

THE GEORGIA

CHIROPRACTOR

A PUBLICATION OF THE GEORGIA CHIROPRACTIC ASSOCIATION

FALL 2025

HORMESIS

Low-Level Laser Therapy Fluence and Physiological Responses

Dr. Dan Murphy

Rewiring the Map

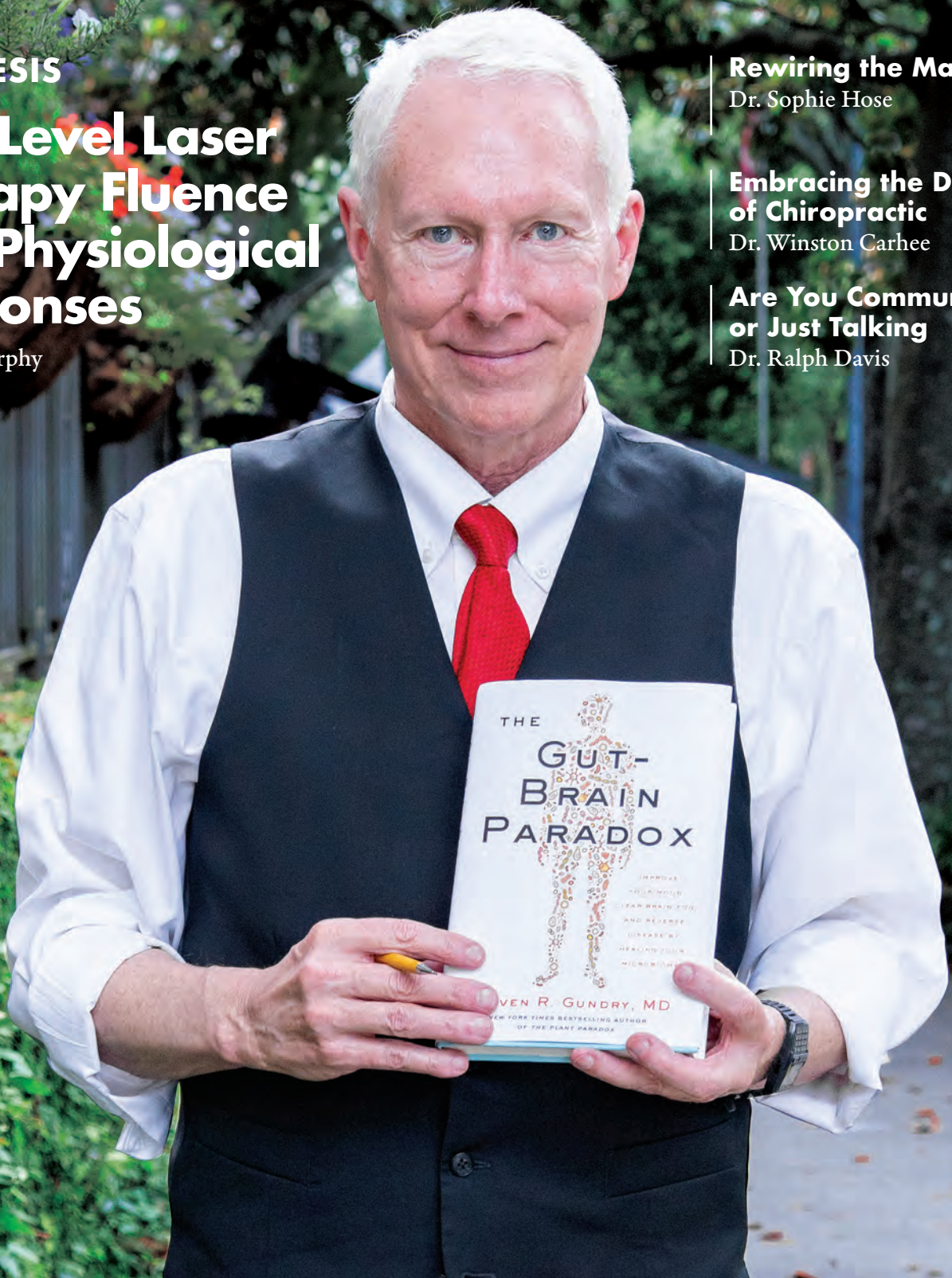
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Embracing the Diversity of Chiropractic

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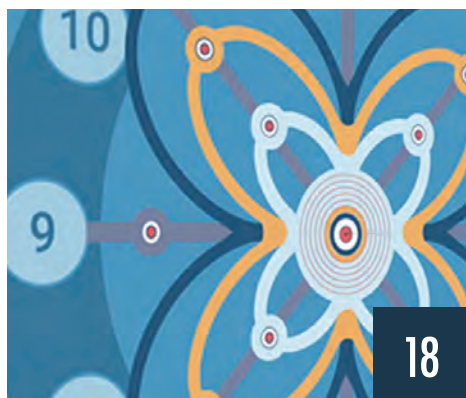
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Dr. David Webb completed his undergraduate training at the prestigious Xavier University of Louisiana in New Orleans, Louisiana. He then completed medical school and a post-graduate residency in Anesthesiology, at the Medical College of Georgia in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

LETTER FROM THE PRESIDENT

Dear Colleagues,

As chiropractors, we dedicate our lives to serving others—restoring function, alleviating pain, and promoting whole-body wellness. But in our daily focus on patients, it's easy to forget that we need support, too: community, advocacy, continuing education, and a unified voice. That's why I want to take a moment to emphasize how critically important it is to attend your **district meetings**—and why becoming a member of the **Georgia Chiropractic Association** is more vital now than ever.

District meetings are more than just gatherings—they're the heartbeat of our professional community. They provide a platform to share ideas, discuss legislation that affects our practices, and hear from leaders who keep us informed and inspired. These meetings give each of us a voice and a seat at the table. Whether you're a seasoned practitioner or a recent graduate, your presence matters.

Through district meetings, we stay connected. We gain the tools to grow our practices, strengthen our professional bonds, and stay ahead of the ever-changing healthcare landscape. But most

importantly, we reaffirm that we are not alone—we are part of something larger than ourselves.

Which brings me to a larger point: **membership in the Georgia Chiropractic Association** is not just a professional choice—it's an investment in the future of chiropractic in our state. The GCA fights for our rights at the Capitol, protects our scope of practice, and provides top-tier education and networking opportunities. When you join the GCA, you're standing with a team that is dedicated to elevating this profession for all of us.

If you haven't yet joined or renewed your membership, I encourage you—don't wait. And if you've never attended a district meeting, make the time. Your colleagues need you. Your voice matters. Your participation strengthens our association and ensures that Georgia remains a leader in chiropractic care.

Together, we are stronger. Let's continue building a future that honors the legacy of chiropractic and advances its promise for generations to come.

With respect and gratitude,



Philip A. Day, D.C.
President

Georgia Chiropractic Association



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EXECUTIVE INSIGHTS

Helping people achieve pain-free movement is what you all do best.

It takes time and effort to achieve your patients' goals, and similarly, GCA is hard at work, moving our association into the future!

Here are some highlights of our movement:

Our Summer Conference & Tradeshow in Savannah was a tremendous success! We were excited to welcome over 130 D.C.'s to a packed week of continuing education, networking, and more. Our team worked hard to amplify and improve our attendee experience, and those efforts were extremely well-received. We thank you for trusting GCA with your continuing education and look forward to bringing an elevated experience to our Fall Conference & Tradeshow, October 24 – 26, at the Avalon in Alpharetta.

We are pleased to introduce our new lobbying team and our new legal counsel. Thrash-Haliburton Government Affairs and attorney Joel Arogeti are welcome additions to the GCA team and are here to serve you! We want to know the top 3 issues you want GCA to address during the 2026 legislative session and will be reaching out to learn more about how our lobbying team can best serve you. Joel Arogeti is a trusted and respected Atlanta attorney, and is available to help answer our members' legal queries any time.

