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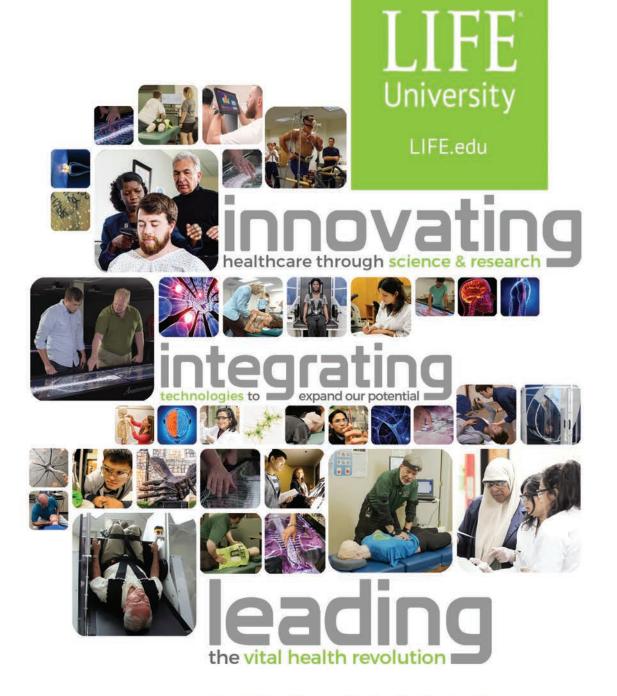
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Your Participation Is More Important Than Ever!

As we begin 2021, we have become a stronger, more flexible association after dealing with the challenges COVID-19 has presented us.

A recent challenge was making the decision to host a virtual Chiropractic Day at the Capitol in 2021. Because we won't be able to make a big visual impact at the Capitol this year, we need YOUR help to communicate our legislative priorities to our legislators (see legislative article, page 14). There are several ways you can participate:

- Send your state senator and representative a note congratulating them on their election and offering to be a resource on health and wellness issues
- If you haven't already, log in to your account at gachiro.org and be sure we have your correct home address, so we know who your legislators are.
- When asked, contact your legislators regarding our specific legislation.
- Let us know if you know your legislators personally.
- Join the GCA-Political Action Committee we support legislators who support our issues.

Another way you can support our legislative efforts is to join GCA or renew your membership today. If you are already a member, then ask a colleague to join. The more members we have, the more legislators will listen to us.

We will reintroduce lien legislation this year that will have significant opposition from associations with big membership numbers and well-funded PACs. To fight that opposition, we need more members and more GCA-PAC members.

When we speak together as one, we accomplish much.

Yours in Health,





A LETTER FROM THE PRESIDENT

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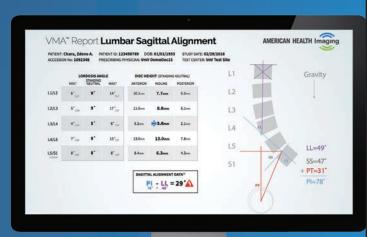
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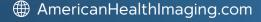
The use of facial recognition based software allows VMA to generate objective, and legally defensible data identifying and quantifying spinal instability.







FOR MORE INFORMATION:



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Be a Lifelong Learner



EXECUTIVE INSIGHTS

I'm an unashamed lifelong learning nerd. I love finding new ways to do my job better so I can serve YOU better. That's why I serve on the Board of Directors for the Georgia Society of Association Executives. And that's why I became a Certified Association Executive.

To qualify to take the CAE exam, I had to have five years of experience working at an association, hold a bachelor's degree or higher (I have an M.A. in Communications), take 100 hours of professional development courses within five years, then study for and pass a written test that covers all aspects of association management.

I became a CAE in January of 2017 and had my first recertification in 2020, which requires continuing my professional education every year.

And am I glad I have kept my continuing education up! I've learned new ways to communicate with the GCA Board, how to host a safe event during COVID-19 and many other skills that have helped me tighten GCA's belt buckle during the pandemic.

This year GCA has an objective to offer at least eight business building/practice growth seminars to help give you the skills you need to take your business to the next level. I hope you'll be like me and take advantage of these opportunities to expand your knowledgebase!



WINTER 2021

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Erario Names Day, Little to Fill Empty Board Seats





Georgia Chiropractic Association President Vince Erario, D.C., has named Philip Day, D.C. and Dr. Deborah Little, D.C. to fill two empty director positions on the Board of Directors. Both terms will be up for election in 2021.

Day will serve the remainder of the term that was vacated when he was appointed to serve as secretary in 2020. Little will serve the remainder of the term of Lesli Walker, D.C., who was elected secretary in 2020.

"I'm excited to welcome Dr. Little to the Board," Erario said. "She has been an amazing volunteer, even winning a president's award last year due to her impressive support of GCA. I think she'll prove to be a wonderful addition to our Board.

"I'm also glad Dr. Day agreed to remain on the Board. His vast experience as past president and membership chair will be invaluable to us as we plan for a new year." GCA's Board of Directors voted to accept the appointment of Day and Little during its December 12 meeting. They join Erario, President-Elect Noel Steinle, D.C., Past President Michael Vaughn, D.C., Secretary Lesli Walker, D.C., Treasurer Leana Kart, D.C., Director Karen Mathiak, D.C., Director Ben McDowell, D.C., Director Nailah Smith, D.C. and Director Ralph Templeton D.C.

