THE GEORGIA HROPRACIOR **SUMMER 2021** A PUBLICATION OF THE GEORGIA CHIROPRACTIC ASSOCIATION Coding 101 in 2021 Meet Dr. Johnny Garcia, Chiropractic Champion **Effects of COVID-19** on Georgia Chiropractors



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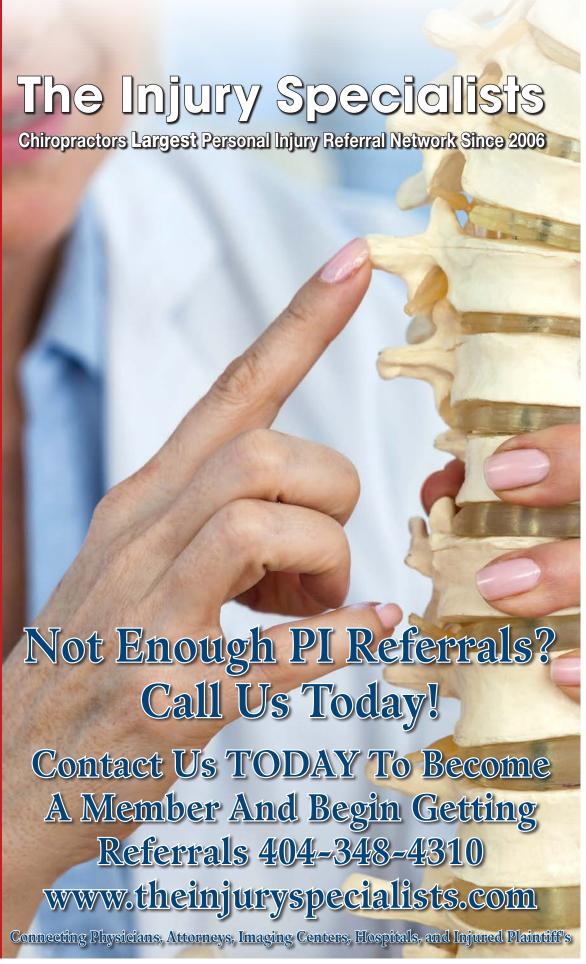
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2021 **MEM S**

FEATURES

10 CASE STUDY

Rheumatoid Arthritis Reversal With Five Year Follow Up.

14 CODING 101 IN 2021

Learn the latest coding changes.

18 ATTENDEES, PAC WIN BIG AT SPRING CONFERENCE

PAC raises \$8,000 during conference.

20 SCREENING, INTERVENING AND REFERRING PATIENTS WITH SUBSTANCE USE DISORDERS

How to screen a patient you suspect has a drug problem.

21 A SURVEY OF THE EFFECTS OF COVID-19 ON GEORGIA CHIROPRACTORS

Life University researchers report how the pandemic affected D.C.s in the state.

DEPARTMENTS

24 INSIGHTFUL IMAGING

Advanced Ankylosing Spondylitis in the Lumbopelvic Spine.

25 MEMBER SPOTLIGHT

Dr. Johnny Garcia went from pre-med to chiropractic champion.



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IN EACH ISSUE

5 LETTER FROM THE PRESIDENT

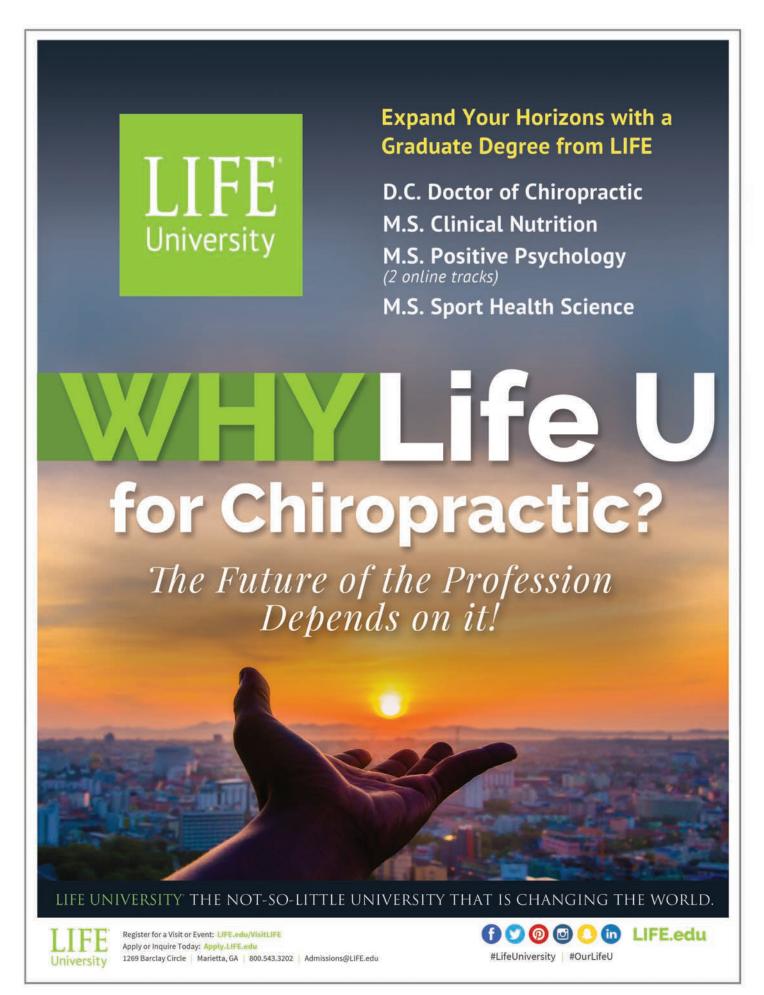
Make the most of your membership.

7 EXECUTIVE INSIGHTS

Connections: the lifeblood of associations.

