

# THE GEORGIA CHIROPRACTOR

A PUBLICATION OF THE GEORGIA CHIROPRACTIC ASSOCIATION

SUMMER 2022

## The Autoimmune Plague

Impact of Inflation  
on Your Practice

Case Study: Biceps  
Tendinopathy







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# 2022 SUMMER

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**On the Cover:**

GCA President Dr. Noel Steinle, honors Past President Dr. Kathy Webb during the Spring Conference Ladies' Tea.

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# Inaugural Women's Assembly **Inspires**

GCA's Diversity Task Force, chaired by Dr. Deborah Little, has hit the ground running this year, sponsoring a "Dinner with the Docs" event for Life University's Hispanic Club, sponsoring the Student American Black Chiropractic Association gala and most recently, participating with other organizations to present the first Women's Assembly at Life University.

Working with Life University, the League of Women Chiropractors and the Student American Black Chiropractic Association, GCA helped plan the May 26 event that we hope will become an annual one. Speakers included myself, Dr. Leana Kart, Dr. Deborah Little, Dr. Sharon Gorman and student Madalyn Luebke.

During the event, GCA Director Dr. Karen Mathiak, a Georgia state representative, was awarded the first "Woman Chiropractor of the Year" by Life University.

To say the event was inspiring would be an understatement. With women comprising more than 50 percent of chiropractic students at Life University, this was a wonderful opportunity to introduce students to strong female leaders in the profession and to encourage students to get involved by joining one of the organizations represented at the assembly. I left the event full of hope and excitement for the future.

As the number of women in chiropractic continues to grow, I hope our women members will continue to inspire the new doctors who are entering the profession and serve as a resource and mentor to them.

Yours in Health,



**Noel Steinle, D.C.**  
President



A LETTER FROM  
THE PRESIDENT

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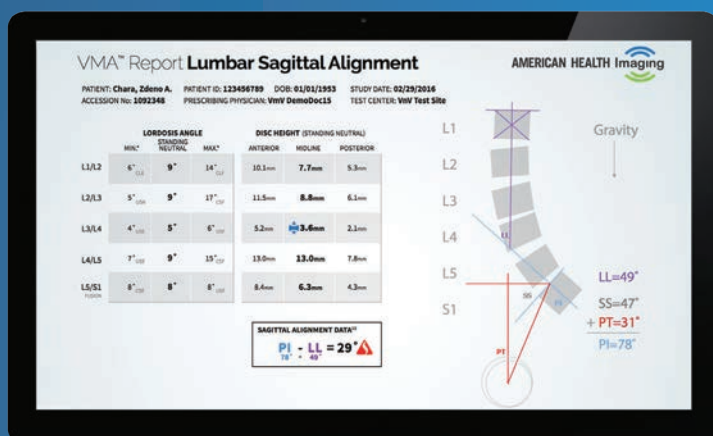
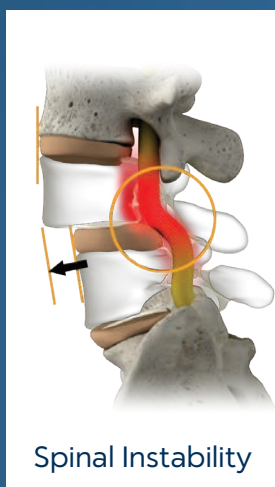
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EXECUTIVE INSIGHTS

# Join Us In Person

GCA's popular Sips & Chips events are back and better than ever, and they've been joined by new events designed for doctors who are under 40.

We've hosted events in Vinings, Roswell, Gainesville, Canton, Savannah and Tucker this year, and more events are coming up soon:

- July 28 Sips & Chips Douglasville, Gabe's Downtown
- September 15 Under 40 Meet Up
- September 22 Sips & Chips Atlanta
- September 29 Sips & Chips Jonesboro
- October 13 Personal Injury Symposium

Please make plans to attend these networking events, where you can meet other D.C.s, M.D.s and attorneys and make connections that will help your business grow.

I'd like to thank our sponsors Alexander Shunnarah Trial Attorneys, Life University, The Wright Consult, The Injury Specialists, NexGen Injury Centers and Elite Radiology for their support of these events.

Please mark your calendars for the events above. We'd love to see you there!



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



## SUMMER 2022

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## ASSOCIATION NEWS



### Dr. Karen Mathiak Wins Inaugural Award



GCA member Rep. Karen Mathiak, D.C. received the inaugural Woman Chiropractor of the Year Award May 26 from Life University.

“I’m so humbled by this award,” Mathiak said while accepting it.

The award was presented during a Women’s Assembly at Life that was organized by Life, the Georgia Chiropractic Association, the Student American Black Chiropractic Association and the League of Women Chiropractors.

Maria Lopez Aquino, president of the Life University Hispanic Club,

received the Woman Chiropractic Student of the Year Award.

Life Trustee and GCA Treasurer Dr. Leana Kart served as the emcee for the assembly. “We hope to make this a yearly event to celebrate the women leaders of the chiropractic profession,” she said.

### REMINDER:

### Ask Patients to Submit Copay Complaints

GCA was able to pass fair copay legislation, but we must submit examples of unfair copays to the insurance commissioner so he can investigate and enforce the statute.

If you have patients with unreasonable copays (ie the copay is close to or exceeds the amount you get reimbursed), please ask them to fill out a complaint form and send it to the GCA office either via email to [vsmith@gachiro.org](mailto:vsmith@gachiro.org) or via fax at 770-723-1722. Forms may be found here: [gachiro.org/insurance-complaints](http://gachiro.org/insurance-complaints).

