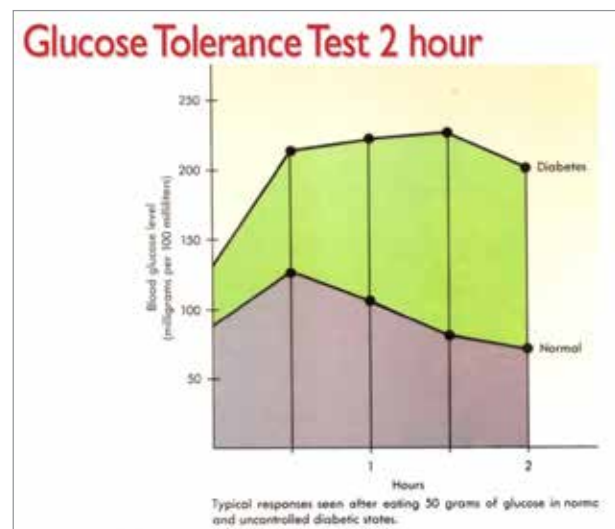
<sup>2</sup> Vafeiadi M, Roumeliotaki T, Chalkiadaki G, et al. Persistent organic pollutants in early pregnancy and risk of gestational diabetes mellitus. Environ Int. 2017;98:89-95

## Performing the GTT

The patient arrives in a fasting state. Their fasting glucose level is taken after which they receive a “gluco-cocktail”. The patient has their blood glucose taken hourly for four to six hours. The test is further enhanced if we measure insulin levels at the same time. We instruct patients to move about to mimic real life. Results are graphed by glucose levels and interpreted in conjunction with the history, physical and other labs. Patients keep a record of symptoms during the test which are correlated with their glucose levels at that moment of the test. The GTT offers a comprehensive view of how the patient's body maintains glucose levels under physiological stress. The clinical insights the test provides can serve well to help tailor a program for the patient to reverse their chronic disease issues.

Other valuable lab tests in investigating glucose regulation include:

**Hemoglobin A1C** – Evaluates the patient's long term blood glucose regulating mechanisms, revealing the average blood glucose level over the past 90 days.





**Fasting Insulin Level** – Blood test used to measure insulin after an overnight fast. It can also be employed to good use simultaneously with the Glucose Tolerance Test.

## Common Causes of Blood Sugar Imbalances:

**Allergies** – Inhalant and food allergies have a major impact on glucose regulation. Integral to an allergic reaction is the release of histamine and a rise in cortisol. High cortisol levels lead to decreased insulin sensitivity. Glucagon from the pancreas is released resulting in increased blood glucose as glycogen is broken down.

**Adrenal Gland Fatigue** – The adrenal cortex produces cortisol and the medulla produces adrenalin. Adrenalin raises glucose levels via glycogenolysis and affects the cardiovascular system as a hyperglycemic agent. Cortisol and adrenalin produce shifts in glucose levels during fight or flight reactions. When patients are under high levels of stress, they undergo repeated fight or flight responses leading to instability in their ability to maintain blood glucose levels.

**Sleep Deficit** – Insufficient, excessive or irregular sleep promotes glucose intolerance.

**Excessive Work or Exercise** – Excessive energy output through any channel including over-exercising, can result in glandular exhaustion causing both short- and long-term glucose disorders.

**Coffee, Tobacco, Alcohol** – Tobacco, coffee and alcohol put pressure on blood sugar regulation. Alcohol is broken down to sugar and coffee and tobacco result in a surge of glucose as adrenalin is released.

**Dietary Factors/Obesity** – Overeating leading to obesity strains the glucose regulating mechanisms contributing to exhaustion of poor insulin sensitivity. The consumption of excessive carbohydrates stresses the body's ability to maintain stable glucose levels.

**Toxicology** – Evidence mounts that environmental toxins are a potent factor in blood sugar dysregulation. In studies involving more than 66,000 people, investigators found that exposure to any type of pesticide was associated with a 61 percent increased risk of type 2 diabetes. Exposure to endocrine-disrupting chemicals provokes precursors to diabetes. These chemicals slash insulin levels and raise serum glucose, worsen glucose tolerance and decrease insulin sensitivity.

Many chemicals are endocrine disruptors, among them pesticides and organic pollutants such as DDT, dieldrin, heptachlor and glyphosate ("Round Up"). More than a billion pounds of pesticides are used each year in the U.S. on crops, golf courses and lawns.

Having seen the involvement of environmental toxins in our patients with diverse health issues including autoimmune, skin, fatigue, digestive and diabetes, we screen patients for toxic exposures. Through toxicology testing, we can measure the presence of over 170 chemical compounds in the body e.g., organophosphate pesticides, organochlorine pesticides, glyphosate, phthalates, parabens, volatile organic compounds, industrial pollutants, acrylamide, Bisphenol A, etc. A public health background helps to address toxicological issues and their involvement in a patient's health issues.