GCA will be hosting a Virtual Meet & Greet with both Thrash-Haliburton and Joel on September 4th to introduce the new team and answer some of your questions about the legislative year ahead.

Our District Meetings continue to roll out, and I encourage you to check our e-newsletters and our website calendar so you can attend a meeting near you. Thrash-Haliburton will be at those District Meetings, giving you time to ask questions and let them know the issues facing your practice.

As I round out my first year here at GCA, I am thrilled to see the movement taking place. GCA's Annual Business Meeting will be at the Fall Conference where we will celebrate our accomplishments and outline the exciting things to come. GCA's team will continue to meet with our members and find ways to bring you what you have been asking for. Let's all move together.

Feel free to reach out to me anytime and to introduce yourself. I enjoy hearing your stories and your paths to becoming chiropractors. The GCA staff and I are here to help you in any way we can.



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& Special Events

Linda Shein
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Stephani Tucker
Executive Director
Georgia Chiropractic Association



RECAP!

The Georgia Chiropractic Association's Summer Conference & Tradeshow returned to the DeSoto Hotel in Savannah, June 13-15.

Over 130 D.C.'s enjoyed a weekend packed with continuing education, including a dynamic presentation by Dr. Dan Murphy. The weekend also featured a GCA Welcome Luncheon hosted by Wingman Payments, a fabulous Afternoon Tea hosted by NCMIC, and our annual President's Luncheon helmed by GCA President, Dr. Phil Day. Attendees raised a record-breaking \$14,000 for GCA-PAC by supporting our gift basket raffle, bourbon raffle, and our action-packed Casino Night, sponsored by Arrowhead Clinics. It was a tremendous event, and we look forward to welcoming everyone back to Savannah next year, June 5-7, 2026!





2025 GCA FALL CONFERENCE

& TRADESHOW EXHIBITION

HOTEL AT AVALON ALPHARETTA, GA

Join GCA for our 2025 Fall Conference & Tradeshow Exhibition October 24 – 26 at The Hotel at Avalon in Alpharetta, Georgia!

2025 Conference registration includes:

- CE Class Registration (20, 15, 12, 8, or 5 CE)
- GCA Welcome Mix & Mingle on Thursday evening
- A light breakfast Friday, Saturday, and Sunday
- GCA Welcome Luncheon on Friday and GCA President's Luncheon Saturday (complimentary for all conference registrants)
- GCA Annual Member Meeting (GCA Members Only)
- GCA-PAC Meeting
- Access to the Exhibit Hall
- And more!



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Government Affairs

is excited to now represent the Georgia Chiropractic Association at the State Capitol in Atlanta and before all state agencies!



With a combination of expertise, energy, time, resources, effective relationships, and a combined 75 years of experience, our team makes up the strongest government affairs firm in the state, and we're extremely excited to bring that to GCA! We represent many clients with unique and complicated legislative, appropriations, procurement, and business development needs and have been successful in achieving their objectives. From the largest to the smallest issues, we've been involved somehow.

You will find no one more driven, hard-working, and well-connected with a record of success that is aggressively driven by results! That is a promise! Our sole focus is the client's objective(s) through "knowing the players and knowing the process".

Knowing the players means having the long time and unique relationships with leadership and appropriate individuals in the Georgia Governor's Office, State House of Representatives, State Senate, and all state agencies. Knowing the process means understanding the legislative process at the State Capitol like no one else to achieve goals in passing legislation and stopping legislation, and knowing the process with working effectively with state agencies on rules and regulations.

John Haliburton has been representing clients at the State Capitol since 2003. He began with a State House member who then became the Messenger to the Speaker of the House, and he then went to work with the Georgia Automobile Dealers Association. John became a partner with Thrash-Haliburton in 2003. He's very close to the Lt Governor, who runs the Senate, the current Speaker of the House, the Governor, the Governor's team, along with House and Senate leadership, and state agency leadership.

Mo Thash has been a lobbyist at the State Capitol for 53 years! His father and grandfather were involved at the State Capitol, and he's been at the Capitol from as a little boy until now. Mo is also close to the House and Senate leadership, the Governor's Office, and state agency leadership.

The Georgia General Assembly operates on a two-year biennial process, so the 2026 legislative session beginning in January of 2026 will be the second year of the 2025-2026 General Assembly. All legislation that did not pass and go to the Governor's desk for signature or veto in 2025 will be available for passage in the 2026 session.

With that in mind, our team will be working with GCA leadership throughout 2025 to understand what is important to GCA membership, priorities for desired legislation or stopping legislation, educating GCA on the process at the State Capitol, going to district meetings, connecting with members through GCA leadership, and more with the ultimate goal of achieving GCA's agreed upon goals in the 2026 legislative session and many more legislative sessions to come in the future after that!

Let's roll!



Mo Thash



John Haliburton

Introducing GCA General Counsel, Joel Arogeti

Joel Arogeti is a partner at Ruda Hirshfeld Papera Hoffman LLP, an Atlanta-based law firm. From 1996 to 2023, he served as a partner and as President and Chief Executive Officer of Kitchens Kelley Gaynes, P.C. an Atlanta-based law firm where he represented closely held businesses, their executives, and not-for-profit firms.



Joel received his undergraduate degree from The George Washington University and served as a congressional aid to the Honorable Elliott H. Levitas before graduating from The Lamar School of Law at Emory University. Upon graduating from law school, he served as an enforcement attorney with the United States Securities & Exchange Commission in Miami, Florida, then with Dickstein Shapiro, LLP in Washington, D.C., before returning to Atlanta.

Joel has served on a variety of Atlanta-based not-for-profit boards concentrating on populations at risk, including the elderly and youth. Joel is married to Beth Weiller Arogeti and has three children.

How to Take Advantage of the GCA Legal Services Member Benefit:

GCA members in good standing can call the GCA office to receive a code allowing them a complimentary consult with Joel for up to 30 minutes. Joel can offer general advice on topics including, but not limited to:

- Practice management
- Contracts
- Starting, transferring, or closing a practice
- Potential liability claims
- General employment
- Claims against a practice

Joel will also be providing answers to common legal inquiries in each issue of The Georgia Chiropractor. GCA members can access Joel's library of general information as we build it on our website, gachiro.org. If you have a general inquiry you'd like to see Joel answer in an upcoming article, email your suggestion to wjones@gachiro.org.

An Update on Tort Reform

“What should I anticipate over the next few months regarding tort reform?”

The candid answer is that nobody knows. The appellate courts, particularly the Georgia Supreme Court, will eventually sort this out once a case comes to trial and is appealed. There have been multiple attempts at tort reform in Georgia, and repeatedly, the Supreme Court has approved parts of the effort and has rejected parts of the effort. This is and will continue to be a work in progress.

There are times when the legislature overacts or overreaches, because sometimes bad facts result in bad law. The appellate courts will ultimately determine what is and is not within the realms of constitutional protection, due process, and equal protection under law. And so, this is not the end of the story; it's just the beginning of the next chapter of tort reform.

The most instructive thing I can advise members of the association is to say, “Let's wait and see.” Keep doing what you're doing. Continue to follow your best practices and things will sort themselves out. Once the appellate courts hand down a decision, GCA will be here to guide you.



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The summer conference was a tremendous success for our Political Action Committee (PAC), and we are incredibly grateful for the outpouring of support from our community. Through a combination of fundraising events—including our ever-popular raffle baskets and our lively casino night—we raised a total of \$14,400 for the weekend!

