

# THE GEORGIA CHIROPRACTOR

A PUBLICATION OF THE GEORGIA CHIROPRACTIC ASSOCIATION

WINTER 2023



GCA Recognizes  
Outstanding Service

Case Study: Post-COVID  
Hypertension Reversed

GCA Gears Up for Tough  
Legislative Session





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# GCA Has Record Growth Year



A LETTER FROM  
THE PRESIDENT

My fellow chiropractors - I've got some great news for you! You are in the right place at the right time! You might scoff at that, but truthfully I want you to think about it. How different would your life be if you had made different choices? Maybe you would not have met your significant other. Maybe you'd be in a different state, different country altogether even! Maybe, you'd be in a totally different profession. At any rate, I digress. Back to the point at hand.

We at the GCA are about the business of advocating for and promoting the best interests of chiropractors in Georgia. We are here to help, and proud to serve. We've done a heck of a lot this year, and grown by 173 new members to our organization. I believe that is a direct reflection of a few things that relate back to our acronym for this year - P.A.I.D. - which stands for PRIDE, ACCOUNTABILITY, INDIVIDUAL IMPROVEMENT and DETAILS.

How have we been embracing getting P.A.I.D. at the Georgia Chiropractic Association this year? That's a great question, I'm glad you asked! We've been intentional about finding room and making space for diverse representation. Diverse practice styles. Diverse parts of the state. Diverse backgrounds (be they religious beliefs, sexual orientation, skin color, country of origin, gender). We mean business when we say we want everyone in chiropractic to know they will be represented - and we're excited to say that although we've come a long way, we still have a long way to go. We have embraced the feeling that there is more that is common between us, and that if we focus on the commonalities rather than the petty differences, that we will go farther together. We've been intentional about providing the most excellent continuing education for all types of chiropractic interests. We've been intentional about providing opportunities for chiropractors to get together and develop bonds not only with one another, but with like-minded professionals from other specialties such as medicine and law.

It has been the biggest year EVER since the Georgia Chiropractic Association inception in 1912. The increased participation from the chiropractor on the ground in practice out there serving SHOWS me that what we're doing is resonating by focusing on serving the chiropractor. What does he or she want, what does he or she need?

We've been doing all that and making it FUN. We've been doing all that and making an **impact** on something that we know is bigger than ourselves and will outlast us long after we've all left this earth. If any of that sounds exciting and you're thinking to yourself, "How do I get a piece of that action?" Well, that's a great question and I'm glad you asked. Give me a call, let's talk about it.

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



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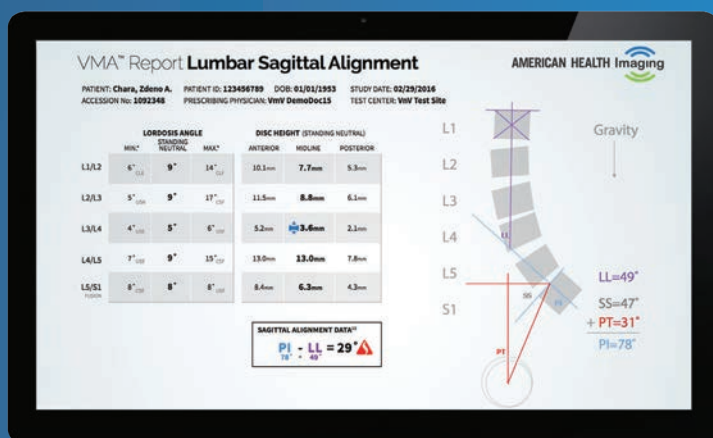
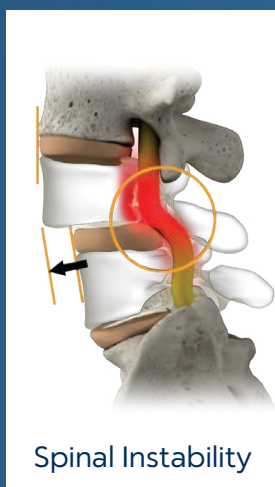
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# Chiropractic Future: A Plan for the Profession



EXECUTIVE INSIGHTS

In November, I attended the Congress of Chiropractic State Associations meeting, where I networked with other executive directors, met volunteer leaders from other states and learned best practices.

