



NYSCA SUFFOLK COUNTY

# District 7

OCTOBER 2023 NEWSLETTER



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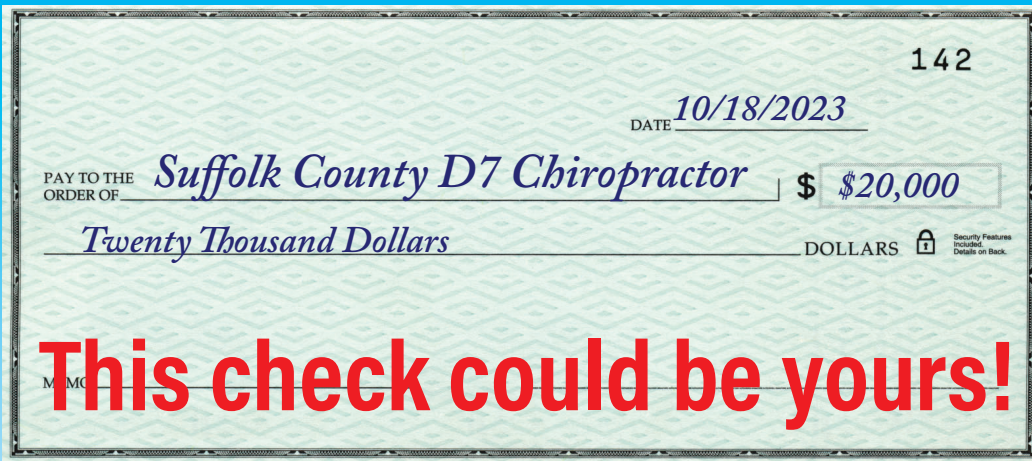
## Calendar of Events

**Oct 18: D7 Monthly Meeting:**  
**Michael Manfredi, ESQ.**  
Insurance Updates and Managing NF  
and WC cases  
8 PM at Radisson, Hauppauge/ZOOM link available

**Nov 14: Cadaver LAB:**  
**Dr. Mc Hugh**  
**6:30-8:30pm**  
Fusion Solutions  
190 Duffy Ave, Hicksville, NY

[TO REGISTER](#)

**December: Holiday Party!**  
Stay tuned for more details



**This check could be yours!**

**Learn how this month!**

## D7 September Speaker:

**Michael Manfredi, ESQ.**

**INSURANCE UPDATES AND MANAGING NF AND WC CASES**

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# PRESIDENT'S MESSAGE



Dear D7 Members:

Welcome to the October edition of the NYSCA District 7 Monthly newsletter! It's been quite a month and there's lots more coming.

Many of us are just back from the **Fall State Convention** which was held at the Kartrite Water Park in Monticello, NY. Besides earning credits and hanging out with our colleagues, many enjoyed the water park, and nearby casino. The speaker series included: Workers' compensation updates presented by our own board members, Dr. Merckling and Dr. Stein; Dealing with Chronic Spine Pain: Key Lab Markers and Nutritional Issues; Adjusting the Foot 'by Foot Levelers, and Everything you want to know about Pediatric Chiropractic. Attendees gained knowledge that could seamlessly be implemented into their practices and we had a great time!

I also want to acknowledge **Dr. Jeff Poparski**. Beyond his contributions to the D7 Board and as a Titleist Performance Instructor, Jeff is the Medical Director at Tunnels to Towers. T2T's mission since 9/11, is to honor fallen first responders and veterans and support their families. They are also committed to eradicating veteran homelessness and helping America to Never Forget September 11, 2001.

D7 member **Dr. Amanda Funicello** joined Robin and me to participate on the Medical Staff of the **Tunnels to Towers Annual Run** in NYC on September 24. Under Jeff's leadership a group of 30 health care providers across chiropractic, massage and physical therapy were at the finish line and on hand to treat runners. Despite torrential rains and wind, we are so glad to have been a part this day and look forward to doing it again next year. Thank you, Dr. Poparski, for all you do to help others.