8 ASSOCIATION NEWS

Fall Conference Set for October 8-10; Anti-Opioid Newsletter; Check Out GCA's YouTube Channel; Life University Offers Expanded Radiology Services; Upcoming Events



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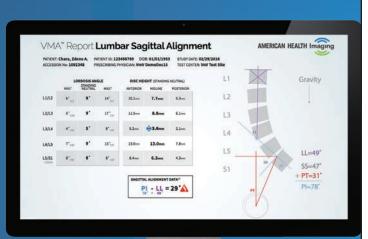
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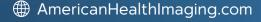






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Connections: The Lifeblood of Associations

People join associations for a variety of reasons – to support legislative efforts, promote their industry, get discounts on education and many other reasons.

I believe the most important benefit of joining an association is in the connections you'll make being a part of it. From talking to someone in the hallway at a conference, to attending a social event, the more people you meet who do what you do will make a huge positive impact in your life and on your practice.

Connecting with other chiropractors at GCA events will help you discover a better way to do something in your office or a great vendor for a new table. If you're brand new to the profession or getting ready to retire, someone in GCA has already gone through setting up or closing a practice and is willing to share how they did it, so you don't have to make the same mistakes.

Need tips on how to find and train a great C.A.? Ask one of your fellow GCA members. Looking for an EHR system? Talk to your colleagues about how theirs works, and whether they're happy with it.

And if you don't know someone with your exact challenge, call the GCA office. In the past 11 years, I've heard from many members with many different issues, and I can help connect you.

The willingness of members to share wisdom and experiences with each other not only helps individuals, but also makes our profession even better.

I invite you to attend a Sips and Chips or one of our conferences this year. I look forward to connecting with you!





EXECUTIVE INSIGHTS

SUMMER 2021

VOLUME 40, NO. 3

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

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Diane HambyDirector of Membership
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Fall Conference Set for October 8-10

Make plans to attend GCA's 109th Annual Fall Conference & Trade Show October 8-10 at the Hotel at Avalon in Alpharetta! Choose from a wide variety of topics including:

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- Neurology
- Risk management and Georgia law

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Visit gachiro.org or call 770-723-1100 to register. A registration form may also be found on page 17.

Anti-Opioid Newsletter

Sign up for the Relief Without Addiction anti-opioid campaign newsletter for great information you can share with patients. Visit reliefwithoutaddiction.org and click on the bar at the top to sign up! Also, please like the campaign on Instagram and Facebook and share posts on your own social media.



Check Out GCA's YouTube Channel

GCA's business-building webinars are now available 24/7 on its YouTube channel. New content is added monthly. Check out webinars on marketing, chiropractic office culture and how to become the opioid expert in your area. Visit YouTube.com and search for Georgia Chiropractic Association.

Plus, check out gachiro.org for a calendar of live webinar events!

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The Life University Clinic System provides state-of-the art digital radiography through a convenient referral process.

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Upcoming events

JULY 22;1 PM

Webinar: Coding

Marty Kotlar, D.C., Target Coding

OCTOBER 7:7 PM

Personal Injury Seminar The Hotel at Avalon, Alpharetta

OCTOBER 8-10

GCA's 109th Annual Fall Conference & Trade Show The Hotel at Avalon, Alpharetta

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Rheumatoid Arthritis Reversal With Five Year Follow Up

Creating The Right Conditions for Health Renewal

CASE STUDY

Paul A. Goldberg, M.P.H., D.C., D.A.C.B.N., D.C.B.C.N. | The Goldberg Tener Clinic

Introduction

Twenty-four million Americans suffer from autoimmune disease. When I was a graduate student at the University of Texas Medical Center in the mid-1970s, there were 40 conditions labeled as autoimmune related... today there are over 100.

Among these autoimmune conditions are Rheumatoid Arthritis (R.A.), Ankylosing Spondylitis and Psoriatic Arthritis and others involving arthritic symptoms, often collectively referred to as Rheumatoid Disorders. These "diseases" are not simply problems of the joints and musculature but systemic autoimmune conditions with the connective tissues most severely affected.

The medical approach for R.A. has long been one of symptom suppression considering R.A. to be a lifelong affliction to be "managed" with an array of immunosuppressant drugs. These pharmaceuticals do not address causal factors and carry the risk of serious side effects including lymphomas, which we have seen manifested in some patients. Drugging these patients, at best, offers short term relief followed by adverse side effects... an enjoy now - pay later scenario.

My clinical experience is that each patient with R.A. or other autoimmune disorder differs greatly. Critical to helping them is taking a highly individualized approach and uncovering causal factors. This necessitates spending significant time with each patient and sorting out the specific etiological factors involved.

The following case study exemplifies how an individualized *Bio-Hygienic Approach* **minorporating a synthesis of Clinical Epidemiology, Clinical Nutrition and Hygienic Reform can bring about the reversal of these conditions not through "treatments" but by addressing causal factors and creating the right conditions for health renewal.

Case History/Presentation

A 50-year-old white male from Florida presented at the Goldberg Tener Clinic with medically diagnosed Rheumatoid Arthritis. Symptoms included widespread inflammatory joint disease with pain, stiffness, poor energy, low libido, discomfort upon deep inhalation and depression regarding his condition and its limitations on his formerly active lifestyle.

The patient's history included inhalant allergies as a child and chronic ear and sinus infections resulting in numerous courses of antibiotics. Digestive disorders were present prior to the onset of Rheumatoid Disease as is often the case. The patient reported his R.A. symptoms had begun a year previously with joint pains for which NSAIDs were prescribed. Spreading and intensification of discomforts led him to a medical rheumatologist who labeled him with Rheumatoid Arthritis. He was prescribed Prednisone followed by prescriptions for Methotrexate, Sulfasalazine and Plaquenil. The patient was advised he would be on drugs for the remainder of his life and that a biological drug would follow.

Stress factors

Preceding the onset of the patient's illness he had lost a favorite uncle and been deeply concerned with his daughter's health. His work involved moderate stress. He imbibed four to six cups of coffee daily, kept late bedtime hours and had a poor diet. The patient and his wife described him as a "worrier."

Social factors

Supportive spouse. Employment as an accountant.