I also learned more about Chiropractic Future, the strategic plan for the profession being spearheaded by ChiroCongress. Goals for the plan include:

1. The Chiropractic profession is unified without the need for uniformity.
2. Chiropractic is the first choice for health and wellness.
3. Compensation for chiropractic services is at parity with other medical professions.
4. The Chiropractic profession is validated and enhanced by a coordinated, accessible, evidence-based research environment.

The plan has a number of workgroups who are tasked with meeting the goals, including the ChiroTech Consortium (GCA member Dr. Winston Carhee serves on this workgroup), Government Affairs, Intra-Profession Communications, Research, Fundraising and Public-Facing Communications, on which I serve.

Chiropractic Future is hoping to raise \$12 million by 2025 to support the work, which includes funding a research fellowship scholarship at Dartmouth; creating technology dashboards to support reimbursement efforts, governmental relations, research and legislation; communicating the chiropractic message to patients and the profession; and, developing a super PAC to help elect chiropractic-friendly legislators.

You can learn more about the Chiropractic Future strategic plan by downloading the app (search for Chiropractic Future in your app store), which provides updates, opportunities to get involved and how to donate to the plan.

I urge all of you to learn more, get involved and donate. I believe a comprehensive, national plan will only move the profession, and all of us, forward.



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

## WINTER 2023

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Founded 1912

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### Carhee Takes on **National Role**

GCA member and past president of the American Black Chiropractic Association Dr. Winston Carhee has been named the Congress of Chiropractic State Associations District Three representative to Clinical Compass.

Clinical Compass's mission is to improve patient outcomes by advancing evidence-based care to transform healthcare through knowledge translation. As the District Three representative, Carhee will be a liaison between Clinical Compass and ChiroCongress' District Three, which represents the Southeastern United States, Puerto Rico and the U.S. Virgin Islands.



### Smith Elected **Chair of State Association**

GCA Executive Director Valerie Smith, CAE, has been elected chair of the Board of Directors of the Georgia Society of Association Executives. GSAE advances the profession of association management and enhances the professionalism of association executives.

"I'm excited to serve GSAE as chair this year," Smith said. "I've learned so much from the association over the years that has helped me be a better executive director for GCA, so I'm happy to be able to give back."

#### SAVE THE DATE!

**February 16, 8 AM**  
**Chiropractic Day**  
**at the Capitol**  
Georgia State Capitol

**March 16, 7-9 PM**  
**GCA After 5 –**  
**St. Patrick's Day**  
Location to be determined

**March 30, 7-9 PM**  
**Under 40**  
Location to be determined





## GCA Supports Black Alumni, Hispanic Club

As part of GCA's Diversity Task Force, a group of GCA members attended Life University's Fourth Annual Black Alumni Dinner October 1 as well as the Hispanic Club Gala October 22.

GCA was also a sponsor for the Life University Alumni Dinner.

"GCA's mission statement says we represent ALL chiropractors, so it's very important we demonstrate our involvement by participating in events that support our ever-growing diversified population who are representing our chiropractic industry and providing support to our communities," explained Diversity Task Force Chair and President-Elect Dr. Deborah Little.



*Hispanic Club Gala Photos by Dr. Juan Rodriguez*

# Post COVID Hypertension Reversed with Spinal Adjustments and Nutrition

## CASE STUDY

By Kerith Powell, D.C., B.S. and LaRonda Ward, D.C., N.D.