Unstable blood sugar levels contribute to chronic conditions. One way this occurs is via glycation/ formation of advanced glycation end products (AGE's). Glycation occurs when glucose and proteins bind together causing tissues to undergo cross linking of their protein components resulting in degenerative changes and premature aging.

---

Every patient is different but we all rely on glucose controlling mechanisms to function efficiently. These same mechanisms are also critical to look at in reversing chronic disease conditions.

## Definitions

**Blood Glucose** – Blood sugar, or glucose, is the primary sugar found in your blood. Your blood carries glucose to all of your body's cells to use for energy and is controlled primarily by a complex network of glands and their hormones.

**Insulin** – A hormone produced in the pancreas by the Islets of Langerhans, involved in the regulation of glucose.

**Insulin Resistance** – An impaired response of the body to insulin, resulting in elevated levels of blood glucose.

**Glycogen** – A storage form of glucose

**Glucagon** – A hormone formed in the pancreas that breaks down glycogen to glucose in the liver.

**Glycolysis** – A process in which glucose is partially broken down by cells in enzyme reactions that do not need oxygen.

**Gluconeogenesis** – The synthesis of glucose from non-carbohydrate sources like lactic acid, glycerol and amino acids occurring in liver and kidneys.

**Ketones** – Chemical unit the liver produces from fat for energy production when there is not enough glucose to supply fuel needs.

**Hypoglycemia** – Low blood sugar

**Dysglycemia** – A condition where the blood glucose goes abnormally high and/ or low.

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


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## INSIGHTFUL IMAGING

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



Dr. Carter is a GCA member. He maintains a busy film reading practice at 4480-H S Cobb Dr. #325, Smyrna, GA 30080 and is a full time faculty member at Life University. If you have **questions regarding his film reading service** please call 678-424-8588 or email at [jccarterdc@gmail.com](mailto:jccarterdc@gmail.com).

# Avascular Necrosis

Avascular necrosis (AVN) is also referred to as ischemic necrosis or aseptic necrosis. AVN represents ischemia to bone cells resulting in those cells dying. Although there are several causes of ischemia, the circumstance that is most common is that no known cause can be identified which is referred to as spontaneous osteonecrosis. Other common causes of AVN include trauma, hemoglobin disorders such as sickle cell disease, corticosteroids and alcoholism. The most common locations to see AVN are the femoral head, the humeral head and the distal femoral epiphysis. During the initial weeks or months following the ischemic event the patient is typically asymptomatic. Symptoms usually begin when subchondral fracture or collapse occurs.

Signs and symptoms usually consist of swelling, pain, loss of range of motion and possibly atrophy.

Radiographic signs often begin with a well-defined homogenous sclerosis in the involved epiphysis (snowcapped appearance). This appearance is often followed by multiple cystic lucencies mixed within the sclerotic epiphysis creating a mottled appearance. The most important finding to look for and monitor is articular surface collapse. A more subtle subchondral fracture can be seen as a thin curvilinear lucency paralleling the articular surface (crescent sign). Additional imaging is best accomplished with MRI. Orthopedic consult is also indicated.



(Figure 1). Notice the mixed increased and decreased density in the femoral head as well as the subtle collapse of the articular surface.


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## MEMBER SPOTLIGHT

By SeKoixa Gonzalez

# Faith Is Key to Register's Practice



As a child, Dr. Kenneth Register fell into an empty swimming pool, causing a severe neck injury. After being successfully treated with chiropractic care, his desire to be a chiropractor was instilled.

Register attended Troy State University for pre-med and eventually graduated in September 1997

from Life University, becoming a member of the Georgia Chiropractic Association in 1998. Register has remained dedicated to the advancement of chiropractic in his community.

Register went to work for GCA William M. Harris Lifetime Achievement Award Winner Dr. Deane Mink in 1998, and in July 2000, Mink and Register officially became partners of Mink Chiropractic Center in Valdosta. In 2016, Register was first elected to The Board of Directors and served as Secretary of GCA. During his time with GCA, Register also joined GCA's Political Action Committee. After Dr. Mink's passing in 2016, the Mink Chiropractic Center's torch was passed on to Register.

"PAC is such a crucial part of the chiropractic profession. I discovered that GCA was the only chiropractic association in the state of Georgia to have a political action committee. Dr. Mink expressed to me that there is no such thing as a free lunch. Everything earned comes with hard work and respect. Our roles can be both grand and small because no matter what type of role you play, the gestures made and the value of those intentions to improve the profession are ultimately what makes someone a great person. You can be a student, professor, C.A., attorney, etc. and no matter what role you play in the profession, it is the passion of what you do that truly counts," Register said.

