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Gettng to yes
Digital imaging promotes compliance.
BY STEVEN J. KRAUS, DC

Treating the first ‘T’
The intersection of neurofeedback and chiropractic.
BY GUY ANNUNZIATA, DC

When MRIs can’t rival your eyes
Your ability to diagnose functional deficiencies is an essential skill.
BY TIM BERTELSMAN, DC, and BRANDON STEELE, DC

An undervalued assessment
Posture, low-back pain, and risk of falls.
BY STEVEN WEINIGER, DC, and DENNIS ENIX, DC

Testing for neurotransmitters
A personalized approach to chronic pain that helps your patients—and builds your practice.
BY SCOTT THEIRL, DC

You can manage what you measure
Three clinical markers for resolving chronic inflammation.
BY DONALD L. HAYES, DC

Picture perfect
Improve patient outcomes with diagnostic scanning.
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By Christina DeBusk

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Editor’s Pick

This year’s new superfood is here

When it comes to eating a diet that can help lead to more optimal levels of health, superfoods are often said to deliver. From acai berries and almonds to wheatgrass and zucchini, there are foods from nearly every letter in the alphabet that are promoted for their ability to help people live longer and higher quality lives.

One that falls exactly mid-alphabet is Moringa. It’s being called the next new superfood by many health experts. If you’ve never heard of it, Moringa is a plant that has an extremely high content nutrient base.

Because all parts of the Moringa plant are edible, it can be ingested in many forms. For instance, if you want to use the leaves, you can make drumstick leaf curry or chicken ginger soup with chayote and Moringa leaves.

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What's going on

This year we thought we’d try something a bit different and so we’ve themed several of our issues tightly around a special topic. Issue 2 was all about pain management—one of the most pressing health care concerns today. Issue 7 was our new chiropractor and education issue, perfect for giving to a young person interested in the profession. And this issue is about diagnostics.

The word “diagnosis” comes to us from a Greek word, diagignoskein, meaning “discern, distinguish," literally “to know thoroughly.” One of the things I hear repeatedly from our experts is that as a doctor of chiropractic you’re different from MDs because, unlike them, you don’t merely treat the symptoms of illness, you treat the root cause.

Unquestionably, that is a sound endeavor, but it isn’t always easy to match the cause with the effect. In the case of radiculopathy, for instance, the pain in an extremity may be caused by a pinched or inflamed nerve in the spine. Irritable bowel syndrome might be the result of lactose intolerance. A sore throat and morning headache could be signs of sleep apnea. The clinician in such cases will have some detective work to do.

In certain scenarios, diagnostic testing is performed to rule out a condition—or verify it. This is common when a stroke or deep vein thrombosis is a possibility. While you’re unlikely to have a lab or an MRI machine handy, a DC will commonly have imaging equipment, sEMG devices, and ROM testing inclinometers and goniometers.

And don’t forget the computer sitting above your shoulders. The Trendelenburg test and the Berg Balance Scale, for example, mainly require a sharp eye and knowing the procedures. Moreover, there’s no substitute for experience. Every doctor of every type has a “black bag” of tricks they’re acquired over the years. Skilled doctors also know to trust their intuition. A nagging feeling or “hunch” is often a subconscious recognition of a pattern or clue you’ve seen before.1

To your success,

Daniel Sosnoski, editor-in-chief

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THE CHIROPRACTIC PULSE

Missouri and Washington fight the opioid epidemic with chiropractic

As a sign of how state legislatures are increasingly recognizing that it is possible to fight the opioid epidemic with chiropractic, the Missouri Senate, in a vote of 32-0, passed HB 1516, which opens the Medicare program to chiropractic treatment in Missouri. The law, taking effect at the end of August, provides patient access “up to 20 visits per year for services limited to 45 examinations, diagnoses, adjustments, and manipulations and treatments of malpositioned articulations and structures of the body provided by licensed chiropractic physicians.”

In Washington State, Gov. Jay Inslee signed a budget in May that included a provision titled “Better Access to Healthcare.” This legislation provides up to six visits that require no insurance pre-authorization for physical, occupational, or massage therapy as well as acupuncture and chiropractic services. Here also, the measure was spurred by a desire to stem the tide of opioid addiction that has hit the state hard.

To read more, visit ChiroEco.com/opioidchiro

Source: Chiropractic Economics, chiroeco.com

New study finds the addition of chiropractic care to usual medical care provides greater relief for low-back pain than usual medical care alone

A new study led by investigators at the Palmer Center for Chiropractic Research, in conjunction with the RAND Corporation and the Samueli Institute, found that patients suffering from low-back pain who received chiropractic care in addition to usual medical care had better short-term improvements in low-back pain intensity and pain-related disability when compared to those who received usual medical care alone.

Results of this groundbreaking research were released in May in the inaugural edition of the Journal of the American Medical Association’s online JAMA Network Open. The study—the largest randomized clinical trial in chiropractic research in the U.S.—took place from September 2012 to February 2016 and involved 750 active-duty U.S. military personnel at three sites across the country.

To read more, visit ChiroEco.com/backrelief

Source: Palmer College of Chiropractic, palmer.edu

George B. Curry, DC, honored as ICA’s Chiropractor of the Year for 2018

The International Chiropractors Association (ICA) honored George B. Curry, DC, DACS, FICA, LCP, with the 2018 Chiropractor of the Year Award. At ICA’s Annual Meeting on May 11, 2018, at the Palmer College of Chiropractic Florida Campus, Curry was selected to receive the association’s highest honor and said, “I am deeply humbled and honored by this unexpected recognition and truly appreciate the confidence in my efforts it represents. This is one of the greatest milestones in my professional life and I will now strive with greater energy and determination to validate this expression of trust on the part of my professional peers.”

Curry was presented this prestigious award during the annual meeting in front of 100 doctors of chiropractic, students and families gathered to celebrate the ICA’s 92 years of service to the profession and the public. The ICA Chiropractor of the Year Award is presented annually to an individual who has demonstrated a career-long record of professional excellence, achievement and service to the ICA and the chiropractic profession.

To read more, visit ChiroEco.com/icachiro

Source: International Chiropractors Association, chiropractic.org

BY THE NUMBERS

1.5

The gallons of blood the human heart pumps each minute.

Source: health.clevelandclinic.org

1,300

The calories that about one quarter of Americans consume at work every week from free foods.

Source: consumer.healthday.com

30.3

The millions of people who have diabetes in the U.S.

Source: cdc.gov
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University of Western States online nutrition and sports medicine programs named some of the best in the nation

The University of Western States (UWS) has announced that its online Master’s in Human Nutrition and Functional Medicine (HNFM) program and Master’s in Sports Medicine program have been recognized as two of the best programs in the country in their respective areas of study in 2018 by BestColleges.com and CollegeChoice.net.

A leading provider of higher education research and college planning resources, BestColleges.com ranked the UWS Sports Medicine program No. 1 in the country, while the HNFM program ranked No. 2 on the list. CollegeChoice.net, whose rankings highlight accredited, not-for-profit institutions that have developed exceptional academic online programs for students looking to advance their knowledge, skills and careers, listed the sports medicine program as No. 8.

“Our online graduate rankings aim to highlight schools that are providing exceptional academic curriculums while remaining affordable and flexible for today’s nontraditional students,” said Stephanie Snider, director of BestColleges.com.

To read more, visit ChiroEco.com/UWSprograms
Source: University of Western States, uws.edu

Northwestern Health Sciences University

Northwestern adds sports chiropractic emphasis

Northwestern Health Sciences University has created a sports chiropractic degree emphasis to allow students to focus on the clinical care of athletes as they prepare for careers in this fast-growing field after graduation.

In the past two years, the number of students attending Northwestern to pursue sports-care opportunities in chiropractic has grown by more than 10 percent. In addition, more teams and international sports organizations have established professional relationships with Northwestern’s Human Performance Center to help manage the care of their athletes. Teams currently under care include the Minnesota Vixen women’s professional football team, the Minnesota Freeze Australian rules football team, the USA Tug of War team and numerous international track and field teams, along with their individual athletes.