A heartfelt thank you to all who donated, participated, and helped make it happen. Special thanks to Georgia Spine & Orthopedics, Inspire Orthopedics, the Board of Directors of the Georgia Chiropractic Association, and our entire PAC Board for their generous contributions to our basket raffles. Your continued support keeps our momentum strong.

Our Casino Night was a hit! From gaming tables to bourbon raffles, the evening was filled with fun and fellowship. A special thank you to the generous sponsor Arrowhead Clinics. Thank you to Attorney Alan Grindberg of GMV Law Group who donated the bourbon that added excitement to our raffle. Events like these not only raise essential funds but also bring us together in support of our shared mission.

Why Your Support Matters

We are proud to be the only PAC dedicated to chiropractic advocacy in Georgia. If we don't support our profession—who will? Every GCA member matters. Every dollar counts. And every action strengthens our voice at the Capitol.

If you haven't made your annual PAC contribution, now is the time. Together, we can protect and grow chiropractic in Georgia.

Big News: New Lobbyist Firm on Board!

We are excited to announce that we have officially hired a new lobbying firm: Thrash-Haliburton, one of the top-ranked government affairs teams in Georgia. With over 75 years of combined experience, this powerhouse firm brings deep relationships with key decision-makers, including the Governor, Speaker of the House, and Lieutenant Governor.

They will be attending our Fall Conference, and we encourage you to stop by, say hello, and welcome them to our association. They will also be hosting an exclusive Lunch & Learn via Zoom later this year, offering members a chance to engage directly and ask questions ahead of the 2025 legislative session.

Please watch your email for the Zoom invitation—GCA members only.

Call to Action: Let's Get Ready

The upcoming legislative session will be critical. We'll need all hands on deck. If we don't have your grassroots contact information, please send it in or call the GCA office. When it's time to act, we must be ready—to write, call, show up, and speak up.

If it's meant to be, it's up to all of us.

Thank you for standing with us, supporting the PAC, and fighting for the future of chiropractic in Georgia.



Dr. Leana Kart
GCA-PAC Chair

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Local SEO Best Practices for Chiropractic Clinics

By: Matthew Davis

Introduction

In today's digital landscape, when someone searches for "chiropractor near me," you want your clinic to be the first name they see. Local SEO isn't just for big brands—it's how small practices compete and win. By optimizing key on-page elements, ensuring consistent directory listings, and strategically targeting local keywords, you can put your practice in front of patients actively seeking care.

1. Nail Your NAP Consistency

Ensure your Name, Address, and Phone number (NAP) are **identical** across your website, Google Business Profile, and every directory (Yelp, Healthgrades, local chambers, etc.). Inconsistent listings confuse both Google and potential patients, costing you visibility and trust.

2. Claim & Optimize Your Google Business Profile

A fully completed Google Business Profile boosts your chances of appearing in the coveted "Local Map Pack." Be sure to add:

- High-quality photos of your office and team
- Detailed service descriptions ("Spinal adjustments," "Dry needling")
- Up-to-date hours and a booking link
- Links to your professional social media accounts

3. Target Location-Based Keywords

Research phrases your patients use ("back pain relief in Savannah," "Atlanta sports chiropractor").

Then, weave them naturally into your content:

- Website page titles & meta descriptions
- Headings (H1, H2) on your service pages
- Image alt text

4. Build Local Citations & Listings

Submit your practice to at least 50 – 70 reputable directories, especially healthcare-focused ones (Psychology Today, ZocDoc), to boost your authority and rankings. Paid professional tools such as Xext or BrightLocal simplify this process greatly.

5. Encourage & Showcase Positive Patient Reviews

Ask satisfied patients to leave a Google or Facebook review. Then, feature these testimonials on your site and in monthly newsletter snippets. Positive social proof not only helps your SEO but also converts hesitant callers into booked appointments. Having a system that automatically sends these out can be very helpful!

Conclusion & Call to Action

Local search engine optimization is a long-term game with no one-all solutions. But these five steps promise to kickstart your visibility and drive an increased number of visitors to both your website and office. Want to discover how we can drive more leads to your practice? Visit [MattDavisMarketing.com](https://mattdavismarketing.com) or call **912-321-3921** and book a free consultation.

Matthew Davis, CEO of Matt Davis Marketing LLC, specializes in helping healthcare practices and small businesses grow and attract more leads online through proven digital strategies.

Learn more at mattdavismarketing.com.



REWIRING THE MAP:

Enhancing Proprioception and Joint Position Sense with Targeted Rehab

By: Dr. Sophie Hose



LEARN MORE

Proprioception, often referred to as the “sixth sense,” is the body’s ability to perceive its position, detect movement, and maintain balance without relying on sight. This critical sense plays a key role in everyday activities, from walking to complex athletic movements. In chiropractic care, proprioception is integral to the body’s healing process, helping restore alignment, improve movement efficiency, and reduce pain associated with musculoskeletal dysfunctions.

At the core of proprioception is **somatotopic mapping**, the brain’s internal “map” of body parts represented in the somatosensory cortex. Each part of the body is represented by a specific area in this region, with more sensitive or finely controlled body parts, such as the hands and face, occupying larger portions of the cortex. This **homunculus** visualization illustrates the brain’s precise mapping of body regions and highlights the importance of somatotopic precision for coordinated movement and balance.

When injury, disuse, or aging occurs, this map can become distorted, leading to impaired body awareness and faulty movement patterns. **Neuroplasticity**, the brain’s ability to reorganize and form new neural connections, allows the body to “re-map” injured areas. However, this process can be hindered by inaccurate proprioceptive feedback, leading to joint position sense (JPS) errors and movement dysfunction. Chiropractors play a crucial role in restoring proper mapping, improving sensory feedback, and retraining the brain to enhance motor control.

Reducing Joint Position Sense (JPS) Error

JPS error refers to the brain’s inability to detect the precise position of a joint. This dysfunction occurs when proprioceptors in the affected area are damaged or desensitized due to injury, aging, or disuse. For instance, in cases of **ankle sprains**, the ligaments and joint receptors may become overstretched or torn, reducing the brain’s ability to sense the joint’s position, which increases the risk of reinjury. Similarly, aging can

diminish proprioceptive sensitivity, contributing to balance issues and falls. Disuse or sedentary behavior also leads to a decline in proprioceptive feedback, further impairing movement control.

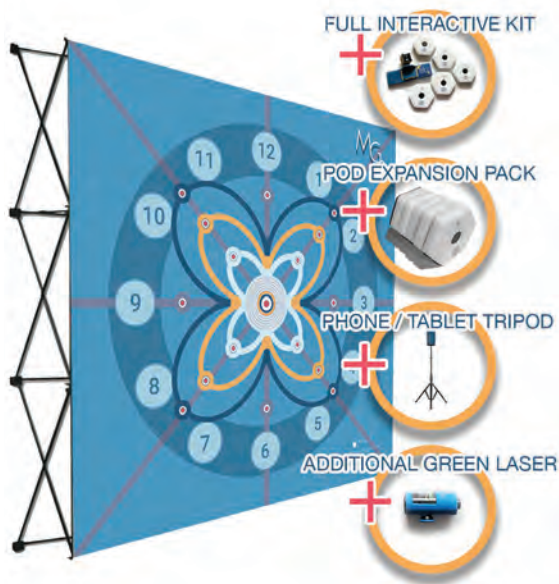
When JPS error occurs, it can result in instability, altered movement patterns, and an increased risk of future injuries. This is especially problematic in cases of **cervical spine instability, ankle sprains, postural control issues**, and other musculoskeletal disorders. Chiropractors aim to address these errors through manual therapy and proprioceptive rehabilitation to restore accurate body awareness and prevent compensatory movements.