Dates to Remember

MAY 14 - 16, 2020

GCA Spring Conference & Trade Show The DeSoto Hotel, Savannah

OCTOBER 22 - 24, 2020

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

Member Benefits & Resources

Check out some of these great GCA member benefits.

NEW! Hot Topics in Compliance

Get overview videos on breaking HIPAA, COVID protocols and compliance news from Dr. Ty Talcott, plus accompanying whitepapers for more in-depth information. This resource is for members only to access, first login to gachiro.org, then hover over "Educate" in the menu bar and click on "Compliance Videos and Whitepapers." Only members who are logged in will be able to see the link on the Educate menu.

DOT Physical Training

For members considering adding DOT physicals to their practice, GCA offers an online class in conjunction with New York Chiropractic College. The course is only \$295 and includes six modules. Once you complete the online webinar, you can sit for the exam to be certified by the National Registry of Commercial Medical Examiners and the Federal Motor Carrier Safety Administration to perform Department of Transportation exams. Webinar includes exam prep. Visit gachiro.org/dot-physical-exam for more information.

Disability Insurance Open Enrollment is NOW

Open enrollment is now through January 31 for discounted disability insurance through GCA. Contact Beth Smith at 608-830-2033 or beth.smith@abacusgroupins.com for long or short-term disability quotes.





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Concussion Patient Returns to Normal Daily Activities

CASE STUDY

By Jeremy Husk, D.C. and Marc Ellis, D.C., MS, NMT, DACNB, FACFN

A 17-year-old male presented to the clinic after a motor vehicle accident two weeks prior. He was taken to the emergency room for an evaluation. He had a concussion and nasal fracture. CT and chest films were negative. He presented to our office with chief complaints of headaches, light sensitivity, and brain fog.

A detailed history revealed that he was trying to continue his normal schedule in high school but could not make it for more than two hours before the fluorescent lighting would give him a migraine. He stated that he felt fine at the start of the day, would slowly start to feel worse and then suddenly would feel very bad. He stated that he did better when he was at home but that he had to lie down most of the day. He was having trouble making decisions, difficulty sitting still, had involuntary left leg twitching, lightheadedness upon standing, lightheadedness from lights, lightheadedness walking upstairs and he felt like the world tilted clockwise. He was also experiencing nausea while riding in a vehicle, had short term memory difficulties, saw dark shadows in left field of vision, had ringing in his ears that started while he was at school, had horizontal double vision and blurry vision in his right eye. He stated that after being at school for a couple hours he had cold sweats. He denied changes in motivation/drive, behavior/mood, body sensation, clumsiness, difficulty with directions, orienting himself in space, changes in smell, changes in taste, auditory hallucinations, sound sensitivity, smell sensitivity, heart racing, excessive/lack of sweating, sleep changes, difficulty swallowing or changes in digestion.

Upon examination his vitals were taken bilaterally lying, seated and standing. The blood pressures and oxygen saturation were within normal limits. However, when going from lying to standing his heart rate rose from 51 to 95, he had retropulsions of his trunk, and he became cold and clammy. Pinwheel was more sensitive on left side of body for upper and lower extremity. V2 and V3 are equivocal. V1 feels sharper than V2 and V3. He had more twitching in left arm and leg. He felt vibration more in left leg and the vibration caused muscle contractions in left leg. Vibration was equivocal in upper extremity.

"...he was trying to continue his normal schedule in high school but could not make it for more than two hours before the fluorescent lighting would give him a migraine."

Weber's test localized to left ear. Finger rub test was equivocal. Single point localization and graphesthesia were within normal limits throughout. Muscle strength was 5/5 throughout. He had 3+ muscle stretch reflexes on left biceps, left brachioradialis, bilateral patellar and right Achilles. The rest were 2+. Plantar reflex was down going bilaterally. Ankle clonus was absent bilaterally. Direct light reflex responded briskly in right eye and released quickly. Left eye constricted slower but held longer. However, shining light into left eye caused head titubations. Indirect light reflex was intact bilaterally. He had a mild lid lag in

right eye. Palatal elevation was decreased on right side. Tongue strength was 4/5 on right and 5/5 left. Rhomberg's test revealed circular swaying and body titubations. He did not have a parietal drift. He had decreased accuracy on finger to nose with left arm. Rapid alternating movement at shoulders and elbows were within normal limits. Pincer test was fast bilaterally but he had 5 hesitations in left hand. He had a wide based ataxic gait that improved with dual tasking. He had an intermalleolar distance of about 2 feet. The patient had also injured his right hand during the motor vehicle accident and was unable to open his hand. His right hand and forearm were tender to palpation.

After examination, the initial goals were to improve endurance to light stimulation and decrease lightheadedness when standing. Important findings to monitor were his hippus, heart rate, pupil symmetry, right lid lag, head titubations, trunk retropulsions and involuntary limb movements. The plan was to utilize vestibular exercises, oculomotor exercises, interactive metronome and virtual reality for motor control of his head. It was recommended that the patient come in for care every day for a few weeks.