### Background

The patient is a 64-year-old female nurse diagnosed with hypertension and plantar fasciitis. The onset of the plantar fasciitis was in June of 2021 and the onset of hypertension was in November of 2021. She self-treated plantar fasciitis with elevation and icing, which she did at home. She sought the consultation of medical doctors for hypertension, since she had recently recovered from a COVID infection. The recommendation was to put her on Lisinopril 10 milligrams. She was compliant with this course of treatment. She raised the concern that her sudden onset of hypertension was COVID-related, but none of the medical doctors agreed with her. She then sought the services of a naturopath. The patient's previous history did not include any hypertensive symptoms or findings, and she and her husband both contracted COVID at the same time. She was convinced that this was the cause.

### Clinical Evaluation

Upon evaluation, she was found to have subluxations at C0, C1, C7, T3, T6, T10, L1, L5 and the sacrum. Her naturopath determined her to have nitric oxide depletion, zinc deficiency, dehydration and weak transverse and descending large intestine activity. The patient had a loss of smell that remained through December 2021 when she entered the office. Other symptoms included constant pain while walking or standing.

### Intervention

The patient was instructed to produce a food log and a blood pressure log on the next visit. The following labs were ordered: TSH, T3, T4, CMP, A1C, CRP Sed Rate. Chiropractic adjustments were recommended for her spine and cold laser, electric stimulation, ultrasound and neuromuscular reeducation were also employed as treatment for her plantar fasciitis. Some of the supplements that were recommended to her included Cardio Essence (Hawthorn berry and hibiscus), vitamin D3, IBP (Grape Seed extract and Taurine), B6 niacinamide, adrenal RX and nitric balance. She was also instructed to use rosemary essential oil on the lining of her nasal passage.

### Results

Cholesterol values decreased by 10 percent. LDL values decreased by 10 percent. Patient's systolic pressure decreased by 23 percent. The patient's diastolic pressure decreased by 26 percent. As a nurse, the patient decided to stop taking Lisinopril once her blood pressure decreased, which she then confirmed with her medical doctor. Her plantar fasciitis pain was reduced to some discomfort after standing for three to four hours and walking for greater than one hour continuously. The discomfort is not sufficient for her to treat at home any longer, as it goes away quickly by sitting down. Her smell began to return after a few days of using the rosemary essential oil.

### Discussion

The effects of the post-COVID population differ among each person, and the spike proteins present in the system post-infection can cause a variety of health concerns. Some people experience hypertension, while others may have vastly increased blood pressure numbers due to the continued insult to the body. While taking Lisinopril to address her hypertension, this nurse experienced positive effects. However, she is aware that taking Lisinopril for a long time can sometimes cause the kidneys to stop working as well as they should. That's why the doctor will check kidney function with regular blood tests.

Addressing the spike in protein directly with products like Boluke helps people get back on track and get off their medications like in this case. Of course, chiropractic played a major role in freeing up her nerve system so that her body could absorb the nutrients and use them properly. The patient has tenderness on the lateral aspect of the calcaneus with excessive activity, but is able to walk without issue.

Chiropractors trained in the nutritional aspects of health can make a difference in the health of our community. The subluxation has three causes: trauma, toxins and auto-suggestion. We have proven that we are uniquely versed in dealing with physical traumas, and this nurse found out how versed we can be at addressing the toxic factors like post-viral complications.



# MEMBERSHIP APPLICATION



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Member Type Dues

GCA-PAC Dues

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Total:

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<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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Dr. David Webb completed his undergraduate training at the prestigious Xavier University of Louisiana in New Orleans, Louisiana. He then completed medical school and a post-graduate residency in Anesthesiology, at the Medical College of Georgia in Augusta, Georgia.

Dr. Webb further specialized his medical training, completing a fellowship in Regional Anesthesia and Acute Pain Medicine at the University of Pittsburgh Medical Center and an Interventional Pain Medicine Fellowship at the University of Iowa.

During his medical training, he served as chair of the Resident Section of the American Society of Regional Anesthesia and Pain Medicine. He has published numerous peer-reviewed articles relating to all aspects of interventional pain medicine and has been involved in investigative clinical research which has opened new doors in the treatment of chronic pain.

Dr. Webb brings to Georgia Pain and Spine Institute a wealth of knowledge acquired through the years of training and in practice. He is double board certified in Anesthesiology and Pain Medicine and is one of a limited number of physicians in the country who is dual fellowship trained in both acute and chronic pain medicine.

