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Dear Chiropractic Family,

I trust you are all in the process of getting back to a more regular routine in your offices since the pandemic started. There are a lot of who have suffered physically as well as financially throughout this whole ordeal.

Recently we have also been challenged with equality of gender, race, religion etc. Three years ago I had the opportunity to visit Palmer University in Daytona Beach, FL. Palmer is a beautiful facility of which every chiropractor should be proud. A few months later, I was invited to speak at a student Georgia club event at Life University. I don’t have to go into detail how awesome that facility is, but the two main take aways I got after visiting these two colleges are:
1. The student population is now at 50 percent female.
2. The student population of minorities particularly African-American and Hispanic populations is also greatly increased.

Times have definitely changed from what I experienced 30 years ago at Parker University. Fortunately, GCA has also changed in recent years with more diversity of gender, culture, race, etc. within its leadership. We have tapped a vast talent pool among minorities and women in our association, and now have a broader, more diverse group of volunteers who are passionate about making a difference in chiropractic. We are experiencing growth as a result. No matter who you are or where you came from, GCA is a place for you to receive the benefits of education, new ideas from our vendors and the camaraderie of your fellow Georgia chiropractors.

Special kudos to our GCA staff Valerie Smith, Diane Hamby and Aubrey Villines for keeping us abreast of COVID-19 pandemic developments and resources over the last couple of months. Camden County, GA decided chiropractic was non-essential and GCA was able to step in which allowed those chiropractors the ability to work through the pandemic. If you know any chiropractors in Camden County, feel free to send them a GCA membership application. Dr. Randy Mayfield, our General Counsel Aubrey Villines, Rep. Karen Mathiak, D.C. and Dr. John Webster all get a hat tip for the successful passage of S.B. 28, our copay bill through the General Assembly. Their hard work resulted in our fair copay bill passing!

Our GCA Board are busy bees and innovative! Noel Steinle and Ben McDowell, along with member Larona Gore, have spearheaded the first and only podcast by a chiropractic state association. Lesli Walker has been bringing our metro-Atlanta women chiropractors together with get togethers for camaraderie and just to share with one another. Dr. Randy Mayfield and our General Counsel Aubrey Villines both get a hat tip for their efforts on getting our bills moved through the General Assembly. Their hard work resulted in the fair copay bill passing!

I’m running out of space so I’ll brag about the rest of the board in the next president’s message.

Dr. Michael Vaughn
President

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GCA Embraces the Changing Face of Chiropractic

Visit LIFE.edu/FallCElebration to register.
Lessons from the Pandemic

The COVID-19 pandemic hit us hard, and without a lot of warning. But there’s nothing like an emergency to help us focus on what’s really important.

Chiropractic care is essential.

When Gov. Brian Kemp was making decisions about what businesses were considered essential, GCA Board Member and state Rep. Karen Mathiak, D.C. was there, providing information on how D.C.s could help those with musculoskeletal pain OUT of our emergency rooms.

And when one of our members called to tell us Camden county was shutting down chiropractic offices, we jumped into action and had the governor’s office contact Camden officials to explain why chiropractic is, indeed, essential. The county reversed the decision within 24 hours.

We are better together.

Our message that chiropractic care is essential was heard because of YOU. Your membership, your PAC donations and your voices are heard at the Capitol. We remain the ONLY chiropractic organization in Georgia that has a lobbyist at the Capitol EVERY DAY during the session.

When you’re a member of GCA, your dues support not only your own practice, but the whole profession.

Our mission is as important as ever.

“GCA promotes, represents, educates and protects the entire chiropractic community in Georgia and advocates for unrestricted access to chiropractic care.”

Throughout the pandemic, we’ve brought you the latest information on shelter in place orders and safety precautions, kept you updated on governmental grants and loans to keep your practice going, and even offered you some ways to connect virtually with your peers.

GCA is here for you.

In good times and bad, you know you can trust us to support you, your practice and your profession.