The patient received 10 days of care that ranged from one hour to two hours of total treatment time. However, each round of care ranged from 5 to 30 minutes.

His first round of treatment started with vestibular and oculomotor exercises. Gaze stabilization exercises to vertical targets caused him to become lightheaded and get tunnel vision. Horizontal pursuits, vertical pursuits and horizontal saccades increased head and body titubations and rightward gaze was blurry. Performing passive left arm complex movements decreased head and body titubations during pursuits. His heart rate seated was in the 50s and went into the 70s after standing and he did not become lightheaded. He normally became lightheaded going from seated to standing.

The second round of treatment was modified to only include gaze stabilization exercises on the center dot. Only horizontal pursuits and leftward saccades were performed. Noninvasive nerve stimulation was added to his left median and left tibial nerve, and a pulsed electromagnetic field (PEMF) was used on his right hand and right forearm for 30 minutes followed by light myofascial release.

His third round was very similar. At this point the patient reported feeling the best he had since the accident and said he felt back to his normal self. There was concern about the blurriness of his right eye being of structural damage to the retina, so a retinal exam was performed. The retina looked intact, but the light input caused him to have a migraine, become lightheaded, light sensitive, ataxic and his eye swelled closed.

"The patient received ten days of care that ranged from one hour to two hours of total treatment time. However, each round of care ranged from 5 to 30 minutes."

It took a few days to get him stable from the retinal exam. He made some progress but fatigued quickly during his visits and became symptomatic. We did some trials with him laying supine and doing tilt table work, and observed that having him move from his resting area to the rehab floor was fatiguing his nervous system. We wanted to minimalize the strain on his autonomic nervous system. Having him stand up and walk through the clinic and the strain from the extra light was causing him to fatigue. On the fourth day we decided to keep him in a quiet room in a recliner with one light on that was behind him. He would rest in the recliner and we would come into the room and use noninvasive nerve stimulation on his left common peroneal nerve, left arm complex movements, no-no gaze stabilization exercises to one dot and leftward saccades with rightward pursuits. Several rounds of this were performed throughout the day. After two days of this treatment pattern his head pain reduced to a 0/10, lightheadedness and blurry vision were minimal, he still had brain fog, but he finished the day saying he felt good. We were then able to progress the complexity and intensity of his therapy for the rest of his visits. After a few more days the patient's chief complaints had resolved completely. During his reevaluation we recommended that he continue to improve his vertical eye movements. The patient returned to school, is currently symptom free and participating in all activities of daily living.



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Lien Bill Top Legislative Priorityfor GCA in 2021

By Valerie L. Smith, CAE

Ensuring doctors of chiropractic are paid fairly for their role in personal injury cases is the top legislative priority for the Georgia Chiropractic Association in 2021.

"Georgia has an existing statute that allows medical doctors and hospitals to place a lien against a personal injury settlement to ensure their bills are paid. We're simply asking for the same option," explained GCA Governmental Relations Chair Randy Mayfield, D.C.

GCA will also again pursue legislation that would allow doctors of chiropractic and medical doctors to more easily form a corporation together, if desired.

"Currently, M.D.s and D.C.s have to jump through a lot of legal hoops to be able to practice together, and setting up a corporation that includes both types of providers can be quite time consuming and expensive," explained GCA General Counsel and Lobbyist Aubrey Villines. "This bill would simply streamline the process."

Additionally, GCA will be monitoring several other pieces of legislation.

"We are expecting the naturopaths to try to introduce scope legislation this year," Villines said. "We have already met with them and have told them we would vigorously oppose any language that included manipulation."

Villines is also concerned that legislation passed last year that protects doctors of chiropractic and other providers from lawsuits arising from COVID-19 may be altered or changed.

"We'll be keeping a close eye on any COVID-19 legislation to ensure we remain appropriately protected," he said.

GCA expects the 2021 Georgia General Assembly to discourage large groups from gathering at the



Capitol again this year and is planning a virtual event in February.

"Because we won't be able meet our legislators in person at the Capitol, we need everyone to reach out to their legislators personally this year," advised Rep. Karen Mathiak, D.C. (R-Griffin). "Send them a note or email congratulating them on their election win, or give them a call. Let them know you support them and that you can be a resource for their health questions."

Mayfield agreed. "Reach out to your legislators before we need their vote. Establish a relationship with them and become a trusted resource."

Visit openstates.org to find your Georgia state representative and senator.

Another way to strengthen GCA's relationships with legislators is to join the GCA-Political Action Committee.

"Our lien law is going to face a lot of opposition, so it's vital that we continue to support prochiropractic legislators through our PAC," said GCA-PAC Chair Leana Kart, D.C. "We need everyone to give their fair share to ensure we can continue to fight for our right to be compensated fairly. I urge those who aren't currently members of PAC to join – just go to gachiro.org/political-action-committee to join online or download an application."