Dr. Webb specializes in many interventional and non-interventional techniques.

# GCA Recognizes Outstanding Service to the Association

By SeKoixa Gonzalez



There is a loud hustle and bustle, plates clanking and small laughter where little by little, people begin to take their seats. It was a Saturday afternoon at the 110th Annual GCA Fall Conference and Trade Show at the Hotel at Avalon in Alpharetta. A hush falls across the room as Dr. Noel Steinle stands before a room of tables populated by hungry listeners.

During that afternoon, two members were bestowed lifetime memberships: Dr. Michael Vaughn and Dr. Philip Day. As two friends, chiropractors of Savannah, and past presidents, their hard work has catapulted the association through various challenges. The awards ceremony has begun.

Steinle first presented awards to the doctors who supported her during her presidency: Dr. Kellie Baxter for her work as co-chair of the Conference Committee; Dr. Johnny Garcia for attracting partners and new members; Dr. Vince Erario for his hard work on the GCA bylaws and policies; and, Dr. Lesli Walker for hosting a GCA After 5 event in Douglasville as well as her representation of GCA at many industry events.

The Dr. Deane Mink Award is typically awarded to one who is a strong advocate for GCA and chiropractic. Dr. Deane Mink served as GCA president, president of the Board of Chiropractic Examiners and helped form the GCA-PAC. He was also awarded both Chiropractor of the Year and the William M. Harris Lifetime Achievement Award. Who could fill such large shoes? This award was given to Dr. Philip Day. He recruited 10 new members, volunteers often to assist GCA and serves as co-chair of the membership committee.

The Dr. Hazel Cotney Volunteer of the Year Award was named after Dr. Hazel Cotney, the first executive director of GCA. Cotney was known to welcome new members by asking them immediately after joining which committee they wanted to serve. Typically, this award is bestowed to one who has outstanding service to a committee(s). For her service as co-chair of the membership committee, chair of the diversity task force,

establishing strong relationships with student members of the Student American Black Chiropractic Association, Hispanic Club and Georgia Club at Life University and recruiting eight new members, Dr. Deborah Little was awarded this achievement.

Soon Dr. Michael Vaughn comes forward to introduce the next award winner for the award named after his father, the Dr. William H. Vaughn Humanitarian of Year Award. He said, "This award is named after my father and goes to someone who is devoted to the promotion of human welfare and improvement. Today's recipient fully embodies these qualities." Dr. Anissa Jones was bestowed this award for many of her humanitarian efforts. She is a commissioner on the Macon Water Authority and is the chair of the Macon Water Alliance nonprofit, that solicits donations for STEM education, offers water and sewer assistance to residents and aids with residential water-related plumbing repairs. She also serves as chair of the GCA Bylaws Committee and co-chair of the GCA Conference Committee.

Finally, the Chiropractor of the Year is announced: Dr. Michael Vaughn was rewarded for his efforts for leading GCA through the pandemic as president, regularly attending legislative sessions and building relationships with his state legislators.

During the GCA Annual Meeting October 14, the following new officers were sworn in:

President Dr. Benjamin McDowell  
President-Elect Dr. Deborah Little  
Secretary Dr. Nailah Smith  
Treasurer Dr. Leana Kart  
Director Dr. Karen Mathiak  
Director Dr. Anissa Jones  
Director Dr. Kellie Baxter  
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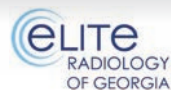
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# CODES

## 2023 E&M Code Updates

By Sam Collins, D.C.

Evaluation and management codes had a major revamp in 2021 and have some added language for 2023 to define providers who may choose new patients or established patients in a multi-provider setting.

E&M codes now range from 99202 through 99205 for new patients and from 99211 through 99215 for established patients.

A new patient is one who has not received any professional services from the physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from a physician or other qualified health care professional or another physician or other qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

Please note that a new injury or complaint of an existing patient (less than three years) does not constitute a new patient for coding of E&M services.