To read more, visit ChiroEco.com/NHSUsports
Source: Northwestern Health Sciences University, nwhealth.edu

Life University’s Marketing Department Honored with 2018 Telly Award

Life University (LIFE) has been honored with a 2018 Silver Telly Award in its “Schools/Colleges/University Online Commercials” category for the University’s 2017 Life U Athletics promotional video.

The Telly Awards were founded in 1979 to honor excellence in local, regional and cable television commercials, with non-broadcast video and television programming added soon after. With the recent evolution and rise of digital video, the Telly Awards also reflect and celebrate this exciting new era of the moving image on and offline.

The awards annually showcase the best work created in television and across video for all screens. Receiving more than 12,000 entries from all 50 states and five continents, Telly Award winners represent work from some of the most respected advertising agencies, television stations, production companies and publishers from around the world.

Life University’s Executive Director of Marketing, Shelly Batch, says about the award, “It is my privilege, on behalf of Life University’s Marketing Department, to accept this prestigious award. We work diligently every day to get LIFE’s brand and story out there, and this award is such incredible recognition of that effort.”

To read more, visit ChiroEco.com/LIFetelly
Source: Life University, life.edu

WHAT’S HAPPENING IN HEALTH?

Fulcrum Health symposium highlights care collaboration between medical and chiropractic doctors

Fulcrum Health, Inc., has released a summary and presentation takeaways from its 2018 Symposium and Annual Meeting, which focused on team-based care as an approach to pain management, opioid use, and conservative-care utilization.

Industry experts representing hospitals and health systems, chiropractic providers, payers, rehabilitation professionals, and integrated medicine providers shared research and perspectives on how a team-based approach can influence the patient experience and improve long-term outcomes. Experts discussed how different care providers can come together across the care continuum to find the best course for pain management for each patient. Conservative care has proven to be a highly effective option for pain management, offering relief without the use of surgical procedures or opioids.

To read more, visit ChiroEco.com/patientcare
Source: Fulcrum Health, fulcrumhealthinc.org
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Patient Jane Doe, age 42, entered the practice as an established patient who had not been seen for nine months. Her new presentation of neck pain and headaches represented a different condition than her previously encountered low-back pain.

She was seen for approximately three visits involving spinal adjustments and electrical muscle stimulation, including some deep-tissue techniques. She had some minor, temporary relief, but the condition was still significantly present on that third visit when she expressed some discontent on the continuation of her symptomatology and moderate pain with headaches. She indicated her desire to seek medical attention and clearly was telegraphing that she was going to go to another provider along the medical route.

She stated her husband was pushing her to go to their family medical doctor. Although I explained cervicogenic headaches and the loss of range of motion, as well as the tight musculature and joint fixation found on the basic examination from her first visit the week prior, she seemed reluctant to continue with care even though it had only been three visits. I’ve always been a successful communicator and the majority of times patients follow my recommendations, especially at this stage of care.

**A need for diagnostics**

I suggested to Jane that we obtain further diagnostics to determine the exact alignment in both the upper cervical spine and the mid-cervical region, as her posture demonstrated forward head carriage. Since we had not taken prior X-rays of her cervical spine, it would help us get an accurate assessment to determine the exact involvement of her spine with her condition. She said she didn’t have time, but when I explained that the entire process would take only five minutes, she agreed.

Because she sits at her desk much of the day working at a computer and had a notable loss of extension ROM, we obtained a five-view cervical series that included flexion and extension views. We used our digital X-ray system and obtained all the images in a few minutes.

The findings demonstrated a moderate reversed cervical curve, with degenerative changes at the C5-C6
level with anterior osteophytes, and significant disc degeneration at the C5-C6 level. In addition, the APOM view showed her C2 vertebra was rotated significantly to the right side and counter-rotation on the C1 to the left, causing biomechanical alterations and cervicogenic headache involvement. In addition, significant loss of extension was evident.

Some of these findings were previously unknown by examination. Using annotations on the digital X-rays, we were able to illustrate for Jane a direct comparison between what her X-rays revealed in contrast to a normal cervical spine.

That day was significant for Jane. It changed her life by giving her a direct and immediate understanding of her condition.

Visible evidence
The digital X-rays, complete with those annotations, empowered her in a way my explanations could not. She could literally see her condition, and after sharing the annotated digital X-rays with her husband, committing to the recommended care plan was a no-brainer.

Over her next 14 visits, more specific adjustments were provided to Jane. Specific corrective exercises were also provided with home instruction. The headaches that had been ongoing the past several months had now abated 100 percent. And Jane better understood the need for future care after seeing the X-rays. Tellingly, preventative care was something Jane requested (before I even had the chance to suggest it), making reference several times to the digital X-ray findings.

Conclusions
The result after five weeks of care: Jane’s husband, who was the person wanting Jane to go elsewhere, became a new patient to the clinic for his back complaints. The positive experience from both the husband and wife resulted in two other patient referrals over the next six months. And from a practice profitability standpoint, the net effect was $4,300 in total care revenue from Jane, her husband, and the two other referrals.

All of this because of two critical factors: The digital X-rays and annotated line measurements gave Jane a perspective she would not otherwise have had—one that empowered her to make the right decision and complete her recommended care. Plus, the X-rays altered the approach to care from me as the provider, guiding me toward a more specific approach that gave us a better outcome for Jane and her future.

Why is this critical for DCs to understand? Because the vast majority of the population—especially the cohort that grew up with a screen in their hands—are visual learners. And one of the biggest problems we face as chiropractors is getting patients to fully commit to our recommended care plans. And in this regard, digital X-ray technology, together with annotations, does more than make an image; it makes an impact.
Dr. Robert Gonzalez, DC
ProHealth PM, Studio City CA
“I love the Pure Wave... it helps with the adjustments. It relaxes the muscles almost instantly... this is a great added benefit for patients to continue their therapy at home.”

Dr. Denny Patel, DPT, CSCS
“I think it’s fantastic. [Pure Wave] helps relieve tension in the neck, the back, whatever. I recommend it to everybody.”

Laura Jenkins, LMT
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CLINICAL CONCERNS

Many neurological disorders are caused by poorly functioning brainwave patterns. Extensive research has demonstrated specific abnormal patterns associated with ADHD, insomnia, anxiety, depression, autism, memory issues, concussion, stroke, traumatic brain injury, and many others.

Neurofeedback provides a natural method of correcting these abnormal patterns and eliminating the symptoms associated with these disorders. It is a proven and effective alternative to many of the dangerous medications that are prescribed for these conditions.

In addition, neurofeedback can be used as a peak performance therapy for professional athletes, musicians, and high-level corporate executives to create optimal patterns of brainwave activity. The following discussion of the clinical basis for this therapy will explain why more than 200 chiropractic offices have integrated this cutting-edge therapy into their practices.

Neurofeedback, also called “EEG biofeedback,” is a state-of-the-art, non-invasive and drugless method for teaching the brain to function in a more balanced and healthful way. Brainwaves are at the core of this treatment—and they occur at different frequencies for different people. Also known as EEG bands, there are four distinct types of brainwaves: beta, alpha, theta, and delta.

Beta waves are associated with focus, concentration, intellectual activity and mental alertness. Also known as the brainwaves of “waking consciousness,” they help determine analytical thinking and logical ability.

Alpha waves are associated with a state of relaxation. When the human brain shifts into a state of relaxation or “idles,” it becomes more disengaged, as if it is in standby mode. Think about something peaceful for longer than a minute and your brainwaves turn into alpha waves.

Theta waves are associated with a daydream-like awareness. They can cause a very relaxed state, between wakefulness and sleep. They are also

Treating the first ‘T’
The intersection of neurofeedback and chiropractic.

BY GUY ANNUNZIATA, DC
associated with peak creative states, meditation and spirituality.

**Delta waves** represent the unconscious mind and occur in deep sleep. They have also been associated with intuition, curiosity and “radar-like” feelings.

Researchers have found patterns of brainwave activity that correspond with common disorders. People with ADHD, for example, have high magnitudes of delta or theta (or both) coupled with low magnitudes of beta (see Figure 1).