As few reminders:

- Last month, **Lab Corp** was the guest speaker at our meeting. If you missed it, you missed a lot!! Blood work is an essential part of treating many of your patient pool, especially those with auto immune and chronic pain. Take a moment to set up an account.
- At our October 18 Members meeting we will be welcoming an attorney, **Michael Manfredi from Pomares Law Firm**, who will be educating us on **managing your No Fault and Workers' Compensation patients** and updating us on important plan changes. You may think you know it all, but there is always something new to learn, and Michael will be here to teach.
- Congrats to D7 member **Dr. Karl George** who was thrilled to win a pair of Islanders tickets at last month's Members meeting. Thank you to Dr. Jeff Poparski for donating those tickets.

Join us in person this month as we are raffling off another very cool prize, but **you must be in attendance to win**. We look forward to seeing you at our monthly Members meeting in a couple of weeks. And don't forget that **Zoom is still available**- email Dr. Joe Merckling for the link if you can't join in person!

Thank you for your time and membership to this great district,

Best,

JoAnna Fasulo DC

## Member Spotlight



Chiropractic as a way of life! This month we spotlight Dr. Joseph Papalia, a Chiropractor located in Setauket NY, who lives chiropractic!

Joe's first experience with chiropractic was when his mother and sister were involved in a motor vehicle accident about 30 years ago. Chiropractic was part of their treatment and healing care plan and from that moment on, he knew he wanted to be a Chiropractor.

Graduating from New York Chiropractic College, Dr. Papalia has been a Chiropractor since 2001. And stays motivated because he knows he is improving the lives of so many in his community. This impact also feeds into his hunger to learn more about new and different chiropractic techniques, nutrition, herbal therapy, pain relief, medical intervention and exercise. "Seeing the health transformation that my patients have on a regular basis, is why I consider it a privilege that I can call myself a Chiropractor," says Joe.

Not only does Dr. Papalia receive weekly Chiropractic adjustments to maintain his health, especially from working out, riding motocross, hiking and racing local spartan races. But, as a husband to his amazing wife Angela and a father of three children, Dr. Papalia relies on Chiropractic care on a regular basis to maintain the optimal health of his whole family.

As a member of NYSCA, Joe says he benefits from keeping up to date with treatments and protocols, his scope of practice and legal issues that can affect his practice. Beyond that, being a NYSCA member surrounds him with other passionate Chiropractors who look to help the profession grow and solidify our position in the healthcare system.

Thank you, Dr. Papalia for your passion and positive impact to our profession.

## UP TO SPEED ON INSURANCE

### MEDICARE FRAUD AND ABUSE: PREVENT, DETECT, REPORT WEB-BASED TRAINING COURSE

[COURSE LINK](#)

## NYS SEXUAL HARASSMENT PREVENTION

### Model Prevention Policy

Every employer in the New York State is required to adopt a sexual harassment prevention policy. An employer that does not adopt the model policy must ensure that the policy that they adopt meets or exceeds the following minimum standards.

[MORE INFO](#)

## GOOD FAITH ESTIMATES

Began in 2022

[MORE INFO](#)

## NYSCA E-NEWS UPDATES

### NYS PAY TRANSPARENCY LAW IS NOW IN EFFECT PREVENT, DETECT, REPORT

With the Pay Transparency Act now in effect as of September 17, New York employers with four or more employees are required to disclose a pay range on all job postings. In the latest LEGAL currents from Harter Secrest & Emery LLP, Anna McCarthy and Yomaris Sanchez-Orona break down everything you need to know to ensure your business is compliant.

[MORE INFO](#)

## Work Comp Corner

### THERE ARE TWO IMPORTANT UPDATES TO SHARE THIS MONTH:

1. Recently we received inquiries from members looking for clarity on Telemedicine in Workers' Compensation, including No Fault. Effective July 11 2023 Chiropractors, Physical Therapists, Occupational Therapists, and Acupuncturists can no longer bill Telemed visits as referenced in subject number 046-1613.

2. The D7 Board will soon begin a project to bring videos of many of the procedures in the submission for Workers' Compensation patients. These videos will include topics such as:

- Step-by-step procedures for the initial WC Comp patient visit, the submission of all reports and forms for follow-up treatments, the need for a PAR, and how to do a treatment and confirmatory PAR's
- Filing an HP-1.

As soon as this is available you will be notified.

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# CHIROPRACTIC IN THE NEWS



Tunnel to Towers Sports Medicine Team



Robin Stein DC, Amanda Funciello DC and JoAnna Fasulo DC



The rain didn't stop the Tunnel to Towers Sports Medicine Team.