The Role of Proprioceptive Rehabilitation

Proprioceptive rehabilitation is a critical part of musculoskeletal injury recovery. While chiropractic adjustments and manual therapy help restore joint mobility and alleviate pain, **active proprioceptive retraining** focuses on retraining the brain’s ability to process sensory information and improve joint position sense. Active rehabilitation exercises, such as balance drills, joint mobilizations, and dynamic movements, target proprioceptive deficits and restore optimal motor control.

Studies have shown that proprioceptive training can lead to significant improvements in motor control, reduced reinjury rates, and enhanced joint stability. For example, **balance training** exercises, such as standing on unstable surfaces or performing dynamic movements, help patients reestablish proper joint alignment and coordination, which can mitigate the risk of falls or injury recurrence.

Incorporating proprioceptive exercises into chiropractic practice provides patients with a comprehensive treatment plan that addresses both structural and neuromuscular factors. This holistic approach ensures a better functional outcome, improves motor skills, and reduces pain through active participation in the rehabilitation process.



The Motion Guidance NeuroStation: A Cutting-Edge Tool

One of the most innovative tools in proprioceptive rehabilitation is the **Motion Guidance NeuroStation**. This system integrates **real-time feedback, visual cues, and movement tracking** to help patients restore accurate proprioception and reduce JPS error. The NeuroStation uses wearable devices, such as laser pointer headbands or motion sensors, to track joint positions during exercises. As patients perform specific movements, the system provides immediate visual feedback, allowing them to see their joint's alignment in real time.

This interactive feedback helps patients recalibrate the brain's internal map of the affected joint and reestablish proprioceptive accuracy. By incorporating tools like the NeuroStation, chiropractors can accelerate recovery by providing immediate visual guidance to patients during proprioceptive exercises, thus improving motor control, enhancing body awareness, and reducing the risk of reinjury.

Clinical Applications for Chiropractors

The **Motion Guidance NeuroStation** is particularly effective for various patient populations who experience proprioceptive deficits. For instance, **post-concussion patients** often suffer from balance, coordination, and body awareness issues. The NeuroStation can provide the real-time feedback needed to help these patients regain control over their movements and improve postural stability.

Similarly, patients recovering from **whiplash injuries**, which often result in cervical spine instability and compromised

proprioception, can benefit from the system's ability to enhance joint position sense in the neck and upper spine. For those with **chronic musculoskeletal conditions** such as **frozen shoulder** or **chronic low back pain**, the NeuroStation can help improve joint mobility and proprioceptive feedback, ultimately facilitating better movement patterns and reducing pain.

The system is also beneficial for patients with **ankle sprains** or those dealing with **postural control issues** such as **anterior head carriage**. By providing real-time visual cues, the NeuroStation allows chiropractors to assist patients in recalibrating their proprioceptive system, restoring joint stability, and reducing the likelihood of reinjury.

Restoring accurate proprioceptive feedback is essential for long-term recovery, particularly for patients dealing with musculoskeletal injuries or chronic pain. Proprioceptive training and rehabilitation tools like the **Motion Guidance NeuroStation** provide valuable real-time feedback, enhancing joint position sense and motor control while reducing JPS errors. By integrating such tools into chiropractic care, clinicians can improve patient outcomes, optimize recovery, and reduce the risk of reinjury. As our understanding of neuroplasticity grows, it's vital for chiropractors to stay informed about innovative neuromuscular retraining technologies that support lasting recovery and enhanced patient well-being.

Dr. Sophie Hose was born and raised in Hannover, Germany and obtained her doctorate in Chiropractic from Life University in 2023. She has been studying clinical neuroscience through the Carrick Institute since early 2021 and she earned diplomate status with the American Chiropractic Board of Neurology. Dr. Hose has been working as a chiropractic neurologist with her mentor Dr. Marc Ellis at Georgia Chiropractic Neurology Center. She enjoys working with athletes and holds a Master's degree in Sports Health Science and is a Certified Chiropractic Sports Practitioner.



EMBRACING THE DIVERSITY OF CHIROPRACTIC:

A Sovereign Profession Represented by the GCA

By: Dr. Winston Carhee
President-Elect
Georgia Chiropractic Association



Chiropractic is a sovereign profession. It is not a derivative of medicine or physical therapy—it stands on its own foundation, established by a unique philosophy, a commitment to natural healing, and the ability to adapt while remaining rooted in core values. At the Georgia Chiropractic Association (GCA), we embrace and champion the diversity that has always been the lifeblood of our great profession.

Unlike any other healing art, chiropractic's distinction lies in its emphasis on the body's innate ability to heal itself. Our approach is fundamentally different: it avoids the overuse and abuse of medication or unnecessary surgical procedures. We focus on removing interference to the nervous system, allowing the body to function at its highest potential. This philosophy is not just theoretical—it has been validated through decades of clinical experience, a growing body of research, and, most importantly, patient preference.

Our diversity is not a weakness— it is our strength.

There is no single way to practice chiropractic. In fact, there are over 300 recognized techniques within the profession. Each technique was born out of the need to better serve the patient, to adapt to specific conditions, and to offer results where other methods may have failed. Whether you are a practitioner of Diversified, Gonstead, Activator, Thompson, NUCCA, SOT, ART, or any other technique, the GCA recognizes and respects your path.

Similarly, chiropractic business models are as varied as the communities we serve. Some doctors focus on multidisciplinary collaboration. Others specialize in personal injury care, insurance-based practices, pediatrics, or wellness and maintenance care. Some chiropractors operate high-volume clinics; others practice boutique, concierge-style care. The beauty is that all these models can—and do—coexist, thriving under the broad and inclusive tent of the GCA.

Our mission at the GCA is to promote, protect, and support the legal and ethical practice of chiropractic in the state of Georgia. We advocate at the legislative level, fight for fair insurance practices, offer continuing education, and provide a community for all chiropractors—regardless of technique or business model. As long as you are practicing legally and ethically in the state of Georgia, the GCA is your association.

As President-Elect, I am proud to help lead an organization that doesn't just tolerate diversity but celebrates it. Diversity in technique. Diversity in philosophy. Diversity in business. Diversity in background, experience, and perspective. This openness is woven into the very DNA of our profession. From its founding, chiropractic has been a movement of pioneers—individuals who thought differently, cared deeply, and acted boldly. Today's Georgia chiropractor stands on that same legacy.

To be a chiropractor in Georgia is to be part of something bigger than yourself. It is to walk in the footsteps of principled leaders who believed in the power of natural healing. It is to serve your community with integrity and skill. And it is to

know that you have a professional association behind you that understands and supports your journey.

If you are not already a member of the GCA, I invite you to join today. Let your voice be heard. Let your presence be felt. Let your unique contribution to this profession be supported and elevated.

Join the GCA—where every chiropractor counts, and every chiropractor is represented.

For more information or to become a member, visit www.gachiro.org

Together, let's continue to move chiropractic forward—diverse, sovereign, and strong.

Dr. Winston Carhee, DC, is the owner of Pain 2 Wellness Chiropractic Center and West Cascade Wellness Center, DBA Brain and Bodily Injury Center, specializing in spinal health, injury rehabilitation, and concussion therapy. With over 20 years of experience, he is dedicated to evidence-based chiropractic care and advocacy for patient access to treatment. Dr. Carhee currently serves as President-Elect of the Georgia Chiropractic Association, championing the advancement of the profession and legislative initiatives to support chiropractic care.





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Are you Communicating or Just Talking?