Physical Examination

The patient exhibited signs of moderate pain and restriction of movement. Weight proportionate to height. BP: 130/78 Pulse: 89 O2: 98%

Laboratory Testing

Metabolic Profile, CBC with differential, Sedimentation Rate, CRP, Dietary Analysis, Allergy Testing, Fat, Carbohydrate and Protein Digestion Analysis, Stool Microbiology, Adrenal Cortisol Evaluation, Free Radical Analysis, Bone Resorption Study and HgA1C. (See before and after results of inflammatory markers below)

Care Plan

Causal factors were addressed utilizing the *Goldberg Bio-Hygienic Approach* TM. Contrary to the dismal prognosis the patient had received medically, we informed him that his health could be improved with time and diligence. The patient underwent periods of digestive rest, was counseled strictly as to sleep and rest habits, employed aquatic therapy and specific Hatha yoga positions, stress management procedures, graduated dietary reform, elimination of allergens and heliotherapy.

Digestive issues playing an etiological role in the patient's symptoms were carefully addressed in a graduated fashion. The patient was under the care of a doctor of chiropractic and had received spinal adjustments.

Outcome

The patient was cooperative. He understood that as he withdrew from drugs (under medical supervision), underwent detoxification and created the right conditions in a comprehensive manner to increase optimal functioning, he would have periods of withdrawal with temporary increases in symptoms. The patient worked through these ups and downs and was rewarded by a steady improvement in his health.

At the end of less than two years the patient was off all drugs, had no further R.A. symptoms and his laboratory studies entirely normalized (see before and after lab studies spanning a period of five years). His energy returned in full as did his libido and he was able to return to a full and active life including playing on a baseball team. He described his health as better than ever. Follow up five years later showed he continues to enjoy excellent health, remains drug free and has entirely normal laboratory studies.

Sedimentation Rate (Inflammatory Marker)

Standard Range	2/13/16	10/6/18	12/14/19	4/29/21
ESR (SED RATE, ERYTHROCYTE SEDIMENTATION RATE) <20 mm/h	58 H	10	6	7

C-Reactive Protein (Inflammatory Marker)

Standard Range	10/02/16	1/5/17	5/14/17	4/29/21
HIGH SENSITIVITY C-REACTIVE PROTEIN	12.2 H	3.30 H	0.30	0.13
<3.00 mg/dL				

Discussion

Physicians of all types have paid too little attention to those with rheumatic diseases, preferring to shuffle them off to rheumatologists for symptom suppressing drugs. Many doctors have felt like Sir William Osler, who commented in his Principles and Practice of Medicine that: "when an arthritis patient walked in the front door, I wanted to walk out the back one."

One rheumatologist who heard me lecture told me it was "impossible" to achieve the results we obtained with patients having autoimmune disorders. My response was that if you try to reach a destination north of you by traveling south you will never get there i.e., if a patient's Rheumatoid Arthritis or other autoimmune disease is addressed by giving drugs rather than correcting causal factors no long-term improvement in health can be expected.

The chronically ill patient with R.A. can be a challenge. Most, however, can return to good health if etiological factors are addressed and an individual health building program is initiated. Both patient and doctor must be willing to devote significant time and effort to the recovery process and be perseverant as the patient's health is re-created.

If patients with Rheumatoid Disease take the right approach aimed at rebuilding their health rather than suppressing symptoms, they can, as evidenced by this case study, have a dramatic improvement in their health. These patients with the right effort can not only regain their health but can become independent and turn *health care into self-care*.

A video interview with this patient is available at https://www.goldbergtenerclinic.com/blog/rheumatoid-arthritis-reversal/.

For additional Rheumatoid Disease Case Studies please go to: **www.goldbergtenerclinic.com**



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Coding 101 in 2021

By Jeffrey Lewin, D.C., C.C.S.P.

This past year has been one that has brought many changes for practices. The pandemic created challenges and opportunities alike. One area that has not changed however is that changes in coding have continued. With most of us focused on keeping our practices moving forward and adapting to new realities, many of the "rules" of how we code for the work we perform have changed. Since most of these changes happened below the radar for far too many, the time is now to increase awareness and take the necessary steps to ensure you continue to get paid for the work you do.

Evaluation and Management (E&M)

Effective January 1, 2021, there have been some changes to how we select E&M codes. The simplest change happened to 99201... it's gone. Your new lowest level new patient E&M code is now 99202. Additionally, time can now be considered a primary factor in determining the level of E&M code you select. Rather than only counting face to face time performing your consultation and exam, you may now start the clock as soon as your eyes begin reviewing the intake paperwork. The clock continues as you review any outside documentation your patient may have brought including previous doctor's notes, reports, lab tests and imaging. We continue to count time performing your consultation and exam. If you are going to perform X-rays or any treatment at this point, your clock stops, as these services are coded separately. You may continue to count time as you perform your documentation for the day's encounter provided you complete the documentation on the same day as the encounter. If you do not complete this, you may not include time spent on documentation. The time parameters are as follows:

99202 = 15-29 minutes 99212 = 10-19 minutes 99203 = 30-44 minutes 99213 = 20-29 minutes 99204 = 45-59 minutes 99214 = 30-39 minutes 99205 = 60-74 minutes 99215 = 40-49 minutes

You may have noticed that 99211 is not included in the above list. This code is not considered a doctor-level code and therefore has no time requirement. If a doctor was involved in the established patient E&M procedure, 99212 is the lowest level code you should select. Additionally, one should take care in using the Level 5 procedures as these also include components of morbidity and mortality that generally are not seen with any frequency in private practice.