### UPCOMING EVENTS

#### Sips & Chips

JULY 28, 2022; 6:30-8:30 PM

#### Gabe’s Downtown

6716 Church St.  
Douglasville, GA

Join GCA President Dr. Noel Steinle and local host GCA Director Dr. Lesli Walker for networking and fun! Sponsored by Elite Radiology. Free, but must RSVP on [gachiro.org](http://gachiro.org).

#### PI Symposium

OCTOBER 13, 7 PM

#### The Hotel at Avalon

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#### GCA’s 110th Annual Fall Conference & Trade Show

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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.

# Biceps Tendinopathy; Etiological Origins, Assessment Protocols and Treatment Regimens

## CASE STUDY

By Christine Foss M.D., D.C., M.S.E.D.,  
A.T.C., D.A.C.B.S.P., D.A.C.R.B., I.C.S.C.



Christine Foss M.D., D.C.,  
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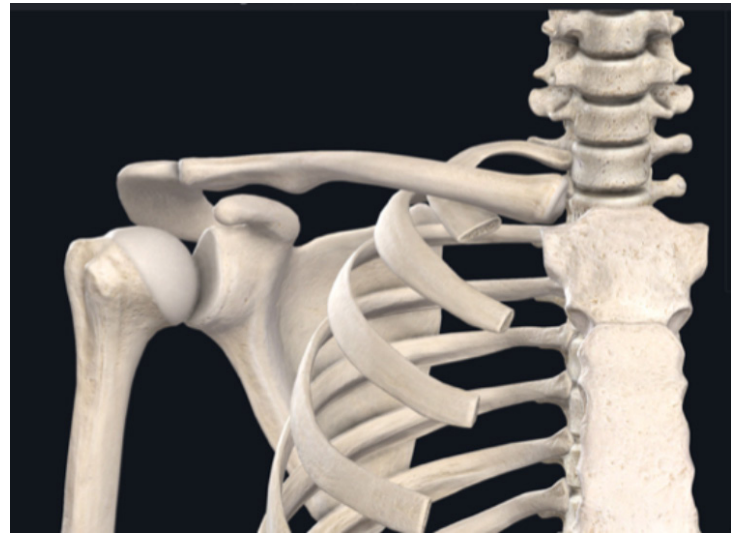
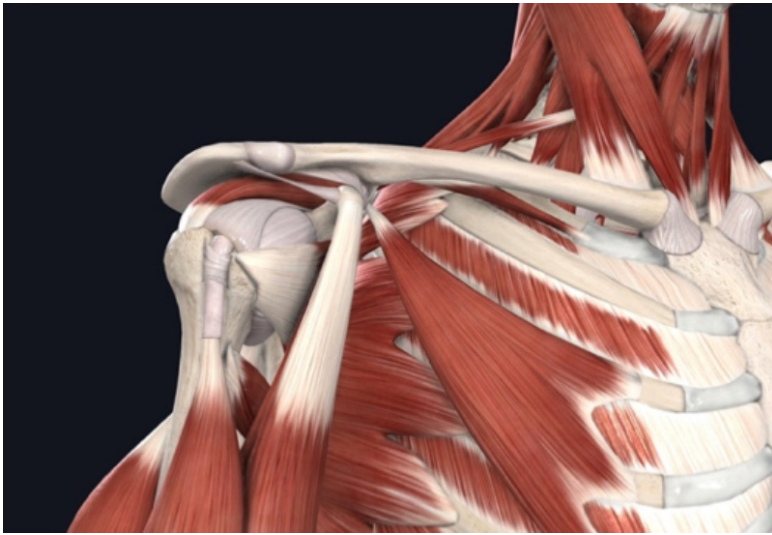
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Biceps tendinopathy is a term given to a persistent pain in the bicep tendon secondary to chronic and noxious mechanical load. This more than common complaint in all ages and cross sections of our patient population, has an untold story as to its origin that needs to be considered in the assessment and treatment of anterior shoulder pain. Diving into evaluation regimes to uncover the causative factor that is revealed as proximal biceps tendinopathy is critical to full recovery of the patient. In doing this, an accurate diagnosis is made, and the proper treatment is incorporated into the patient's care path.

In uncovering the etiological origins of biceps tendinopathy, we need to first understand the tendon histology. The tendinous structure that exists as the bicep tendon is composed of a tendinous sheath, dense collagen type one and three as well as elastin fibers. These structures are all arranged in a longitudinal and uniform pattern in the healthy tendon. With movement, the tendon glides in the sheath. The longitudinal coordination of the fibers allows for a structure that is responsive to movement and load in a functional and synchronous manner.

The first question in evaluation of a suspected biceps tendinopathy should be, why. In other words, why is there inflammation, adhesions or pain in the anterior shoulder with activity? Understanding this is the true key in not only treating, but rehabilitating, this region fully. The key concept to grab is that the bicep tendon sits in the intertubercular groove. This intertubercular groove acts as a gutter system for the waterfall of inflammation from the shoulder. Understanding this relationship of





the structures as they sit in the subacromial region (supraspinatus tendon, bursae, labrum etc.) and the potential of them as causative agents in most cases of shoulder inflammation. In the research study by O. Kenechi et al, “Volume and Movement Affecting Flow of Injectate between Biceps Tendon Sheath and Glenohumeral Joint: A Cadaveric Study,” Kenechi demonstrates how this flow of material from the glenohumeral space traverses into the region of the biceps tendon. This is confirmation of the fact that inflammation from the structures in and around the glenohumeral joint could be causative agents in biceps tendon and tendon sheath inflammation.

Of equal importance is to note the research that demonstrates disorders of the long head of the biceps tendon and its correlation to rotator cuff tears in up to 90 percent of cases. This has been shown to be due to the pressure and friction in the region of the glenohumeral joint and hence the biceps tendon.