Thank you for being a member of the Georgia Chiropractic Association.
GCA Supports Nurses During Pandemic

Members from across the state volunteered to treat nurses for free during the COVID-19 pandemic. Special thanks to all who volunteered their time to support those on the front lines:

- Rickey L. Allen, D.C.
- Rob Alpert, D.C.
- Christopher Barnes, D.C.
- Jay Brodwyn, D.C.
- Brian Bunge, D.C.
- Dan Erthal, D.C.
- Joe Esposito, D.C.
- Johnny Garcia, D.C.
- Ray Gaskey, D.C.
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- David Johnson, D.C.
- Shawn Jones, D.C.
- Jeffrey Kalins, D.C.
- Leana Kart, D.C.
- Seung Ki Lee, D.C.
- Michael Maiorino, D.C.
- Michelle Mann, D.C.
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- Deb Schreibman, D.C.
- Noel Steinle, D.C.
- Ralph Templeton, D.C.
- Michael Vaughn, D.C.
- Mike Waldrop, D.C.
- Kathy Webb, D.C.
- John Webster, D.C.

Dr. Philip Day Appointed Secretary

GCA President Dr. Michael Vaughn has appointed Dr. Philip Day, of Savannah, to the empty officer position of secretary. The appointment was affirmed by the Board of Directors during its June 6 meeting.

Day is past president and treasurer of GCA, a Chiropractor of the Year recipient and two-time winner of the Dr. Deane Mink award, that is given to the doctor who recruits the highest number of new members.

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Upcoming Events

JULY 17-19
Spring Conference & Trade Show
The DeSoto, Savannah

JULY 23, 1 pm
Free Webinar,
Chiropractic: Solution to the Opioid Epidemic, with Dr. Gerry Clum

JULY 23, 7:30 pm
Free Virtual Sips & Chips with Ryan Maule

JULY 23, 7:30 pm
Free Virtual Sips & Chips with Ryan Maule

OCTOBER 23-25
Fall Conference & Trade Show
The Hotel at Avalon, Alpharetta

Visit gachiro.org to register.

2020 is a License renewal year.

Be sure you have all your CE credits completed prior to the December 31 deadline.

Chance to win $1,000!

Members who recruit a new member in 2020 will be entered for a chance to win $1,000. The more members you recruit, the more chances to win. See Membership Application on page 25.
Abstract: This study attempts to examine the Chiropractor’s role in the assessment of the neuro axis for the cause and effect as well as the symptomatic relief of two potentially severe pain syndromes almost routinely encountered by the profession but not usually simultaneously. In this study there appears to be a complex relationship of cause and effect between these two conditions which exists between and within the separate divisions of the neuro axis systems involving visceral somatic autonomic sympathetic, and, para-sympathetic synaptic transactions. So, in this case I reference reflexogenic visceral pain to somatic pain (stomach to plantar surface of the foot) to sensory deficit of brainstorm affecting vagus, spinal accessory, hypoglossal, (cranial nerve 9-10,11,12) in the ponto-medullary and cerebellar functions.

Patient History Narrative; Male patient 34 years of age presents with a chief complaint of severe plantar fascitis of the left foot requiring crutches for ambulation. He also presented with severe temporal mandibular joint (TMJ) pain dominating on the right but was not seeking care with me for this condition because he was not aware that a doctor of chiropractic may be able to help him with that. He clearly was not eating or sleeping adequately as he appeared fatigued and unkempt. He could only feed through a straw due to the limitation of opening his mouth no more than 1/4 of an inch. His spouse was assisting him with his communication skills, filling out the necessary paperwork to enter our facility, as well as assisting him with his communication skills, filling out the necessary paperwork to enter our facility, as well as ambulation endeavors. He had experienced the plantar pain problems intermittently for the past year and the TMJ problems progressively over the last 30 days. He admits to smoking about 1 pack of cigarettes daily and consumes alcohol socially interpreted to mean 4-6 ounces one evening per week and at least 2-3 weeks/month. He admits to taking OTC meds for acid reflux on a consistent basis over the last couple years. He has suffered through several episodes of low back and neck pain over the past couple years that until this latest episode resolved with rest in a limited amount of time and did not require medical interventions. He desires experiencing any other extremity pain or weaknesses nor any other gastrointestinal problems previously. His occupation is in the construction trades usually as a framing carpenter. He has just recently seen an urgent care physician who gave him a prescription for an anti-inflammatory medications and advised him to seek an orthopedist for follow up care should this episode not resolve, but he visited a podiatrist instead who prescribed more anti-inflammatory medications and an NSAID for pain. He was advised to return after two weeks if problem persisted. It did not help he says and actually had worsened when he was told by a relative he should try a chiropractor.