What stands out as the main difference between E&M codes in the 2021 revision is codes now allow a choice based on the time of the exam or medical decision-making. Based on this new description, time may be used as a controlling factor for choosing the proper code.

The prior description indicated providers would spend a typical amount of time face-to-face with the patient, and this has been removed.

This protocol often meant that doctors of chiropractic who might require an hour of history and evaluation for a chronic patient would not qualify for a code higher than 99203 or 99204 as the severity and medical decision-making did not meet the requirements of morbidity or mortality.

Under the new definitions of E&M codes, a provider may still use medical decision-making or severity to be a factor when choosing the code, but may also use time as a deciding factor as well. The time now may be considered a controlling factor for E&M and is not just time face-to-face or time for the evaluation that includes the time before, during and after the face-to-face time that is part of the evaluation.

The protocols for choosing the proper E&M service will maintain medical decision-making as a method to choose the code as often medical decision-making can be high without extended time.

The difference now is doctors of chiropractic will no longer be limited to lower-level E&M codes even when they have to spend considerable time with the patient on evaluation. I will caution that if you spend one hour with every new patient that may be a style issue, and I would caution to use 99204 and 99205 when there is a minor or self-limited problem. Note: for the added time beyond a 99205, you would use the prolonged service code 99417 for each added 15 minutes.

You are welcome to view a short video presentation of these codes here: [www.hjrosscompany.com/2021-evaluation-and-management-coding-update/](http://www.hjrosscompany.com/2021-evaluation-and-management-coding-update/)



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# GCA Gears Up for Tough Legislative Session

By SeKoixa Gonzalez

Despite the hard work of Georgia Chiropractic Association members, the GCA-PAC and GCA lobbyist Aubrey Villines, H.B. 1298, introduced by Rep. Matt Gambill last year, failed to pass out of committee. The bill would have added doctors of chiropractic to Georgia's existing lien statute. GCA plans to ask legislators to reintroduce the bill in January.

Villines stated that while GCA continues to push for the lien bill, it still faces much opposition with attorneys and hospitals.

"You have a piece of pie and there are only so many pieces of the pie and they're all certain sizes. The more people who share in that pie, the smaller the pieces become. For example, if you have someone with a settlement of \$10,000, the attorneys' fees are about \$3,000. Then the hospital bill is \$3,000. You've got over \$6,000 taken off, which means the client is only getting \$4,000 from the settlement," Villines explained.

However, there are two ways that GCA is working toward resolving some of the opposition to the bill. Appealing to the hospitals is one way. Villines said Georgia hospitals would be strongly opposed to the lien bill if chiropractic rights under the law would be equal to theirs.

"If we include language in the bill that makes the hospital lien superior to ours, I believe they won't oppose the bill," he said.

Mitigating opposition from trial attorneys will be much more difficult.

"We're going in front of a committee that is predominantly made up of lawyers. Imagine if attorneys went in front of a committee that was composed of entirely chiropractors and the chiropractors opposed the legislation that the attorneys brought to them. What do you think the outcome would be of that legislation? It would fail," Villines stressed.

GCA members can help support the bill. "Call your legislators, take them out to lunch, invite them to your office, drop by their office, take them a GCA-Political Action Committee (PAC) check. Join the GCA-PAC. Our rights as chiropractors came from hard work and politics, and it can be taken away just as quickly. Participating in grassroots efforts and being a member of the PAC is crucial to protecting your right to practice."

Villines also recommends doctors of chiropractic attend Chiropractic Day at the Capitol February 16 at 8 AM.

"This is the first in-person lobbying event we've been





able to have at the Capitol since 2019, and we need a big crowd there to demonstrate to our legislators we are a large voting bloc,” Villines said.

The event will be on the second floor of the Capitol and all legislators will be invited. Visit [gachiro.org](http://gachiro.org) to register for this FREE event.