**“To properly understand your patient’s biceps tendinopathy, you need to begin with a solid shoulder exam.”**

Inflammation in the tendon is composed of neutrophils, other inflammatory modulators and, most importantly, according to recent research,

elastase. Elastase is a substance that has recently been found to degrade the elastin fibers of the tendon itself. This degradation coordinates a change in the morphology of the tendon, making fiber alignment wavy in the early stages and then chronically moving even further away from the longitudinal alignment into a more cross pattern disorganized structure. The issue now becomes, can the tendon sustain function with the change in tissue morphology?

Therefore, to properly understand your patient’s biceps tendinopathy, you need to begin with a solid shoulder exam. Looking deeply into the subacromial region for impingement(s), partial or complete tears of supraspinatus, subscapularis, infraspinatus, teres muscles (the rotator cuff), labral tears as well as bursitis. Inflammation from these sometimes covert injuries is filtered down into the biceps tendon sheath which then presents as a simple biceps tendinopathy.

Lastly, due to the changes in the tendon tissue morphology, local treatment in addition to treating the causative factor of inflammation will become part of the now two-part treatment regime. Sport specific return to sport rehabilitation with a graduated load response treatment regime will need to be incorporated in the patients care plan to ensure full recovery.

---

*\*Take note in the illustrations, the relationship between the subacromial region and the intertubercular groove as well as the biceps tendon and surrounding structures.*

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"Both bills would expand coverage of chiropractic care within the scope of practice of each state"



## Senate Introduces **Medicare Expansion Companion Bill**

The U.S. Senate introduced the Chiropractic Medicare Coverage Modernization Act in April, a companion bill to the bill introduced in the U.S. House of Representatives in April of 2021.

Both bills would expand coverage of chiropractic care within the scope of practice of each state, and in Georgia could include medically-necessary services such as X-rays, evaluation and management and modalities. Currently only the adjustment is covered under Medicare.

The House version of the bill (H.R. 2654) was introduced by Rep. Brian Higgins (D-N.Y.) and currently has 141 cosponsors and the Senate version (S. 4042) was introduced by a bipartisan group of senators including Sen. Richard Blumenthal (D-Conn.), Sen. Kevin Cramer (R-N.D.), Sen. Tammy Baldwin (D-Wis.) and Sen. Roger Wicker (R-Miss.). Having the bill in both chambers may help the bill move through the legislative process more quickly and demonstrates support of both the House and Senate.

### How Can You Help?

Currently, only one Georgia representative, Rep. Drew Ferguson (R-Ga.) has signed on as a cosponsor. The Congress of Chiropractic State Associations has created an advocacy page on its website, making contacting your legislators quick and easy. Please visit [chirocongress.org/hr-2654-advocacy/](http://chirocongress.org/hr-2654-advocacy/) to send a prepared email to your U.S. Senators and Representative, asking them to support the bipartisan bill, as well. Please share the web address with Medicare patients so they may also contact their legislators with a prepared email.

Expanding Medicare coverage of chiropractic will provide a vital, drug-free option for back and neck pain for American senior citizens. Please contact your legislators today and ask them to co-sponsor H.R. 2654 and S. 4042.

# GCA's SPRING CONFERENCE AND TRADE SHOW



## GCA-IT'S ELECTRIC

## Spring Conference Electrifies Attendees

By Valerie L. Smith, CAE

Doctors of chiropractic from near and far got their boogie on at GCA's Spring Conference and Trade Show in Savannah June 10-12.

Attendees enjoyed a great line up of speakers, a fun disco night and plenty of time to catch up with old friends during the event. And, they overwhelmingly supported the GCA-PAC during the popular whiskey pull and basket raffles, raising nearly \$10,000 during the weekend.

"Our Conference Committee Co-Chairs, Dr. Kellie Baxter and Dr. Anissa Jones did an outstanding job planning a wonderful event, and Education Committee Chair Dr. Karen Mathiak booked some great speakers," said GCA President Dr. Noel Steinle. "We are lucky to have such wonderful volunteer leaders."

Attendees agreed.

"Dr. Christine Foss was the best speaker we've ever had from Foot Levelers," said Dr. David Paxton from Rome.

This year's Ladies Tea honored Dr. Kathryn Webb.

"Dr. Webb was only the second female president of GCA. We wanted to highlight her exemplary leadership and contributions to our association," explained Steinle.

For those who missed the Spring Conference, GCA's 110th Annual Fall Conference & Trade Show will be held October 14-16 at The Hotel at Avalon in Alpharetta.

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Dr. Evan Gwilliam is a certified coder, auditor, and compliance officer. He trains clinicians on how to create rock solid records with PayDC, which is a dynamic cloud based EHR software. If you would like to learn more, email him at [evang@paydc.com](mailto:evang@paydc.com).



## Billing and Documenting for Therapeutic Exercises versus Therapeutic Activities

By Evan M. Gwilliam, D.C.  
M.B.A. Q.C.C. C.P.C. C.C.P.C.  
C.P.M.A. C.P.C.O. A.A.P.C.  
Fellow Clinical Director,  
PayD.C. E.H.R. Software

Chiropractors treat, among other things, issues with the musculoskeletal system. Active therapeutic procedures are accepted as effective ways to treat many common conditions and therefore can be billed and generate revenue for a clinic. Two common CPT codes that might be used in a chiropractic setting include:

**97110** - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

**97530** - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

Though Medicare does not reimburse chiropractors for either of these codes, understanding their policies in relation to these services is wise since many private payers follow Medicare standards. Medicare states that, *“Therapeutic procedures are procedures that attempt to reduce impairments and restore function through the application of clinical skills and/or services.”* So, first and foremost, in order for either of these services to be justified, there must be some sort of functional loss and the service must provide functional gains, requiring the skills of someone who knows what they are doing.