Modifier GP

We have seen a huge increase in denials from insurance carriers centered around therapy codes. Generally, these are codes that are 97XXX and refer to both passive and active therapies. Of course, insurance carriers are not telling you why these services are being denied. They simply state that there is a "missing or incorrect modifier." If you are seeing this, welcome to the world of the GP modifier! While not new, it is quite new to chiropractic as it has been limited to physical therapists since its introduction in 2015. Modifier GP tells the carrier that this service is "an outpatient therapy procedure." If you are not experiencing these denials yet, do not begin using GP until you see denials. Using this modifier before an insurance carrier is ready to receive them will result in unnecessary denials. Medicare and United HealthCare are already requiring GP. Others are coming online with GP each week. Those codes that

Dr. Jeff Lewin is the president of New Compass Coaching and a consultant for Eclipse Practice Management Software. In addition to owning five chiropractic and multidisciplinary practices, Dr. Lewin has been coaching and consulting with doctors for over 25 years helping them create successful and profitable practices. In addition to working with his clients one-on-one, he is a frequent speaker for numerous state associations providing the most up-to-date information and strategies all within the specter of compliance. He can be reached directly at 954-205-3479 or at drjefflewin@gmail.com.

require the GP are referred to as "always codes" as they will always require GP. These codes are: 97012; 97016; 97018; 97022; 97024; 97026; 97028; 97032; 97033; 97034; 97035; 97036; 97039; 97110; 97112; 97113; 97116; 97124; 97139; 97140; 97150; 97530; 97533; 97535; 97750; G0283

Modifier X(EPSU)

Another set of modifiers that we are beginning to see are modifiers XE, XP, XS and XU. While not new, they have not been widely required until now. These modifiers, once you see they are required by a carrier, will replace modifier 59 for many services. If you have been using modifier 59 correctly and suddenly see denials, you may wish to consider one of these X(EPSU) modifiers. These are defined as follows:

XE= separate encounter, same day
XP= separate provider type, same day
XS= separate anatomical site, same day
XU= separate, non-overlapping unusual procedure.

Modifier 59 is not going away, but if one of these above modifiers is more appropriate, you may wish to select one of these as a replacement. Be aware that some codes may require a double modifier such as GP and an X(EPSU).

98943

While not a change, many insurance carriers are now paying attention to how you are (or how you are not) linking your CPT codes to ICD-10 codes. Most every practice software product defaults to link every procedure you perform to every diagnosis you

list. This might be correct, but often is not. Your patient that is being treated for headaches and neck pain who also presents with a condition in their right knee should not have the 98943 for their right knee adjustment linked to their headache or cervical spine diagnoses. While we can certainly argue the "closed kinetic chain" and draw a correlation between the patient's right knee and their cervical spine, this is not an argument worth fighting. If you are unfamiliar with how to properly link CPT codes to appropriate ICD-10 codes, contact your software vendor to learn how to unlock the default for box 24E on the CMS1500 form.

Watch 97012

One trend to watch for this year is denials for 97012 when used to code for mechanical traction performed on a roller table. New guidelines being published in July 2021 by the AMA state that the use of roller tables for mechanical traction is deemed to be unfounded and experimental. This is not widespread as of this writing but will be something to watch for as this is a common modality in many practices. The suggested replacement, when necessary, will be 97039, unlisted modality. We know that 97039 will not be paid by most carriers so learn what you are able to collect for non-covered services for all insurance plans you are contracted with.

Now more than ever it is critical that doctors as well as billing managers make a point to watch EOBs for unusual denials. Being aware of some of the changes in coding and modifier use may well be the key to continued reimbursement and will ensure you are not writing off services that can and will be paid.



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Attendees, PAC Win Big at Spring Conference

By Valerie L. Smith, CAE

Doctors of chiropractic from across the state and as far away as Arizona gathered in Savannah May 14-16 for the Georgia Chiropractic Association's Spring Conference and Trade Show.

"Our theme was 'In It to Win It,' and we had several fun ways for our attendees to win," explained Conference Co-Chair and GCA Treasurer Leana Kart, D.C.. "We played team trivia, and the winning team shared a \$100 prize, second place won \$50 and third place split \$25. It was a blast, and I want to thank AllSpine Laser and Surgery Center for donating the prize money."

The trivia teams weren't the only winners during the weekend.

"Between our wine toss, whiskey pull, raffle baskets and push for members, our GCA Political Action Committee raised \$8,000," Kart, who also chairs the GCA-PAC, revealed. "Special thanks to NexGen Medical Centers for sponsoring the whiskey pull. We also auctioned off two air purifiers donated by Triad Aer and a bottle of Caymus cabernet sauvignon donated by Dr. David Webb of Georgia Pain and Spine Institute, so we're thankful for their support as well.

The conference kicked off Thursday night on the hotel patio with a Sips & Chips sponsored by Benchmark Physical Therapy and added a new networking lunch on Friday. "We wanted to provide more opportunities for attendees and vendors to mingle and get to know each other," explained Conference Co-Chair and President-Elect Noel Steinle, D.C. "It was a great event, and I want to thank Cambre & Associates for donating a \$100 door prize."

Also new this year, C.A.s attended the risk management and Georgia law classes with their doctors.

"We felt it was important that our staffs have a good understanding of what activities could put the office at risk," said Education Chair and state Rep. Karen Mathiak, D.C., who taught the law class.

In addition to classes, attendees had the opportunity to catch up with each other at the conference luncheon on Saturday, and women attendees networked with each other during a Ladies' Tea, sponsored by NCMIC.

"Despite a few lingering challenges due to COVID, I think everyone had a good time," said GCA President Vince Erario, D.C. "Dr. Kart and Dr. Steinle and the whole conference committee did a great job, as always, and we look forward to welcoming attendees and vendors to our 109th Fall Conference and Trade Show October 8-10 at the Hotel at Avalon in Alpharetta."











Thank You, GCA Sponsors!































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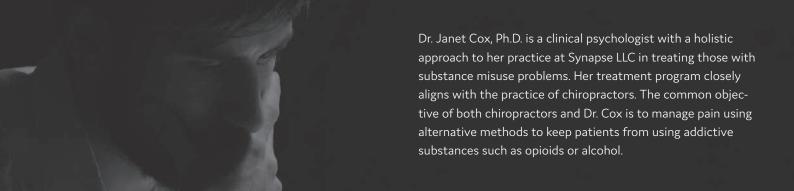












Screening, Intervening and Referring Patients with Substance Use Disorders

By Janet Cox, Ph.D.