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GCA Successfully Hosts

109th Fall Conference

By Valerie L. Smith, CAE

With safety measures in place, the Georgia Chiropractic Association was able to swing into success at its 109th Annual Fall Conference and Trade Show October 22-25 at the Hotel at Avalon in Alpharetta.

"I can't emphasize enough what a great job our Conference Committee did to make the conference fun, as well as safe," Past President Dr. Michael Vaughn said. "While we had a few changes, we were still able to learn from some great speakers and have time to network with our colleagues and vendors."

Vaughn presided over GCA's Annual Meeting October 23, where the following new officers were sworn in:

- President Dr. Vince Erario
- President Elect Dr. Noel Steinle
- Past President Dr. Michael Vaughn
- Secretary Dr. Lesli Walker
- Treasurer Dr. Leana Kart
- Director Dr. Ben McDowell
- Director Dr. Nailah Smith

The new officers will join returning board members Dr. Philip Day, Dr. Karen Mathiak and Dr. Ralph Templeton. Dr. Deborah Little has been appointed by President Vince Erario, D.C., to serve the remainder of Dr. Lesli Walker's term as director.

Friday evening was the Speakeasy Vendor Reception that included a roast of GCA's long-time lobbyist and general counsel, Aubrey Villines.

"We would not be where we are today in Georgia without Aubrey, who has been with us since 1979," Vaughn said.

The association's 2021-22 strategic plan objectives were also unveiled during the meeting. Please visit **gachiro.org/gca-s-strategic-plan** to see the objectives.

The event also included a wine toss and whiskey pull, sponsored by NexGen Injury Centers. All proceeds of both of those events, as well several raffle baskets, resulted in raising nearly \$7000 for the GCA-Political Action Committee.

"While we raised a great deal of money at the conference, we still need everyone – member or not – to join our PAC," explained GCA-PAC Chair Dr. Leana Kart. "The ability to lobby at the Capitol in person in 2021 is still up in the air, so the more we can donate to our friends in the legislature, the better."

GCA hosted an awards luncheon during the conference to highlight the association's hardest workers.

As outgoing president, Vaughn presented several members with president's awards, including:

- Dr. Deborah Little for her hard work on the GCA Spring and Fall conferences
- Dr. Michael Wax, of The Injury Specialists, and Mr. Darnell Randall, of Randall Marketing & Public Relations, for coordinating and hosting a Personal Injury Symposium and for introducing prospective partners to GCA
- Dr. Randy Mayfield for his tireless efforts at the Capitol to pass the copay bill

Vaughn also bestowed a number of other awards during the luncheon, including:

- Lifetime membership to Dr. Leana Kart for her dedicated service to GCA and its members.
- The Dr. Hazel Cotney Volunteer of the Year award to Dr. Ben McDowell for serving as the host of The Chiropractic Connection podcast, the chair of the Under 40 task force and a member of the Board of Directors.
- The Deane Mink Membership Award to Dr. Noel Steinle, for recruiting the highest number of new members in 2020.
- The William H. Vaughn
 Humanitarian Award to Sen.
 Lester Jackson for his work on
 the Senate Health and Human
 Services committee, ensuring
 Georgians have access to affordable and effective health care.

• The Chiropractor of the Year award to Dr. Noel Steinle for spearheading our GCA-PAC campaign, steering our finances through COVID-19 as our treasurer this year, founding our podcast and serving as co-chair of the conference committee, as well as a member of the membership and public relations committees.

"I'd like to thank all our partners and vendors for their support and willingness to participate this year," said conference co-chair Dr. Noel Steinle. "We wouldn't be able to host these conferences without them!"

Mark your calendars now for 2021 – Spring Conference will be May 14-16 at The Desoto in Savannah, and Fall Conference will be October 22-24 at the Hotel at Avalon in Alpharetta.









Thank you Sponsors

















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CBD: is it right for Your Practice?

By Dr. Toby Moeller- Betram, Chief Medical Officer, Versea

The CBD (cannabidiol) market is arguably reminiscent of the mid 1990s internet boom. When the bubble burst, a multitude of businesses were eliminated from the market because simply placing "dot com" in your business name was not a sound strategy, and the market became skeptical of the true value of these companies' products. Nevertheless, many companies prevailed during those heady times, and they all had one thing in common – a product of value that was able to be commercialized. Consequentially, our lives have improved with the innovations made by internet-based businesses and applications.

The CBD marketplace is analogous in presenting innovation to patient wellness, but also with the same associated challenges in discerning legitimacy and value. As healthcare providers (HCPs), there is a unique opportunity to participate in the legitimate use of CBD, but not without consideration of the product and its underlying quality and utility. Versea sees this conundrum as a business opportunity and is strategically focusing on manufacturing quality products and marketing to HCPs who have the intellectual scientific acumen to best discern their use in the clinical setting. The hemp-extract CBD market is legal, but requires diligence of the manufacturers and marketers to assure compliance with the regulatory landscape.

Before discussing the CBD opportunity, it is important to understand where we are in the regulatory life cycle of this market.