Examination Summary: Physical examination revealed the following:

1. Blood Pressure 155/90
2. Heart Rate 88
3. SPO2 92
4. Upper right and lower left posterior cervical spine
5. Mid thoracic spine at T4-6 and immediate rib articulations on both the sternal and vertebral junctions
6. The thoraco-lumbar transition and particularly the left L1-2 and the lower right lumbar-sacral interface
7. The plantar surface of both feet were palpated deeply and superficially for reactive pain and fascial swelling
8. There’s a diminishment of muscle tone in the left pterygoid muscle (increased tone in the right) revealed by a wider space palpable between the rami of the jaw and the cervical spine on the hemispheric weakness side which is also the side of the plantar fascitis
9. The right posterior sublingual connective tissues and at the 4th left costal-ternal junction
10. The muscularature at the right anterior superior cervical spine
Cranial Nerve findings:
11. Mild loss of muscle tone noted in left shoulder elevation test when compared to the right.
13. OKN chart test revealed unstable lateral eye movement toward the right hemisphere
14. No other CN abnormalities could be observed.

Working Diagnosis: Thoracic, lumbar, pelvic segmental dysfunction associated to somatic concomitant pain in the foot and jaw complicated by chronic gastro-intestinal disease.

Treatment consisted of slow stretch procedures applied to the plantar surface of the left foot, thoracic and upper cervical spine. It was also applied to the sublingual tissues bilaterally. Visceral manual therapy was administered in the form of a diaphragmatic stretch in an attempt to facilitate greater lung volume. A three degree arch in the form of a diaphragmatic stretch in an attempt to facilitate greater lung volume. A three degree arch support was applied bilaterally to reduce the weight bearing pressure on the foot injury. CMT therapy in the form of High Velocity Quick Stretch procedures was also applied to these same spinal regions plus the posterior rib articulations as well as the lower left ankle joints. Red light therapy was included at the inflamed areas noted. Follow up care was required to sustain healing and stabilization for four more weeks, three visits per week.

Discussion: Within minutes after the treatment was received both the TMJ and the plantar fascitis improved with the subjective pain relief of 50 percent or more and the jaw could open nearly to full range. This patient was a victim of a multiplicitic disease that included chronic fatigue syndrome, structural weaknesses, poor nutritional habits, smoking, as well as sleep deprivation. These things together set off a chain reaction of coping mechanisms that over time up used the nutritional substrates necessary to make congruent functions in the various musculoskeletal regions of his body possible. The smoking as irritant to the stomach as well as an inhibitor to digestion of foods precipitated the chronic reflux disease that produced the nociceptive afferent signals to the left upper mid thoracic (T4-6) spinal cord into the inter-medial lateral cell nuclei (IMLCN) which subsequently hyper-polarizes the anterior motor column (alpha motor neurons) creating a contiguous weakening effect in the entire left hemisphere within the somatic extensor system. Concomitant visceral to somatic nociceptive stimuli also affected the plantar surface by antagonistically increasing the flexor muscle tone. This action-reflex is why we limp when our feet are in so much pain and is sometimes referred to as the Flexor Withdrawal Reflex where by the extensors weaken to facilitate a faster withdrawal while simultaneously increasing flexor motor tone rapidly to initiate the withdrawal of the limb. I have since learned that the Flexor Withdrawal Reflex is a consistent observation in all chronic pain syndromes.

The cellular thresholds of the IMLCN are maintained as a central integrated state modulated by all kinds of afferentation with the exception of olfactory. However, it is the SPO2 concentration that is essential to the motor tone responses and fatigue factors throughout this coping transaction. In this case, the constant nociceptive stimuli from the hantal reflux disease coupled with the lowered SPO2 facilitated fixation of the jaw muscles, foot, thoracic spine and relative costal structures by increasing the hemispheric flexor tones and weakening the extensor tones which included the left lateral pterygoid muscle (LLPM). This particular weakness over time caused the neck to change from the body’s attempt to re-strengthen the weakened spinal extensor system probably via the reticulo-spinal pathways. Because the LLPM was weakened the jaw shifted away from the hemispheric weakness toward the stronger right side increasing the TMJ symptoms.
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Copay Bill Passes; Headed to Governor’s Desk

By Valerie L. Smith, CAE

After four long years of lobbying, emails, phone calls and fundraisers, the copay bill supported by the Georgia Chiropractic Association, the Physical Therapy Association of Georgia and the Georgia Occupational Therapy Association passed through the legislature in 2020.