Jeff Poplarski, DC is the Medical Director for the Tunnel to Towers! NYSCA District 7 is lucky to have him!!





# CHIROPRACTIC LEGISLATION IN THE WORKS

## 2023 End of Session Update

New York's legislative session was scheduled to end on Thursday, June 8; however, both houses remained in session into the weekend. The Senate finished around 3:30 a.m. on Saturday, June 10th. The Assembly worked until Saturday at 4:30 p.m. but then adjourned without concluding their business. The Assembly returned on June 20th to wrap up remaining issues and concluded their business late in the evening of June 21. This session was limited in scope, mainly focusing on passing local bills.

The end of the 2023 legislative session was greatly impacted by the delay in passing the State budget, which was due by Saturday, April 1, but was not passed until Wednesday, May 3. This delay created a truncated end of session in Albany. Unlike in prior years, where the end of session included a flurry of legislative activity on major policy issues, the 2023 legislative session ended on a quieter note. The delay in finalizing the State budget meant that the normal eight-week end of session period was shortened to four weeks. As a result, true momentum could not be gathered for large-scale legislative priorities that we tend to see at the end of a legislative session.

Regarding NYSCA's legislation generally, we are actively tracking nearly 200 bills that would impact Association members. 34 new bills of interest for NYSCA were introduced in 2023 alone. In the end, nine bills we are tracking passed both houses. These standalone bills are separate and apart from the legislation and initiatives included in the State budget.

Below, please find a summary of the main issues of note for NYSCA.

### Budget Initiatives

- **Transfer of Oversight of Licensed Healthcare Professionals**  
This proposal would have moved the oversight and licensure of all healthcare professionals, including the chiropractic profession, from the State Education Department to the Department of Health. This proposal was also in the Governor's budget last year and was ultimately removed, the same as this year. NYSCA did not take a formal position on which agency should have oversight of the professions, but we made known that whoever has oversight of the professions needs more resources and staff to meet the licensing and regulatory needs of the professions.

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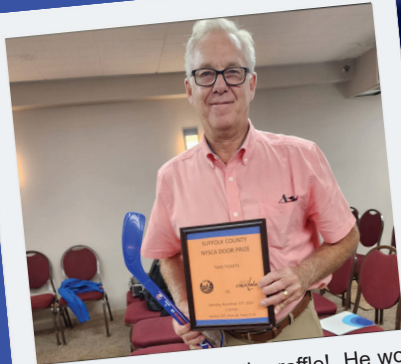
## House, Senate Reintroduce Bill to Increase Medicare Coverage of Chiropractic Services

Arlington, VA – Both the U.S. House of Representatives and the U.S. Senate today reintroduced legislation to increase access to Medicare-covered services provided by doctors of chiropractic. The Chiropractic Medicare Coverage Modernization Act (H.R. 1610 / S. 799) would bring Medicare's coverage of chiropractic into alignment with most other federal programs and private health plans, giving seniors improved coverage of non-drug treatments to alleviate pain and improve function.

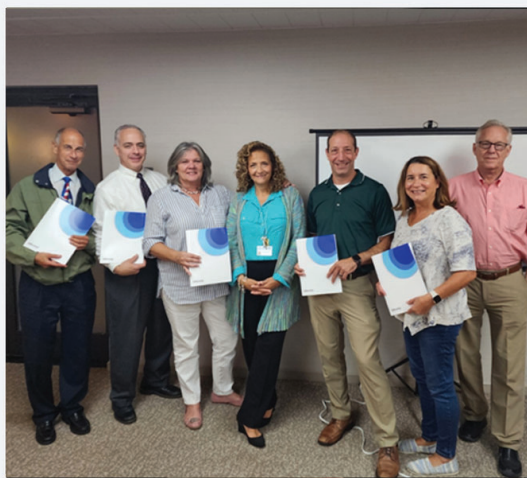
The legislation was introduced by Reps. Gregory Steube (R-Fla.), Brian Higgins (D-N.Y.), Mark Alford (R-Mo.) and John Larson (D-Conn.) in the House and Sens. Richard Blumenthal (D-Conn.) and Kevin Cramer (R-N.D.) in the Senate. Both bills were introduced with a number of bipartisan original cosponsors. An identical bill that expired last year in Congress achieved more than 150 cosponsors in the House, split almost evenly between Democrats and Republications, and six cosponsors in the Senate.