“This is a great time to come in and say ‘hi’ to your legislator and get to know them. They know if you take the time to know them, you will take the time to vote, put out their yard signs and get more involved. There is strength and courage in numbers. When you go, you get the chance to see what’s going on and what is pending,” expressed Villines.

In addition to the lien bill, GCA hopes to have legislation dropped in that would require insurers to reveal how much of a provider’s bill they paid. Villines will also be carefully observing legislation the physical therapists are planning to have dropped in.

“The physical therapists plan to drop in legislation to allow them more direct access to patients. GCA does not oppose that; however, we have to be eternally diligent to ensure nothing is added to that bill that would expand their scope or negatively impact ours,” he said.



# The Autoimmune Plague Clinical and Public Health Perspectives Part III

## Autoimmune Disorders and Allergies... Two Sides of The Same Coin

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



In allopathic medicine, there are approximately 10,000 different “diseases” largely based on a patient’s symptoms. In the arena of autoimmune disorders alone, there are 140 different classifications all lacking a stated specific cause.

In assessing the cause(s) of autoimmune disorders, there is an intimate relationship between allergy

and autoimmunity. This important connection is poorly understood and has largely gone unrecognized by the medical community.

Autoimmune disorders, seasonal allergies, asthma and food allergies have dramatically increased in their prevalence and severity. A literature search, however, rarely shows physicians taking note of this association. I located only one study prior to 2018, reported in *Acta Medica Scandinavica* in 1955, that looked at the relationship of pollen allergies and any type of autoimmune disease, in this case ulcerative colitis.<sup>1</sup> Even now there is only scant attention given to this phenomenon. ***If we look at public health biometric studies, the rise in inhalant allergies, food allergies and autoimmune disease have all sharply increased over the past half century simultaneously.***

Recently, as reported in *The European Respiratory Journal*, the long-term risk of autoimmune disorders was found to be significantly higher in patients with allergic diseases. Allergic diseases and autoimmune disorders co-occur and show an age- and sex-related clustering pattern.

*This is an important wrinkle in understanding the causes of autoimmune disorders.* The basis of allergy is the concept of *self vs. non-self* i.e., that an allergy occurs when the body

over-reacts to materials that are foreign to it. The basis of autoimmune disease is when the body over-reacts, for some reason, to its own tissues i.e., to self. In both allergy and autoimmunity there is an over-reaction of the immune system. To see these as separate entities is an error. *Autoimmunity and allergy are simply two sides of the same coin and, in reality, not so very different from each other. It is not therefore difficult to understand why the child with severe allergies is more likely to be the adult with autoimmune disease.*

To add to this allergy/autoimmune relationship, in both instances, histamine, produced by the mast cells, is a key player. *Most people identify allergies with histamine, but histamine is also a major player in autoimmune processes.* Excessive histamine results not only in the typical sneezing and runny nose as found in hay fever and asthma but also can result in inflammatory reactions in the joints, muscles, gastrointestinal tract and other body tissues as seen in inflammatory bowel disease, rheumatoid arthritis, ankylosing spondylitis and other autoimmune disorders. This is likely why patients with these issues often report an exacerbation of their symptoms in the spring and fall when the pollens are highest.

We often hear from patients who have autoimmune disease that they “*used to have allergies but outgrew them.*” We point out that they did not so much “outgrow” their hay fever or asthma as they experienced a change in the way their body expresses itself, i.e., from allergy to autoimmunity.

Osteoarthritis can also represent elevated histamine levels resulting in inflammatory changes and cartilage degeneration over time. Scientists at Stanford University have linked mast cell activity to the development of osteoarthritis.<sup>3</sup> Mast cells produce a degradative protein, tryptase, that can damage collagen and other molecules forming the cartilage in joints. The notion that osteoarthritis is solely a matter of wear and tear should be discarded. Osteoarthritis should also be considered, in part, as an allergic/autoimmune related disorder.



