

THE GEORGIA

CHIROPRACTOR

A PUBLICATION OF THE GEORGIA CHIROPRACTIC ASSOCIATION

WINTER 2022

GCA Unveils
Award Winners

Lien Law to Be
Key Focus in 2022

Harvey Lillard:
A More Complete Story



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2022 WINTER

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The Master's in Sport Health Science (*established 1990*) leads to careers in fields such as sports chiropractic, exercise science, athletic coaching, sports injury management and performance nutrition.



The Master's in Clinical Nutrition (*established 2012*) leads to careers in organizations such as physician's offices, hospitals, schools, health clubs, nursing homes and food companies in areas such as research, development, sales, marketing, public relations and public education.



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What Will Chiropractic **Look Like** in Five Years?



A LETTER FROM
THE PRESIDENT

I recently returned from the Congress of Chiropractic State Associations (ChiroCongress) annual meeting, and I am excited about where the profession is heading!

In 2019, ChiroCongress hosted a “Future of Chiropractic” session that led to the development of an ambitious, five-year strategic plan for chiropractic that includes the following objectives:

1. There is one chiropractic profession, with recognized and respected specialties, which are understood and accepted internally and externally. We are “one voice, unified, without the need for uniformity.”
2. There is an expanded demand for chiropractic, supported by consistent, congruent, targeted and effective public-facing messaging campaigns.
3. There is strong legislative support for chiropractic priorities and initiatives. State associations and the profession have political capacity and funds to support the passage of legislation.
4. A robust research environment is well funded, with a clear career pipeline for researchers to advance the body of work.
5. There are adequate resources available to fully execute the profession-wide strategic plan.

GCA supports the strategic plan implementation and has participated in discussion sessions and surveys regarding it. If you'd like to learn more about the plan and what it hopes to accomplish, visit <https://chirocongress.org/future-of-chiropractic-strategic-plan-phase-iii/>.

You can contribute to the plan in several ways:

- Respond to survey requests we send you regarding the plan.
- Volunteer for a workgroup.
- Donate to the implementation fund.

Please take a few minutes to read the plan. I believe you'll find the plan's goals as positive and forward thinking as I do.

Yours in Health,



Noel Steinle, D.C.
President

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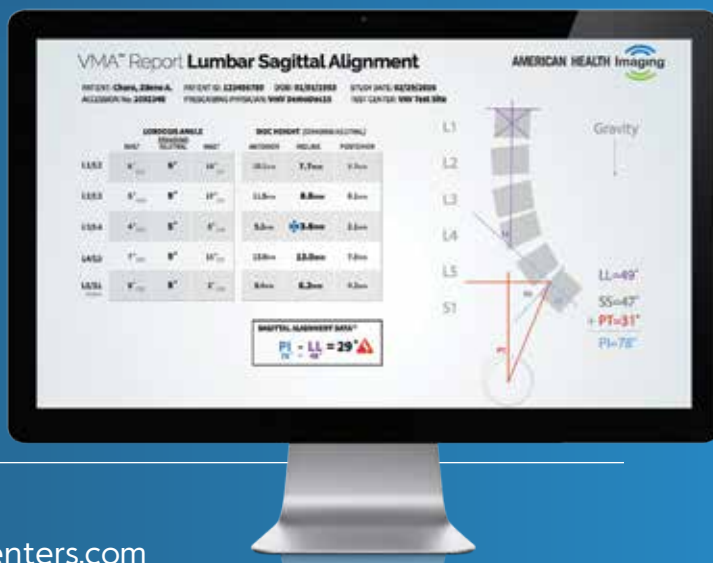
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Now Is the Best Time to Be a GCA Member!



EXECUTIVE INSIGHTS

The GCA Board of Directors and staff have been working to make your membership more valuable than ever this year with a variety of NEW benefits:

- FREE GCA membership for members' C.A.s – get the member discount on X-ray Safety Certification, Advanced C.A. Class and C.A. programs during Spring & Fall Conferences.
- Robust marketing support through online advertising and billboards with our Relief Without Addiction Georgia campaign PLUS national advertising and marketing resources from the Foundation for Chiropractic Progress. Only members will be listed in the “Find a Chiropractor” areas of both websites.
- Access to an H.J. Ross billing and coding expert on GCA's members-only Insurance Hotline is included with your membership.
- Discounted health insurance – both health preferred and Affordable Care Act-compliant plans are available.

PLUS, your membership dollars help pay for lobbying at the Capitol during the session and throughout the year. This year GCA is focused on passing legislation to add doctors of chiropractic to Georgia's lien statute, to protect YOUR interest in litigated accident cases.

If you are a member of GCA, I hope you'll benefit from these new benefits.

If you're not a member of GCA, please join today to grow your business and protect your right to practice and be fairly compensated for your care.

Call the office at 770-723-1100 or visit gachiro.org/membership-options to join Georgia's ONLY state association that is at the Capitol every day during the legislative session, fighting for YOUR rights.