"The level of bipartisan support we achieved with the last bill tells us that this is an issue that resonates and has the momentum to go all the way," noted John Falardeau, ACA senior vice president of public policy and advocacy. "We thank Sens. Blumenthal and Cramer and Reps. Steube, Higgins, Alford and Larson for their leadership in reintroducing this important legislation, which will benefit America's seniors."

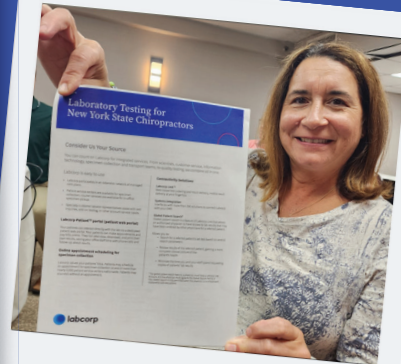
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Karl George, DC won the raffle! He won 2 Islander Tickets!! Congratulations!!



District 7 and Suffolk County's LabCorp Representative Melinda Edgley  
Email-aronism@labcorp.com



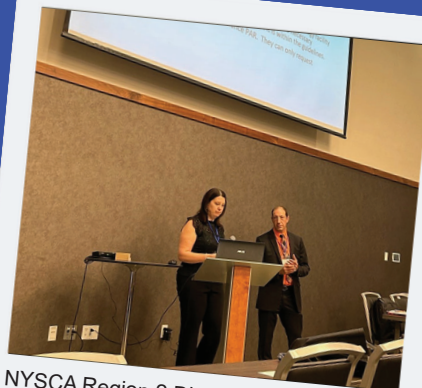
## NYSCA District 7's September Meeting

The NYSCA has been working with Labcorp to streamline the referral process and make it more convenient for DCs to order blood work for our patients. Last month, NYSCA District 7 had our local representative, Melinda Edgley, at our meeting. She showed us how to use the Labcorp Portal and showed us the chiropractic specific order forms that were developed jointly by Labcorp and the NYSCA. She is also helping many of the docs that attended to set up Labcorp accounts (if they did not already have one.) We have some extra Labcorp packets that we will be handing out at our October 18, 2023 monthly meeting. They include a lot of the information needed to start ordering blood work in your office.

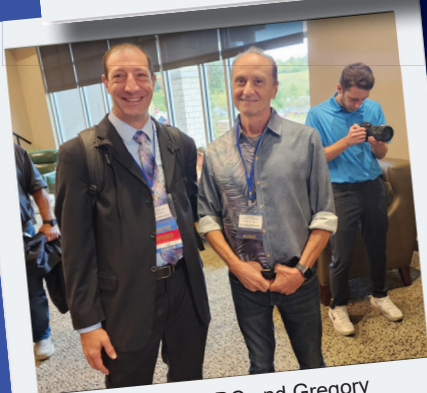


Robin Stein, DC and JoAnna Fasulo at the House of Delegates Meeting

## NYSCA Fall 2023 Convention at the Kartrite Resort and Indoor Waterpark



NYSCA Region 2 Directors presenting at the Fall Convention on Workers Compensation



Joseph Merckling, DC and Gregory Bonasera, DC



David Levi, DC



Ice Cream Social in Honor of Dr. Jack Beige



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\* For global patient search feature, a physician must have a Labcorp Link account, and the physician must agree to the Global Search Terms of Use. Global search is only permitted when the physician is in a treatment relationship with the patient.



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**VIEW TESTS**

# The Science of Radiofrequency Ablation

The introduction of radiofrequency ablation (RFA) in the medical field is a tale of innovation and technological advancement that has transformed the treatment of various medical conditions, particularly in the areas of pain management (spine & musculoskeletal pain), cardiology (electrical pathways), and oncology. The scientific principles involve using radiofrequency (RF) energy to generate heat and achieve various therapeutic effects.