There are several other things that these codes have in common:

- Codes in the Physical Medicine and Rehabilitation section of the CPT code book are not limited to any particular specialty group. That is, they are not just for physical therapists.
- These codes require one-on-one contact, usually with a licensed provider, but Georgia’s scope of practice and some payers allow for delegation to unlicensed individuals.
- These codes are time-based, in 15-minute increments.
- Per the Medicare 8-minute rule, which is the accepted standard for most carriers, a minimum of 8 minutes must be completed to bill for the first unit. Less than 8 minutes is not billable.
- To bill for two units of either of these codes (or both of them at the same encounter), the total time must be at least 23 minutes (8 + 15).
- In the CPT code book there is a different method for calculating time-based codes, so verify with the payer if in doubt.



- Some payers require modifier GP to be added to this code on the claim form. This tells the payer that there is a therapy plan in place for the code. If your records are reviewed, and you used the GP modifier, make sure you clearly have a plan around the service and it was not just arbitrarily added to an encounter with no clear purpose.
- Therapeutic procedures are often billed as part of an ongoing series of encounters. It is essential to periodically document progress. It might be wise to link a documented goal to each procedure and comment on the progress of that goal as it relates to the service billed, every 2-3 visits, and in greater depth at a re-exam or discharge exam.
- The specific exercise or activity needs to be documented. Think of the record as a script for a play. If it contains enough information to re-enact the encounter, then it is sufficient. Otherwise, it may be lacking.
- Each service must include documented functional progress at reassessment and discharge. If no progress, the reason for lack of progress needs to be documented and/or an alternative treatment strategy.

Although Medicare does not pay chiropractors for **97110**, we can learn from their policies. LCD L35036 tells us that: “Therapeutic exercise is designed to develop strength and endurance, range of motion and flexibility and may include: active, active-assisted or passive (e.g., treadmill, isokinetic exercise, lumbar stabilization, stretching, strengthening) exercises. The exercise may be medically reasonable and necessary for a loss or restriction of joint motion, strength, functional capacity or mobility that has resulted from a specific disease or injury. It is considered medically reasonable and necessary if an exercise is taught to a patient and performed by a skilled therapist for the purpose of restoring functional strength, range of motion, endurance training and flexibility. Documentation must show objective loss of joint motion, strength or mobility (e.g., degrees of motion, strength grades, levels of assistance). This therapeutic procedure is measured in 15-minute units with therapy sessions frequently consisting of several units.

Many therapeutic exercises may require the unique skills of a therapist to evaluate the patient’s abilities, design the program, and instruct the patient or caregiver in safe completion of the special technique. However, after the teaching has been successfully completed, repetition of the exercise, and monitoring for the completion of the task, in the absence of additional skilled care, is non-covered.”

The takeaway is that if the documentation shows that the patient has a loss of strength, range of motion, endurance, or flexibility, then 97110 can be justified. However, the treatment goals for exercise should clearly document anticipated improvement in those same parameters.

If we look at CMS policies (see LCD L35036) regarding **97530** we learn that:

“This procedure involves using functional activities (e.g., bending, lifting, carrying, reaching, catching and overhead activities) to improve functional performance.

The activities are usually directed at a loss or restriction of mobility, strength, balance or coordination. They require the professional skills of a qualified professional and are designed to address a specific functional need of the patient. These dynamic activities must be part of an active treatment plan and directed at a specific outcome.”

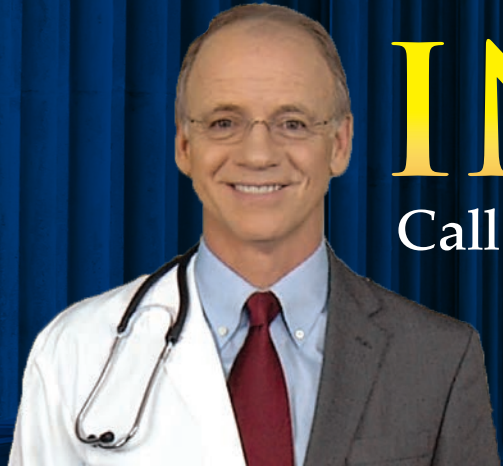
For 97530, the record needs to document some sort of loss of the ability to perform activities and explain how the procedure restores that loss. The activity description would often include a verb ending in “ing.” The patient’s condition should be such that he/she is unable to perform therapeutic activities except under the direct supervision of a physician or physical therapist. Related diagnoses might include:

- Loss of strength (M62.81)
- Loss of balance (R27.0)
- Loss of coordination (R27.8)

97110 focuses on one parameter, such as strength. 97530 takes things to the next level and focuses on some activity that may be dependent on multiple parameters in addition to strength. For example, shoulder strengthening exercises might be billed as 97110, but tossing a ball against a trampoline and catching it, which focuses on multiple parameters, would be 97530.

In a clinical setting, a patient may begin care with stretches to improve ROM (billed as 97110). After four weeks of stretches, and the goals are reached, perhaps care starts to focus on strengthening exercises due to findings of weakness in the initial exam. This would also be billed as 97110. Once the strength goals are reached (maybe after another four weeks), the new procedure could focus more on the dynamic activity of lifting boxes, which would then be billed as 97530.

When deciding which code is more appropriate, make sure the documentation includes objective findings that line up with the official code description, and goals that focus on the parameters that are outlined by the code and the payer and CPT guidelines above.