Valerie Smith, M.A., CAE
Executive Director

WINTER 2022

VOLUME 41, NO. 1

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Founded 1912

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NEWS

ASSOCIATION NEWS

NEW Membership Benefits in January!

The Georgia Chiropractic Association will be joining the Foundation for Chiropractic Progress in 2022. This membership provides a variety of marketing benefits for our members, including:

- National advertising campaigns
- Listing on the F4CP.org website's "Find-A-Doctor" directory
- Monthly newsletter
- Access to live educational webinars
- Monthly marketing roadmaps with turnkey practice-building materials
- Monday marketing memos
- Weekly podcasts
- And more

GCA has also partnered with H.J. Ross, a respected billing, coding and compliance company. One of their billing experts has joined GCA's Insurance Hotline, giving members access to this invaluable resource as part of their membership. Regular cost to access H.J. Ross' billing experts is \$39 per month.

Finally, chiropractic assistants whose doctors are members of GCA will now receive FREE membership in GCA and receive member discounts on the Advanced C.A. Class, X-ray Certification and Spring and Fall Conference programs.

Call Diane Hamby at 770-723-1100 or email her at dhamby@gachiro.org to join today and take advantage of these great new benefits!

Congratulations Fall Scholarship Winners

The Georgia Chiropractic Association is delighted to announce it has awarded five scholarships to the following Life University students from Georgia:

Bryonna Williams

Kahlyah Colonel

Madalyn Luebke

Case Merritt

John Upton

Through its partnership with Life University, GCA awards 12 scholarships per year. If you are interested in becoming a mentor for one of GCA's scholarship recipients, please contact the GCA office at 770-723-1100.

Upcoming events

JANUARY 27, 2022

District 12 Sips & Chips

Mink Chiropractic Center,
Valdosta, GA

JUNE 10-12, 2022

Spring Conference & Trade Show

Savannah, GA

MARCH 2022

Advanced C.A. Course Begins

Look for a postcard for
2022 program dates.

OCTOBER 14-16, 2022

110th Annual Fall Conference & Trade Show

Alpharetta, GA

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

Lien Law to Be Key Focus in 2022

By Valerie L. Smith, CAE

During the 2021 Georgia General Assembly, Reps. Rick Williams, Mike Cheokas and Ginny Ehrhart introduced H.B. 641 that would add doctors of chiropractic to Georgia's existing statutory lien right on a cause of action for the costs of care and treatment of injuries.

Currently, physicians, hospitals, nursing homes and traumatic burn centers have lien rights that are subject and secondary to attorney lien rights. Adding doctors of chiropractic to this statute would protect a chiropractor's fee in such cases.

"This bill is necessary because currently, chiropractors have to rely on the attorneys and/or patients to pay their bill once the lawsuit is settled. Often, this results in reduced payments to chiropractors," explained GCA General Counsel Aubrey Villines.

"The GCA Board of Directors felt being added to the lien statute is so important that it should be our primary legislative focus this year," said GCA President Dr. Noel Steinle. "Unless any other issues crop up during the session that we need to oppose, it may be our sole focus."

The bill currently has significant and well-funded opposition from trial attorneys.

"Getting this passed is going to be an uphill battle," Villines, who also serves as GCA's lobbyist, said. "The bill is currently in the Judiciary Committee in the House of Representatives, and the majority of that committee is made up of attorneys, who have voiced concerns about the bill."

The bill also has opposition from the Georgia Hospital Association, but GCA Board Member and State Rep. Dr. Karen Mathiak is working with GHA on an amendment to the bill to address their concerns.



"The trial attorneys' PAC donates four times more to candidates than GCA's PAC does, and we will need to increase our PAC giving to improve our chances of success," said GCA-PAC Chair Dr. Leana Kart. "That's why we started our 'Fair Share' program this year, to ask all our members to contribute to our PAC."

Villines agreed.

"Passing a bill, especially one with opposition, requires a three-pronged approach: lobbying, donations to candidates and grassroots participation from our members. I urge everyone who isn't already a member to join PAC and please contact your legislator when we ask you to during the session," he said. "GCA will send you your legislator's contact info and a sample phone and email script so it's very easy to do."

Currently, the Capitol is not allowing groups to visit, due to COVID-19. GCA is monitoring the situation; if the group ban is lifted, Chiropractic Day at the Capitol will be scheduled in person; if not, a virtual day will be scheduled. Please watch GCA's website and e-newsletters for information.

"Because we may not be able to host a Capitol Day, I urge everyone to get on their legislators' mailing lists and take the opportunity to attend a town hall or event to meet them," Villines said.

To find your Georgia state legislator, visit openstates.org.



Multiplistic Dis-ease of the Spine Successfully Managed with CMT (a Cinderella Story)

CASE STUDY

By Ralph Templeton, D.C.