“Once the COVID-19 crisis hit, we thought the legislature wouldn’t take up any bills that weren’t pandemic or budget related,” explained GCA General Counsel Aubrey Villines. “Thanks to Rep. Karen Mathiak and the support of our grassroots committee, we were able to keep the bill alive in the House.”

Sponsored by Sen. Lester Jackson (D-Savannah), the bill codifies an existing Department of Insurance rule that says copays should be reasonable and serve as an incentive to care, not a deterrent.

“Copays for chiropractic aren’t ‘reasonable’ if the copay the patient pays is higher than what the doctor of chiropractic is reimbursed by the insurer,” said GCA President Michael Vaughn, D.C.

GCA Governmental Relations Chair Randy Mayfield, D.C., agreed. “Now that the bill has passed, the next step is to gather examples of copays being unreasonable and a barrier to care,” Mayfield said. “The GCA office is collecting patient and provider complaints now and will deliver them to the Insurance Commissioner once the law goes into effect.”

Both patient and provider complaints are needed:

• Patient complaints: examples of copays being so high that patients stop being treated or don’t even come at all.

• Provider complaints: examples of the patient’s copay being higher than what the provider is reimbursed by the company.

Links to both the patient and provider complaint forms are on GCAs website at gachiro.org/insurance-complaints. Please be sure to include supporting documentation for the complaints and email them to vsmith@gachiro.org or fax to 770-723-1722.

“There are so many who did so much to get this bill moved along,” Villines said. “Dr. Vaughn and Dr. Philip Day asked Sen. Jackson to carry the bill, Dr. Mayfield worked with senators and the lieutenant governor’s office on language everyone could support, Dr. Mathiak fought for the bill in the House and the grassroots committee emailed and phoned everyone, asking for support every step of the way.”

Dr. Mathiak worked with their legislators asking for support and distributed the survey link to chiropractors in the state. The Georgia Chiropractic Association helped distribute the survey link to chiropractors in the state. Results of the study are expected later this year.

The Center conducts a wide variety of research projects focusing not only on demonstrating how chiropractic helps the patient, but also on enhanced learning methods for students and practical tools for practitioners.

Sullivan is currently working on research to determine how the COVID-19 pandemic has affected chiropractic offices in Georgia. The Georgia Chiropractic Association helped distribute the survey link to chiropractors in the state.

Other projects underway include:

• Developing a “Technique Lab of the Future” that will allow students to correctly identify anatomical locations, feel the difference between fixated and non-fixated regions and reproduce the magnitude and speed of thrusts assigned by their professors with a high-tech adjusting mannequin.

• Conducting research with GCA member Dr. Eric Plasket that delves into how length of time under chiropractic care influences an individual’s overall health and well-being.
This became problematic, so Congress had to place a fix. They did this by extending the forgiveness period to 24 weeks and allowing employers to spend only 60 percent on payroll purposes. This provides 107 days of relief (as opposed to 56 days) and extended the time which employers can be strategic on how they can best utilize the funds properly to maintain staffing levels and remain in business.

Some key highlights of the Paycheck Protection Program Flexibility act include:

1. Extending the maturity to 5 years for all loans made after the bill is enacted.
2. Existing PPP loans may be modified at the agreement of both lender and borrower.
3. Changing the restrictions on Use of Proceeds from 75/25 to 60/40 for payroll and non-payroll expenses. Borrowers must use 60% of PPP loan funds for payroll costs. As of now, Forgiveness is dependent upon at least 60% being used for payroll costs.
4. Extending the 8-week covered period to the earlier of 24 weeks or Dec. 2020. Existing borrowers may not choose any other covered period; they must choose either 8 weeks or 24 weeks as their applicable covered period.
5. Extending the deferral period on principal and interest payments. No payment is due until forgiveness determination is granted by SBA. The Act outlines that the deferral period will end on the date that the lender receives forgiveness payment from SBA.
6. The Act outlines rules for Forgiveness cutbacks. Borrowers are allowed to include in their FTE count employers terminated for cause or for whom an offer to rehire was made but refused. The Act also allows borrowers to avoid forgiveness cutback if they can document an inability to return to previous levels of business activity due to the need to comply with Health and Human Services, Centers for Disease Control or Occupational Safety and Health Administration requirements or guidance.
7. Allowing for payroll tax deferment for PPP recipients