## INTRODUCTION

You may have heard many terms related to neuroablation pain world. Cryoablation, alcohol ablation, water-cooled ablation (Coolief), pulsed radiofrequency ablation are some examples. All these treatments have one primary goal, targeted destruction of neural tissue to reduce or eliminate pain. In RFA, a generator produces RF energy, typically at frequencies between 200 kHz and 1.2 MHz. When RF energy is applied to tissues it is converted into heat due to the inherent electrical resistance. These elevated temperatures lead to tissue protein denaturation, cell membrane damage and coagulation, rendering the cells nonviable. Typically, temperatures above 50°C (122°F) are required for effective tissue ablation. In short, the primary goal of RFA is to achieve thermal ablation, which involves heating the targeted tissue to a temperature that causes irreversible cellular damage and coagulation.



Modern RFA devices incorporate advanced temperature control systems. The size and shape of the lesion can be controlled by adjusting the needle type, RF duration and intensity of RF energy delivery. Fluoroscopic or ultrasound guidance is used to place electrically insulated needles at the target sites. A RF probe (wire) is inserted through these needles, which is then connected to RF generator. This process enables the physician to create a precise “lesion” destroying a desired tissue section. One of the key advantages of RFA is that it is a minimally invasive procedure, reducing the need for open surgery.

## INDICATIONS

It is imperative to understand that just because science has given us the power to precisely destroy neural structures, we are not at a stage to use RFA for all pain problems. One of the obvious problems that we face is that most nerves are mixed sensorimotor nerves. Destroying a mixed nerve, like sciatic nerve, may improve leg or foot pain from sciatica, but it would come at the massive price of almost paralyzing the leg. We must be mindful of choosing mostly or purely sensory nerves while performing RFA and inform patients of any additional side effects destroying these nerve endings may cause.

*Continued on page 9*



**Amit Sharma MD**  
833-LI-SPINE  
631-310-0000

Director of Interventional Spine  
SpinePain Solutions

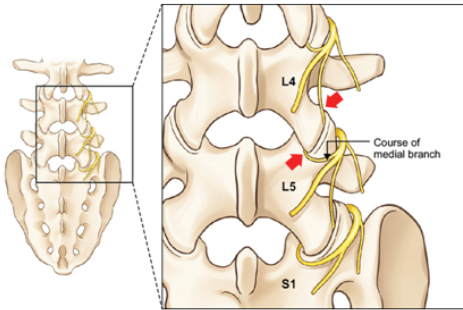
Medical Director  
Minimally Invasive Center of New York

Chief, Division of Pain Medicine  
Good Samaritan University Hospital

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## SPONSOR SPOTLIGHT



Let's use medical branches as an example. Medical branches, or medial branch nerves, are primarily sensory nerves. These nerves are responsible for transmitting sensory information, including pain signals, from the facet joints in the spine to the central nervous system (the spinal cord and brain). When facet joints become inflamed or degenerate, they can generate pain signals that are carried by the medial branch nerves.

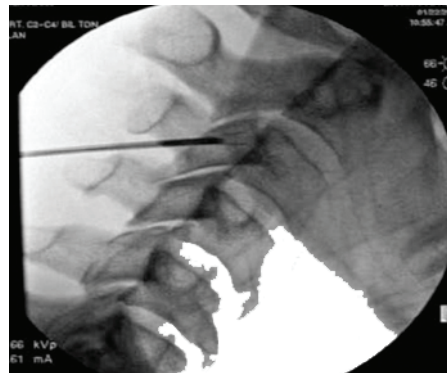
The primary function of medial branch nerves is to provide sensory feedback about the position and movement of the facet joints, allowing the body to maintain stability and make necessary adjustments in response to mechanical stress on the spine. While their primary role is sensory, they may also have some autonomic (involuntary) functions related to blood flow regulation in the facet joints.

Due to their role in transmitting pain signals from the facet joints, medial branch nerves are often the target of RFA when patients experience chronic pain related to these joints. By interrupting the transmission of pain signals along the medial branch nerves, RFA can be used to alleviate facet mediated neck, mid-back or low back pain.

The use of RFA does not stop at facet joints related spine pain. It has evolved over the last decade and is now successfully used to treat vertebrogenic/discogenic low back pain (intrafacet procedure), joint pains (sacroiliac, knees, hips and shoulders) and even peripheral chronic painful conditions (occipital neuralgia, intercostal neuralgia from shingles or old rib fractures).