Legalization

The United States Farm Bill passed in 2018 and hemp, the variety of cannabis sativa containing virtually no THC (bellow 0.3 percent), is no longer classified as an illicit drug like its cousin marijuana. The Food and Drug Administration, despite not yet classifying CBD products as a dietary supplement (sometimes called a "nutraceutical"),

maintains a position of enforcement against unsubstantiated claims of efficacy and safety made by CBD companies. Prior to this a trend of increasing global utilization of cannabidiol for therapeutic purposes was in place. The National Institute on Drug Abuse (NIDA) previously cited there is a scientific basis for the medical use of CBD. Interest from the National Institutes of Health (NIH) and other agencies to study natural, isolated and synthetic versions of CBD and other cannabinoids was also on the rise. The quest to identify non-addicting treatments to address pain, other conditions and the opioid crisis started.

The Bubble

Since hemp prohibition ended, we have seen a proliferation of more than 3,000 CBD brands on the market. Many involve one producer filling bottles for masses to brand, label and sell. The rush to make a quick dollar has been more than obvious with the sign and outdoor flag industry cashing in with "CBD Sold Here" banners littering the landscape. Multi-level marketing groups, individuals and gas stations are all finding their way into the market. Are these outlets reliable, sustainable and where you want your patients buying CBD?

Challenges

The Journal of the American Medical Association recently published an article citing that out of 84 products tested, 69 percent had labeling that did not match what was actually in the product! The THC content was above federal limits of 0.3 percent or products had less CBD content than what was on the label, which could negate any potential clinical response. Contamination is also a concern. Most producers claim to, but are not really migrating towards, prescription medication level of standards and procedures

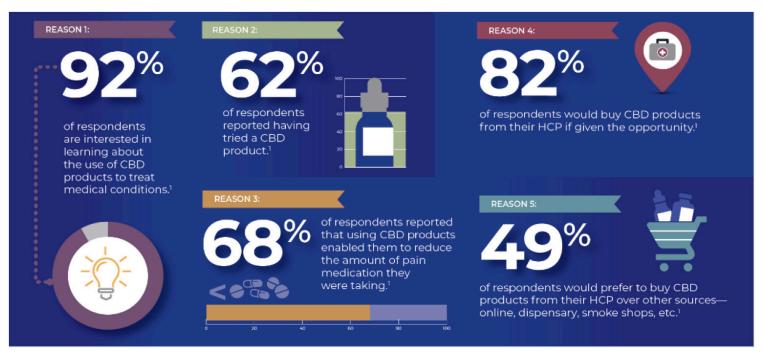


Figure 1. Moeller-Bertram T. et al. AAPM 2019 ANNUAL MEETING LATE-BREAKING ABSTRACTS, *Pain Medicine*, Volume 20, Issue 3, 1 March 2019, Pages e1–e7

in manufacturing and growing. The term "pharmaceutical grade" and the acronym "GMP" (good manufacturing practices) are routinely used by CBD brands. Do they know that there are different manufacturing practices for food than there are for pharmaceuticals and that GMPs are merely guidance to follow with implications associated with claiming GMP and not complying with the guidance? Next time you are out, ask your gas station selling "pharmaceutical grade" CBD if they know what a pharmacokinetic study (PK) is. Their expression will be priceless. Validated controls, Tmax, and metabolism are terms likely unfamiliar to them. The point is a big difference exists between following pharmaceutical processes compared to following basic food safety processes or none at all.

The Opportunity

For healthcare practitioners there is a unique opportunity to participate in a legitimate market, help patients and improve practice economics, shifting revenues from the gas stations, health food stores and pharmacies to your practice. CBD is not going away. There are legitimate businesses researching, developing and manufacturing at pharmaceutical standards while selling products in an ethical, compliant manner. There also exists a cohort of patients in all practices, probably more than you think, who are already taking CBD or want to take CBD.

An Institutional Review Board (IRB)-approved patient study recently presented and published by the American Academy of Pain Medicine, surveyed 253 patients across seven pain clinics. 62 percent of respondents had already tried CBD products and 82 percent of respondents would buy CBD products from their healthcare professional if given the opportunity! This is where we see the opportunity and responsible means to market and promote CBD products.

Patients are clearly seeking professional assistance and education before exploring hemp-derived products. To

place this in clinical context, at a volume of 400 patients a month in your practice, 248 are already trying CBD and 328 of those patients would purchase product from their healthcare provider if they had it available to them. Now is the time for doctors of chiropractic to take control of the discussion and create a viable business opportunity, even if these numbers are only half correct.

How Does it Work Within Your Practice?

Offering CBD in practice involves a cash and carry model. Your practice purchases product at a discounted physician price and provides it to the patients at a competitive MSRP (retail price). The economics are simple with margins ranging from 60- 100% on each unit, based on the suggested price ranges. You can expect an average monthly purchase by a patient using CBD to be around \$80 dollars (range of \$50-\$230). Based on the statistics previously mentioned, acquiring 75 patients over time is realistic for most practices. Repeat monthly purchases from patients can generate an additional \$72,000 in revenue for a practice with no increase in overhead. Patients are in your practice, are interested in CBD options, actually want to have you involved in the discussion and desire to purchase product from you!