## Of Special Note:

- \* Inflammatory cytokines such as Tumor Necrosis Factor Alpha are involved with autoimmune disorders e.g., R.A., A.S., P.A. and Inflammatory Bowel Disease and are also produced by histamine-producing mast cells.
- \* Elevated levels of IgE associated with allergy are commonly found in autoimmune disorders which tend to worsen as IgE increases.
- \* The rapid rise in autoimmunity in the U.S. population is paralleled by a rise in allergies in both adults and children.

## Summary Points and Review of this Three-Part Series on Autoimmune Disorders:

- 1) Autoimmune disorders are a clinical and public health Issue affecting an increasing percentage of the U.S. population.
- 2) Current medical treatments are non-specific, do not identify causal factors and carry with them significant risks. Genetic factors play a role but are not the primary player.
- 3) Autoimmune and allergic disorders demonstrate epidemiological evidence of being closely related i.e., two sides of the same coin.
- 4) *The Hygiene Hypothesis* of Dr. David Strachan proposed that excessive “cleanliness” and a lack of microbial exposure at a young age contributed to the increase in autoimmune and allergic disorders. The increase in the number of vaccines children are being administered may also be playing a role.
- 5) Our immune systems have become **over-reactive** due in part to an *increasing amount of toxins in our environment affecting people in all walks of our society from air, water, food, home building materials, industrial, pharmaceutical, occupational and related sources*. This has created a bodily burden never before experienced in human history. Some of the more recognized toxins found in human tissues include arsenic, atrazine, dioxins, lead, mercury, Perfluoroalkyl Substances (PFAs), asbestos, BPA, Phthalates, Radon VOCs, noxious gases, particulate matters along with a wide array of plastic related materials.

- 6) GI malfunction/nutritional biochemistry issues resulting from unhealthy diets, poor eating habits e.g., overeating / eating under stress and repeated use of antibiotics and other drugs resulting in disturbances in the microbiome and immune responses.
- 7) Long term emotional stressors and neurological imbalances as commonly seen in the chiropractic office further activate the immune system contributing to autoimmunity and allergic reactions.

All these factors overburden the immune system causing it to become overactive. This can result in “friendly fire” where the immune system is so overwhelmed (and underprepared from youth) that it attacks our own tissues to protect our body from what it sees as negative “non-self” outside forces.

Autoimmune disease is rapidly increasing. It destroys lives both in terms of morbidity and mortality. Doing a detailed evaluation of each patient and developing an individualized program, has enabled us to reverse the autoimmune process in most patients. This is not by treating the condition but by identifying and addressing causal factors contributing to the patient’s impaired health.

Doctors of chiropractic willing to be disease detectives, using their chiropractic skills combined with an awareness of public health-related areas including toxicology, nutritional biochemistry and clinical epidemiology and willing to devote the time needed for these patients are in a favorable position to address these issues. Patients are crying out for real assistance and are recognizing the hazards of immune suppressing “biological” agents, steroids and other toxic pharmaceuticals utilized by the medical profession. Doctors of chiropractic as Guardians of the Public’s Health can play an important role in meeting those needs.

As part of the public health system, doctors of chiropractic can also use our collective influence through organizations such as the Georgia Chiropractic Association to urge local, state and federal public health authorities to address public health/environmental factors that are contributing to the increasing number of our citizens enveloped in the autoimmune plague. We owe it to our patients, our communities and ourselves to do so.

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



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

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The best view to demonstrate a flap fracture is the external rotation view of the shoulder. The

degree of displacement of the fracture fragments is variable. Minimally displaced fractures can often be treated conservatively. Fractures that are displaced more than a centimeter typically require surgical intervention. If there is a clinical question regarding the integrity of surrounding soft tissue, an MRI would be of value. If the soft tissue in question is the glenoid labrum, the MRI should be ordered with contrast.



(Figure 1). Note the minimally displaced comminuted fracture of the greater tuberosity best seen on the external rotation view.



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## MEMBER SPOTLIGHT

By SeKoixa Gonzalez



*Photo by drjcrodriguez@aol.com  
AMQ Chiropractic*

# New Doctor Jumps Into Volunteer Leadership

Starting a chiropractic practice can be a challenge. Dr. Amber Jackson started hers during a pandemic and soon after giving birth to her second child.