Anxiety is associated with higher magnitudes of beta on the right side of the brain and depression is associated with higher magnitudes of alpha on the left side of the brain. Peer-reviewed research has demonstrated that each neurological disorder has an abnormal pattern associated with it. The goal of neurofeedback is to normalize those abnormal patterns, but before you can do that, you need to identify the patterns.

**The neurofeedback assessment**

All neurofeedback begins with a quantitative electroencephalogram (QEEG) evaluation. The QEEG is an assessment tool designed to objectively evaluate a person's brainwave patterns.

The procedure consists of placing a snug cap on the head. Embedded within the cap are small sensors designed to measure and record electrical activity (brainwaves) coming from the brain. These sensors do not output any electrical current to the brain; rather, they record signals coming from the brain.

The brainwave data recorded with the QEEG is statistically compared to a large normative database and a report is generated. This assessment procedure allows the doctor to determine, in a scientifically objective manner, whether a client’s brainwave patterns differ from normal.

For example, there is a typical pattern associated with ADHD. The QEEG will show which waves are at high and low magnitudes. The classic ADHD pattern involves high magnitudes of delta and theta coupled with low magnitudes of beta. This combination makes it hard for the patient to focus and maintain attention. It may also cause hyperactivity and impulsivity.
The QEEG assessment also provides you with the neurofeedback training protocols that will be used during the training sessions. These are designed to retrain the brainwave patterns toward normal. As the brainwave patterns normalize, the brain will operate more optimally and efficiently, alleviating the symptoms of the condition.

**Neurofeedback training**

During neurofeedback training sessions, individuals are hooked up to a computer using wires and sensors, and the computer records their brainwave activity. As mentioned above, these sensors are passive and introduce no electrical current to the brain. Information about these brainwaves is displayed on the clinician’s monitor. The software automatically detects when the brainwaves are properly ordered, and it feeds that information back to the patient. This feedback appears in the form of a game, movie or sound that signals to the patient that their brainwaves are becoming more ordered.

For example, the patient may be watching a movie on the monitor. As long as the patient’s brain waves are moving in an orderly direction, the movie plays bright and the volume is loud. If the brainwave patterns move away from an orderly configuration, then the movie becomes dark and the volume decreases.

The patient is actually controlling the resolution of the picture and the level of the volume with their brain. The brain's natural desire to watch the movie clearly will drive those neurological circuits that normalize brainwaves and allow the picture to be visualized in its best resolution.

If the patient has a desire to watch the movie, and pays attention to the movie, the neurological circuits will be driven. The more those circuits are driven and used, the more neuroplastic changes take hold. Then, the patient learns how to use those new circuits during the demands of everyday life.

**Neurofeedback and chiropractic**

Neurofeedback is an excellent complement to chiropractic, and is currently being used in more than 200 offices throughout the country. This added modality not only expands the patient base for these offices by helping the growing population who suffer from chronic neurological problems but also attracts a new population of neurofeedback patients to chiropractic.

The service offers a reliable revenue stream and has liberated many of these practices from relying on an unreliable third-party payer system. In fact, many offices have been able to convert to cash-based practices as a result of adding neurofeedback.

Further cementing the complementary relationship of these two modalities, in 2016, Life University added neurofeedback theory and application to its chiropractic program and as a result this modality is now part of the school's core chiropractic curriculum.

**Guy Annunziata, DC, BCN,** is one of only 25 chiropractors who are board certified in neurofeedback. He is the founder and developer of BrainCore Neurofeedback Therapy—the only QEEG-based neurofeedback system specifically designed for the chiropractic profession. He can be reached through braincoredoctor.com.
CHIROPRACTORS NOW HAVE ACCESS TO MYRIAD ADVANCED testing options. MRIs, diagnostic ultrasounds, and CT scans help confirm diagnoses like disc lesions, stenosis, and tears of a labrum or meniscus. These structural pathologies, however, are often signs rather than causes of the patient’s underlying problem.

Structural diagnoses are frequently the result of longstanding functional deficits that generate pathoanatomic changes and, eventually, symptoms. Diagnosing underlying functional deficiencies does not require any specialized equipment other than a keen sense of observation. This is one way to identify and manage hip abductor weakness, a commonly overlooked contributor to many lower body complaints.

**Etiology of dysfunction**

The muscles of the hip provide not only local stability but also play an important role in spinal and lower extremity functional alignment. While weakness in some hip muscles (hip extensors and knee extensors) is well tolerated, weakness or imbalance in others can have a profound effect on gait and biomechanical function throughout the lower half of the body. Weakness of the hip abductors, particularly those that assist with external rotation, has the most significant impact on hip and lower extremity stability.

The gluteus medius (GM) is the principal hip abductor. It originates on the ilium just inferior to the iliac crest and inserts on the lateral and superior aspects of the greater trochanter. While the principal action of the GM is hip abduction, clinicians will appreciate its more valuable contribution as a dynamic stabilizer of the hip and pelvis—particularly during single-leg stance activities like walking, running and squatting.

The GM contributes approximately 70 percent of the abduction force required to maintain pelvic leveling during single-leg stance. The remainder comes predominantly from two muscles that insert onto the ilio-
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The first functional manifestation of hip abductor weakness occurs when the contralateral pelvis is allowed to drop during single-leg-stance activities (positive uncompensated Trendelenburg). This causes relatively excessive thigh adduction and internal rotation of the weak leg, creating significant biomechanical disadvantages at the knee and hip. Excessive adduction of the thigh leads to increased tension on the iliotibial band predisposing the tissues beneath to compressive irritation.14-16

Runners with iliotibial band problems frequently demonstrate hip abductor weakness on the affected side.17 Chronic gluteal dysfunction may lead to myofascial trigger points, tendinopathy, and musculotendinous strains.18 Prolonged thigh adduction can lead to a self-perpetuating cycle of "stretch weakness."19

Downstream, hip abductor and external rotator weakness allow for dynamic knee valgus (knock-knee) during single-leg stance.20-23 Uncontrolled thigh adduction is biomechanically coupled with femoral internal rotation, a combination recognized as contributing to medial collateral and anterior cruciate ligament sprains and tears.24,25 Excessive thigh adduction and femoral internal rotation also cause a relative lateral displacement of the patella, driving the lateral patellar facet into the lateral femoral condyle, often symptomatically.26-29 Research confirms that patients with patellofemoral pain demonstrate hip abductor weakness when compared to an asymptomatic population.30,31

Co-conspirators
Not all of the torsional energy from excessive femoral internal rotation is dissipated by the knee. Some of it travels into the tibia and can contribute to medial tibial traction periostitis (shin splints), and foot hyperpronation. Foot hyperpronation and hip abductor weakness are known biomechanical co-conspirators.

GM weakness allows excessive hip adduction and internal rotation. Internal rotation of the femur forces the femoral head backward, causing the pelvis to shift into anterior notation.32 This triggers stretch weakening of the gluteal and abdominal muscles and adaptive shortening of the hip flexors (i.e., lower crossed syndrome).33 Anterior notation of the pelvis limits hip extension, which increases extension forces on the lumbar facets and contributes to low-back pain.32

Corrections at a cost
The body requires balance and strength in all planes for optimal performance. Hip abductor weakness forces the lower kinetic chain to employ various compensatory mechanisms, and these corrections come with a cost.5,34 While the functional diagnosis of hip abductor weakness can present asymptomatically, it is also a well-known contributor to several painful structural diagnoses throughout the lower body and can be a useful predictor of lower extremity injury.34 This weakness may present particularly in females.

There is no “typical” presentation for hip abductor weakness, but clinicians should consider the problem in any patient with lower chain symptomatology, particularly those with hip tendinopathy, greater trochanteric pain syndrome, iliotibial band syndrome, patellofemoral pain syndrome, ACL injury, medial knee pain, and lower back pain.