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


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## A partial listing includes:

- Alopecia areata
- Dermatomyositis
- Diabetes (type 1)
- Glomerulonephritis
- Graves' disease
- Crohn's disease
- Dermatomyositis
- Discoid lupus
- Eosinophilic esophagitis
- Fibromyalgia
- Fibrosing alveolitis
- Giant cell arteritis
- Guillain-Barre
- Hashimoto's
- Hemolytic anemia
- IgA Nephropathy
- Juvenile arthritis
- Juvenile diabetes
- Kawasaki disease
- Lichen planus
- Linear IgA disease
- Lupus
- Meniere's disease
- Multiple sclerosis
- Myasthenia gravis
- Myositis
- Narcolepsy
- Neutropenia
- Optic neuritis
- PANDAS
- Pemphigus
- Pernicious anemia
- Polyarteritis nodosa
- Polymyalgia rheumatica
- Polymyositis
- Primary biliary cirrhosis
- Psoriasis
- Psoriatic arthritis
- Pyoderma gangrenosum
- Raynaud's phenomenon
- Reiter's syndrome
- Rheumatic fever
- Rheumatoid arthritis
- Sarcoidosis
- Scleritis
- Scleroderma
- Sjogren's syndrome
- Testicular autoimmunity
- Thrombocytopenic purpura
- Type 1 diabetes
- Ulcerative colitis
- Uveitis
- Vasculitis
- Vitiligo

Today this is an expanding list of over 140 "diseases."<sup>3</sup>

# The Autoimmune Plague

## A Clinical and Public Health Challenge

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

Much attention has been given to the COVID-19 pandemic. For a much longer time, however, another pandemic has been on the rise. This pandemic is not an acute illness but one afflicting millions of people in highly distressful, life threatening ways with chronic disorders that are life changing... the so-called *Autoimmune Disorders*.

William Osler, M.D., author of *Osler's Textbook of Medicine*, was one of the first to recognize this phenomenon in the early 1900s, where rather than the body attacking foreign invading organisms such as bacteria or parasites, the body was seen to apparently attack itself, causing widespread damage as the patient's immune cells were viewed as destroying their own tissues and organs.

What were once viewed as relatively rare conditions have today become increasingly commonplace, snowballing to affect larger amounts of the population. Previously there had been just a few named autoimmune disorders but that short list has grown to a plethora of diverse conditions numbering over one hundred, afflicting millions of Americans young, old and in between.

As per the National Institutes of

Health, more than seven percent of our population (over twenty-three million people) suffer with an autoimmune disorder with the prevalence rising. These figures are considered low since many cases are not reported. We must also consider that many with allergic disorders that border on autoimmune issues are not often included. The actual figure may be closer to fifty million plus people. It can take years and visits to numerous doctors prior to a diagnosis being made. Symptoms include fatigue, joint pain and fever along with others depending upon the part of the body impacted. Symptoms may not appear until the individual is at an advanced stage of illness.<sup>1</sup>

In a study published in 2020 in *Arthritis and Rheumatology*, researchers found the prevalence of antinuclear antibodies (ANA), a common biomarker of autoimmunity, was significantly increasing in the United States, particularly in certain groups including women and adolescents.<sup>2</sup>

The connective tissues often take the brunt of the "attack" as in the Rheumatoid Disorders which are classified as autoimmune in nature, but no body part is spared.



## The Body In Revolt

A host of medical specialists have arisen to “treat” these disorders using the same set of drugs regardless of what they “specialize” in and the fact that numerous causal factors can be behind any individual’s case of autoimmunity. Steroids, the dangerous drug of common choice for a wide host of disorders are universally employed. The “Biologicals,” e.g., Remicade, Humira, Enbrel, are used liberally acting through immune suppression. These drugs literally turn off a portion of the patient’s immune system e.g., suppression of tumor necrosis factor alpha, which serves to protect the body against cancer. It suppresses the symptoms caused by the patient’s hyperactive immune system. These drugs come at a great risk to the patient and can result in side effects that include lymphoma and the creation of other autoimmune diseases such as multiple sclerosis and leave the patient vulnerable to infections such as tuberculosis, which had become rare in the U.S. These drug applications fail to address etiological factors. To state that the cause of autoimmune disease is simply overactivity of the immune system is superficial. Overactivity of the immune system (autoimmunity) is the result of causal factors and not simply the cause of itself.

## Etiology

There are causes behind autoimmunity... a topic given far too little attention. Some potential inter-related causes which place a massive increased load on children and adults include:

- 1) A lack of healthy exposure by children to the outdoors and the microbes that live in it, leaving their immune systems subject to over-react to normal environmental microbes later in life (the *Hygiene Hypothesis*).

- 2) Toxicological exposures that heighten immune responses. A significant and growing concern. The amount of toxic materials from numerous sources from the air, the food supply, water, drugs our homes and many other sources has increased tremendously over the years, overwhelming our body’s ability to cope with them and heightening our immune response.
- 3) Emotional stressors
- 4) Unhealthy diets
- 5) Dramatic increase in vaccinations given to children and adults
- 6) Changes in the microbiome due to antibiotic usage, chlorinated water diet and other factors causing disorders in our immune responses.

Every individual has different factors at play, necessitating a thorough case history that might take one to one and a half hours to conduct. Training in clinical epidemiology and toxicology is helpful. Exploring etiological factors in each person can be tedious but necessary.

## Medical Authority

Medical authorities continue to be at a loss. The Cleveland Clinic for example states:

*“An autoimmune disease is the result of the immune system accidentally attacking your body instead of protecting it. It’s unclear why your immune system does this.”<sup>4</sup>*

The National Institute of Health is somewhat dismissive of the causes of the autoimmune plague as well, commenting:

*“No one is sure what causes autoimmune diseases”<sup>5</sup>*

Younger physicians entering practice are surrounded by autoimmune disease conditions

including among children. Some may simply see it as a normal phenomenon, sweeping the children and adults now being diagnosed with autoimmunity such as eosinophilic esophagitis into the realm of normalcy.

The manner this clinical crisis is currently being addressed by our public health and medical system, which have become inextricably intertwined, is less than optimal.