### PROCEDURE

The Radiofrequency ablation is a simple and safe procedure in the hands of trained physicians. It would be a disservice to discuss the procedure without mentioning how important patient selection is. The patient undergoes a thorough evaluation by a qualified healthcare provider to determine if RFA is an appropriate treatment option. The physician should review the patient's medical history, performs a physical examination, and review relevant imaging studies (e.g., X-rays, MRI, CT scans) to precisely identify the target nerves. The actual procedure takes 20-30 minutes to complete. The procedure can be performed under local anesthesia, although in some cases, mild sedation or monitored anesthesia care (MAC) may be provided to help the patient relax, especially for more complex or lengthy procedures.



To ensure precision, the physician uses imaging guidance techniques such as fluoroscopy or ultrasound to visualize the target location or nerves and surrounding structures. A thin, insulated needle or probe is inserted through the skin and positioned near the target nerves using the real-time imaging. Before the ablation begins, nerve stimulation is frequently performed. This involves sending a low-level electrical current through the needle or probe to confirm its proximity to the target nerves. This step helps the provider identify the specific nerves responsible for the patient's pain. Once the target nerves are confirmed, radiofrequency energy is applied through the needle or probe. The energy generates heat at the tip of the needle or probe, creating a controlled lesion (localized burn) on the

nerve tissue. The temperature and duration of energy delivery are carefully controlled to achieve the desired therapeutic effect while minimizing the risk of overheating or damage to surrounding tissues.

Throughout the procedure, the patient's vital signs, such as heart rate, blood pressure, and oxygen saturation, are closely monitored to ensure safety. After the procedure is completed, the needle or probe is removed. The patient is monitored in a recovery area for a brief period to assess their condition and ensure there are no immediate complications. Some patients may experience mild discomfort or localized numbness at the treatment site, which typically resolves over time.

### CASE EXAMPLE 1: CHRONIC LOW BACK PAIN

I present a 56-year-old man, Mr. John S, a plumber by profession, with 4 years of chronic progressively worsening low back pain. John described that his back pain started without any trauma. It was limiting his work and his activities of daily living. He described the pain in lumbosacral region. On bad days, it would radiate into buttocks, and occasionally into his upper thigh. Both sitting as well as standing made his pain worse. Lying supine did help in the beginning. With prolonged laying down and turning in bed, his pain would return to some degree. He described lack of any numbness, paresthesias, or lower extremity weakness. His physical examination was relatively benign, other than presence of discomfort with extension and lateral bending. He was neurologically intact.

In the last two years, John had failed extensive physical therapy. He was seeing one of our chiropractic friends and although he found relief in the beginning, unfortunately, his symptoms eventually returned to baseline. He failed trigger point injections and acupuncture. John's X-rays of LS Spine showed moderate degenerative disc disease (DDD) at L4-5 and L5-S1 levels along with bilateral facet hypertrophy. MRI confirmed type I modic end plate changes at both levels, along with moderate to severe degenerative disc disease, as well as bilateral facet hypertrophy at both levels.

*Continued on page 10*

## SPONSOR SPOTLIGHT



After a long discussion, we explained that the potential sources of his problems could be DDD related discogenic or vertebrogenic pain or lumbar facet syndrome. After much education and discussions, he decided to proceed with diagnostic lumbar medial branch block. Diagnostic injections are a steppingstone to identify if his back pain is related to facet syndrome. During this image guided injection, thin needles were placed over the facet joints and a low dose of long acting novocain type medication was injected. John was then asked to return home and try usual activities that would precipitate his typical pain. He returned three days later and described almost 75% improvement in his back pain. Two weeks later, same test injection was repeated with similar outcomes. The reason for “double” diagnostic injections was to reduce the likelihood of placebo response from a single injection.

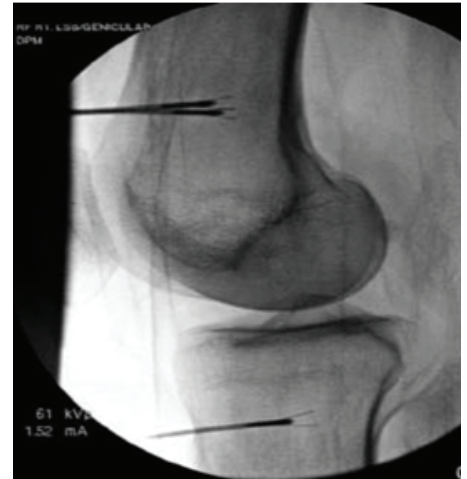
After having confirmation of significant pain relief on two different occasions, John proceeded with RFA. Within a week his symptoms improved by 70 to 80%. Specialized Nimbus needles and multifidus sparing technique was used for John’s case. We expect his pain improvement to last a year or more. He is now seeing his chiropractor off and on for maintenance. I believe his remaining back pain is from degenerative disc disease. He may require intracept procedure if his vertebrogenic pain gets worse in future.