Finding the Right Company

When it comes to selecting a company to partner with, first determine if you want to carry a brand everybody can buy online or in a retail setting or a clinical brand that is exclusively distributed by healthcare providers? Second, is there something unique or different than the other 3,000+ brands giving a patient a reason to come back to your practice for the product? Lastly, is the company pursuing FDA and USDA processes, generating scientific information, data and setting standards that the rest are not? With the right approach, offering CBD to your patients is a viable opportunity.



Dr. Ray Foxworth is a certified Medical Compliance Specialist and President of ChiroHealthUSA. A practicing Chiropractor, he remains "in the trenches" facing challenges with billing, coding, documentation and compliance. He has served as president of the Mississippi Chiropractic Association, former Staff Chiropractor at the G.V. Sonny Montgomery VA Medical Center and is a Fellow of the International College of Chiropractic. You can contact Dr. Foxworth at 1-888-719-9990, info@chirohealthusa.com or visit the ChiroHealthUSA website at www. chirohealthusa.com. Join us for a free webinar that will give you all the details about how a DMPO can help you practice with more peace of mind. Go to www.chirohealthusa.com to register today.

Refresh Your Fees for 2021

By Ray Foxworth, D.C., ChiroHealth USA

The financial stability of any practice starts with the UCR (usual and customary) fee schedule. All too often, we neglect to review and update our fees each year. Problems arise when our expenses go up each year due to inflation and our fees stay the same. With COVID-19, I can guarantee you that you've had an increase in overhead and most doctors will "eat it" rather than consider making adjustments to their fees. Even without COVID-19, when we are seeing the same number of patients each year, our profits begin to diminish and we are left wondering, "what happened?"

Although I can't tell you what you should be charging in your practice due to the Sherman Antitrust Act, I can provide you with resources to help you make the right decision for your practice fee schedule. First and foremost, you need to know your cost of doing business. According to a national survey a few years back, overhead in a typical chiropractic practice can average 50 percent. I would be surprised if that average hasn't increased considering the increased cost of addressing compliance mandates, rising overhead and lower reimbursement models. To calculate your average cost of providing an office visit and the percentage of overhead, visit chirohealthusa. com/overhead-calculation for a simple calculator. This number is key to knowing your bottom dollar for maintaining profitability in your practice. While this is not as exact as a formal Profit and Loss Statement, it will give you a great ballpark idea of your costs.

Next, you need to determine the average price for services offered in your area. The Sherman Antitrust act prevents you from reaching out to colleagues in your community and asking what they charge, as this can be seen as price fixing. There are multiple ways you can gather this information, however. You can hire a consultant to collect this information for you or utilize websites such as ChiroCode.com or fairhealthconsumer.org which calculate fees in your zip code.

"...start a spreadsheet and list every code that you use in your practice."

Finally, start a spreadsheet and list every code that you use in your practice. Then list the reimbursement rates for each code from Medicare, in-network and out-of-network insurance companies. Next, add the information you gathered on average fees based on your zip code. Start by comparing the averages in your area to the existing fees in your practice. Are you above or below the average? Then, using your actual fees, determine what you are currently charging per visit, on average. Are you falling above or below your cost per visit? Finally, you will want to compare your cost per visit to your reimbursement rates with

provider agreements. Do you have any contracts that pay you less than your cost per visit?

Now that you have all of this information in front of you, what's next? This is a great time to determine if you need to make any adjustments to your existing fees. Even a small change of \$5 per visit can have a significant financial impact on your practice. Just \$5 more per visit is the equivalent of getting paid for 13 months, while only working 12. If you have any provider contracts that are not meeting your desired cost per visit,

reach out to negotiate your agreement. If you are part of a discount medical plan organization (DMPO), like ChiroHealthUSA, don't forget to evaluate and update those fees too.

This process takes a little work, but it will give you an opportunity to strengthen the financial foundation of your practice, plug up any holes where you may be losing money, and start 2021 on the right foot for a profitable practice.

AMA Adds COVID-Related Code

By Wyn Staheli, Director of Research, ChiroCode

The American Medical Association (AMA) recently announced the addition of a new CPT code, 99072, in relation to COVID and the Public Health Emergency (PHE):

99072 Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease

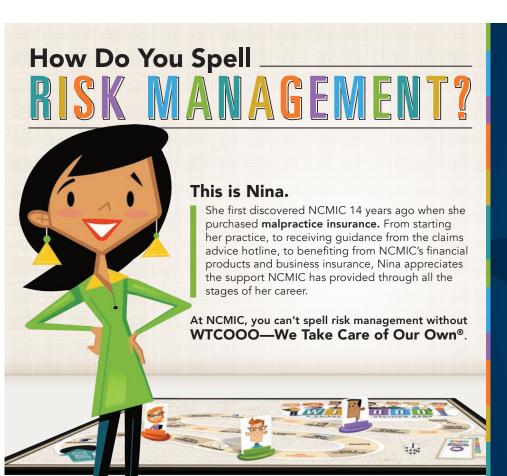
Code 99072 is an interesting new addition. There are some additional costs linked directly to this PHE and so this new code was created to report that cost. However, payers may or may not allow this code to be reimbursed. Since it has just been announced, it may take some time for payers to update their policies.