By: Ralph Davis, DC

George Bernard Shaw wrote, **“The single biggest problem in communication is the illusion that it has taken place.”** We assume that because we said it the patient understood it; and more importantly, that they agree with it. When we improve our communication skills we improve our relationship with the patient. **Improved communication can have a direct impact on patient outcomes and compliance.** Additionally, improved communication is a form of risk management as studies have shown that most complaints about doctors focus on a poor doctor-patient relationship more than on the clinical process or outcome. According to Ha and Longnecker (2010), “A good doctor-patient relationship can increase job satisfaction and reinforce patients’ self-confidence, motivation, and positive view of their health status, which may influence their health outcomes.” **So how do we improve our patient communication skills?**

Lose the Jargon

A major component of professional identity is the jargon specific to that profession. Chiropractic has a plethora of jargon. With a colleague we may discuss dysafferentation or salutogenesis with complete understanding but say those things to the patient and their eyes glaze over. Even simple terms like biomechanics, vertebra, or sciatic nerve may have no meaning to the patient or worse, an incorrect meaning, like the patient who points to the front of their thigh and tells you they have sciatica. The solution here is a simple one. When communicating with the patient, lose the jargon. If you must use a complex term, take the time to explain it in common language and assure that the patient understands it. For example, telling a patient to stop smoking is much clearer than asking if they would like resources for smoking cessation.

BATHE Technique

Your initial encounter with the patient sets the tone for all future encounters. Allowing the patient to answer open ended questions, face to face, rather than relying on multiple entrance questionnaires is a proven method to establish rapport and improved communication. The BATHE technique is useful for those purposes.

B = background. Opening the dialogue with, “Tell me what’s going on and how can I help?” Unless the patient is going completely off track, avoid the temptation to interrupt. Everyone wants to be heard and the feeling of being heard is a major contributor to a positive relationship; moreover, allowing them to tell their story often provides a wealth of valuable clinical information.

A = affect. Ask the patient to tell you how they feel about their health condition. Finding out the patient’s POV about their condition can help to guide your communication with them. Do they minimize their problem or are they convinced it is more serious than the reality of their condition? For example, do they say, “It’s just a pulled muscle,” when they present with the signs and symptoms of a disc issue? Conversely, do they say, “I think it’s a broken bone because it hurts so bad,” when the clinical indication is a lumbar facet syndrome? Knowing the patient’s POV can guide your communication to move them toward an understanding of the reality of their condition which may be greater or less than their perception of it.

T = trouble. Asking, “How is this affecting the things you like to do and those you must do?” Knowing what is affected guides your communication and examples. If the patient tells

you that this problem interferes with their golf game, you can discuss how the golf swing affects the lumbar spine creating both a point of reference for the patient and improving understanding. This can also be motivating for the patient who may place greater value on the affected activity than on their health generally. Communicating that you are helping them to get back to the activities they love generally leads to better patient compliance than simply a lecture on the clinical facts of their condition.

H = handling. Ask the patient, “How are you handling this problem?” This is another window into their POV. Are they a patient who largely ignores their problem, covering it up with OTC medication? Are they searching for a natural or alternative solution? Knowing what they choose to do for themselves allows you to reframe the discussion or reinforce their choice. For the patient who relies on pain meds, saying something like, “Taking the battery out of the smoke detector does nothing to put out the fire,” can help reframe. The patient seeking an alternative solution can be reinforced with a simple, “You have come to the right place.”

Finally, E = empathy. Sincerely saying to the patient, “This must be hard for you.” Letting the patient know that you care and that they are not just another time slot in your appointment book helps to establish trust in your care. Trust leads to compliance.

Personalized Examples

We communicate best when we have a shared experience. Shared experiences happen when we have the same frame of reference. Social media abounds with groups for everything. Like a particular sports team? There’s a group for that. An unusual hobby? One for that, too. Cruise vacations for those over 60? Yes, it exists. So how do we create that kind of communication bond with our patient? Through personalized examples.

When you present chiropractic to a new patient do you just hit the play button in your mind and repeat the same information over and over? Don’t be embarrassed - most of us do. We have our scripts memorized. The problem is that they sound like scripts, and they are not personal.

Let’s look at a few sample patients:

- 1) An IT professional
- 2) A high-level corporate executive
- 3) A retiree who loves to golf

What questions can you ask to develop personalized examples?

- 1) What happens to the IT network you manage if someone cuts a data cable?
- 2) What happens to your corporation if your employees cannot receive your instructions?
- 3) How good is your drive off the tee if you cannot turn freely?

After listening to their responses, you can develop effective personalized examples:

- 1) Your brain and nerve system are just like that. If the data cannot get from your brain to your body due to a structural problem with your nerves, you cannot function at your best.
- 2) You are the brains of the corporation you run. In your body your brain and nerves run the corporation that is you. If your body never receives the right instructions from your brain and nerves, your corporation can’t function correctly.
- 3) With a poor turn, you get a poor drive. You need flexibility and coordination to play your best game. That’s why the best golfers in the world use chiropractic care.

We now have the start of personalized examples that will lead to better jargon-free communication and the establishment of a solid doctor-patient relationship. An exercise that I find valuable is to get a journal book and when you encounter a new profession, hobby, interest, etc. from any source, write it in your journal. Periodically look at the entries, create personalized examples to explain chiropractic and write them down. That process will place those examples in your memory and train your subconscious in their development. Soon you will have personalized examples for a multitude of patient scenarios.

Conclusion

Refining your communication skills by losing the jargon, utilizing the BATHE technique at the initial meeting with the patient, and developing personalized examples to foster better understanding and bonding, will result in better patient compliance, improved outcomes, lower risk, and a more enjoyable practice environment.

Dr. Ralph Davis is in his 39th year as a chiropractor. A graduate of Sherman College, he enjoys a career that includes both private practice and academic appointments. He has been published in both peer reviewed journals and trade publications. Dr. Davis is currently in private practice on Wilmington Island near Savannah.



HORMESIS

Low-Level Laser Therapy Fluence and Physiological Responses

By: Dr. Dan Murphy



Dan Murphy graduated magna cum laude from Western States Chiropractic College in 1978, and has more than 40 years of practice experience. He received his Diplomate in Chiropractic Orthopedics in 1986. Since 1982, Dan Murphy has served as part-time undergraduate faculty at Life Chiropractic College West, where he is currently teaching classes to seniors in the Management of Spinal Disorders and Spinal Pathology/Neurology. His academic rank at the college is that of Professor.

Dan Murphy is on the post-graduate faculty of several chiropractic colleges. His post-graduate continuing education classes include “Whiplash and Spinal Trauma”, “Neuroimmunology”, “Pediatrics”, “Phospholipid Neurobiology”, “The Neurophysiology of Therapeutic Lasers”, and “Nutrition”. Dan Murphy has been the coordinator of a year-long certification program (through the International Chiropractic Association) in “Chi-

ropractic Spinal Trauma”, a program that has graduated about 2,000 chiropractors. He has taught more than 1,750 post-graduate continuing education seminars, including classes in the United States, Canada, Australia, France, England, Portugal, Ireland, Italy, Greece, New Zealand, Spain, Panama, South Korea, and Peru.

Dan Murphy is a contributing author to the books *Motor Vehicle Collision Injuries*, published by Aspen, 1996; *Pediatric Chiropractic*, published by Williams & Wilkins, 1998 and 2011; and *Motor Vehicle Collision Injuries*, 2nd edition, Jones and Bartlett, 2005. Dan Murphy wrote approximately 90 quarterly columns in the *American Journal of Clinical Chiropractic*.

The studies reviewed here represent multiple countries, universities, and clinical applications, yet they all find that the application of low-level laser therapy is hormetic. The concepts and studies presented indicate that the application of laser photon therapy is not linear, but rather bell shaped. This bell-shaped concept is also known as biphasic, hormetic (hormesis), and the Arndt-Shultz rule. This hormesis concept has been scientifically published since 1888, and continues to gain strength and support. It is particularly relevant and important to everyone using low-level laser therapy.