### CASE EXAMPLE 2: CHRONIC KNEE PAIN

Our second case is a 48-year-old woman, Ms. Lindsey J, a survivor of breast cancer and recent myocardial infarction. She was a sportswoman through her 20s-30s, and it took a toll on her knees. She had 3 arthroscopic knee surgeries for each side. She had suffered from chronic knee pain for a decade or more. At the time of coming to our center, she had failed physical therapy, steroid injections, gel injections, acupuncture and was not considered a candidate for total knee replacement given her age and recent MI. Her examination showed mild swelling around both knees, a palpable crepitus on extension, but lack of any joint deformities or instability. Her x-rays and MRI confirmed severe osteoarthritis of both knees.

Like John’s case, Lindsey underwent diagnostic articular branch blocks to confirm, and reconfirm that by blocking genicular nerves, she was getting substantial relief of her knee pain. The knee genicular nerves are a group of sensory nerves in the knee joint that play a role in transmitting pain signals from the knee to the brain. These nerves are part of the genicular nerve network, which is responsible for innervating various areas of the knee. The genicular nerve network consists of three primary nerves:

- Superior Lateral Genicular Nerve: This nerve provides sensory innervation to the lateral (outer) aspect of the knee joint.
- Superior Medial Genicular Nerve: This nerve supplies sensation to the medial (inner) aspect of the knee joint.
- Inferior Medial Genicular Nerve: This nerve is responsible for sensory innervation of the inferior (lower) part of the knee joint.



These nerves are involved in transmitting pain signals from the knee joint to the central nervous system. After receiving image-guided diagnostic novocain injections of genicular nerve endings, Lindsey was pain free for 36 hours and could even manage to run half a mile. Given her successful response, she eventually underwent radiofrequency ablation of these nerves and became completely pain free. We hope the outcomes would last 1-2 years, at which point, she may repeat the RFA, or chose to go through joint replacement. As we know, dissatisfaction after total knee replacement (TKR) can be up to 20% [Cheppalli et al. Cureus. 2021 Nov 11;13(11):e19489]. Genicular nerve endings are not destroyed during knee replacement surgery, and these unsatisfied patients may still benefit from RFA after failed TKR.

In conclusion, radiofrequency ablation has a rich history of development and adoption in various medical fields. Its minimally invasive nature, precision, and effectiveness in treating a wide range of conditions have made it a valuable tool in modern medicine. In pain world, RFA remains one of the most reliable and successful procure to treat a variety of conditions from spine pain to musculoskeletal and neurologic pain conditions. As technology continues to advance, RFA is likely to play an even more significant role in improving patient outcomes and quality of life.



# Spine Anatomy & Physiology

A COMPREHENSIVE REVIEW AND HANDS-ON CADAVER LAB  
CME COURSE

**14** November 2023  
Tuesday

**6:30 - 8:30 PM**



*presented by*

**BRIAN J. McHUGH, MD**

Board-Certified Neurosurgeon

**Fusion Solutions  
190 Duffy Ave.  
Hicksville, NY**

## Objective:

**Discuss the anatomy and physiology of the spine and  
review various treatment options available.**



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Dr. Sathish Subbaiah

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Dr. Morgan Chen



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Trigeminal Neuralgia  
Brain Tumors