The new guidelines for code 99702 are as follows (emphasis added):

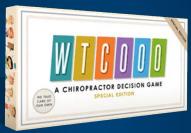
Code 99072 is used to report the additional supplies, materials, and clinical staff time over and above the practice expense(s) included in an office visit or other non-facility service(s) when the office visit or other non-facility service(s) are rendered during a Public Health Emergency (PHE), as defined by law, *due to respiratory-transmitted infectious disease*. These

required additional supplies, materials, and clinical staff time are intended to mitigate the transmission of the respiratory disease for which the PHE was declared. These include, but are not limited to, additional supplies, such as face masks and cleaning supplies, as well as clinical staff time for activities such as pre-visit instructions and office arrival symptom checks that support the safe provision of evaluation, treatment or procedural service(s) during the respiratory infection-focused PHE. When reporting 99072, report only once per in-person patient encounter per day regardless of the number of services rendered at that encounter. Code 99072 may be reported during a PHE when the additional clinical staff duties as described are performed by the physician or other qualified health care professional in lieu of clinical staff.

It is essential that documentation for the patient encounter includes information to support the criteria required for using code 99072. Consider including a statement such as "Due to COVID-19, pre-visit patient instructions were explained to the patient and their symptoms were checked upon arrival. Masks were used by the healthcare provider and staff and the examination room was cleaned after the patient visit concluded."



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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.



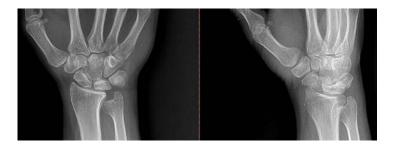
Kienbock's Disease

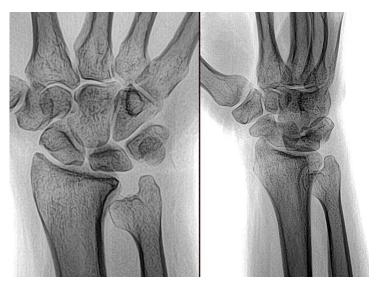
Avascular necrosis of the carpal lunate is referred to as Kienbock's Disease. Kienbock's is significantly more common in men than in women at a 9:1 ratio. The dominant hand is most commonly affected. The two most common causes of Kienbock's are trauma and occupationally excessive hand use. The most common presenting symptoms are wrist pain and/or carpal tunnel syndrome.

Up to 75% of patients with Kienbock's have a short ulna in relation to the radius (minus ulnar variance). The theory is that the shortened ulna increases wrist mobility leading to an increase in biomechanical stress predisposing to the avascular event.

Radiographically the first sign is increased density within the lunate. In today's world of digital radiography, this is easier to detect when inverting the image. If Kienbock's is not treated or if treatment is not effective, collapse and fragmentation are likely to occur and can lead to long term problems of degeneration and instability.

MRI is helpful in confirming the diagnosis and identifying early collapse as well as surrounding ligamentous integrity. Kienbock's should be co-managed with an orthopedic surgeon especially one that specializes in the upper extremity. Adjusting the wrist is contra-indicated since this is likely to cause additional collapse and fragmentation.





(Figure 1). There is increased density in the lunate which is easier to see on the inverted image. There is minimal irregularity to the articular surface adjacent to the radius indicating early collapse. Notice the shortened ulna (minus ulnar variance), as well.

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.



GCA's New President Remained in Profession after Injury



Dr. Vince Erario was first introduced to chiropractic as a child, and he never looked back.

"I had severe allergies as a child, and my parents took me to the chiropractor. As a teenager, I decided to become a chiropractor and chose classes I'd need to prepare, like organic chemistry and physics," Erario explained.

After graduating from Palmer in 1979, Erario practiced in New York for three and a half years before moving to Georgia in 1983, where he practiced until December 2006.

"I had a referral-based, family-oriented practice with a mix of cash, insurance and some personal injury," Erario said.

Then in 2004, he injured his hand while adjusting a former football player.

"After trying physical therapy, acupuncture and finally surgery, nothing relieved the pain that occurred while I was taking care of my patients, and I retired in 2006. It was the hardest decision of my life to give up something that I loved," he said.

Luckily for the chiropractic profession in Georgia, Erario spent his first three months of retirement lobbying at the Capitol during the 2007 session, where he played a key role in promoting the scope expansion bill.

"I spent January through March lobbying for our scope, then had to make a decision whether to do something in politics or look for another career within the profession," he said.

He opted for remaining in the profession and went to work as the Quality Assurance Officer for Life University's clinics.

"At the time, the clinics wanted to move into third party billing. I trained the clinicians on billing, CPT and E&M codes," he said. Four years later, he moved into accreditation activities at the institutional level and today serves as Life University's Director of Institutional Effectiveness, Planning and Research, where he's noticed several trends.

"I'm seeing the University's increasing emphasis on research, together with the clinical integration of nutrition, functional neurology and wellness services to benefit the patient as a whole," he said.