“I had a baby about the same time I was taking my national boards. Then we were locked down, and I had to homeschool my older son,” she explained.

Fortunately, she was able to depend on her community within the Georgia Chiropractic Association during that time.

“Months prior to COVID, I learned about GCA while at Chiropractic Day at the Capitol. It was there that I learned that you can’t sit around and complain about stuff and not do something about it. When I found out GCA was fighting for our rights as chiropractors, it made sense to join, as it fit my personal philosophy. If you’re going to talk about it, you’ve got to be about it.”

Jackson interned with GCA President-Elect Dr. Deborah Little while in school at Life University. “The first thing she asked was if I was part of GCA. Next, she walked me through what it meant to be part of this association. She showed me how I could get involved. Now I am in a place of servitude. I think being a servant leader is super important. I want to be that person in the room who is having those difficult conversations. Somebody’s got to do it so, why not me?”

Jackson is proud that Little will become GCA’s first Black president. “I am just so incredibly proud of her. When she won, we won. Under her leadership, I am even more motivated to get more involved. I want to be able to represent her, and I want her to know that she doesn’t have to carry this torch by herself.”

In addition to Little, Jackson has been inspired by current president, Dr. Ben McDowell. “When I first met him, I was like, ‘Wow! This guy has a lot of energy,’ and I just love him, his fire and passion. Watching that gets exciting and inspires me to be a good leader as well.”

Since being part of GCA, Jackson has found her ‘bubble’ where she “can bounce ideas, talk to [doctors] about things and get advice from them.”

Most recently, Dr. Jackson has taken on the challenge of being the chair and executive producer of GCA’s podcast, The Chiropractic Connection. “It has put me inside a place of being super uncomfortable, but I like to be uncomfortable because that is where change happens. Because of GCA, I am constantly pushed to think outside the box, go a little deeper and try a bit harder,” she said.

Dr. Jackson first got involved with the podcast as a guest. The podcast was about the opioid crisis. “It’s a personal platform of mine because of the personal experiences I’ve had in my life with family members,” she stated. Her passion and concern reflected during the interview, where she shined with potential.

Eventually, the podcast’s executive producer and GCA Past President Dr. Noel Steinle asked Jackson to take over as executive producer. Jackson jumped at the new opportunity. She said, “I felt it needed a refresher. I think GCA is growing, and we’re trying to reach a younger demographic of doctors. I think it could become this place where we can get some like-minded doctors together and talk about some really cool stuff.” The new podcast format will debut in January.

Leadership requires expansion of knowledge and an attitude of servitude. Dr. Jackson recommends all doctors never stop learning. She said, “Continue to push, learn a new technique, visit new offices, reach out to different practitioners locally and nationally. Guaranteed, there is something somebody is doing that you had no idea about.”

Overall Dr. Jackson feels it is crucial to remember that every patient requires something different. “There are so many seminars that we can be attending across the world, and I think it can be very easy to get trapped in one lane which in the end, only limits yourself and your ability to help your patients heal. That’s the beautiful part about the chiropractic practice; you don’t have to stay the same way your entire career.”

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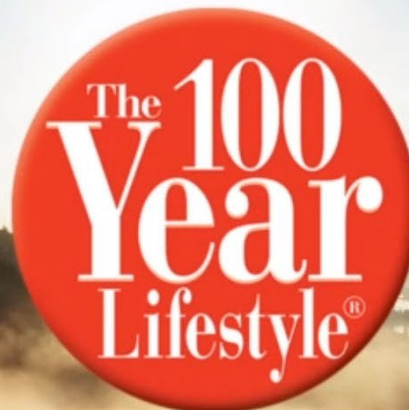
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**THE DIRECTOR OF CLINICS** is responsible for providing leadership and oversight of clinic patient care operations, clinical personnel, and clinic related departments contained within each Life Chiropractic Centers facility. <https://workforcenow.adp.com/mascsr/>

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