Diagnostic tests
Clinical evaluation for hip abductor weakness begins with a visual inspection to ensure that the thigh and leg are in relative sagittal plane alignment. A basic functional assessment is the Trendelenburg test, which entails having the patient cross their arms over their chest and lift one leg at a time, while you look for pelvic drop or knee valgus.

The presence of an uncompensated pelvic drop when performing the Trendelenburg maneuver suggests GM weakness. Longstanding weakness can result in compensatory lateral trunk flexion over the stance leg or moving the ipsilateral arm out to the side.7 Functional testing should progress from a simple single leg stand into a single leg squat and finally, a single leg 6-inch step down.

Treatment
The primary goal of management is to strengthen the hip abductors, thereby improving function during weight-bearing activities.36 In symptomatic patients, hip abductor strength correlates with improvement.17,37 Moreover, athletes with stronger hip abductors are less likely to sustain lower extremity injuries.38

An electromyographic analysis by Kristen Boren demonstrated that the most effective exercises for strengthening the GM are (in order of effectiveness): side plank abduction with the affected leg on bottom, side plank abduction with the affected leg on top, single leg squat, clamshell...
progression No. 4 (side-lying clamshell with knees and ankles separated approximately 8 inches), and a front plank with hip extension.\textsuperscript{39}

Patients with hip abductor weakness commonly demonstrate hypertonicity or myofascial irritation in the lumbar erectors, hip flexors, and thigh adductors. Stretching and myofascial release may be necessary.

Postural stressors that create prolonged static loading or lengthening of the GM should be avoided. These include hanging on one hip while standing, sitting cross-legged, and sleeping in a side position with hip flexion and adduction.\textsuperscript{7}

Patients with fallen arches and those who hyperpronate may benefit from using orthotics or arch supports in their footwear. These types of orthotics have been shown to increase the activation of the gluteus muscle during single-leg-stance activities.\textsuperscript{40}

Achieving exceptional outcomes often requires identifying and removing the functional stressors that predispose patients to structural changes and symptoms. Patients who understand why their hip abductor weakness is contributing to their pain will be more likely to take action, thereby improving your clinical outcomes.\textsuperscript{5}

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An undervalued assessment
Posture, low-back pain, and risk of falls.

BY STEVEN WEINIGER, DC, AND DENNIS ENIX, DC

LOW-BACK PAIN IS THE MOST FREQUENTLY REPORTED MUSCULOSKELETAL complaint among the senior population, and it’s one of the primary reasons why older adults tend to experience more falls as they age. Statistics from the Centers for Disease Control and Prevention show that:

➤ One third of all older individuals who live on their own fall at least once a year.
➤ Half of all women over the age of 85 fall every year.
➤ Older adults with low-back pain are twice as likely to fall and have three times the difficulty performing activities of daily living.1

There is a clear relationship between low-back pain (LBP) and an increase in both falls and fear of falling. One way you can help combat this is by conducting an annual balance assessment on older patients and then providing them with appropriate action steps to improve their balance.

The importance of assessing posture
Good posture is the interdependence of form and function and, to a surprising degree, an external expression of the state of body and mind. Posture involves the body’s reflexive muscular control that balances people when they sit, stand, sleep, or work. Simply put, “posture is about how you balance your body.”2

Postural control is an often-overlooked complaint by patients, even though there is a strong correlation between chronic pain and postural control problems. Although it’s easy to think only about the structural changes seen in a hyperkyphotic patient, postural control includes the subtle patterns that keep a person in a vertical sitting or standing position even when walking or running.

Pain avoidance, manifested as fear of movement or “kinesiophobia,” impacts muscular stabilization and can affect normal posture and balance patterns. Over time, patients—particularly older adults—adapt to these altered movement patterns as pain coping mechanisms at the expense of balance, and therefore increase their risk for falls.3 This self-modulation of kinesiophobia becomes a reinforced-learning, pain-avoidance behavior, resulting in reduced motor
behavior and sensory feedback, and leading to decreased lumbar control.3

Postural control research
Chiropractors have long addressed the issue of correct postural alignment, and researchers continue to investigate the importance of these changes in body alignment and balance.

A patient presenting with chronic LBP is sure to have delayed trunk muscle control and worsened postural control of the lumbar spine. Motor control researchers have demonstrated that a strong correlation exists between LBP and changes in proprioception, and that this dysfunction in the peripheral somatosensory system affects the central integration of proprioceptive information.4,5

Other studies linking posture and balance with LBP found that it causes:
- Poor voluntary control of body positioning.
- A reduction in movement control.
- Delays in movement initiation.
- Difficulty adapting to sudden surface changes.

Assessments for fall risk
Risk factors for falls are multifactorial and involve not only a patient’s medical history (intrinsic risk factors) but also environmental and behavioral factors (extrinsic risk factors), as well as any medications a patient is taking.6

There are several quick postural control assessments that can be used by a chiropractor to assess gait, balance (such as the Berg Balance Scale and the Timed Up and Go test), as well as other contributing factors such as dementia, frailty and nutritional status. While some of these concerns may be outside a practitioner’s usual care plan, they should be assessed and referred for further evaluation and care.6

Conservative approaches to improving balance
A 2009 clinical trial on geriatric falls demonstrated that chiropractic care can effectively address the chronic pain drivers that cause postural control problems as well as directly improve balance, proprioception and fear of falling—proving that doctors of chiropractic can play an important part in the prevention of recurrent falls.6

Many of the conservative approaches to improving balance are also ones that you are likely already doing in your practice for your LBP patients.

A multimodal falls treatment program should consist of:
- A functionally appropriate exercise program with balance and proprioception training to improve strength and reaction times and increase positional awareness.
- Manipulation and mobilization of the spine, feet and ankles to restore and maintain movement in arthritic joints—increasing joint afferents and proprioception, and improving positional awareness.

Older adults tend to fall backward, often due to trying to overcompensate for a small perturbation by making a large gross movement instead of employing a fine motor skill. Exercises focused on teaching individuals to use an “ankle strategy” instead of a “hip strategy” movement if they start to fall are beneficial.

The team approach
A grand rounds paper published in 2011 described the various treatment strategies employed by a chiropractor, a geriatric physician, a physical therapist and an occupational therapist in the care of a patient with a high risk of falling.7 And because there is a wide variety of co-morbidities in individuals with balance problems, it is important to develop a team approach to caring for patients with a history of falls. Treating the elderly faller presents an opportunity to get to know other health care providers.

Because the majority of environment-related falls happen during normal activities at home, an assessment by an occupational therapist can help identify modifiable fall-risk factors and offer an opportunity to discuss some behavior modification strategies to prevent falling, such as:
- Adjusting bed and toilet height.
- Replacing poor lighting.
- Removing upturned carpets.
- Consuming more vitamin D (as low levels are strongly correlated with strength declines, low muscle mass, and decreased bone density).

Climbing stairs is the No. 1 activity causing people to fall in their own home, so a discussion of options for how to handle this should also be included. It is important to review the use of a walker or other assistive devices to provide additional stability.7 In addition, to improve safety and restore a sense of independence, a medic-alert device should always be recommended to elderly patients.

A common cause of syncopal falls in the elderly is orthostatic hypotension. Counseling a patient to get up slowly, increase salt intake (to 10 grams per day), drink two cups of coffee in the morning and avoid hot showers may help alleviate this risk. Also, the use of compression stockings can help reduce gravity-induced blood pooling in the lower extremities that increases the risk for postural hypotension.

Establish your authority
Understanding the relationship between balance, posture and LBP is an important connection for patients, the general public and other health professionals to make. The practitioner who sees patients 60 and older with LBP should incorporate rehab protocols that target balance and posture. Engaging the patient with the knowledge that balance, strength and posture training can reduce the risk of
falls can increase long-term compliance and result in improved treatment outcomes.