Access References at https://www.erchonia.com/wp-content/uploads/2025/05/Murphy_-Hormesis-Low-Level-Laser-Therapy-Fluence-and-Physiological-Responses_GCA_05_25.pdf

A rhetorical question with an apparent immediate and obvious response:

Is the eating of fruits and vegetables good for you?

Unexpectedly, the best answer apparently is:

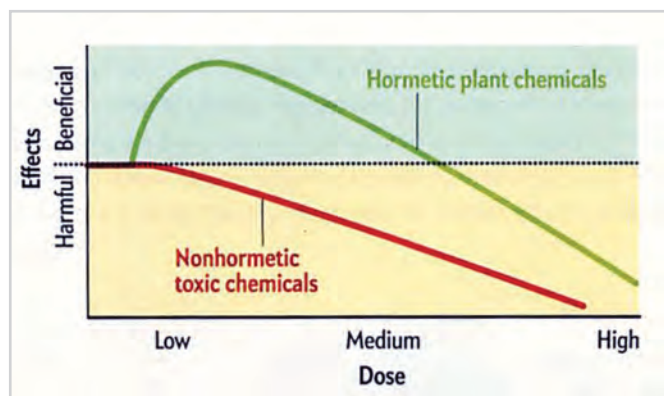
“Yes, to a point.”

Dr. Mark P. Mattson has a PhD in biology. He is Chief of the Laboratory of Neurosciences at the National Institute on Aging, and Professor of Neuroscience at Johns Hopkins University. He is Editor-in-Chief of *Ageing Research Reviews and NeuroMolecular Medicine*, a Section Editor for *Neurobiology of Aging*, and an Associate Editor for *Trends in Neurosciences*.

The July 2015 issue of the journal *Scientific American* has an article by Dr. Mattson, titled ¹:

Toxic Chemicals in Fruits and Vegetables Are What Give Them Their Health Benefits

In this article, Dr. Mattson explains why the consumption of fruits and vegetables are at first good, but then become bad. He notes that consumption of fruits and vegetables “provide health benefits when consumed in modest amounts but become increasingly noxious at high levels, a process called hormesis.”



In 2008, Dr. Mattson published an article in the journal *Ageing Research Review*, titled ²:

Hormesis Defined

“Hormesis is a term used by toxicologists to refer to a biphasic dose response to an environmental agent characterized by a low dose stimulation or beneficial effect and a high dose inhibitory or toxic effect.”

“Thus, a short working definition of hormesis is: a process in which exposure to a low dose of a chemical agent or environmental factor that is damaging at higher doses induces an adaptive beneficial effect on the cell or organism.”

Dr. Mattson continues to explain why hormesis is a fundamental concept in evolutionary biology. He notes, “thousands of published articles include data showing biphasic responses of cells or organisms to chemicals or changing environmental con-

ditions.” He emphasizes that hormesis is also implicated in the actions of a number of complementary and alternative health care disciplines.

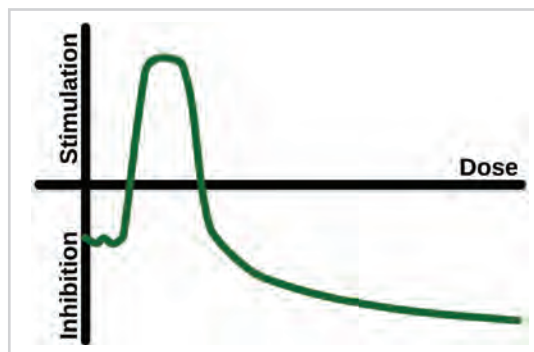
A leader in the concept of hormesis is Edward J. Calabrese, PhD. Dr. Calabrese is Professor of Toxicology at the University of Massachusetts’ School of Public Health. A representative article by Dr. Calabrese from 2004 was published in the journal *European Molecular Biology Organization*, and is titled ³:

Hormesis: A Revolution in Toxicology, Risk Assessment and Medicine

In this article, Dr. Calabrese contrasts *linear* biological exposures v. *hormetic* biological exposures. He concludes that the hormetic model “is real and generalizable, as well as toxicologically and biologically significant.” He presents evidence to support the hormetic model “clearly outperforms” the outdated linear model, stating:

“Substantial evidence now exists to support the scientific advantage of the hormetic model over its competitors.”

Hormesis is a phenomenon of dose-response relationships in which something that produces harmful biological effects at moderate to high doses may produce beneficial effects at low doses⁴. Hormesis indicates a favorable biological response to low exposures of chemicals or other stressors, but an opposite harmful effect in large doses. The hormetic phenomenon is often referred to as a “*Biphasic Dose Response*.” The hormetic curve appears “bell-shaped.”



German pharmacologist Hugo Schulz first described the hormetic physiological phenomenon in 1888, which was soon supported by the work of German physician Rudolph Arndt. Their work gave rise to the *Arndt-Schulz Rule*. The term “hormesis” was coined and used for the first time in the journal *Phytopathology* in 1943⁵. A search of the national Library of Medicine (4/29/25) using the key word “hormesis” in PubMed locates 3,003 citations.

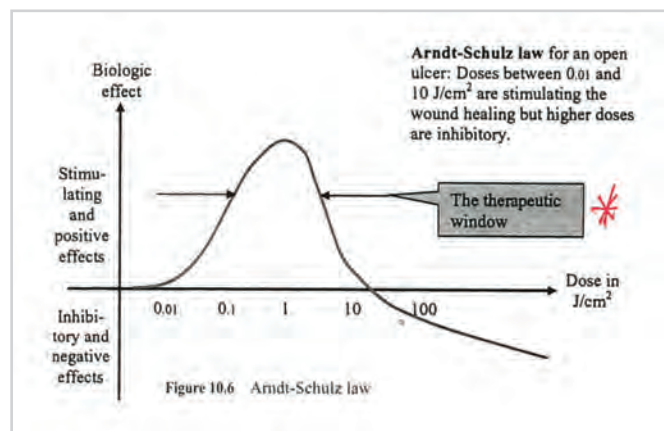
The phenomenon of hormesis is applied to numerous experiences, including heat, toxins, alcohol, food intake, exercise, radiation, etc. For this discussion, it is also applied to photon exposure from Low-Level Laser Therapy.

LASER APPLICATIONS

The US Food Drug Administration (FDA) first granted a 510(k) for low-level therapy in 2002. The study submitted to achieve the FDA 510(k) status involved a group of 50 patients treated for musculoskeletal neck and shoulder pain. The laser used was a 635 nm wavelength line laser using 5 mW of power, applied for 3 minutes over the area of complaint. The laser group showed a 66% improvement in pain and range of motion as compared to the placebo group following a single 3-minute exposure⁷.

The 2002 book by Jan Turner and Lars Hode, titled *Laser Therapy: Clinical Practice and Scientific Background*⁶, notes that the treatment dose or fluence is the most important treatment parameter. They state:

“Biostimulatory effects of laser are governed by the Arndt-Schultz law of biology, i.e. weak stimuli excite physiological activity, strong stimuli retard it. Many therapists have the feeling that the more energy the better the result. But as can be seen from the diagram below, what was originally a stimulating laser dose may become an inhibitory dose if you continue the irradiation beyond the optimum value.”



Turner and Hode also note:

“If a dose above the highest one suitable is administered, weaker or no biological effects will result. With an even greater dose, the bio-suppressive range is entered (inhibiting effect result.)”

In 2004, an article published in the journal *Biochemistry* and titled “Photobiological Principles of Therapeutic Applications of Laser Radiation,” the authors note⁸:

The positive action of laser biostimulation is changed “into inhibition of vital activity processes” under large doses of laser radiation, “which is a main hindrance to a successful application of laser therapy and a cause of disappointment.”