History

A vibrant, ordinarily active 73 Y/O black female presents with severe LBP (rated 8 with 10 being the worst pain) and with bilateral posterior leg radiant pain and anterior left leg pain all from L-spine down to the feet. She claims she had a similar but much less severe episode 10 years earlier that she rated a 5 on a pain scale (of 10 being the worst) in which she saw a chiropractor for 12 visits with limited results; 10 percent improvement overall. She has not managed very well since but only with frequent rest and limited activity on her feet, she has now reached a point that the sharpness of her pain and has debilitated her. She has more difficulty functioning when she has tried to utilize medicines commonly prescribed for such complaints and has chosen to seek alternatives to that path.

Positive Orthopedic Findings:

Bilateral leg raise test
Bilateral Kemps test
Spinal percussion (L4-5)

Negative Orthopedic Findings:

Romberg's test
Heel walk test
Toe walk test

Radiographic Exam:

Spondylolisthesis L4 Grade 2
Moderate to Severe DDD at T12 and L4, L5
Apparent Osteopenia

Discussion

Our ability to manage patients with major complicating issues is how great practices are built and prosper in any community. Along with a caring bedside manner, having the experience and tools to manage patients with serious complications is essential to being a major player in your healthcare community. In my opinion, the top non-malignant complications most commonly encountered for the chiropractic community are advanced degenerative disc disease (T12, L4,5, S1), grade 1 spondylolisthesis (L4), obesity and osteopenia. Figure 1 is a radiographic image depicting a patient with all four complicating issues. Any one of these conditions will to this day cause a medical doctor to hesitate, if not rule out, the possibility of considering CMT for this kind of patient. This patient was no exception to that rule.

So, while this is an alarming picture, the patient enjoyed a rather speedy recovery to a stable functional status with four to six weeks of care followed up with bi-monthly visits.

Critical considerations

A. First notice the bone density factor raises concerns regarding how much force might be applied.

B. Secondly, consider that this patient must be treated as a degenerative disc patient with three levels involved at T12-L1, L4-L5, L5-S1.

C. Finally, in view of the Spondylolytic spondylolisthesis at L4-L5, disc traction or decompression is contraindicated because the disc collapse is quite advanced, and that

would increase the intervertebral space, creating a destabilizing condition that ultimately increases the inflammatory factors, thereby causing the patient so much more pain and discomfort. A P-A thrust inside posture is also ruled out because of that same risk of hyper-mobilizing the L4-5 motor unit.

D. Muscle tone builds insidiously in the flexor system and is diminished to a certain degree in the extensors surrounding the involved spinal segments. There is considerable stress within the anterior pelvic compartment involving the psoas and ilio-psoas groups. These groups of muscles are assessed and slow stretch manual therapy is considered when preparing the patient for CMT procedures.

So, this logic is followed up with a plan to improve the mobility of the spinal joint identified and appropriate techniques and measured delivery is applied accordingly as follows:

With the patient lying in the prone position on a flexion-distraction (FD) drop table, the session begins with cold red light laser application using the impedance indicator mode that will direct me precisely over the inflamed areas of the spine. These devices can increase ATP production immediately surrounding arthritic areas that dramatically improve healing/recovery times. At this time, I begin at T12-L1 contact and apply a gentle Flexion-Distraction motion coupled with lateral wag (side to side) motions until the soft tissue tensions are reduced. This process is continued segmentally down through to the L5-S1 region. While still prone I adjust the pelvis (below the pars defect) according to Thompson protocol and include hip, knee and foot assessments. I use the Pro-Adjuster or the Arthrostim handheld instruments to address the DDD levels noted earlier. When done, the patient is turned over to the supine position and with her knees bent and feet flat on the table I deliver an A-P, S-I (anterior to posterior, interior to superior) thrust aided by the drop table onto the anterior aspect of the spine at L4.

Conclusion

By the 12th visit in a 6-week period, this patient was sufficiently restored to an appreciable health status free from any of the leg pain and only intermittent LBP (rated a 3-4 on a scale of 10) when prolonged standing (more than 2-3 hours) without a brief resting period was encountered.



Figure 1

COMPREHENSIVE

— SPINE & PAIN —

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COMPREHENSIVE SPINE AND PAIN



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Dr. Roy Sweat Was a Giant in Chiropractic

By Valerie L. Smith, CAE

Georgia lost a giant in the world of chiropractic January 2, when Dr. Roy Sweat, the inventor of the Atlas Orthogonal technique, passed away at 94.

Sweat went to Palmer College in Iowa in 1947 and was licensed in Georgia in 1950. He built a practice based on Atlas adjusting using the Grostic technique, developed by Dr. John F. Grostic.

In 1957, Grostic asked Sweat to help teach the technique. While teaching, Sweat noticed some of the students had trouble mastering the technique because they had bad wrists or had issues bending over. In the late 1960s, he worked with engineers at Georgia Tech to design an instrument that could replicate his Atlas hand adjustment, and the Atlas Orthogonal technique was born.

Sweat began teaching his technique in 1970 and trained about 500 doctors of chiropractic across the world, including his son, Dr. Matthew Sweat, who practiced with

him. He also served as an adjunct professor at Life University.