The recent evidence-informed guidelines by the American College of Physicians on the care of LBP patients advises against formerly used medications such as NSAIDs, and now recommends alternatives offered by many DCs such as spinal manipulation and motor control exercise, which includes postural rehab exercise.8

The chiropractic profession is well positioned to integrate spinal manipulation and motor control exercise to address posture and balance for back pain and reduce the risk of falls. This well-established link between back pain and fall risk presents the chiropractic profession with another important opportunity to move from “alternative” to “cultural authority” for the treatment of fall risk in the elderly.6

STEVEN WEINIGER, DC, created the free PostureZone assessment app, the Certified Posture Exercise Professional (CPEP) program, and spearheads the PostureMonth.org public health initiative on the impact of poor posture. He is managing partner of PosturePractice.com and BodyZone.com, and can be reached at 770-922-0700 or through DrW@BodyZone.com.

DENNIS ENIX, DC, MBA, is an associate professor of research at Logan University, and an academic editor of several scientific journals. In addition to his work with geriatric low-back pain and postural control, Enix has received multiple awards for his research. He can be contacted through logan.edu.

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As a chiropractor, you are focused on helping your patients regain their health naturally. And what is their top complaint? Chronic pain—including low daytime energy, poor sleep patterns, wandering attention, depressed mood, and difficulty maintaining optimal weight.

Relieving patients of these chronic issues requires addressing not just the symptoms, but also the source, which usually resides in the nervous system. It is the central nervous system (CNS), through its beautiful symphony of communication with both the endocrine and immune systems, that truly drives the show. In fact, this understanding has given birth to the new term neuroendocrine immunology, which honors the intricate interplay among neurotransmitters, stress and sex hormones, and the immune system.

It is helpful to think about neurotransmitters through the lens of the autonomic nervous system (ANS). There are two divisions to the ANS: the sympathetic “fight-or-flight” side and the parasympathetic “rest-and-digest” side. Although these two branches are continually balancing against each other throughout the day, for optimal health and function it is best that the parasympathetic side dominate, as it conserves and stores energy and regulates body functions.

When stressed, the sympathetic side kicks in, causing increased heart rate, sweating, irritability, decreased digestive function, lack of focus and impaired short-term memory. When in “parasympathetic land,” patients tend to have fewer cravings, better metabolism, happier moods, healthier bowel function, improved sleep patterns and higher levels of focus and attention.

Order of operations
When patients present with chronic pain, the first lines of defense are typically chiropractic adjustments. Many practitioners also employ nutritional interventions with specific elimination diets and nutritional supplements that support the GI tract and help reduce inflammation. If these measures do not provide relief, it is time to consider additional windows into your patient’s unique physiology.

Just as it is common practice to test a diabetic’s blood sugar before administering insulin, it is useful to perform testing as an objective means for assessing nervous system function and its attendant symptoms relating to mood, sleep and cognition. This model can be called “assess and address,” as it allows the practitioner to individually address their patients’ biochemical imbalances by dealing with the root of symptoms, and
Supplements to optimize neurotransmitters

Phenibut: Phenylated GABA, believed to cross the blood-brain barrier to increase central nervous system GABA and produce a calming effect.

5-hydroxytryptophan (5-HTP): Precursor to serotonin, which has a calming effect and helps inhibit pain pathways in the spinal cord, and is a precursor to melatonin, which helps initiate sleep.

Tyrosine: Precursor to the catecholamine neurotransmitters dopamine, norepinephrine and epinephrine, which are generally stimulating. Norepinephrine also helps mediate the storage and release of melatonin and is a potent inhibitor of spinal cord pain pathways.

Phosphatidylserine: Helps re-sensitize central cortisol receptors and reset the sympathetic “fight-or-flight” response, producing a calming effect.

Rhodiola Rosea: In low doses, this herb stimulates the adrenal neurotransmitters epinephrine and norepinephrine. In high concentrations it can quiet elevated adrenal epinephrine and norepinephrine activity, having a calming effect.

Melatonin: A neuro-hormone that helps initiate sleep as light stops stimulating the retina. Achieve better outcomes more rapidly.

Many practitioners test immune markers in the blood and serum, hormones in the saliva and blood, and neurotransmitters in the urine. Although it is possible to test neurotransmitters in the serum and cerebrospinal fluid (CSF), urinary testing is often preferable because of the following benefits:

- The convenience of home sample collection, which is less stressful for patients.
- Normative physiologic ranges.
- Non-invasive.
- More stable than CSF or blood.
- Time averaging of total body output of neurotransmitters, when the bladder is held for a couple of hours before sample collection.

More importantly, there is strong evidence that neurotransmitters excreted in the urine may effectively serve as biomarkers of nervous system function. Studies have demonstrated that intact neurotransmitters are transported from the central nervous system to the periphery, followed by renal filtration of neurotransmitters and excretion in the urine.\(^1\)

As with any testing, you should only use CLIA-certified labs that are fully licensed in your state and follow your scope of practice.

Urinary testing is a functional test, not a diagnostic one. It does not diagnose insomnia, ADHD, mood challenges, or similar. It merely provides a biochemical outline of which biomarkers are elevated, depleted or within a “normal” range. These patterns help guide a program of customized, individual supplementation.

Note that urine neurotransmitter levels emanate primarily from the patient’s periphery, not their central nervous system. You should not advise your patients that you are recommending a neurotransmitter test to determine their brain levels of serotonin, dopamine or GABA, for example. Rather, you should convey that testing provides data on the total body output of neurotransmitters to help determine the patient’s stage of stress response and guide the appropriate course of nutritional supplementation. Ultimately, the goal is to rebalance and optimize neurotransmitter and adrenal stress hormone responses to chronic stress.

Testing can determine the stage of stress response. For example, early-phase stress response may be indicated by elevated levels of epinephrine, norepinephrine, cortisol and DHEA. In this case, the goal is to down-regulate this elevated stress response and help reset the biochemistry to lower, optimal levels.

A mid-stage stress response may present with a “mixed bag” of biomarkers; some elevated, some optimal and some low. In this case, the results determine which neurotransmitters and hormones need to be down-regulated, and which need to be supported and replenished.

A patient may be in late-stage stress response when biomarkers measure low across the board. This is indicative of true adrenal fatigue from chronic adrenal stress. In this case, all biomarkers show depletion and supplements to help replenish them are suitable.

Regardless of the stage of stress response, many patients’ symptoms and complaints tend to be similar. This is why it is imperative to test and interpret results alongside patient history first. Once a healthy neurotransmitter balance is achieved through supplementation, the patient enters a maintenance phase in which doses are reduced. At this point, the patient notices improvement. ☝️

SCOTT THEIRL, DC, DACNB, FACFN, is a chiropractic neurologist in private practice in Milwaukee, Wisc. clinical medical educator with NeuroScience, Inc., which provides health care providers with clinical assessments and nutraceuticals to identify and target neurological and hormonal imbalances. Theirl can be contacted through yourbestbrain.com or neuroscienceinc.com.

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Treat the whole patient
How to offer supplement advice without stepping outside your scope of practice.

BY CHRISTINA DEBUSK

The World Health Organization (WHO) reports that the number of people afflicted by non-communicable diseases such as heart disease, cancer, diabetes and chronic respiratory diseases is increasing over time. In fact, worldwide, conditions such as these now cause approximately 40 million of the some 55 million total deaths recorded each year.1

What’s perhaps most startling is that the WHO also notes that 80 percent of some of these major health conditions can actually be prevented. This means that as many as 32 million people could potentially have lived to see another day. They could have given their loved ones more hugs. They could have helped more friends. They could have made more contributions to their community and their society.

This serves as an important reminder that the status of our health is largely in our own hands. That it is the actions that we take—or don’t take—on a regular and consistent basis that oftentimes determines how well we fare mentally and physically in the years ahead. But are Americans listening? According to one survey, the answer is yes.

Americans and supplements
In 2015, the Council for Responsible Nutrition released results of a consumer survey, revealing that nearly 70 percent of adult Americans take some type of dietary supplement.2 Among the reasons cited for adding various pills, powders, and other forms of nutritional supplements to their diets, these participants said that their goals were: to increase overall health and wellness (50 percent), to fill dietary nutrient gaps (30 percent), to enjoy a higher energy level (30 percent), to strengthen their immune systems (30 percent), and to improve bone and heart health (25 percent each). This is great news because it indicates that more than two-thirds of the population is taking positive action in an effort to achieve higher levels of health. And whether they’re doing it to proactively prevent disease or to help remedy a condition they already have, it’s arguably a step in the right direction.