While we have continued clarity on the PPP, we have a few recommendations for businesses to maximize forgiveness:

1. Open a separate bank account for the PPP funds. This way you can ensure you do not comingle funds. Get a check book for this account and use these checks to reimburse your forgivable expenses.
2. Calculate your payroll each pay period using gross amounts. You can also add the employer portion of state and local taxes to this amount. Then, write a check to the total amount to your operating account to reimburse your payroll funds.
4. Pay for all non-payroll related items (rent, mortgage interest, utilities) using the checks from your PPP checking account or, similar to your payroll practice, you can simply reimburse your operating account for these expenditures using your PPP checking account checks. Keep a copy of all canceled checks to match all invoices.
5. About two weeks before your forgiveness period is exhausted, contact your banker or bank to have them review your spend, prior to submitting your application for forgiveness.
6. Once the final PPP Forgiveness Application is issued by the SBA, compile all of the items from 2, 3 and 4 above and submit to your banker for forgiveness.

One final recommendation is to join a PPP Advisory Program with your local CPA or law firm who specializes in small business items. PPP loan recipients need an advocate on their side interpreting the rules and providing guidance on the program. At Sparks Law, we developed a Paycheck Protection Advisory Program, to provide the one thing small businesses needed most - clarity. We saw the need for updates on the program. Most businesses want to focus on running their business, not dealing with confusing laws. As a small business, it’s difficult enough to keep up with the latest changes, we hope to be your constant in these turbulent times so that when change presents itself you will be ready.

By: Jonathan Sparks, Sparks Law Firm
www.sparkslawpractice.com

The Many Iterations of the Paycheck Protection Program

According to the Greek philosopher, Heraclitus, “change is the only constant in life.” Never has this been truer than in these tumultuous times. This new way of life has forced us to change our daily activities. Whether it be working from home, holding meetings in the “cloud” or trying to make sure our clients feel comfortable in our new “sterile” workplaces – this is our new normal. States are beginning to reopen; the kids are out of school and summer is upon us. Employees throughout the nation must now adjust to all of these changes, including the many iterations of the landmark legislation known as the Paycheck Protection Program. This constantly evolving piece of legislation requires extreme attention to detail, accurate accounting and expert guidance. The goal of all of us small businesses is to turn this paycheck protection loan into a completely forgivable paycheck protection grant.

The PPP started out as a $349 billion bailout for small businesses, with the goal of keeping people employed and off of unemployment. The initial round of funding was exhausted in only 13 days, leaving employers and Congress scrambling to find a solution. The road to the solution has been rocky, at best, but the legislation has evolved to become more friendly to employers each day. Additional funding was made available, clarity on the rules around the program has been issued, and the “forgiveness” parameters have been widened.

The speed at which the original legislation was rolled out and the uncertainty surrounding the program created a feeling that small employers were not only handcuffed by not knowing the rules, but also blinded by, as most were given funds and expected to spend them with little to no guidance. The Small Business Administration (SBA) was left having to clarify items as the original “rules” were murky and unclear, leaving employers to their own devices, attempting to spend funds appropriately. With change being constant, the Paycheck Protection Program has gone through a third iteration, what’s known as the Paycheck Protection Program Flexibility Act. This changed the original parameters of this forgiveness loan in a way that was more favorable for small employers, sole proprietors and independent contractors. The way the law was initially written, employers had a staggering eight weeks to use these funds and they had to spend at least 75 percent of these funds on payroll. Industries like restaurants, retail and some professional service firms exhausted these funds quickly without being able to reopen and generate revenue.
A Key Focus for Your Practice: Athletes

Most patients come into our offices with recent injuries, or not so recent, but they have finally become unbearable. Often, we are the last stop before surgery. Truthfully, the patients who need us most are the ones in our communities who are the healthiest. Athletes can rely on chiropractors to reach peak performance levels and minimize the stresses that sports and training can put on their bodies. This is especially important for youth athletes, with seasons lasting longer and training becoming more competitive. It's more common to see adult-type athletic injuries in our young patients such as a torn anterior cruciate ligaments (ACL), tendonitis, torn cartilage and torn rotator cuffs. The injuries these kids are sustaining today have the potential to cause permanent damage that affects future joint stability.