Autoimmunity should not be viewed simply as a medical issue but as a public health crisis that has profound environmental, toxicological, nutritional, gastrointestinal and neurological connections. The doctor of chiropractic, as a guardian of public health, can offer much to the patient with autoimmune disease. Through further education, we can play an even greater role in turning this roaring tide around. To do so will require a sense of urgency, the need to take a panoramic look at all the variables involved and a willingness to fully engage as practitioners and as concerned citizens. We must not sit back placidly while the factors behind the autoimmune plague continue to promote this crisis and allow it to expand and rage like a wildfire in a dry forest.

Questions and comments regarding this article should be directed to Dr. Goldberg through the website [www.goldbergtenerclinic.com](http://www.goldbergtenerclinic.com) or by writing to [drpaulgoldberg@goldbergtenerclinic.com](mailto:drpaulgoldberg@goldbergtenerclinic.com)

Dr. Goldberg will be speaking on the topic of *Clinical and Public Health Perspectives of Autoimmune Disorders* at the GCA Fall Conference.

<sup>1</sup> American Autoimmune Related Diseases Association. <https://www.niaid.nih.gov/diseases-conditions/autoimmune-diseases>

<sup>2</sup> Dinse GE, Parks CG, Weinberg CR, Co CA, Wilkerson J, Zeldin DC, Chan EKL, Miller FW. 2020. Increasing prevalence of antinuclear antibodies in the United States. *Arthritis Rheum*; doi: 10.1002/art.41214

<sup>3</sup> Notably when studying epidemiology and chronic disease control as a Graduate Assistant at the University of Texas Medical Center in the late 1970’s this list was about forty in number... now it is over three times that size.

<sup>4</sup> <https://my.clevelandclinic.org/health/diseases/21624-autoimmune-diseases>

<sup>5</sup> <https://www.niams.nih.gov/health-topics/autoimmune-diseases>

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

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

## Impact of Inflation on Your Practice

The cost of essential goods jumped seven percent last year, outpacing the reimbursement increases to healthcare providers across the board. (Bureau of Labor Statistics, 2022) Evaluating your fee schedule in your practice should be done annually to keep up with inflation and to ensure the profitability of your practice; however, most chiropractors fail to do so. Setting a fee schedule is key to the success of your practice. However, there is very little information on how to find comparative pricing information by region or zip code. Many doctors are left to figure it out on their own. The result is that many chiropractors are leaving money on the table and missing out on revenue that can help grow their businesses.

In times of rapid inflation, it is even more essential to evaluate your fees. The Consumer Price Index reported gas prices were up nearly 50 percent year over year in December, while energy costs jumped 29 percent and food prices were up 6.3 percent. New vehicle prices increased 11.8 percent, and household furnishings and operations were up 7.4 percent. (Dyrda, 2022) Generally, you should review your fee schedule on an annual basis because everything around your practice is changing: your costs, your salary, what other providers are charging, what insurance is allowing, as well as many other economic considerations. There are websites, such as fairhealth.org, that allow you to see the fees for specific codes representing the 50th, 60th, 70th, 80th, 90th, and maximum percentiles for your zip code area.

As you are reviewing your fees, it helps to also calculate your average cost to provide an office visit. To do this:

- List monthly fixed expenses (rent, business loan payments, equipment leases, etc.) and a 12-month average of variable and non-monthly expenses (utilities, payroll, taxes, etc.)
- Determine your average number of office visits per month for the past 12 months.
- Determine your average ACTUAL reimbursement per visit (total income divided by total visits for the year)
- Divide the average overhead expense by the average number of office visits. This is your Average Cost per Visit.

### Sample Overhead WorkSheet

Average Monthly Overhead	\$15,000
Average Monthly Visits	550
Average Income per Visit	\$60
Average Monthly Income	\$33,000
Average Cost to deliver visit	
= Avg. Mo. Overhead/Avg Mo. Visits	\$27.27
Average % Overhead	
= Avg. Cost To Deliver Visit/Avg. Income/Visit	45%

### Interactive Worksheet

Average Monthly Overhead	\$25,000
Average Monthly Visits	800
Average Income per Visit	\$75
Average Monthly Income	\$60,000
Average Cost to deliver visit	
= Avg. Mo. Overhead/Avg Mo. Visits	\$31.25
Average % Overhead	
= Avg. Cost To Deliver Visit/Avg. Income/Visit	42%

- Divide the Average Cost per Visit by the Average Income per Visit to determine your Average Overhead Percentage.
- See the simple spreadsheet that will allow you to identify your cost of providing an adjustment and a ballpark idea of your percentage of overhead.

Inflation's impact on the healthcare industry could be severe. Not only could higher inflation widen the gap between public and private reimbursement forcing physicians to charge more from their private sector clients, but also causes a spike in insurance premiums. Fewer payers would be able to tolerate upticks in the cost of healthcare related costs, resulting in fewer insured or underinsured patients. (Andrews, 2021) If one of your primary reasons for not evaluating or increasing your fees over the years is a desire to keep care affordable for your cash and underinsured patients, then consider using a DMPO. A Discount Medical Plan Organization is a great way to continue offering affordable care to your patients while still maximizing reimbursements when they are available. To learn more about the benefits of a DMPO in your office, visit [chirohealthusa.com/providers/what-is-chirohealthusa?](http://chirohealthusa.com/providers/what-is-chirohealthusa?)