This survey also revealed that 85 percent of those who take supplements share this information with their health care practitioners. A total of 55 percent also reported that they trusted their doctor’s advice as to which vitamins, minerals and herbs could help them feel and be their best.

As a DC, it’s likely that you’ve had conversations like these with your own patients. Again, while this is good because it means that they’re looking after their health and they trust you to be a valuable part of the process, it can also be dangerous territory as making any sort of diagnosis or supplement recommendation based on what you think may be happening with them is normally outside the chiropractic scope of practice.

So what can you do to help your patients get the nutrients they need without putting yourself and your practice at risk? Fortunately, there are a few options, even if your practice is in a state that has strict scope-of-practice limitations.

Educate yourself
The first thing is to educate yourself, according to Adam Killpartrick, DC, CNS, a nutrition scientist. He suggests a couple of ways you can achieve this goal. For instance, you could enroll in a comprehensive functional medicine program, one that provides proper chiropractic protocols.

“This is a fairly sizable commitment, not only as it relates to time,” Killpartrick, says, “but also a commit-
ment to understand the physiological rationale behind the protocol that is being recommended.” It’s also a commitment that can pay off in terms of providing higher quality patient care.

The second option involves “leaning on supplement companies for their protocols and recommendations.” For instance, Killpartrick himself wrote an online Clinical Protocol Guide. “This guide breaks down each system and highlights key areas that should be focused upon clinically and the most appropriate recommendations,” Killpartrick says. “It also contains the testing recommendation for that particular system and ‘Clinical Tips’ offered by the panel of practitioners who compiled the information for the guide. While this particular tool can be used as an educational platform, it’s really designed for clinical application within the practice for the busy DC who wants a well-thought-out protocol and be able to recommend it with confidence.”

A third way DCs can learn more about applying supplements into their clinical practice is through the help of a mentor. “This is how I was introduced to supplements and clinical nutrition both from a physiologic perspective, as well as a practical and financial perspective,” Killpartrick says.

And if you don’t have a mentor who can provide this knowledge, Killpartrick says that there are other ways to obtain this level of help so you can better serve your patients. For instance, his company is currently piloting a program to facilitate mentorships for young practitioners.

Listen to your patients

A second way to provide supplement advice without stepping outside the
scope of practice is by "following what chiropractors are already doing—keep listening to patients," says Cheryl Myers, RN. An integrative health nurse, author and expert on natural medicine, Myers says that often this involves talking with them about the symptoms they're experiencing.

"Since most patients probably have some degree of acute or chronic pain, there are supplements that chiropractors can recommend that address it," Myers says. "For example, clinically tested curcumin (BCM-95) and standardized boswellia have shown promising results for muscle and joint pain in patients with osteoarthritis and rheumatoid arthritis."

Myers also stresses the importance of chiropractors taking the initiative to "steer their patients in the right direction regarding the forms of these supplement ingredients." This involves providing information about absorbability, potential adverse effects, the benefits they may receive from particular supplements based on research and science, and any other factors that could potentially impact the effectiveness of the supplement (such as diet).

**Take a complete history**

Howard F. Loomis Jr., DC, is an expert on nutrition, and he recommends taking "a careful and complete case history, a thorough review of the patient's dietary preferences, cravings, and foods that are avoided" to give you a clearer understanding of their total overall health. This enables you to provide a more individualized recommendation when helping a patient choose the right supplements.

Completing a full case history can also help you "guide the patient in understanding the specific effect their diet is having on their symptom pattern," Loomis says. For example, if a client admits to having digestive difficulties, you can share how "vitamins and minerals are directly connected to carbohydrate, protein, or lipid ingestion and digestion," he says.

As an illustration, Loomis points out that carbohydrate digestion could be problematic if there is lactose or gluten intolerance. Or that lipid intolerance is related to gallbladder or biliary dysfunction.

Knowing a patient's complete history can also assist you in making recommendations regarding the dosages of key supplements as "the physical signs and symptoms of deficiency, and even excess, of these essential nutrients are well established," Loomis says. For instance, low vitamin D levels—which are generally those below 20 ng/mL—may be the reason behind a patient's feelings of muscle weakness, decreased endurance, mood changes (particularly anxiety and depression), or chronic pain.
Since most patients probably have some degree of acute or chronic pain, there are supplements that chiropractors can recommend to address it.

**Supplement quality**
Just as it is important to help patients find the right type of supplements, it is equally necessary to help them select the product line or brand that can potentially offer the most effective results. This can be accomplished by teaching patients how to review their supplemental choices in two key areas: product quality and bioavailability.

"The source, potency of raw material, and manufacturing process are of great importance," according to J. William Beakey, DOM, LAc, who works with integrative medicine professionals, "because advanced testing for quality control is essential to ensure product excellence." Some rely on the Food and Drug Administration (FDA) to help with this process, but their role is often less involved than many would think.

"While the FDA might randomly inspect some facilities for adherence to current Good Manufacturing Practices (cGMP), they do not test products to determine if, in fact, the product inside the bottle is what is claimed on the label," Beakey says. For instance, in 2016, the *New York Times* published an article sharing the results of an investigation conducted by the New York State Attorney General's office which found that "four out of five of the products tested from major retailers did not contain any of the herbs promised on their labels."4

Additionally, FDA compliance isn’t always known, because “companies that have been inspected by the FDA and passed with excellence aren’t allowed to inform consumers,” Beakey says, adding that “companies that have never been inspected need not mention that.” That’s why it’s so important to choose a supplement company that is reputable as “the integrity of a company selling supplements means everything.”

**Ask the right questions**
This requires that you as a DC do your own homework so that the recommendations you make are for high-quality, effective supplements. When doing this homework, “don’t be afraid to ask questions,” Beakey says, and here are a few to consider:

- **What does their manufacturing process look like?** Are their products manufactured entirely in-house or do they employ the help of other businesses?

- **Does the company meet and implement cGMP standards, even before being required to do so?** In some cases, companies will exceed those standards, Beakey says, making them a good pick.

- **How do they test their products?** “State-of-the-art testing such as high performance liquid chromatography (HPLC), thin layer chromatography, atomic absorption spectroscopy, and other methods are part of the process to ensure the best product,” Beakey says.

- **What are their quality control measures?** Beakey says that these measures “should include microbial testing for bacteria, yeast and mold, and testing for heavy metals like arsenic, lead and mercury, and for pesticides.”
Who does their quality control tests? Do they do them themselves or use a third party? "Some supplement companies have complete control of the entire manufacturing process and conduct their own quality control testing, in addition to a certificate of analysis that may accompany raw material," Beakey says.

Do they retain samples of product for future testing? This is important, Beakey says, "so expiration dates can be validated.”

Do they talk about and explain quality control procedures or is there a glaring omission of that subject? “High-quality companies often have events to allow physicians to tour their facilities,” Beakey says.

Asking these questions helps support the importance of supplementation, as Beakey notes that “one terrible outcome of using cheap, low-quality supplements from unknown sources is that the patient doesn’t get the intended benefit and the use of supplements in general gets a black eye because ‘they don’t work.’”

Advising without diagnosing
Giving patients supplement recommendations within your scope of practice is possible. That is, as long as you educate yourself, listen closely to your patients, and learn their complete medical history first.

Also, if you recommend only the substances that you believe in, the ones that have passed your thorough investigation by providing all of the right answers to the questions you’ve asked, then at least you know that you’re giving them the information they need to do the one thing that they want more than anything: achieve a higher level of health.

CHRISTINA DEBUSK is a freelance writer who specializes in content related to natural health and wellness, personal development, and small business marketing. She can be contacted through ChristinaMDeBusk.com.

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FOLLOWING AN ACIDIC LIFESTYLE CAN CONTRIBUTE TO A SERIOUS pH imbalance and omega-3 deficiency that can lead to the initiation of long-term chronic inflammation for your patients.