In addition to creating a new technique, Sweat also gave back to the profession as president of the Georgia Chiropractic Association in 1967-1968, and during his tenure, the association first introduced legislation that chiropractic care should be covered by health insurance. He also served as a mentor to many, including GCA President Dr. Noel Steinle and GCA President-Elect Dr. Ben McDowell.

Sweat was preceded in death by his wife, Roylan. He is survived by his children, Dr. Matt Sweat and his wife, Tecla, who both worked at the Sweat Institute for Atlas Orthogonal Chiropractic; Whitney Sweat Colvert and her husband David and Warren Sweat and his wife Carol, plus several grandchildren, great grandchildren and nieces and nephews.

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GCA's course fulfills the education requirements to sit for the Certified Chiropractic Clinical Assistant exam through the Federation of Chiropractic Licensing Boards.

Cost is \$500 for GCA members and \$600 for nonmembers. Discounts available for offices that send more than one C.A. Cost includes nine Saturday classes, 2022 GCA Spring and Fall Conference registrations and graduation. Textbook is extra.

Classes begin March 2022 in person. Zoom option is available for students who are more than 60 miles from the GCA office, but physical exam and modalities classes must be attended in person.

CLASSES BEGIN MARCH 2022

Visit gachiro.org or call 770-723-1100 to register.

New Officers, Award Winners Unveiled During Fall Conference

By Valerie L. Smith, CAE



The Georgia Chiropractic Association moved past the pandemonium of 2020 and back to focusing on its purpose during its 109th Annual Fall Conference and Trade Show October 8-10, 2021 at the Hotel at Avalon in Alpharetta.

“Our Conference Committee, which was co-chaired by Dr. Leana Kart and Dr. Noel Steinle, did a wonderful job ensuring our attendees had a great time at the conference,” said GCA Past President Dr. Vince Erario.

Erario presided over GCA’s Annual Meeting October 8, where the following new officers were sworn in:

- President Dr. Noel Steinle
- President-Elect Dr. Ben McDowell
- Past-President Dr. Vince Erario
- Secretary Dr. Johnny Garcia
- Treasurer Dr. Leana Kart
- Director Dr. Philip Day
- Director Dr. Anissa Jones
- Director Dr. Deborah Little
- Director Dr. Lesli Walker

The new officers will join returning board members Dr. Karen Mathiak and Dr. Nailah Smith. Dr. Anissa Jones will serve the remainder of Dr. Ben McDowell’s term as director.

The association’s 2022-23 strategic plan objectives were also unveiled during the meeting. Please visit gachiro.org/gca-s-strategic-plan to see the objectives.

Attendees enjoyed a vendor reception Friday evening that included team trivia and the popular whiskey pull, sponsored by Advanced Imaging Center, which raised money for the GCA-PAC.

“We raised nearly \$10,000 for the PAC between recruiting new PAC members, the whiskey pull and a raffle for gift baskets during the conference,” PAC Chair Dr. Leana Kart revealed.

“While we raised a great deal of money at the conference, we still need everyone to join our PAC,” Kart explained.

GCA hosted an awards luncheon during the

conference to highlight those who went above and beyond for the association.

As outgoing president, Erario presented several members with president’s awards, including:

- Dr. Jack Brink for leading GCA’s Advanced CA Class for over 20 years and his role in making staffs more professional
- Dr. Philip Day for his role in recruiting new members
- Dr. Leana Kart for her tireless efforts as chair of the Membership, PAC and Conference committees, as GCA Treasurer and for her support during his presidency
- Dr. Randy Mayfield for his tireless efforts at the Capitol to pass the bill that allows M.D.s and D.C.s to more easily form a corporation together

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

- Lifetime membership to Dr. John Dull for his dedicated service to GCA as a district leader, a long-time member of the peer review committee and the Georgia delegate to the American Chiropractic Association.
- The Dr. Hazel Cotney Volunteer of the Year award to Dr. Johnny Garcia for serving as the chairman of the Advanced C.A. Class Committee and guiding the class through a transition to a hybrid of Zoom and in-person classes.
- The Deane Mink Membership Award to Dr. Deborah Little, for recruiting the highest number of new members in 2021.
- The William H. Vaughn Humanitarian Award to Dr. Philip Day for his work serving youths through the Naismith International Basketball Foundation.



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- The Chiropractor of the Year award to Dr. Randy Mayfield for spearheading GCA's legislative efforts for the past two years and successfully passing the fair copay bill in 2020 and a bill that significantly cuts the paperwork to start a multidisciplinary practice in 2021.
- The William M. Harris Lifetime Achievement Award to Dr. Mary Watkins for her significant contributions to GCA as a former member of the Board of Directors and Membership Committee Chair, current Awards Committee Chair and past president and current member of the Georgia Board of Chiropractic Examiners.

A Ladies' Tea honoring the treasurer of the William M. Harris Family Foundation, Jane Goodwin, was held Saturday afternoon.