Americans have a well-documented substance misuse problem. The National Center for Drug Abuse Statistics reports that 165 million or 60.2 percent aged 12 years or older currently misuse drugs (i.e., used within the last 30 days) and this included alcohol, nicotine, illegal drugs and misused prescription drugs. It appears that Americans

are in more pain than any other population in the world since approximately 80 percent of the global opioid supply is consumed in the United States, yet only constitutes five percent of the world population

All primary care providers have a responsibility to appropriately screen, intervene and refer their patients. The goal of substance misuse screening is to identify individuals who have or are at risk for developing alcohol/drug related problems, and within that group, identify patients who need further assessment. The Substance Abuse and Mental Health Services Administration (SAMHSA) developed the SBIRT model, which is a comprehensive, integrated, public health approach to the delivery of early intervention for individuals with risky alcohol and drug use, as well as the timely referral to more intensive substance misuse/ dependence treatment for those who have substance use disorders. Primary care providers in all settings have the opportunity for early intervention with at-risk substance users before more severe consequences occur. The primary care providers can address substance misuse/dependence even when the patient is not actively seeking an intervention or treatment for his or her problems.

Brief validated screening tools allow rapid and efficient identification of problematic alcohol/drug use, including prescription medication misuse. Several frequently used screening tools for this population include the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) developed by the World Health Organization, the Alcohol Use Disorders Identification Test (AUDIT), the Drug Abuse Screening Test-10 (DAST-10) and the Michigan Alcohol Screening Test (MAST). These can easily be found online and administered via paper-pencil during the initial appointment or administered verbally while with the patient.

After a positive screening, patients can be stratified into three categories: hazardous use, substance misuse or substance dependence. In all circumstances, it is important to help the patient understand that treatment is available regardless of where they are in their substance use/misuse/dependence category. For example, harm reduction is a form of treatment that helps the patient regulate themselves before developing a dependency to a substance. The use of a motivational rather than a confrontational communication style during screening, intervening, and referring is important to improve patient outcomes.

Primary care providers need to develop consultation relationships with addictionologists, addiction specialists and treatment centers to help them determine the appropriate level of care for patients and facilitate referrals. SAMHSA identifies four primary treatment modalities – mutual help meetings (AA, NA, Rational Recovery, SMART Recovery), medically supervised withdrawal ("detoxification"), outpatient treatment and residential treatment. The importance of appropriate screening, intervening and referring patients with substance misuse/dependence is paramount given the substantial health, financial and legal impact to our patients, as well as to our society at large.



A Survey of the Effects of the SARS-CoV-2 Pandemic on Chiropractic Practice in the State of Georgia

The world has certainly changed from a year and a half ago. Although thankfully declining, the daily numbers of positive cases and the number of individuals lost to COVID-19 (also known as SARS-CoV-2) continue to overwhelm the news; often not reported are the impacts that influence the everyday lives and environments of individuals, including health care workers and their patients. To understand the impact of the pandemic on Georgia chiropractors, the Life University Dr. Sid E Williams Center for Chiropractic Research (CCR) team and collaborator Dr. Shawn Neff, staff chiropractic physician at the Martinsburg, WV Veteran Affairs, designed and launched a survey-based study in May of 2020.

With such a rapid change in the social environment, we wanted to understand how chiropractors in the state of Georgia were responding, especially given the broad perspective in the profession regarding the benefits of chiropractic care.

While still a relatively small sample size, a total 254 responses were analyzed for the state of Georgia, and the results were presented at the Association of Chiropractic Colleges Research Agenda Conference in March of 2021. The survey included a broad range of questions, from demographics and practice protocol to perspectives on the role of chiropractors during the pandemic. Most of the respondents (60 percent) were from suburban areas and over half of the doctors had been in practice for 21 years or longer.

Based on the study results, the pandemic did have a considerable impact on chiropractors in Georgia. Practice volume decreased for 86 percent of the reporting practices. This is not surprising since non-COVID related medical visits also declined. Chiropractors overwhelmingly implemented recommended safety protocols, with the most common being advanced cleaning procedures, patient prescreening and masks. Many chiropractors also transitioned to increased use of prone adjusting.

Additional key insights from the study included:

- Four practices reported closing during the pandemic, with nine closing briefly.
- Information about COVID-19 was obtained from government, health and chiropractic professional organizations.
- Symptomatic patients were seen by 31 respondents, although almost a third of offices adapted protocols to care for symptomatic patients.
- Telehealth was incorporated by 20 percent of respondents, which was new to most practices.
- Most clinicians recommended some form of immune and/ or wellness support. The most frequent recommendations were increased sleep, exercise and dietary supplements (mostly Vitamin D and C).

Overall, chiropractors reported that their main roles during the pandemic were to continue to provide chiropractic care and educate patients, the most common focus being wellness support. Although a difficult time for the world as a whole, the results and free response answers reflected the compassion, resiliency and commitment to the patient inherent within the chiropractic profession.

COVID-19 and the long-term effects of the virus, known as post-viral syndrome, is an ongoing line of research within the CCR. If you would like to learn more about the research, donate or help out with the recently launched patient perspective study, please visit CCR.LIFE.edu or email research@life.edu.

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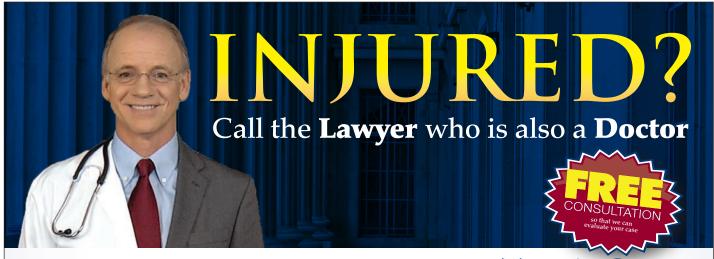
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*Attorney Ted Greve is a Georgia licensed doctor of chiropractic. He practices only law.



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INSIGHTFUL IMAGING

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



Advanced Ankylosing Spondylitis in the Lumbopelvic Spine

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.

Ankylosing Spondylitis (AS) is a chronic inflammatory disorder that affects primarily young men with the onset of the disorder usually occurring between 15 and 35 years of age. AS begins in the sacroiliac joints and then progresses up the spine. Pain, tenderness and stiffness are common spinal signs when joints are inflamed. Non-musculoskeletal involvement is common and may result in inflammatory bowel disease, iritis, heart disease, aneurysm, renal failure and fibrotic lung disease in particular. Lab findings include an elevated ESR, positive HLA-B27, and absent rheumatoid factor.