What the research suggests
Acid-alkaline balance is an important concept in the health of your patients that is seeing increasing support in the literature. Two researchers at the University of California, San Francisco, published a peer-reviewed study that investigated age versus blood-acid levels. They found that as people get older, their blood acid levels rise and their alkaline reserves are reduced, leading to a nearly complete loss of bicarbonate reserves by age 40.1

They determined that the primary reason for this bicarbonate loss was largely the standard American diet (SAD). They went on to conclude that the role of age-related metabolic acidosis in the pathogenesis of the degenerative diseases of aging warrants further consideration.

The authors point to four factors:
1. Fruits and vegetables are rich in potassium salts, a natural buffer. Neglecting these foods deprives the body of potassium, a mineral that protects against hypertension and stroke. Research suggests that humans evolved eating a 10-to-1 ratio of potassium to sodium, referred to as the biological baseline. Today, because of heavily salted processed and fast foods, combined with a low intake of fruits and vegetables, the ratio is considered now to be more in the range of 3-to-1 in favor of sodium. That reversal wreaks havoc with pH and the dependency on potassium.
2. There has also been a similar reversal in the consumption of naturally occurring bicarbonate (such as potassium bicarbonate) in foods, and added chloride (mostly in the form of sodium chloride, or table salt). Bicarbonate is alkaline, where chloride is acid-yielding.
3. Eating large amounts of animal protein (including beef, chicken, and seafood) releases sulfuric acid through the metabolism of sulfur-containing amino acids, also contributing to greater acidity.
4. Grains such as wheat, rye and corn have a net acid-yielding effect, regardless of whether they are in the form of white bread, breakfast cereal, pasta or whole grains.

The real problem is one of alkaline deficiency, more than one of too much acid, the authors conclude. People eat plenty of acid-yielding animal protein, dairy products, and grains. The missing piece is an appropriate...
amount of fruits and vegetables to produce an alkaline yield.

Dangerous consequences
The acid-alkaline issue is one of mineral adequacy and depletion. It’s like over-farming and depleting mineral levels in soil. If a person constantly eats foods that create an acidic pH level in the body, they will deplete their bones and muscles of stored alkaline reserves.

The study may have only scratched the surface when it comes to health problems related to mild life-long acidosis. Low-grade acidosis increases insulin resistance, the hallmark of both pre-diabetes and full-blown type-2 diabetes. It increases the risk of kidney stones and kidney failure. And one study suggests that it might even alter gene activity and raise the risk of breast cancer. The consequences of a fundamental shift in the body’s acid-alkaline balance, are likely far reaching.

The role of alkalizing supplements
Supplements that can rapidly alkalize the body are helpful. You can recommend your patients try a high polyphenol fruit-and-vegetable-based powder as a green drink, or a concentrated alkalizing mineral powder, or both.

Because most patients are not consuming the recommended five to nine servings of fruits and vegetables daily, they can supplement with an organic green drink powder. If after about a month there is not a significant shift in their urine pH, to the range of 7.2 to 7.4, they can add a concentrated powdered supplement containing a combination of calcium citrate, magnesium citrate and potassium bicarbonate.

This usually reverses acidification within one or two weeks, and most people will report feeling better. When essential nutrients like calcium and magnesium are lost from bones and muscle tissues, there is more space for acidic toxins to be stored. Therefore, supplying adequate calcium and magnesium is a form of detoxification.

High potassium diets—those rich in fruits and vegetables—help promote alkalinity. In another study, researchers found that potassium citrate supplements protected against calcium loss, even when people ate a high-salt diet.

Measuring pH balance
While not a typical medical test, a patient’s urine pH can be a strong indicator of overall health. Ongoing monitoring of urine pH is a useful method for evaluating the effectiveness of diet, supplements and overall lifestyle modification.

Monitoring urine pH also provides an opportunity for the patient to take part in the management of their return to health, vitality and wellness. Correcting a chronic acidic pH helps patients feel better, while also helping to replace needed alkaline reserves and reducing long-term chronic inflammation.

Measuring fatty acids in the blood
Perhaps the best clinical marker for measuring long-term chronic inflammation in the body was first demonstrated in 1989 by researchers who measured inflammatory cytokine markers in the blood.

The omega-3 and trans-fat index identifies fatty acid biomarkers in the red blood cells that are essential to health and bodily functions. The ideal omega-3 index, which is the percentage of EPA and DHA in the cell membranes is best when found between 8 and 12 percent. This value correlates with research on the longest-living and least-inflamed people of the world, the Japanese population. By comparison, the average American has an omega-3 index of less than 4 percent.

The simple-to-use omega-3 index assessment only requires a finger poke and patients can collect their own sample at home and use a pre-paid mailer to send it to a lab. In approximately seven days their doctor receives an e-mailed blood report that contains the results of the patient’s fatty acid profile along with a personalized recommendation on how to improve it.

Patients would also have been instructed on how to test their urine pH at home and record their findings for review. Most professionals charge an additional office visit to go over the blood and urine test results and make lifestyle and anti-inflammatory nutrition recommendations. Research shows that tracking omega-3, trans-fat and urine pH levels helps patients reach their anti-inflammatory goals.

The findings of these objective tests all respond to diet and supplementation. A patient can change their numbers simply by changing what they eat, and the supplements they take.

Everyone responds differently to dietary and lifestyle changes, however, so the only way to know the level of chronic inflammation any patient has is to test it. As with any health condition, the most beneficial solution to low-grade chronic inflammation and cellular acidosis is addressing the underlying cause. Look particularly for sources of acidifying elements in the diet and don’t forget stress.

DONALD L. HAYES, DC is a clinician, educator and author of several books, including Alkalize Now. He is the founder of the Greens First line of nutritional products and The EndFlame Chronic Inflammation Support Protocol. He can be reached at 866-410-1818 or through greensfirst.com.
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Picture perfect

Improve patient outcomes with diagnostic scanning.

BY TIM MAGGS, DC

Often new patients come into my office with a chronic back condition and tell me they are frustrated with their doctor. No matter how long they have been seeing their doctor, their condition has not improved. I always ask, “Did they do a digital foot scan? Did they take standing X-rays? Did they do an MRI?” In almost every case, the answer is no.

We have come a long way from the early days of chiropractic care, specifically in diagnostic tools. We have access to advanced technologies such as digital foot scans, X-rays, and MRIs that allow us to see inside a patient’s body. These diagnostics provide a wealth of biomechanical information that helps identify problems, educate the patient, and prescribe the right treatment plan.

The structural fingerprint

At the age of 17, Tony suffered a severe hyperextension injury to his lower back while playing hockey. For 10 years, he had been seeking help from many sources. Unfortunately, his results were limited as all of his physicians were looking for pathology and ignoring biomechanics, which were the actual cause of Tony’s problem.

Digital foot scan

The feet are the foundation of the body but are often overlooked. Scanning a patient’s feet is the first step in providing a full structural exam. The digital foot scan allows you to see how the feet are affecting the kinetic chain and if they are doing their job.

As you can see in the digital scan in Figure 1 (next page), the color comparisons are vastly different. The difference in colorization shows there is an imbalance in the two sides of the body, and sometimes it’s even seen in the front and back of the foot.

During the examination, I looked at Tony’s feet. He clearly had problems with all three arches. The right foot appeared to be pronated more than the left. His foundation was imbalanced and would most likely be part of the cause of his problems.

Just like a house, the body’s foundation is especially important, because everything else sits on top
of it. Arch flattening or over-pronation is a common finding in people’s feet. When the foundation is not level, everything that sits atop is not properly supported. This means that normal foot mechanics can adversely influence the normal functions of the ankle, knee, hip and even the back.

Generally, scanning can show foot stability, balance, and the effects on the rest of the kinematic chain. Patients can see the difference in colorization and understand how much their arch is collapsed and failing to support their feet. Some foot scanners embed a pronation-specific index score within the color spectrum. This communicates the severity of the arch collapse to the doctor and patient.