Concern about sports injuries, particularly the possibility of concussions, are causing parents to rethink their child’s participation in sports activities. Athletes have options when it comes to treating sports-related pain. They might choose the pharmaceutical path, but drugs can dull reaction times and can become addictive. They can choose surgery to repair damage, but that might leave them unable to perform for a lengthy time. Or, they can choose chiropractic treatments, which can relieve or prevent pain and keep the body balanced, flexible, and able to perform at its peak.

Chiropractic treatments are proven effective for a number of sports ailments, including:

- Groin pain
- Tennis elbow
- Back and shoulder pain
- Headaches from injuries to the head and neck
- Ankle and knee injuries

The Treatment Used by the Best

To say that chiropractic treatment is proven as effective for the issues listed above is an understatement. A recent study conducted by Palmer College estimated that 90 percent of world-class athletes depend on chiropractic care to reach peak performance and reduce and treat injuries. All NFL teams use chiropractors, as well as the majority of NBA, MLB and NHL teams, and 72 percent of PGA golfers.

Some of the best athletes in history have relied upon chiropractic care to reach new heights. Emmitt Smith, the Cowboys running back who holds the record for most NFL career rushing yards, used chiropractic treatment throughout his career. Jerry Rice, widely acknowledged as the greatest NFL receiver ever, said chiropractic was “key” to helping him stay on the field and have a lengthy career. Former heavyweight boxing champion Evander Holyfield routinely got three chiropractic adjustments a week and got adjusted before every fight.

The Picture of Health?

Chiropractic can help athletes who aren’t as healthy as they might appear. One fascinating paper that appeared in the journal Sports Medicine argued that athletes, while seeming to be the fittest and healthiest among us, actually are not. Philip B. Maifotone and Paul B. Laursen argued that “coupled with our modern-day, highly processed, high glycemic diets, over-exercise can create or exacerbate chronic inflammation, oxidative stress and compromised immunity. Ultimately, these symptoms reveal an unhealthy athlete.”

Chiropractors, they argued, can bring a new level of health and performance to athletes by removing imbalances thus relieving stressors on the nervous system. Good posture, muscle strength, and spinal health are all connected, so a spine out of alignment can and will affect physical performance.

In a day and age where many youth athletes train like professionals, it has never been more important as a profession to begin educating parents, coaches and youth athletes on the importance of recovering like a pro. Chiropractic care’s ability to bring the body back to its ideal state will prevent injuries, promote healing and repair and allow athletes to maintain peak performance as they age. If made a regular part of a training regimen, it can help athletes reach new heights in the competitive world of sports, giving them a crucial edge that can be a key to victory at any age.
Mayfield Chiropractic with Gentle Beginnings: A Family Practice

Dr. Randy Mayfield was inspired to become a chiropractor by former GCA President Dr. Eugene Sparlin, of Sparlin Health Care. “He was my father’s chiropractor. I’d watch my dad go in bent over double and come out straight,” Mayfield explained. “He also treated me for a basketball injury. He was my mentor.”

And Mayfield in turn inspired Dr. Cheney Daniel, his daughter, to become a chiropractor. “I was in school at Georgia State to become a speech pathologist. After I graduated, there was a period of time before I could apply for grad school, so I worked at Dad’s office,” Daniel said. “I saw the patient transitions, and I wanted to change people’s lives the way he did, so I started at Palmer Florida in 2013.”

Mayfield said, “I have four kids, and I encouraged all of them to be DCs. She was the only one that chose this path. It was a surprise to us when she told us she was interested.”

Mayfield explained that path. It was a surprise to us when she told us she was interested. “I was in school at Georgia State to become a speech pathologist. After I graduated, there was a period of time before I could apply for grad school, so I worked at Dad’s office,” Daniel said. “I saw the patient transitions, and I wanted to change people’s lives the way he did, so I started at Palmer Florida in 2013.”

Mayfield said, “I have four kids, and I encouraged all of them to be DCs. She was the only one that chose this path. It was a surprise to us when she told us she was interested.”

Mayfield and Daniel have been practicing together in Norcross since 2016, when she graduated. “It took me six months to keep from making her cry, which got me in trouble with her mother every time,” Mayfield joked.