One of the big concerns in an ankylosed region of the spine is fracture. When fracture does occur it is typically through the ossified disc and is referred to as a "carrot stick" fracture. To further complicate this circumstance, the carrot stick fractures often result in non-union with formation of a pseudo-arthrosis referred to as "Andersson's Lesion."

Radiographically, advanced AS in the lumbopelvic spine will have bilateral and symmetric sacroiliac fusion involving the entire joint space (both the synovial as well as ligamentous portions). In the lumbar spine proper thin marginal syndesmophytes will bridge the disc spaces and connect the end-plates. On the AP view this often resembles a bamboo shoot and is referred to as the "bamboo spine appearance." On the lateral film we may also lose the normal slight anterior vertebral body concavity and instead see "squaring" of the anterior body. The posterior facets



(Figure 1). There is bilateral SI joint fusion with thin marginal syndesmophytes causing the bamboo spine appearance. On the AP view, the trolley track sign is seen as well as fusion of visualized costotransverse articulations.

invariably ossify and sometimes result in two white streaks over the outer vertebral bodies on the AP view which is referred to as the "trolley track" sign. If the interspinous and supraspinous ligaments ossify this will result in a white stripe projecting through the middle of the vertebra bodies on the AP film referred to as the "dagger sign." Finally the costovertebral articulation often ossify as well.



Former Pre-Med Student Becomes Chiropractic Champion

Dr. Johnny Garcia wanted to be a medical doctor.

"All my education focused toward becoming an M.D. I was a biology major in college. Then I did an internship at a hospital. After working there for 11 months, I realized I didn't gravitate to medicine. I realized I wouldn't be happy in a hospital," he said.

"I remembered a chiropractor came to my high school anatomy class and told us he didn't prescribe medication, but took care of people in other ways. That sounded right to me."

A Chicago native, Garcia considered attending National, but a doctor of chiropractic he met at a street fair recommended he attend Life University.

Garcia arrived at Life in 1996, having never been adjusted, and never looked back.

He says learning about innate intelligence made sense to him.

"The amazing human body heals itself, and we support that," he said.

While Garcia describes himself as a family-oriented, subluxation-based chiropractor, once he started practicing, he found his office developed quickly into an injury practice.

"I mixed wellness and injury, which led to the name, Injury 2 Wellness Centers," he revealed. "I focus on educating people about chiropractic, how to maintain health and why it's important to be adjusted at all stages of life. I had the opportunity to open my injury patients' eyes up to that. That was exciting; it kept me fresh, kept me in practice and prevented me from being burnt out."

Garcia's first 10 years in practice in Decatur were as a solo practitioner, then one of his friends told him he was moving out of state and selling his practice.

"He showed me his presentation folder, and I thought it looked great, and he asked, 'Why don't you buy it?' That's how I got a second location in Clarkston. Four years later I opened one in Jonesboro and in April of 2021, I opened my fourth location in Lithia Springs," he said.

Garcia continued to practice regularly until his third location opened.

"Juggling three clinics was hard to do, so I needed to decrease treatment time, but maintain my energy for taking care of patients, so I started doing a lot of external events to educate the community about the value of chiropractic care. I volunteered at the Mexican consulate here for about four years doing assessments and mini lay lectures and went to many health fairs," he said.

He currently employs four full time doctors, two part time doctors and 12 C.A.s

"The biggest difference in running multiple clinics is that you can't be at each location as much as you should be, or you'll spread yourself too thin. You have to focus on finding other doctors to work with who share your vision and train them so you can expect them to promote chiropractic and care for patients they way you would," he explained.

Garcia, who joined GCA after graduating, said, "It's important as a profession we work together to protect our interests and further our common goals."

An active member of the association, Garcia is the chairman of the C.A. Committee. "Pve been really supportive of having my C.A.s go through the Advanced C.A. Program. When the opportunity opened, I wanted to contribute to help C.A.s work better, understand chiropractic better and help our patients."

He recommends young doctors follow his lead. "Get engaged with GCA and the profession. It's important to surround yourself with people who share your interest in chiropractic. And you need to find your passion – what motivates you to go to work every day? Focus on that, and you'll have a good practice and be happy," he said.

Garcia, who lives with his partner of 27 years, Patrick, and their three kids, a son who is 7 and twin girls who are 3, said, "I love helping people and educating them about chiropractic. Some people have no clue how they can benefit from a chiropractic lifestyle. No one will tell them but chiropractors!"

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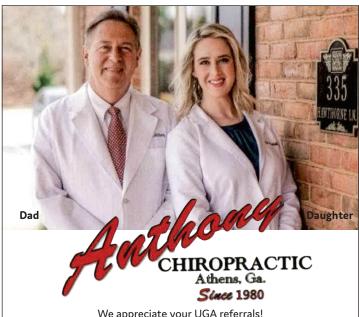
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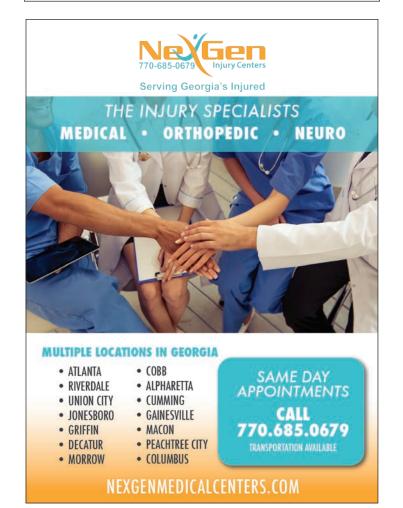
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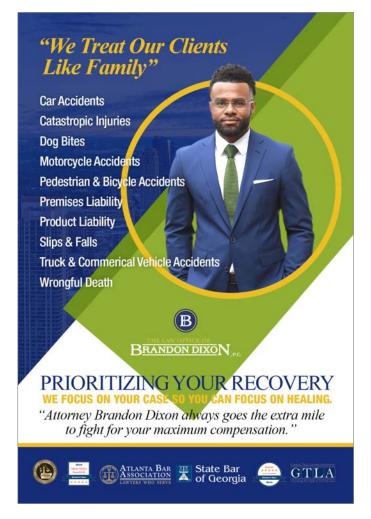


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ASSOCIATE DOCTOR NEEDED - We have an established practice in Dalton Georgia with a stellar reputation. You will start getting your own new patients immediately. You can easily make \$80k your first year minimum. You will be working with a long-term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

SEEKING EXPERIENCED BACK OFFICE/ CHIROPRACTIC ASSISTANT for a very busy well - established Chiropractic office in Duluth GA. Must be a people person, computer, phone and light bookkeeping. Days: M.Tu.W.F. total 36 hours per week. Please only experienced applicants. Fax resume' to 770-497-0795 or email: info@

COASTAL GEORGIA- EXPANDING CLINIC

duluthmulticare.com

seeking goal oriented, coachable, entry level DC with exceptional communication skills & confidence in full spine adjusting high volume patient load. Student Loan repayment incentive available. Contact drwellman@wellmanfamilyhealthcare.com.