"As always, we'd like to thank our partners and vendors," said conference co-chair Dr. Noel Steinle. "Their support allows us to provide meaningful events to help our attendees connect!"

Mark your calendars now for 2022 – Spring Conference will be June 10-12 at The Desoto in Savannah, and Fall Conference will be October 14-16 at the Hotel at Avalon in Alpharetta.





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3RD ANNUAL TEACHER OF THE MONTH



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Email address _____

Website _____

College _____

Year of Graduation _____ Years in Practice _____

Techniques used in practice _____

I hereby apply for membership in The Georgia Chiropractic Association, Inc. I understand that my application is subject to membership committee approval and election by the Board of Directors, and that I will be notified of its action. I do hereby agree to abide by and uphold Bylaws and Code of Ethics of the Association. I also understand that failure to remit dues will result in loss of membership and all rights and privileges thereof. Membership includes all rights and privileges as provided in the Bylaws.

Signature _____

Date _____ Referred By _____
(Not required)

Amount of charge _____

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CA Name

Email

PAY-IN-FULL	Dues
<input type="checkbox"/> Regular	\$575
<input type="checkbox"/> Spouse	\$287.50
<input type="checkbox"/> First-year licensed	\$100
<input type="checkbox"/> Second-year licensed	\$175
<input type="checkbox"/> Third-year licensed	\$360
<input type="checkbox"/> Associate	\$100
<input type="checkbox"/> Chiropractic Assistant	\$60
<input type="checkbox"/> Student	\$25
<input type="checkbox"/> Over 65, Practicing	\$287.50
<input type="checkbox"/> Over 65, Retired	\$143.50

Pay In full:

Member Type Dues

GCA-PAC Dues \$250

Total:

PAY MONTHLY	Dues
<input type="checkbox"/> Full Active	\$55
<input type="checkbox"/> Second Year	\$16.67
<input type="checkbox"/> Third Year	\$33.33
<input type="checkbox"/> Spouse/Over 65 and Practicing	\$27.50
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GCA-PAC Dues \$21

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Harvey Lillard: A More Complete Story

By Tiffany Ringfield, D.C., CME

Who was the first chiropractic patient? For all chiropractors and most chiropractic students this is a question they have had on various exams, no less than half a dozen times. For most of us, the answer is simple, his name was Harvey Lillard. But did you know that his complete name was William Harvey Lillard? He simply went by his middle name Harvey.

Two possible dates were found for Lillard's birthday. The first was September of 1857 in Missouri as reported by the US Census of 1900 and September 6, 1856 as reported by a relative. Lillard was an African-American, and even though he was born before the Civil War, there was no indication in my research that he was born into slavery. Although, his first marriage was in Lewis county in Missouri that bordered the Mississippi River and reported a 10-20 percent population of slaves in 1860. Also, Lillard's family roots can be traced back to a plantation in Virginia. He was an unusual person that had the surname of his grandfather, the owner of the plantation, even though his grandmother was a slave. In a state like Missouri, his freedom status is a coin toss. No other records can be found at this time to confirm or deny that status. Just as his life made a remarkable footnote in chiropractic history, his eternal resting place is interesting as well. He is buried in Lake View Cemetery in Seattle, Washington, where Bruce Lee, the martial arts movie superstar, is buried. Lillard died September 7th, 1925 in Seattle.

Among other things he was a father and husband who was married twice, first to Martha Bradshaw then to Phoebe Lillard. He and Phoebe had two daughters, Valdeenia and Eulalia and three granddaughters. One of the most fascinating things about Lillard was that he was an entrepreneur; a man after every chiropractor's heart, who runs their own office or aspires to. He procured a contract for janitorial services for the Ryan Building in Davenport, Iowa and employed several other men to assist with servicing that building. This ownership would

set the stage for him to meet D.D. Palmer, the founder of contemporary chiropractic. As the story goes, Lillard had sustained partial deafness in one ear after an injury to his back in younger years. This hearing deficit persisted for 17 years. Lillard allowed traditional doctors to give him all types of medicinal pills, drops and advice to no avail. He listened to D. D. Palmer's theory on the malposition of bones in the back and the connection between his injury sustained years earlier. Afterwards, he would lie down, and as D.D. Palmer would state in *The Chiropractor's Adjuster*, "I racked it into position by using the spinous process as a lever and soon the man could hear as before."

We are near the end of a time when the doctor needs to look like the patient ethnically. We still have a few strides to go. In the spirit of Black History Month, we recognize the American Black Chiropractic Association for keeping Harvey Lillard's memory alive by awarding scholarships to worthy chiropractic students to pursue one of the greatest professions on earth. If you would like to make a tax-deductible donation to the Harvey Lillard endowment, please send your contributions to **endowment.abcachiro.com/**. Contributions ensure that the ABCA continues its noteworthy efforts to cover every corner of the world in chiropractic.