“We can butt heads as father and daughter, but we can also talk honestly to each other,” Daniel said. Before Daniel joined the family business, Mayfield focused on personal injury and general practice cases, as well as cervical and lumbar disc problems, but she has brought a new group of patients to the office. “Cheney specialized in pediatrics, and she’s a doulas, as well. She treats a lot more infants and pregnant women than I ever did,” Mayfield said.

While the patient populations differ between father and daughter, Daniel gives a lot of credit to her father for teaching her the ropes.

“While the patient populations differ between father and daughter, Daniel gives a lot of credit to her father for teaching her the ropes.”

“How I see and treat patients comes from the way he does. I learned so much from him. We practice very similarly. Some patients say I’m more gently, but that’s probably because my hands are smaller!” she said.

Their similar adjusting styles work well for patients. “I can take more vacations and time off knowing my patients are well taken care of,” Mayfield said. “There’s nothing like having a family member run your business when you’re gone.”

The one drawback to practicing together is fewer family vacations. “When I’m gone, he’s here and vice versa,” Daniel said. “So I don’t feel bad about asking for a day off!”

“I feel lucky to be here in an established practice,” she continued. “Our patients are like family, and some of them saw me grow up, so they already trust me.”

And, she said, working alongside her Dad has been nice. “I feel I can speak freely to him as an employee, fellow doctor and daughter. I want to live up to what he’s created and make him proud of me,” she said.

“I definitely love coming to work every day and being able to work with my Dad. It’s been a really fun experience.”

Mayfield agreed. “It’s really great to watch her learn new things and see her perform those everyday miracles. There’s nothing like seeing one of your kids be successful, especially doing what you do. We’re at a stage we have a lot of fun together, and makes it easier for me to keep practicing,” he said.

Mayfield Works for GCA Bills

Mayfield worked tirelessly during the session, attending committee meetings and fundraisers and educating legislators on GCA bills. His hard work paid off when S.B. 28, the copay bill, passed June 24. He also worked on a bill that would allow D.C.s and M.D.s to more easily form a corporation together that passed in the House and crossed over to the Senate, but wasn’t taken up due to the legislature’s focus on COVID-19 budget issues, as well as a bill that would add D.C.s to the lien law, which did not pass either chamber.

“I think Randy laid the groundwork for us to hit the ground running next year. He’s done a great job of educating our legislative leaders on the importance of chiropractic,” Vaughn said.
How Do You Spell RISK MANAGEMENT?

This is Nina.
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Tony Gardner DC
Dr. Tony Gardner, a chiropractor, runs the First Stop Recovery center, which offers chiropractic adjustments, a 12-step program for recovering addicts, homeopathy and other natural therapies.

Tony Gardner says, “The Newton Insomnia formula is the best. We have pain, and girls who have been on the streets and have not slept in days because they are so strung out, a few pellets under the tongue and they are sleeping like babies. We also use the Detoxifier as a stress reducer for everyone who comes into our program.”
Lateral Hemivertebra

Often when learning radiology we take anomalies for granted because their X-ray findings are minimal and easy to understand. But in the busy world of practice they are very easy to overlook. One of the most common anomalies to miss when reading films is a hemivertebra.

A hemivertebra is the result of failure of formation of a part of the vertebral body. The vast majority of hemivertebrae are the result of either the left or right half of the vertebral body failing to form (lateral hemivertebra). The lateral hemivertebrae are the result of either the left or right half of the vertebral body failing to form (lateral hemivertebra). The lateral hemivertebrae often cause a localized scoliosis. If the anterior half of the vertebral body does not form the result is a posterior hemivertebra that often causes an acute kyphosis. The rarest type is the result of failure to form the posterior half of the vertebral body resulting in an anterior hemivertebra that often causes an acute lordosis.

Hemivertebrae are most common in the thoracic spine followed by the lumbar spine and finally cervical spine. Most hemivertebrae are asymptomatic but do predispose to degenerative joint disease locally. Occasionally neurologic symptoms can be present.

On plain film X-ray a hemivertebra will be seen as a triangular “half vertebra”. As previously noted almost all hemivertebrae are the lateral type. Several patterns can occur based on whether or not there is disc material separating the hemivertebra from the adjacent vertebral body. In the figure below the hemivertebra is fused to the adjacent segment without a disc space. This pattern is referred to as a non-segmental hemivertebra. Because there is no disc material separating the hemivertebra from the segment it is fused with it is easy to overlook.

In the rare event when neurologic symptoms are present, an MRI would be of value in further assessment.
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