CURRENTLY SEEKING A FULL-TIME CHIROPRACTOR (DC) to join a growing practice in NW Georgia. www.praychiro.com.
Practice is well established and respected.

Need a great hands-on adjuster. Salary with bonuses while working 34 hours per week, plus PAID: vacation, malpractice and health insurance, Holidays, PTO and CEs. No experience necessary, will train. Excellent opportunity to take care of patients but not have the headaches of running the practice. Requirements: GA license to practice. Bilingual A Plus. For more information, please forward your resume to drpray@praychiro.com.

ASSOCIATE CHIROPRACTOR - COLLEGE PARK/DECATUR, GA \$70,000 plus salary/bonus. Responsible for all duties and running own office. Monday - Friday. Mainly PI office. Diversified Technique, GA license, P.T. certification. Email resume and cover letter ReliefRehabAtlantaJobs@gmail.com for immediate consideration.

CHIROPRACTIC POSITION AVAILABLE

- Busy 26-year-old practice in the beautiful north Georgia mountains. Need motivated chiropractor willing to learn our procedures and techniques. Will help you build your own practice. Multiple techniques used: email laurieg1927@gmail.com

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CHIROPRACTOR NEEDED for two days per week in Cobb County office. Must be reliable, dependable, have experience, be Activator trained and be good with car accident patients, and a lot of patients per day. Also: Office space for share/ rent - two locations: E. Cobb and W. Cobb - plenty of space, empty on certain days, all interested and ready to share space/ save on overhead. Please email your resume to: consultants-forchiros@gmail.com

NOW HIRING INDEPENDENT CONTRAC-

TOR - Atlanta west midtown busy office.

Need candidate to add to strong 3 DC team.

Needed Monday, Wednesday, Thursday

8am-1pm &3pm-7pm. drsalomone@

backtobasicsatl.com or 404-513-6701.

LOOKING TO HIRE ASAP a very motivated and enthusiastic Associate Chiropractor who shares our approach to health and healing to join our team. Well-established family-oriented clinic located in Monroe, GA. Salary negotiable. Recent Grads okay. Knowledge of Full Spine and Thompson

Drop techniques helpful. Fax resume to (770) 207-0753 or email to: sanderson@ adamsclinicchiro.com

ASSOCIATE DOCTOR WANTED: Multi-discipline office. New grads ok. Must be energetic, confident in not only your adjusting but communication skills as well. Gonstead, Diversified, Full Spine, Thompson Drop, Cox, Ancillary procedures and Low Tech Rehabilitation helpful. Salary + % of collections. Looking for a caring doctor who is motivated to grow. Email DocPruni@ NinjaKour.ninja and submit your CV.

ASSOCIATE DOCTOR NEEDED: Great staff, great hours, fun working environment and state of the art facility with competitive salary PLUS bonus incentives. Will pay moving costs and sign on bonus! Come to Georgia's second largest city and enjoy a big city with a small-town feel! Columbus, Ga. Contact Dr. Hattaway 229-357-0781.

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VACATION RELIEF SERVICE TO HANDLE YOUR PRACTICE WHILE YOU ARE AWAY.

Over 30 years experience. Former instructor at chiropractic college. Proficient in many techniques. Georgia licensed. PT certified. Statewide coverage. References. NCMIC insured. Call or email Scott E. Sherman, DC for more information. (Voicemail and cell) 706-339-4605 or shermanscott@ymail.

PRACTICES FOR SALE

PRACTICES FOR SALE: AL,AZ, CA, CO, FL, GA, LA, MS, NJ, NH, NYC, OH, PA, SC,

TX, VA - I have new doctors that want to buy your practice \$595 for Practice Valuations. Call Drs. Matthew Davis & Tom Morgan 770-748-6084. DrMatt@PremierPracticeConsultants.com www.VolumePractice.com

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PRACTICE FOR SALE - \$255,000.00

Emphasis on wellness care. Doctor selling due to health reasons. Long term stable practice in the same location since 1992. Located in one of the best chiropractic towns in Georgia to practice and raise a family. No HMO or PPO participation. Techniques are Diversified, Drop Table and Activator. Average annual income \$319,315.00. Possible partial owner financing available. For full details email volumedc@aol.com

OFFICE FOR SALE - Practice at current location since 1962. N. W. Ga practice for sell. 45 year old established multidiscipline practice and all equipment. Will finance. Will Finance text 706-238-2955

AUGUSTA GA PRACTICE FOR SALE

reduced to \$36,000. 40-year-old practice - doctor retiring - fully staffed and equipped. Walk in and start seeing patients. 80% owner financing. Contact Steve Stephenson 706-267-3474 or Premier Practice Consultants 770-748-6084. \$50,000 in revenue through May in 2021. Thank you for looking.

ESTABLISHED PRACTICE FOR SALE -

Diversified Technique with some instrument adjusting. Decompression and Deep Tissue Laser used as well. Located in the North Georgia area in Ringgold GA between Dalton, GA and Chattanooga, TN. \$135,000. Contact information - Dr. E. David Smith; Office 706-965-5777, Cell 423-316-5777 or send email at eds057@catt.com

MCDONOUGH GA - CHIROPRACTOR PASSED AWAY DOCTOR NEEDED IMMEDIATELY!!!!! \$99,000.00 OR BEST

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OFFER 20 yrs. Gross 3 year average+ \$171,824.00. 1200 sq feet in a strip mall. Rent is \$1,595.00 per month. Insurance and CASH. Grostic, Activator, Flexion/Distraction, Decompression. Call Dr. Matthew Davis for info, 770-748-6084 DrMatt@ PremierPracticeConsultants.com.