Special Thanks to:

- Dr. Deborah Little colleague and GCA board member.
- The staff of Librarians at Life University
- Roger Hynes, D.C., Association for the History of Chiropractic
- Katrina James

References:

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health

One outcome of the COVID-19 pandemic has been a dramatic increase in the public's awareness of the role the public health system plays in our lives.



Taking Our Rightful Place as Guardians of the Public's Health

Paul A. Goldberg, M.PH, D.C., D.A.C.B.N., D.C.B.C.N.

One outcome of the COVID-19 pandemic has been a dramatic increase in the public's awareness of the role the public health system plays in our lives.

Most individuals, however, have scant knowledge of what public health is or should be. An opportunity is now present, as never before in recent history, for the chiropractic profession to take an increasingly prominent role in the public health network.

Public health is an expansive field encompassing geriatrics, infectious and chronic disease control, public health law, toxicology, water, food, soil and air safety, environmental health and other areas, using epidemiology as a basic tool. To this, doctors of chiropractic can add a natural, hygienic, perspective harkening back to Hippocrates, the Father of Hygiene, to benefit the public, as guardians of the public's health.

D.C.s understand that micro-organisms play a role in health and disease balanced by the body's internal environment and defensive forces. We understand the importance of educating patients on how to maintain their resistance to disease. We can enhance public recognition by applying our expertise of the neuromusculoskeletal system and demonstrating to the public a sound

knowledge of public health in areas that impact communities and the lives of its members. This will in turn better serve the public and enhance their confidence in us.

Public health is defined as "the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society" (Acheson, 1988; WHO). These concepts of disease prevention and health promotion are also integral to the chiropractic profession.

The COVID-19 pandemic is a public health issue that has morphed into a medical issue as has happened to other areas of public health. Life and the laws that govern life, however, are not simply "medical issues." Medicine and public health have become so joined at the hip that public health issues are viewed as medical issues to be addressed by medical treatments.

The allopathic profession has endeavored to take ownership over public health and has succeeded. The origins of public health, however, are largely distinct from that of allopathy, yet the media and public perceive that public health matters are medical matters. Allopathy has a place in the public health system, but not sole ownership.

Major advancements in public health came through

organized public health activities mostly involving sanitation, not medicine. Nonetheless, the close association drawn between the medical establishment and public health promotes a highly positive public image of them. In the COVID-19 pandemic, authority was given to a medical physician, Dr. Anthony Fauci. The public was instructed to seek guidance from their medical physician and follow the “science” i.e., the medical science. The etiological factors in this pandemic, however, though controversial, are not from a lack of medical care. The primary contributor to deaths from COVID involves public health-related issues e.g., obesity and other chronic co-morbidities.

Public health arose from the endeavors of the Hebrews, Greeks and Romans who developed concepts of personal and community hygiene, sanitation, contagion control, occupational health and the beginnings of epidemiology. Public health did not have its genesis with allopathic medicine, which focuses on treatment of disease symptoms.

The Hippocratic School, predating that of allopathy, was based on hygienic principles, identifying causal factors and applying that knowledge to individuals and communities, a very different approach from the School of Asclepius from which allopathy had its roots in applying treatments to counteract symptoms.

Today medicine has assumed the mantle of public health authority by placing medical physicians in positions of power e.g. the Centers for Disease Control and the National Institutes of Health. In regards to COVID, the emphasis has been on vaccinations and isolation which, while not arguing their merits, is an incomplete picture.

D.C.s have been trained to focus attention on preventive/protective measures that enhance the individual’s ability to better meet the challenges today’s world presents. To apply our knowledge base to improve immunity and neurological status and educate our patients on hygienic steps they can take, like obtaining sunlight, adequate sleep, appropriate diet, reduction of stressful and toxic influences, etc., to better prepare for whatever threats they face...viral, bacterial, environmental or societal. These kinds of actions empower the individual as opposed to placing governmental mandates that reduce the individual’s awareness of employing self-care measures. Hygienic

measures and appropriate chiropractic care can make the difference between a person who acquires an infection and perishes or one who gets mild symptoms, recovers and moves forward with life.

Our challenge, as a profession, is that we have not taken adequate steps to present ourselves as authorities on public health matters at least on par with medical practitioners. The public perceives the D.C. lacking sufficient expertise in public health matters they are concerned with, resulting in less credibility for the D.C. in their eyes. We can take steps to change that.

The Doctor of Chiropractic is a first line provider of health services and in a position to impact the health of individuals and the community to an extent not fully realized. Enhancing the public health background of our membership and making that competence known to the public, (who often view us as narrowly trained “back doctors”), will improve our public standing and the utilization of our services, while allowing us the opportunity to better serve our patients and communities.

The GCA Board of Directors is setting forth to help us do just that: to enhance our public health knowledge base. This will not be an overnight task. A long-term goal, however, is to improve our knowledge base in public health to benefit both the public and the profession. Part of the process will be to better familiarize ourselves with public health issues to better communicate with patients regarding public health-related questions and concerns.