**Jeffrey A. Brown, M.D.**  
Neuropathic Facial Pain



**Jonathan L. Brisman, M.D.**  
Neurovascular Neurosurgery  
Endovascular Neurosurgery  
Brain Tumors



**Brian J. Snyder, M.D.**  
Parkinson's Surgery  
Epilepsy Surgery  
Pain Surgery



**John A. Grant, M.D.**  
Pediatric Neurosurgery  
Neurovascular Neurosurgery  
Brain Tumors



**Paolo A. Bolognese, M.D.**  
Chiari I Malformation  
Syringomyelia



**Robert N. Holtzman, M.D.**  
General Neurosurgery  
Spine Surgery



**William J. Sonstein, M.D.**  
Spine Surgery



**Artem Y. Vaynman, M.D.**  
Spine Surgery



**Stephen T. Onesti, M.D.**  
Spine Surgery



**Sachin N. Shah, M.D.**  
Spine Surgery



**Vladimir Y. Dadashev, M.D.**  
Spine Surgery



**Benjamin R. Cohen, M.D.**  
Spine Surgery



**Xavier P.J. Gaudin, D.O.**  
Spine Surgery



**Yusef Imani, M.D.**  
Spine Surgery

### Suffolk Neurosurgeons



**Ramin Rak, M.D.**  
Spine Surgery  
Brain Tumors



**Alan Mechanic, M.D.**  
General Neurosurgery  
Spine Surgery



**Donald S. Krieff, D.O.**  
Spine Surgery



**Zachariah M. George, M.D.**  
Spine Surgery



**Alexandros D. Zouzias, M.D.**  
Spine Surgery



**Daniel M. Birk, M.D.**  
Spine Surgery



**Raymond Baule, M.D.**  
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### Neuropsychology



**Gad Klein, Ph.D.**  
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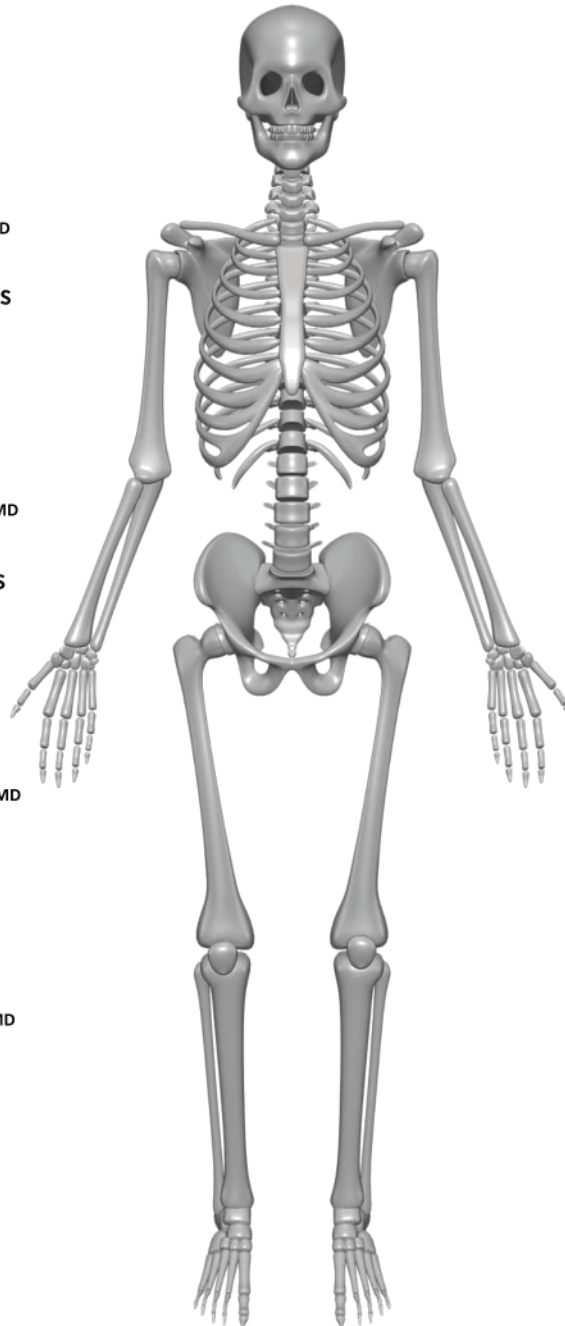
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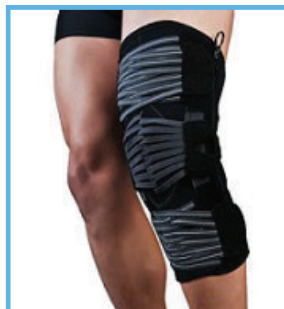
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