SOUTH GWINNETT COUNTY GEORGIA

Chiropractic practice for sale - \$ 190,000. Building Purchase Optional. Free standing building is also for sale, but not required. Serving the South Gwinnett area for the past 34 years. Located in one of the fastest growing cities in Gwinnett County. Doctor is retiring. \$ 231,000 collected in COVID year 2020. 3 full days, 2 half days. Send request for more details to: Wsandels@yahoo.com.

BUY/SHARE/LEASE OFFICE

AVAILABLE. ONE LARGE DECORATED

ROOM 3 DAYS per week. Beautiful Buckhead Office - SEEKING: • Acupuncturist • Psychologist/Psychiatrist • Hypnotherapist • Massage Therapist • Chiropractor or Nutritional Therapist. Please call or text (404) 606-1724

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LARGE MEDICAL/CHIROPRACTIC OF-

FICE SPACE, includes orthopedics for rent 2-3 days per week. Vacant on Mondays, Wednesdays and most Fridays. Total space est 3,000 sq foot (building over 8,600 sq. ft) with usage of digital x-ray being extra. Depending on how many days, rent can be from \$1,500 up lots of negotiable options. Serious inquiries only. looking to start in next 30 -60 days. Unusual opportunity to build short or long term. visit www.pcspine. com for photos - call 877-495-7773 - ask for Dr. Cooper.

SEEKING CHIROPRACTOR TO RENT
SHARED OFFICE SPOT in heart of Sandy
Springs Directly across city center and
Performing Arts center. X-Ray machine,
waiting room, reception shared. Includes
power, water, internet. One room available
March 1, 2020. Text 770-826-3883 Dr Rich,
220 Sandy Springs Circle, Sandy Springs
Ga 30328.

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A WELL-ESTABLISHED HOLISTIC WELL-NESS PRACTICE HAS SPACE FOR RENT/

SHARE in our Buckhead or Chamblee location. Looking for a chiropractor, complementary healthcare practitioner, or LMT to share space with. Please send inquiries to admin@wakemanchiropractic.com or call 404-281-7458.

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

EQUIPMENT FOR SALE

USED X-RAY SYSTEMS, VARIOUS USED

FILM processors, cassettes, accessories and etc. for sale. Delivery and installation is available. For pricing and availability leave message 678-409-4161

USED TABLES & THERAPY EQUIP-

MENT Used tables in stock, trade-ins welcome. Also many other items of therapy equipment including E-Stim, Lasers and Decompression. Phone 770-966-0576 or www.spectrum4med.com

NEW, USED, REFURBISHED TABLES AND EQUIPMENT for the top brands, plus

service and supplies. Trade-ins, consignments accepted. We have personally served chiropractors for 25 years and look forward to serving you! Contact Curtis Booker, CAB Medical at 678-516-7853 or cbooker@ bellsouth.net.

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ZENITH/COX 100 TABLE recently Reconditioned Like New. Text 678-662-4872 for pics and more information. Location Lawrenceville

STATE OF THE ART CHIROPRACTIC OF-FICE EQUIPMENT FOR SALE. Dr. closing practice. Ideal equipment for new doc starting a practice or a satellite office. (3 Adjusting tables, decompression, x-ray with digital conversion w/extra tube, hydro-table, hydrocollator, activators, Erchonia adjustors/ percussor, exam benches, portable activator table, foot levelers system, office equipment and more!) Pictures on request. Please contact Dr. Sara Sweeney at sweeneywellness@yahoo.com.

SERVICES

DOCTORS' CHOICE MEDICAL BILLING

provides comprehensive chiropractic billing and coding services with a goal of collecting the highest revenue possible, in a timely manner. Managed by an AAPC certified coder and Registered Health Information Administrator (RHIA) with 20+ years of experience, our services include: timely and accurately coded electronic claims submission; posting of insurance payments; and AR follow-up. Please contact Rhonda Setnar-Klubeck, RHIA, CPC at 770-641-1749.

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To advertise contact Diane Hamby at GCA: 770.723.1100 or dhamby@gachiro.org



Georgia Chiropractic Association 1926 Northlake Parkway Suite 201 Tucker, GA 30084-7069

RETURN SERVICE REQUESTED



ORTHOPAEDIC CARE PAIN MANAGEMENT MUSCULOSKELETAL INJURIES EMG/NCS STEM CELL INJECTIONS PRP INJECTIONS IMES & DISABILITY EVALUATIONS WORKERS' COMPENSATION PERSONAL INJURY CLINICAL RESEARCH

> 335 Roselane Street Marietta, GA 30060 770-421-1420 lowbackpain.com

Non-Surgical Orthopaedics, P.C. was established in 1993, and is one of the premier non-surgical orthopaedic practices in the southeast, and an industry leader for the non-invasive treatment of back and neck pain. Specializing in spine care and pain management, we treat all orthopaedic conditions and specialize in low back pain. We are focused on treatment, injury prevention and rehabilitation, and specialize in the non-surgical treatment of orthopaedic and sports injuries including:

- Back pain
- Neck pain
- Hip and knee pain
- Shoulder, elbow and wrist pain
- Foot and ankle pain
- Acute sprains and strains
- Repetitive Motion Injuries
- Pain Management
- Regenerative Medicine & Stem Cell Injections



We have multiple locations in Marietta and Carrollton, and perform the following pain injection procedures at our on-site surgery center, The Center for Spine Procedures, P.C.:

- Epidural steroid injections (cervical, thoracic, lumbar, caudal)
- Facet injections, Medial Branch Blocks (cervical, thoracic, lumbar)
- RFL / Radiofrequency lesioning / ablation (cervical, thoracic, lumbar)
- Sacroiliac Injections under fluoroscopy
- Intradiscal stem cell injections
- Spinal Cord Stimulation (cervical, thoracic, lumbar)

We also have on-site MRI available.