James L. Oschman, PhD, has a doctorate in Biological Sciences. In 2000 he published the book *Energy Medicine: The Scientific Basis*, in which he notes⁹:

“Biological systems respond paradoxically to electrical fields: In living systems, extremely weak electrical fields have potent effects, while strong fields may render little or no response.”

In 2006, Dr. Oschman authored an article titled “The Biological Basis of Low Level Laser Light Therapy¹⁰”. In this article, Dr. Oschman applies these principles to low-level laser therapy, noting that cells are responsive to very low levels of light, particularly if the light is pulsed on and off. He specifically states:

“Optimal results with light therapy take place when the light is of low intensity (does not heat tissues), short duration, and pulsed on and off.”

“These conclusions are significant because some have suggested that a low-level laser can have no biological effect because the energy levels are too low to heat the tissues. The work of modern non-linear dynamics and quantum coherence show that the opposite is true: very low levels of light or other forms of energy can produce significant biological effects, and these responses can avalanche through the organism from atom to atom, molecule to molecule, and cell to cell, creating a chain reaction of effects.”

In 2009, researchers from Harvard and Boston University published an article in the journal *Dose Response*, titled¹¹:

Biphasic Dose Response in Low Level Light Therapy

Following an extensive review of the literature, these authors make several key points pertaining to the application of low-level laser therapy, as follows:

“The use of low levels of visible or near infrared light for reducing pain, inflammation and edema, promoting healing of wounds, deeper tissues and nerves, and preventing cell death and tissue damage has been known for over forty years since the invention of lasers.”

“A biphasic dose response has been frequently observed where low levels of light have a much better effect on stimulating and repairing tissues than higher levels of light. The so-called Arndt-Schulz curve is frequently used to describe this biphasic dose response.”

“The repeated observations that have been made of the biphasic dose response phenomenon in LLLT require some explanation. The natural assumption that is frequently made is, that if a small dose of red or near infrared light produces a significant therapeutic effect, then a larger dose should produce an even more beneficial effect. This natural assumption is frequently not the case.”

“The biphasic dose response of LLLT is the idea that the protective and stimulatory effects of light occur at low doses, but there is an additional pathway that leads to damaging effects of light that only occurs at high doses, and effectively overwhelms the beneficial effects of low doses of light.”

“LLLT delivered at low doses tends to work better than the same wavelength delivered at high levels, which illustrates the basic concept of biphasic dose response or hormesis.”

“In general, fluences of red or NIR as low as 3 or 5 J/cm² will be beneficial in vivo, but a large dose like 50 or 100 J/cm² will lose the beneficial effect and may even become detrimental.”

“The concept of biphasic dose response or LLLT hormesis (low levels light are good for you, while high levels are bad for you) will remain.”

In 2011, these same authors (from #11) updated their 2009 article, again published in the journal *Dose Response*, and titled ¹²:

Biphasic Dose Response in Low Level Light Therapy – An Update

The authors state:

“The biphasic dose-response or Arndt-Schulz curve in LLLT has been shown both in vitro studies and in animal experiments. This review will provide an update to our previous coverage of this topic.”

“Transcranial LLLT for traumatic brain injury (TBI) in mice shows a distinct biphasic pattern with peaks in beneficial neurological effects.”

“The number of instances of biphasic dose response reported in the LLLT literature is increasing as time progresses. This increase may be due to an increasing realization that the phenomenon is real, and thus prompting investigators to look for it.”

SUPPORTAVE LASER STUDIES

These studies compare different levels of laser fluence on a variety of pathological entities, and they tend to support the concept of hormesis.

A 2006 study by Patricia Carrinho and colleagues compared the tissue repair of injured mouse tendons when treated with either a 685 nm laser or an 830 nm laser, each at fluences of both 3 J/cm² and 10 J/cm². Their study was published in the journal *Photomedicine and Laser Surgery* and titled ¹³:

Comparative Study Using 685-nm and 830-nm Lasers in the Tissue Repair of Tenotomized Tendons in the Mouse

This study used 48 mice that were divided into six experimental groups:

Group A, tenotomized animals, treated with 685 nm laser, at the dosage of 3 J/cm².

Group B, tenotomized animals, treated with 685-nm laser, at the dosage of 10 J/cm².

Group C, tenotomized animals, treated with 830-nm laser, at dosage of 3 J/cm².

Group D, tenotomized animals, treated with 830-nm laser, at dosage of 10 J/cm².

Group E, injured control (placebo treatment).

Group F, non-injured standard control.

Laser irradiation started 24 h after the tenotomy of the Achilles tendon. A total of 12 laser sessions were performed on consecutive days. The mice were killed on day 13, and the injured tendons were surgically removed and analyzed with polarized light microscopy to assess the organization and molecular order of the collagen fibers. All laser treated groups showed improved healing when compared to injured control group. The best organization and aggregation of the collagen bundles was shown by the animals of group A (685 nm, 3 J/cm²), followed by the animals of group C (830 nm, 3 J/cm²), and B (685 nm, 10 J/cm²), and finally, the animals of group D (830 nm, 10 J/cm²). The authors concluded:

“All wavelengths and fluences used in this study were efficient at accelerating the healing process of Achilles tendon post-tenotomy, cularly after the 685-nm laser irradiation, at 3 J/cm². It suggests the existence of wavelength tissue specificity and dose dependency.”

In this study, lesser exposure to laser irradiation fluence resulted in an improved healing outcome than higher doses of exposure. This was true for both the 685 nm and the 830 nm wavelengths. Compared to the control injured tendons, there was a 208% improved tissue response with 685-nm laser irradiation at 3 J/cm². These authors note:

“The best tissue response was obtained after the 685-nm laser irradiation, at the dosage of 3 J/cm².”

Another comparative fluence study from 2006 was authored by Denise Hawkins and colleagues, and published in the journal *Lasers in Surgery and Medicine* and titled ¹⁴:

Fibroblasts Following Helium-Neon Laser Irradiation, The Role of Laser Fluence in Cell Viability, Proliferation, and Membrane Integrity of Wounded Human Skin

The authors used a 3 mW, 632.8 nm laser exposure on wounded

human skin fibroblasts and irradiated them using different laser fluences (0.5, 2.5, 5, 10, and 16 J/cm²) with a single exposure on 2 consecutive days. Changes in fibroblast cell morphology were evaluated by light microscopy.

“Morphologically, wounded cells exposed to 5 J/cm² migrate rapidly across the wound margin indicating a stimulatory or positive influence of phototherapy. A dose of 5 J/cm² has a stimulatory influence on wounded fibroblasts with an increase in cell proliferation and cell viability without adversely increasing the amount of cellular and molecular damage.”

“Higher doses (10 and 16 J/cm²) were characterized by a decrease in cell viability and cell proliferation with a significant amount of damage to the cell membrane and DNA.”

“Results show that 5 J/cm² stimulates mitochondrial activity, which leads to normalization of cell function and ultimately stimulates cell proliferation and migration of wounded fibroblasts to accelerate wound closure. Laser irradiation can modify cellular processes in a dose or fluence (J/cm²) dependent manner.”

In 2008, researchers from the Laboratory of Laser Life Science & Institute of Laser Life Science, South China Normal University, China, published an article in the journal *Cellular Physiology and Biochemistry* titled ¹⁵:

Low-power laser irradiation inhibiting Abeta25-35-induced PC12 cell apoptosis via PKC activation

In this study the authors assess the application of low-level laser therapy as an approach to the attenuation of Alzheimer's disease risk when applied to rat cells. Their research clearly demonstrates a biphasic response to the application of these cells to laser fluence. They note:

“Low-power laser irradiation (LPLI) can modulate various cellular processes such as proliferation, differentiation and apoptosis. It has been reported that laser irradiation has a stimulatory effect on cell proliferation at relatively low fluence, but an inhibitory effect at higher fluence.”