The major advancements in public health in the U.S. have occurred by eliminating cholera, typhoid and other water and air borne diseases which previously took a heavy toll. This was achieved through recognizing that poor sanitation caused widespread disease and that the provision of efficient sanitation, through public health measures, was the solution.

Organized public health efforts have been a saving grace to improved health and longevity. Today, chiropractic’s perspectives on disease prevention, hygiene and spinal and neurological well-being are more important than ever. It is time we rose to the occasion and took our rightful place as one of the guardians of public health.



Start Treating Workers Compensation Patients

By Valerie L. Smith, CAE

Georgia's Workers Compensation Act was enacted in 1920, and employers with three or more employees are required to have workers compensation insurance.

"The act is often called the 'grand bargain' between businesses and labor," explained State Board of Workers Compensation Judge Frank McKay. "It's a way for employers to provide medical treatment and indemnity benefits to employees who get hurt. It's designed to be a quick and easy way for employees to get compensation, and the employer gets tort protection."

The act was designed to be self-executing.

Ralph Perales, president of the Georgia Injured Workers Advocates explained, "In theory, there shouldn't be a need for lawyers. But insurance companies want to impose their own rules and protocols when Georgia's system may not allow or require it, which can cause problems."

Only about 10-12 percent of workers compensation cases are disputed. If a problem exists, it goes to an administrative law judge, not a jury.

"Generally, the only time a case goes before a judge is when one side or the other is not doing what they are required to do by statute. For example, if the worker experiences an unreasonable delay in receiving medical treatment or having disability benefits commenced, or if the employee is unreasonable about returning to work if he or she has been offered light duty or an accommodated job, then the parties may need to go to court or file a motion with one of our judges," McKay said.

Per the statute, employers must select a panel of doctors who may be seen if an employee is injured at work.

"There are two types of panels. A traditional panel has to have at least six doctors, including an orthopedic surgeon, no more than two industrial clinics and one minority physician. The other type of panel is a Managed Care Organization panel, which must include a chiropractor," McKay said. "Traditional panels do not have to include a chiropractor."

Currently, most panels in Georgia are traditional panels.

As many panels do not include doctors of chiropractic, seeing workers compensation patients requires some effort, but there are several options, according to Perales.

1. Most panels are chosen by workers compensation insurance companies and sent to employers, but employers in smaller communities and large companies have more say in who serves on the panel.
2. The authorized treating physicians (ATP) may refer to any healthcare providers they determine are needed, even if they're not on the panel, without approval from the insurer.

Perales recommends doctors of chiropractic build relationships with paneled physicians and companies to increase access to chiropractic care for injured workers.

McKay agreed, saying, “Chiropractic treatment is conservative and helps provide relief and recovery from many types of injuries. There’s a huge emphasis on getting away from opioids for pain treatment. Chiropractors don’t prescribe drugs for injuries, so that fits with the goals of helping employees have a successful recovery and return to work.”

GCA General Counsel Aubrey Villines said a third way of seeing workers compensation is available as well.

“Once the injury has been accepted by the employer, the employee may seek an exam by a non-panel provider by notifying the employer and insurer prior to the exam. However, to continue seeing a non-panel provider requires a request for a change of physician or treatment, per O.C.G.A. 34-9-200,” he explained.

“After the request is made, any interested parties, such as the employer, insurer and State Board of Workers Compensation have 15 days to object in writing. If the objection is not made or approved by the Board, the employee may see the non-panel physician,” Villines explained.

Perales also pointed out employees may be able to choose their own physician if a panel isn’t posted by the employer.

Adding access to chiropractic care to the workers compensation system would help decrease opioid use and abuse, plus providers in the system are paid fairly.

“The Workers Compensation fee schedule pays well, probably higher than group health reimbursement rates, because the doctor needs to be compensated for the additional paperwork that has to be completed,” Perales explained. “After every visit, the doctor has to express an opinion on whether the employee can return to work or return to work with restrictions.”

Doctors who wish to educate M.D.s and companies about the benefits of chiropractic care within the workers compensation may find GCA members-only materials such as flyers, prescription pads and more at gachiro.org/opioid.





How to Prepare for and Manage Payer Audits

By Ray Foxworth, D.C.

There isn't a chiropractor alive who doesn't shudder at the thought of being audited. The feeling that every payment request is being scrutinized for the slightest error is a huge pressure, but it can be lessened by proactively prepping and managing the process yourself.

The more thorough you are about in-house documentation, the less chance that auditors will call you out for a refund. Put these best practices in place as part of your everyday operations, and you'll feel much less apprehensive about justifying expenses.

Set a Baseline

Starting from the bottom up helps you discover if your practice is getting the basics right. Exposed weaknesses will help you create a road map on how to be better prepped for audits. Begin with coding: products, supplies and services all require the proper HCPCS codes. These are updated annually so it's vital your team stays up to date. Don't forget that there were other big changes in coding that came into play this year.