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## INSIGHTFUL IMAGING

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

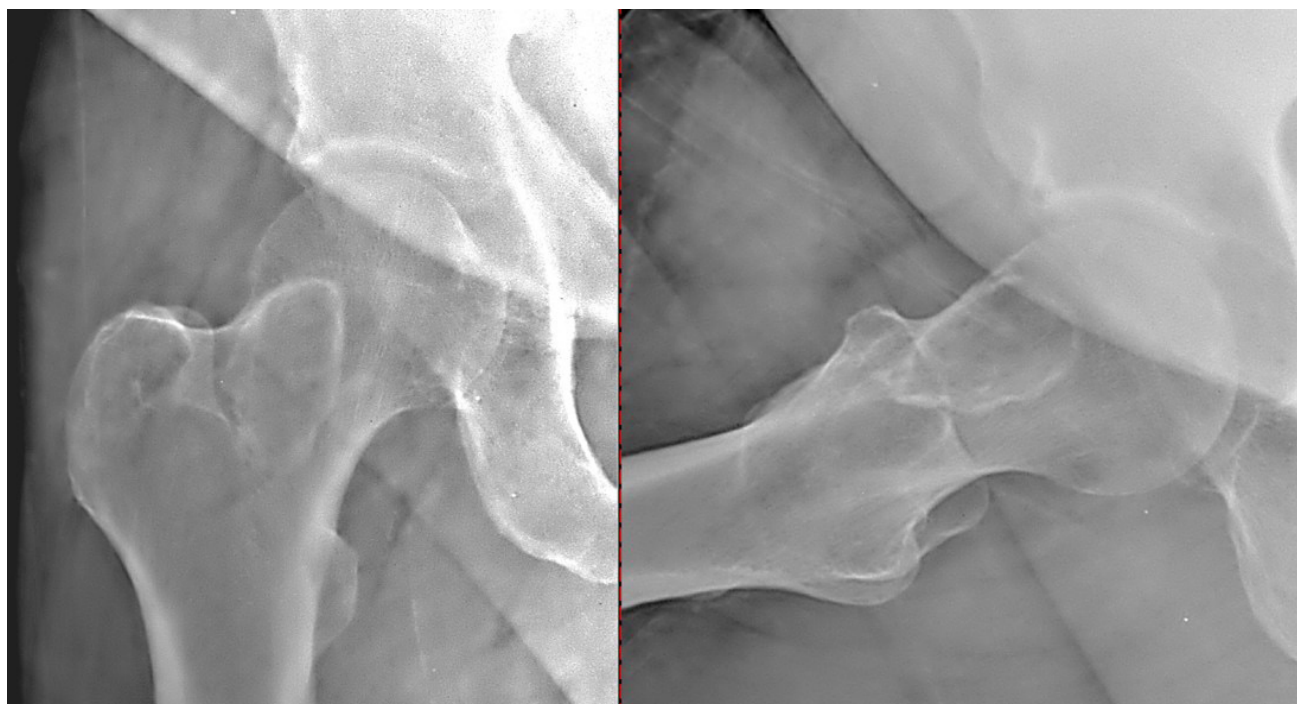


Dr. Carter is a GCA member. He maintains a busy film reading practice at 4480-H S Cobb Dr. #325, Smyrna, GA 30080 and is a full time faculty member at Life University. If you have **questions regarding his film reading service** please call 678-424-8588 or email at [jccarterdc@gmail.com](mailto:jccarterdc@gmail.com).

# Monostotic Fibrous Dysplasia

Monostotic fibrous dysplasia is a benign tumor like process comprised of fibro-osseous tissue. It is a relatively common lesion. It can be seen at any age, but it is rarely seen before puberty. The most common location to see monostotic fibrous dysplasia is the proximal femur. As such, many cases of monostotic fibrous dysplasia are initially identified at the edge of the field of view on an AP lumbopelvic X-ray which is how this case was identified. Once the proximal edge of the lesion is seen, AP and frog-leg lateral views of the hip are indicated in further assessment to evaluate the extent of the lesion.

Plain film radiographs are typically diagnostic. The lesion is usually in the metaphysis or diaphyseal junction. The lesion will be well defined with a sclerotic rim of sclerosis. The lesion can be centrally located or eccentric in location but will not break through the cortex or create a periosteal reaction. The hallmark of the lesion is that its matrix has a hazy, ground glass appearance. Although a very benign process, monostotic fibrous dysplasia will have a hot bone scan. In fact, if the bone scan is cold, monostotic fibrous dysplasia should be removed from the differential diagnosis.



(Figure 1). Note the well-defined eccentrically located lesion in the proximal femur. The lesion has a rim of surrounding sclerosis. Note the hazy, ground glass appearance of the matrix which is classic for fibrous based lesions.

## MEMBER SPOTLIGHT

By Valerie L. Smith, CAE

# Asthma, Accident Led Baxter to Chiropractic



Dr. Kellie Baxter was 16 when she knew she wanted to become a chiropractor.

“When I was little, I had had to be rushed to the emergency room several times because I would turn blue. The doctors finally realized I was asthmatic, and I was put on lots of medication. My grandmother saved all my

pill bottles, and when I was about four or five, she showed my parents three washtubs full of my medicine bottles and said to them, ‘You’re killing this kid. You need to do something different,’” she said.

Her parents began taking her to a chiropractor and yoga classes and added supplements to her diet to boost her immune system.

Then when she was 16, she was involved in a bad car accident.

“I was in agony, and only the chiropractor helped lessen the pain. That’s when I decided I wanted to do that for a living,” she said.

Baxter, who was from Pennsylvania, headed to Texas Chiropractic College, then began practicing in Woodstock, where she sees families, athletes and personal injury cases.

“The chiropractor I saw growing up did a lot of therapies as well as adjustments, and I do that, too. I cannot stand pain, so I want to also offer therapies that help heal inflammation quickly,” she said. “We do massage, ultrasound, exercises, cold laser, cupping, gua sha and pulse therapy.”

Once her clinic was up and running, her mother, who is an aesthetician, moved to Georgia and started doing skin care in the office.

“My clinic was Baxter Chiropractic, and her business was called Revive Day Spa. When my mom retired, my patients were used to having the spa services, so we changed the name to Revive Health Center and Spa,” Baxter explained.