“The data show that a short time or low fluence of LPLI could reverse the increased level of [neuronal disease]. “When the irradiation time was prolonged to 40 min, LPLI could not reverse the increased level of [neuronal disease]. The amount of LPLI fluence, thus, can affect the responses in cell[s].”

“In summary, a controlled low dose LPLI can have anti-apoptotic effect on cells.”

In 2009, researchers from the Department of Experimental Surgery, Federal University of São Paulo, Brazil, published a study in the journal *Support Care Cancer*, titled ¹⁶:

Cyclooxygenase-2 and vascular endothelial growth factor expression in 5-fluorouracil-induced oral mucositis in hamsters: evaluation of two low-intensity laser protocols

The authors investigated the mechanisms whereby low-intensity laser therapy affects the severity of oral mucositis. They exposed hamsters to the chemical 5-fluorouracil, and then randomly allocated into three groups:

35 mW laser
100 mW laser
Controls, no laser

The findings include:

“Peak severity of mucositis was reduced in the 35 mW laser group as compared to the 100 mW laser and control groups. This reduced peak clinical severity of mucositis in the 35 mW laser group was accompanied by a significantly lower level of COX-2 staining. The 100 mW laser did not have an effect on the severity of clinical mucositis.”

“The tissue response to laser therapy appears to vary by dose. Low-intensity laser therapy appears to reduce the severity of mucositis, at least in part, by reducing COX-2 levels and associated inhibition of the inflammatory response.”

In 2012, researchers from the Department of Psychology, Pharmacology and Toxicology, University of Texas at Austin, Austin, TX, published a study in the *Journal of Alzheimers Disease*, titled ¹⁷:

Low-Level Light Therapy Improves Cortical Metabolic Capacity and Memory Retention

These authors note:

“Growing evidence supports that neuronal metabolic enhancement by LLLT positively impacts neuronal function in vitro and in vivo.”

“Based on its effects on energy metabolism, it is proposed that LLLT will also affect the cerebral cortex in vivo and modulate higher-order cognitive functions such as memory.”

The experiments “showed that LLLT induced hormetic dose-response effects on the metabolic capacity of the prefrontal cortex.”

“The lower LLLT dose induced a significant 13.6% increase in mean cytochrome oxidase activity, compared to control. Higher LLLT doses resulted in no significant differences compared to control.”

“These results demonstrate that the lower dose had a significant stimulatory effect on cortical metabolic capacity. The data also show a tendency towards reduced enhancement of metabolic capacity with increasing doses, supporting a hormetic dose-response effect.”

“Lower LLLT doses, but not higher doses, induced a significant increase in brain cytochrome oxidase 24 h after treatment. It is believed that far from being a spurious result, this hormetic response on neurometabolic stimulation is representative of the distinctive and well-characterized dose-response effect of LLLT. Hormesis describes a dose-response effect in which there is stimulation of a biological process at a low dose and no effect or even inhibition of that process at a high dose.”

“In the case of LLLT, extensive *in vitro* data support photostimulatory effects with lower (0.001–10 J/cm²) doses and inhibition with higher (>10 J/cm²) doses.”

“Our data can be interpreted as supportive of the current mechanistic paradigm of LLLT that implicates hormetic enhancement of energy metabolism.”

In 2014, researchers from the Department of Immunology, University of São Paulo, Brazil, published a study in the *Journal of Lasers in Medicine and Science* titled ¹⁹:

Low-level laser therapy attenuates the myeloperoxidase activity and inflammatory mediator generation in lung inflammation induced by gut ischemia and reperfusion: a dose-response study

These authors evaluated the dose-response effect of low-level laser therapy on lung inflammation induced by Intestinal ischemia and reperfusion in mice. Increasing doses (1, 3, 5 and 7.5 J/cm²) of laser irradiation (660 nm) was carried out on the mice skin over the upper bronchus for 5 min after initiating reperfusion.

The authors found that low-level laser therapy significantly increased the anti-inflammatory cytokine levels of IL-10 in inflamed mice, however only in the dose of 1 J/cm². They specifically state:

“IL-10 is an anti-inflammatory cytokine.”

“IL-10 attenuates the pro-inflammatory cytokine production and tissue injury following ischemia and reperfusion injury.”

“The dose of 1 J/cm² caused a significant rise of IL-10.”

“We observe that only the dose of 1 J/cm² was effective to increased IL-10 levels.”

“A depiction from Arndt Schulz model illustrates a possible dose ‘sweet spot’ at the target tissue. This law suggests that

insufficient power density or too short time exposition will result in no effect on the pathological process and, that too much power density and / or long-time exposition may have inhibitory effects.”

“IL-10 is an anti-inflammatory cytokine that inhibits the release of pro-inflammatory cytokines from monocytes/macrophages, thus preventing subsequent tissue damage.”

“Low-level laser therapy acts as anti-inflammatory mediator by reducing the classical features of tendinitis by increasing the IL-10 concentration in inflamed tissue.”

“We showed that low-level laser therapy has protective effect on lung inflammation via increase of IL-10.”

In 2014, researchers from the Department of Physical Therapy, China Medical University, Taiwan, published a study in the journal *Photomedicine and Laser Surgery*, titled ²⁰:

The fluence effects of low-level laser therapy on inflammation, fibroblast-like synoviocytes, and synovial apoptosis in rats with adjuvant-induced arthritis

The authors evaluated the effect of low-level laser therapy operating at low and high fluences on induced joint inflammation and arthritis in rats. They note that data indicates that low-level laser therapy is effective in patients with inflammation caused by rheumatoid arthritis; however, the fluence effects of low-level laser therapy are unclear.

After induction of arthritis, the animals were exposed to 4.5 J/cm² or 72 J/cm² daily for 10 days. Afterwards the animals were euthanized and their arthritic ankles were collected for histopathological analysis. The authors detail how the pro-inflammatory cytokine TNF-alpha drives the pathology of rheumatoid arthritis. They state:

“Our results point to a significant decrease in the modulation of expression of TNF-alpha and inflammatory cells when they are irradiated by low-level laser therapy at a fluence of 4.5 J/cm² 72 h after the induction of inflammatory arthritis in the rat ankle.”

“Low-level laser therapy at a fluence of 4.5 J/cm² significantly reduced infiltration of inflammatory cells and expressions of TNF-alpha.”

“No significant changes were observed in these biochemicals and inflammation in arthritic animals treated with 72 J/cm².”



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EQUIPMENT FOR SALE

CLINIC CLOSING – CHIROPRACTIC EQUIPMENT FOR SALE IN ATLANTA, GA. Chiropractic clinic closing – all equipment and office furniture must go! Equipment includes: Leander chiropractic tables, Midmark medical table, Hydrobed Massage Time Pro, Mechanical traction bed, Bennett X-ray machine unit, Welch Allyn Sure Temp, X-ray light board, Dynatron 500, Dynatron 825. Office furniture: Executive desks, chairs, club chairs, bench, marble end table, Glacier Bay water machine, SPT USA mini freezer, Della mini fridge, 2-drawer & 4-drawer file cabinets. All items in good condition. Priced to sell individually or in bulk. Call Dr. John Kennedy at 404-808-2142 Serious inquiries only. Thank you!

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Please click here to view what's available: <https://www.maryvillechiropracticclinic.com/chiropractic-equipment-for-sale> Please email me back with any questions and thank you. Dr. Woodrow W. Gwinn, Jr. (865) 977-0916

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