After accuracy comes clarity. Does everyone in your practice have neat handwriting? Scrawled dates, codes and signatures are very hard for auditors to read which can lead to them to question your records. Make everything you write legible beyond doubt. Better yet, record everything digitally on chiropractic software and electronic health records. Your data will be crystal clear, and it can be backed up in the cloud or on removable devices to prevent loss.

Next, make sure every service you provide to patients is necessary as per the payer's guidelines. These guidelines may vary from payer to payer based on their individual medical policies. Diagnoses must match procedures in every instance, and treatment must only last as long as it is considered medically necessary, again, often according to the payers' guidelines. Every patient should have a care

plan drawn up after your consult and examination that outlines your plan of, along with timelines. Progress will be organic, of course, but if a payer audit is triggered, you'll be able to prove that you had purpose, direction and an end goal and weren't just aimlessly prolonging treatment.

Manage Audits Through Confident Challenge

An eye-opening article by *The Strategic Chiropractor* reveals some very lax practices on the part of auditors. From note requests and vague descriptions to bundling, extrapolated refunds and shaky credentials, there's a lot for practices to challenge when an audit letter arrives.

Managing an audit can involve contesting it in court; an unpleasant and expensive scenario that may sway some chiropractors into accepting they're "wrong" to avoid further hassle. However, if you've implemented a compliance plan that self-monitors practice procedures, clearly defines policy and performance expectations and takes action against internal violations, then you're in a stronger position to challenge payer audits. The good news is, when you have your records in order, you have a great chance of winning.

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 to discover how ChiroHealthUSA can help D.C.s with audits and how to remain compliant with insurers.

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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.



Non-Ossifying Fibroma

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.

Non-Ossifying Fibroma (NOF), which is also referred to as Fibrous Xanthoma, is an elongated version of a Fibrous Cortical Defect. The term NOF is used when the lesion is greater than 2 cm in length. Most NOFs are identified incidentally in patients 8-20 years of age. NOFs are almost always asymptomatic but very large lesions (greater than 8 cm in length) may become symptomatic. In addition, the larger an NOF is, the greater the chance of pathologic fracture. Interestingly, NOFs often self-resolve and fill back in with normal bone without any form of care.

Plain film radiographs are typically diagnostic. Most NOFs are found in the lower extremity, especially the distal tibia and distal femur. The lesion is eccentrically located in a diaphymetaphyseal location. The long axis of the lesion will be 2 cm or more in length. The endosteal border will be well defined with a sclerotic and scalloped border. Internally the lesion will demonstrate a spiculated or bubbly appearance with a hazy ground glass appearance reflective of the fibrous matrix. The lesion may thin the cortex but there will be no cortical break through and no periosteal reaction. Occasionally the lesion will be minimally expansile.



(Figure 1). Note the well defined eccentrically located lesion in the anterolateral portion on the distal tibia.

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MEMBER SPOTLIGHT

By Valerie L. Smith, CAE

Former Bodybuilder Helps Athletes Gain Peak Performance

By Valerie L. Smith, CAE

Dr. Teresa Jackson started seeing a chiropractor when she was 10 after a screening at school showed some scoliosis.

“I always had a little discomfort in my lower back, and my lumbar spinous processes aren’t fused,” she said. “It got worse when I ran track, but I had a great experience with my chiropractor.”

After graduating from Palmer Florida in 2007, she worked for several other chiropractors before launching her own clinic, Total Health and Injury Specialist, in Decatur. She focuses on personal injury and also treating bodybuilders.

Jackson is an award-winning bodybuilder herself. “I’ve competed in the bikini class at Supernatural Bodybuilding & Fitness events for five years. I completely understand the sport and what the athletes need.

“They show me their routine, and I correct any imbalances with an adjustment and use myofascial release and functional movement technique so the athletes’ muscles are better defined for competition,” she explained.

Jackson said competitive weightlifters work out about six days a week and sometimes don’t warm up properly. “I do myofascial release to break up any scar tissue that might form from lifting one-two hours a day without proper stretching,” she said.

She also enjoys helping her personal injury patients.

“We do a lot for patients, we put our hands on them and assist in the healing process. We need to be sure we know and communicate our worth to the attorneys we work with so we are paid fairly,” she said.

Jackson, who is originally from New York, was looking for a community to help build her network in Georgia when she attended a GCA Fall Conference.

“I really enjoyed the vendors and classes and felt at home. Everyone was really friendly, so I joined. GCA has been great ever since,” she said.

Jackson credits persistence with her success.

“My dream was to open my own practice. Don’t get complacent being an associate doctor. It’s more rewarding to serve



your community without any restrictions. When you open your own practice, you can run it however you want,” she advised.

And her hard work has paid off. This year her practice was nominated for Best of Georgia Chiropractic Practices 2021 by *The Georgia Business Journal*.

When she’s not working, Jackson can be found in the gym, running 5 k races, in her garden or just hanging out with her husband, Lancelot Gittens, and two dogs. And she wants to give back.

“If anyone would like to speak to me about opening a practice, I’m happy to help,” she said.



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