When he is not in the office this father of four and partner of Anchor Faith Church, can be found remaining active in the great outdoors. He likes to spend time hunting, fishing, grilling and working out at his local CrossFit. He says he especially enjoys spending time with his family on the farm and riding four wheelers with them.

"I feel my partnership with Anchor Faith Church allows for me to point others to Jesus Christ. My strongest desire is to display Kingdom living in all aspects of our life including the chiropractic practice. My goal is to let my life speak louder than my words," Register said. His actions have spoken louder than his words. In 2022, Mink Chiropractic Center was once again named a Leading Business of the Week by the Valdosta-Lowndes County of Chamber as the office celebrated 60 years of service.

Register looks forward to incorporating more educational opportunities into his practice. "During my time with Dr. Mink, I was able to discover a hidden passion I held for helping my community. He offered me the chance to explore this," Register said.

Register says he strives to hold his personal life and chiropractic practice to maintain a consistent goal that follows Romans 12:1. "Therefore, I urge you, brothers and sisters, in view of God's mercy, to offer your bodies as a living sacrifice, holy and pleasing to God—This is your true and proper worship. My practice is my worship," Register said.

Register encourages rising chiropractors and recent graduates to find a successful chiropractor to work for or hire to be a mentor. "You've got to be willing to passionately suffer to create your dream to practice! Our purpose is still the same: to help as many patients get well naturally and to educate them on what we do so they in turn can educate others. It's all about passing that torch forward," Register said.



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**CONYERS GEORGIA \$500,000.00** 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@PremierPracticeConsultants.com

**SELLING CASH PRACTICE** located in a busy shopping center in Marietta, GA. Dr. Retiring...Average collection over the past 5 years was \$83K working 2.5 days a week (12 hours a week). Xray, tables, therapy equipment, computers. 4 treatment rooms, therapy suite, x-ray room and doctor consultation office. EHR and Billing software paid for until April 2023. Everything stays. Lowest overhead in East Cobb. Call to discuss financial arrangements, willing to finance with down payment. Call Dr Dinoff at 404-409-9244

**MIDTOWN ATLANTA PRACTICE FOR SALE** - Operating for 41 years - turn-key business opportunity (1016 Piedmont Avenue, Atlanta 404-876-0400). Reasonable Rent. Diverse field technique and physical therapy used. Equipment available: Hill Air-Flex table \*\* Ultrasound equipment \*\* Hydromassage table \*\* Electric stimulation / cold laser \*\* Super 365 Universal X-Ray and processor

**PRACTICE FOR SALE - AIKEN, SC** - Established 12 plus years APVW100 working 2.5 days. Lots of potential

to increase. No insurance filed – only Medicare. Full Spine, Diversified muscle work. Call 706-664-7474 for more thorough information. Asking \$35K

**HOME/OFFICE BUILDING FOR SALE** in Carrollton, GA, with 1827 sq.ft. including three treatment rooms and plenty of living space within. It has been chiropractic home/office for 20 years. Contact Louise McCarson at McCarson Realty Inc. at 770-459-3366 or 404-626-3969 or mccarsonrealty@yahoo.com.

**PRACTICE FOR SALE IN ALBERTVILLE AL** - Twenty five years of practice with the best patients ever. Prices to sale, excellent location. Owner retiring after fifty years. Marty Hatala Drhatala@aol.com 246-508-8499

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**AVAILABLE. MD-DC PRACTICE** for rent or purchase. Excellent location off Chamblee Dunwoody/285. Must rent quickly as previous chiropractor passed away. Please, serious interest only. Contact Susan Gallo, 404-731-2077.

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**3,000 SQUARE FOOT CHIROPRACTIC OFFICE IN AUGUSTA GA.** \$1500 per month. Equipped and ready to see patients. Contact Steve Stephenson 706-267-3474.

**SPACE AVAILABLE** - Chiropractor looking for someone to share office space in beautiful office in Sandy Springs. If you are interested I can be reached at calbrice@cs.com.

**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, wifi, 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

**OFFICE SPACE AVAILABLE- IN BEAUTIFUL SAVANNAH, GA!** Established Chiropractor looking for an energetic Chiropractor to share office space and willing to take some overflow patients while building their own practice. Call or text Todd @ 912.704.8995.

**HOLISTIC HEALTH CENTER IN DECATUR/EMORY AREA HAS IMMEDIATE OFFICE SPACE AVAILABLE** for other wellness practitioners - \*Chiropractor \*Psychotherapist \*Acupuncturist \*Body Worker, etc Free standing building, lovely setting, plenty of parking, easy access to Interstates. Well established for over 20 years. We would love a young DC seeking to build own practice and take some overflow patients. Call or text 404-372-9200

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**FOR SALE: ACTIVATOR 5** - Like new, barely used, 1 year old. For sale new through Activator for \$1942, will accept first \$1500. Call Karl @ 770-508-4456 or 470.277.1218.

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