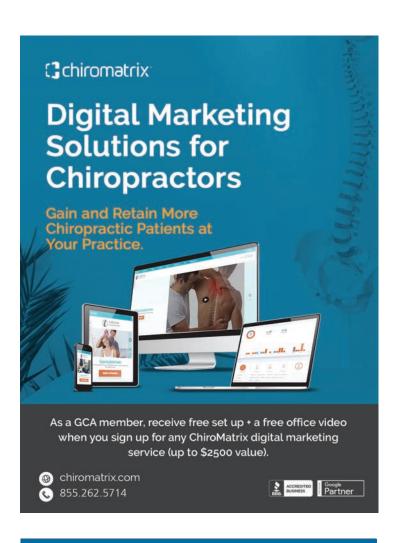
"Life University represents at least 48 countries and has the most diverse population of any chiropractic campus in the United States."

While his career changed, one thing that didn't was Erario's volunteerism in the Georgia Chiropractic Association. He has served in many roles, including Chairman of the Board, chair of many committees including Governmental Relations, Bylaws and PAC, and as director and now president of the Board of Directors. He's received the Chiropractor of the Year award, the William H. Vaughn Humanitarian of the Year Award and been granted lifetime membership in the association.

"My mentors showed me that by giving of yourself and participating in an organization, you have the ability to create the direction of the profession and be part of the solution rather than the problem. Volunteering allows you to grow personally and professionally in many ways. Ultimately you get so much more back than you put in," he said.

In addition to encouraging members to get more involved in GCA, Erario, who serves as the GCA-Political Action Committee administrator, urges everyone to join the PAC.

"Being a member of the PAC is an insurance policy to protect your right to practice. Ideally, everybody should be a PAC member at the president's circle level. It's only \$84/month, which is inexpensive compared to car, home or disability insurance. It's our duty as a profession to ensure we protect the future of the profession for those behind us," he concluded.





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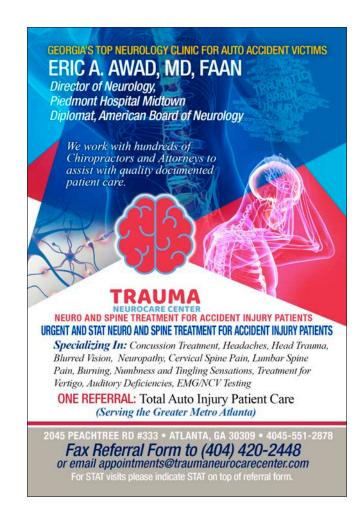
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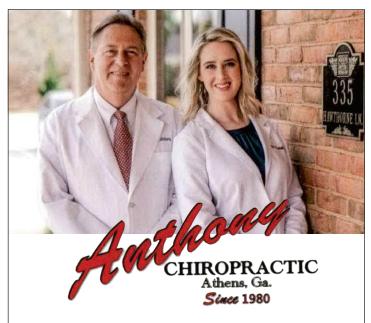
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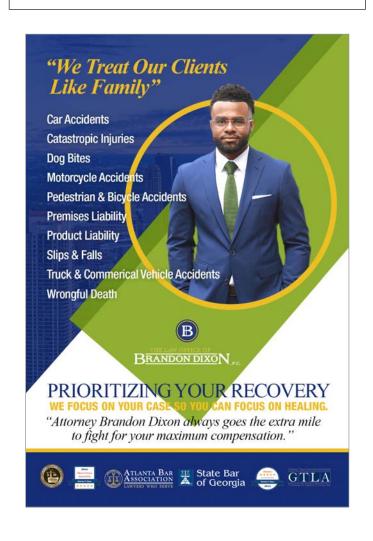
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ASSOCIATE DOCTOR NEEDED - We have an established practice in Dalton Georgia with a stellar reputation. You will start getting your own new patients immediately. You can easily make \$80k your first year minimum. You will be working with a long-term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

CHIROPRACTIC ASSISTANT NEEDED!!!

Busy Duluth Chiropractic office Looking for CA. Experience is preferred. Please contact drgrace@duluthmulticare.com or call 404-771-0319

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APPRENTICE. Connect My Brain is an integrative practice offering chiropractic, neurofeedback, primitive reflex integration, personal movement programs, and functional labs and nutritional protocols. This is a unique opportunity, inquire for further details. Contact me at drlaura@ drlaurahanson.com or call 678-787-3744

ASSOCIATE WANTED at Ford Chiropractic in LaFayette, GA. Must use manual manipulation, musculoskeletal focused, familiar with Cox and decompression therapy. Wednesdays off. Salary (70k) + Bonus. Reply to: aaronforddc@hotmatil. com or call (423) 618-7645.

COASTAL GEORGIA- EXPANDING

CLINIC 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

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CHIROPRACTOR (DC) to join a growing practice in NW Georgia. Visit our website 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

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ASSOCIATE - DULUTH/MORROW, GEORGIA. PI chiropractic offices looking for a motivated full-time associate with good work ethics and customer service. Will train. Must be modality licensed. Competitive salary and bonus with paid vacation. Spanish or Vietnamese speaker is a plus. Please send CV to drbnguyen@gmail.com.

ASSOCIATE CHIROPRACTOR COLLEGE PARK/DECATUR, GA \$70,000
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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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Technique with some instrument adjusting. Decompression and Deep Tissue
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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

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