Eventually, Baxter teamed up with a medical doctor to add med-spa offerings, such as Botox, vitamin injections and more. Her spa business was doing so well she had to open a second location.

Baxter, who is the co-chair of GCA’s Conference Committee, along with Dr. Anissa Jones, joined GCA once she started practicing in Georgia.

“When I was in school, the Texas Chiropractic Association was super helpful. They were a great provider of information and support to the students, so when I moved to Georgia, I became a member of GCA,” she said. “GCA was so supportive during COVID, and the association is always good about keeping us up to date. GCA keeps us on top of what we should and shouldn’t be doing.

“I also found out about the PAC through GCA and joined that. I realize how important PAC is in helping us get laws passed. With as many chiropractors as there are in Georgia, everyone should be a member of GCA and the PAC. If we did, we’d have one of the strongest associations in the country. Chiropractic is a necessity in my life and a lot of patients’ lives, and I’d never want the people who depend on us not to have us,” she continued.

“I would like more people to join GCA and PAC so our doctors have the right to practice how they want – as narrowly or broadly as they like. Also so everyone is educated on rules and regulations and billing,” she concluded.





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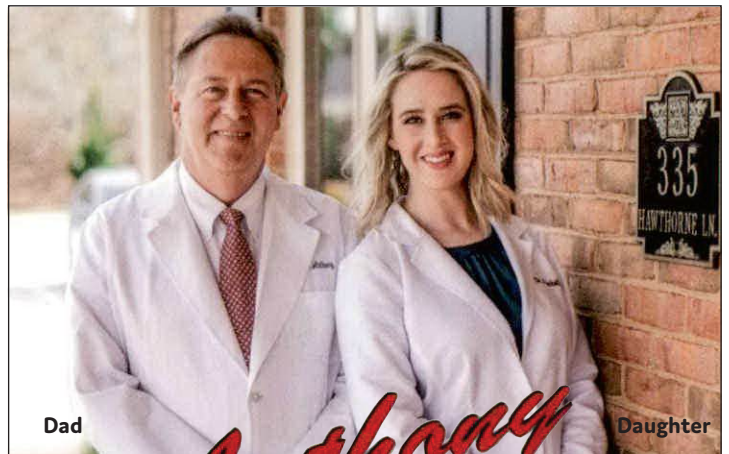
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\$240,000. Dr seeking retirement! Thriving 100% Cash practice serving SE Gwinnett Co for 30 years. Recently remodeled 1000 sq/ft rental property in prime location. Gross 3 yr avg \$358,793.00, 18hrs/wkly leaves plenty of room to grow. Techniques include Diversified, Gonstead and extremity adjusting. Also, Acoustic Compression Therapy/MyACT. Transition coaching included. Call Dr. Randi Ross for details 770-748-6084 [DrRandi@PremierPracticeConsultants.com](mailto:DrRandi@PremierPracticeConsultants.com)

**43-YEAR SUCCESSFUL METRO ATLANTA PRACTICE FOR SALE.**

Turnkey, free-standing office in Tucker, close I-85/I-285. Retiring doctor wishes to hand his patients to a caring, knowledgeable doctor/new grad. No franchises. Associate position with interest to purchase possible. Doctor available during transition. Some financing may be available. Serious inquires only: [joel3639@aol.com](mailto:joel3639@aol.com) or 770-491-3639. [www.familychirocenter.net](http://www.familychirocenter.net)

**MCDONOUGH PRACTICE FOR SALE**

...Thriving 20-year Personal Injury Clinic. Full Spine. Diversified techniques. Average annual income \$440,000 ...2010-2020. Average annual income \$250,000 ...2020-2021 (Covid) 3 days. Fully staffed. Doctor retiring. Available during transition. Low rent. \$100,000. Email: [Absolutedoc1@yahoo.com](mailto:Absolutedoc1@yahoo.com).

**PRACTICE FOR SALE: SANDY**

**SPRINGS** Doctor is retiring. Excellent opportunity for new graduate or a satellite office. 4000+ patient base. Doctor can stay for transition. Negotiable terms. Please email to: [drsal@intelligentchiropractic.com](mailto:drsal@intelligentchiropractic.com)

**CHIROPRACTIC PRACTICE FOR SALE**

- Middle GA Region \$259,000. Well-established mature family practice in free-standing 2200sq ft building. Great reputation with strong positive social media platform ratings. Average annual



gross last 3 years \$327,000/wk (work 4-day/wk). New patients are referrals only, no external advertising. Excellent opportunity for significant growth. Real estate not included in price but available for purchase. Doctor is retiring and relocating, but willing to remain for transition period. Email galagrouppllc@gmail.com for Non-disclosure agreement and Financial package.

**ESTABLISHED PRACTICE FOR SALE**

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

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**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

**SEEKING CHIROPRACTOR TO RENT SHARED OFFICE SPACE** in heart of Sandy Springs Directly across city center and Performing Arts center. XRay machine, waiting room, reception shared. Includes power, water, internet. Three rooms available. Text 770-826-3883 Dr Rich, 220 Sandy Springs Circle, Sandy Springs Ga 30328

**WELL-ESTABLISHED HOLISTIC WELLNESS PRACTICE HAS SPACE FOR RENT/SHARE** in our Buckhead or Chamblee location. Looking for a chiropractor, complimentary 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.

**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 calrbrice@cs.com.

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**OFFICE SPACE AVAILABLE** in bright and airy Roswell professional building off Holcomb Bridge Road between exits 7 and 8 off 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

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**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

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

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

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

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**AMERICAN HEART ASSOCIATION BASIC LIFE SUPPORT (BLS) Provider** Renewal class conducted at your location or at our downtown Lawrenceville location. Don't let your certification expire. Please call Beverly 470-231-6067 or email cprtolive.bev@gmail.com.



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