**X-ray analysis**

Many tests can be done during the physical exam to ascertain structural status, but none provide the detailed biomechanical information that X-rays do. I choose to X-ray every new patient who hasn’t been X-rayed in the past year. From measurements of disc and bone degeneration to centers of gravity, X-rays help to rule out pathology, determine biomechanical faults, and are the only way to see the status of a patient in detail.

Also, improvements can be measured much more accurately if the status is known in detail at the outset. As in the X-rays in Figure 2, the doctor was able to show a definite improvement in the patient who was prescribed custom-made orthotics.

In cases like Tony’s, standing X-rays tend to show the majority of the structural findings you are looking for. A total of four preliminary X-rays were taken, and if necessary, additional X-rays would be done. On Tony’s X-rays, there were many subtle findings, but the lateral L-S showed more than enough reason for his 10 years of problems: His sacral base angle was 56 degrees and had a severe anterior gravity line. Tony was suffering from a major imbalance in the L-S and pelvic alignment. This distortion created abnormal stress on areas of the low back that were not designed to handle them, yet no one had detected this previously.

Approximately 10 weeks after beginning Tony’s treatment program, he was X-rayed Tony again. He reported feeling “different” in his low back. Upon re-X-ray of the neck and low back, there were indeed significant changes. The most obvious and most important was the change in the lateral L-S. Tony’s sacral base angle went from 56 degrees to 46 degrees.

Knowing that normal is between 36 degrees and 42 degrees, this improvement was considerable.

**Patient education**

Being able to show Tony the visual difference in his lateral L-S after ten weeks of treatment helped me communicate his improvement and educate him as to why he felt different. Today’s patient appreciates these kinds of visual education tools.

The digital foot scans, X-rays, and MRIs provide the pictures that communicate the message. They educate and motivate the patient as to what their biomechanical status is, why they need to act now, and that they are making progress. No words or explanation can replace the picture when giving a report to a patient. I have found that patients’ interest and attention go way up when viewing a report of findings and that doctor’s find it easier to communicate the information to the patient.

**The future of chiropractic care**

Diagnostics provide biomechanical information to identify the problem, educate the patient, and prescribe the right treatment plan. Arguably, every patient should go through a biomechanical exam, including digital foot scan and standing X-rays.

All of these diagnostic findings are relevant to a patient’s musculoskeletal health now and in the future. Everyone goes to the dentist to care for their teeth; why shouldn’t the musculoskeletal system receive the
same level of consideration? Think of the abuse, accidents, bad habits, poor conditioning, and weight issues that your patients’ bodies go through on a regular basis.

In most cases, people don’t get their musculoskeletal system examined until they’re injured. The doctors who are seeing most of these patients know virtually nothing about musculoskeletal issues or biomechanics. They focus on providing adequate pain relief with medications (including opioids). These medical providers are masking the symptoms and not treating the problem.

Chiropractors are the answer to the musculoskeletal health crisis. We are the largest non-drug profession and the most qualified to care for the musculoskeletal system. However, we must start with the facts and use foot scans, X-rays, and MRIs to get an accurate picture of the patient’s musculoskeletal health.

TIM MAGGS, DC, has been in practice nearly 40 years, and is the developer of the Concerned Parents of Young Athletes (CPOYA) network, with the goal of offering every middle and high school athlete a biomechanical exam prior to each sports season. The network, in partnership with Foot Levelers, provides training, resources, networking opportunities, and more for DCs interested in working with youth athletes. Maggs can be contacted at runningdr@aol.com or through CPOYA.com.

Quick Tip

Benefits of eating fruit

Consuming a little fruit every single day has been linked in new research with helping to protect the heart. The study, conducted at Oxford University, found that eating fruit even just once or twice a day can significantly lower the risk of having a stroke or heart attack.

The scientists discovered that the people eating fruit daily had a 15 percent lower risk of having a heart attack or experiencing heart failure than did the people who ate no fruit.

Daily fruit eaters had a 25 percent reduced risk of having an ischemic stroke (blood clot in the brain) and a whopping 40 percent decreased risk of having a hemorrhagic stroke (bleeding in the brain) compared to abstainers. Daily fruit eaters were also found to have lower blood pressure levels.

Making some dietary alterations to include more servings of organic fruit (and vegetables) may be just the thing to strengthen your heart and improve overall health as well.

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Communication styles can build or break your practice

BY DON MACDONALD, DC

Communication is vital to building a successful practice. It’s also the reason many chiropractors fail to thrive. You want to develop a communication style that empowers you for success.

Those first years in practice are loaded with excitement, nerves and learning curves. And you know how to check and adjust, but do you know how to build a business? The latter is something with no rulebook. It’s learned by trial and error.

My years in practice have taught me the power of communication. You can hire a bookkeeper and train brilliant CAs, but if your communication style in the adjusting room isn’t hitting the right tone, it will have a big impact on attracting and retaining patients.

Paul McCrossin, DC, is a chiropractor who helps DCs deal with complaints, and he says the number one reason for them is poor communication.1 The significance of this can’t be overstated. Miscommunications in practice can create stress for you and your patients.

At this point in your career, you have two choices: launch into practice without thinking about this and learn by trial and error, or be a quantum observer of your own communication style and learn from others.

The delicate communicator

This type of communicator places extreme value on what the other person thinks, believes or says. They orient ourselves around that, tiptoe around themselves and bend over backward to avoid conflict. You could argue that it’s noble—and it almost is. The problem is you sacrifice your place in the conversation in order to give too much weight to what the other person says. For example:

Chiropractor: Okay, let’s talk about your goals and care plan.
Patient: I want you to fix my posture, but I’m only coming to see you twice.
Chiropractor (knowing that’s not going to cut it): Well, I guess we can see what we can do.

This conversation looks fairly innocuous, but it isn’t. You’ve checked this person and know they need care lasting well beyond two sessions. Two sessions won’t reach the posture-improvement goal, much less any functional improvement possible under longer-term care. But you don’t know how to close the loop in that moment and you dislike conflict. You tell yourself you’ll do it next time. But next time comes and you avoid it again.

This lack of assertiveness could mean the patient only sees you twice, and will then think chiropractic doesn’t work. It could also mean they don’t come back at all because you seem unsure of yourself. Either way, it isn’t building your practice nor serving them well.

Here’s something to watch for if you are a delicate communicator trying to be more assertive: Don’t overcorrect and swing to the other extreme. That is just as detrimental to building a practice.

The domineering communicator

This communication style is more common among type A driven personalities. Where the delicate communicator struggles with assertiveness, the domineering communicator struggles to listen. The domineering style tends to steamroll people. It doesn’t listen to their goals or objections and presents a “my-way-or-the-highway” attitude, often ignoring or playing down the patient’s concerns.

DON MACDONALD, DC, owner of South Side Chiropractic in Edmonton, Alberta, runs a high-volume, wellness-based practice and operates Personal Chiropractic Coaching. He can be reached at drdon@shaw.ca or through drdonmacdonald.com.

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<td>Foot Levels Practice Xcelerator</td>
<td>Charleston, SC</td>
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<td>VITALITY - Anti-Aging, Performance and Healthy Living</td>
<td>Atlantic City, NJ</td>
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<td>Aug. 4-5</td>
<td>Aim at Chronic Pain - Conquering America's Health Epidemics</td>
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<td>888-242-0571</td>
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<td>Dealing with America’s Health Epidemic from a Neurological POV</td>
<td>Colorado Springs, CO</td>
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<td>Aug. 10</td>
<td>Protocols and Strategies for Pain Relief, Performance &amp; Active Aging</td>
<td>Omaha, NE</td>
<td>NE Chiropractic Physicians Assoc.</td>
<td>402-934-4744</td>
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<td>Aug. 11-12</td>
<td>Extremity Exam for Motor Vehicle Injuries</td>
<td>Phoenix, AZ</td>
<td>American Academy of MV Injuries</td>
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<td>AMPED - Achieving Maximum Performance Every Day</td>
<td>Sioux Falls, SD</td>
<td>Erchonia</td>
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<td>Aug. 16</td>
<td>Foot Levels Practice Xcelerator</td>
<td>Orlando, FL</td>
<td>Foot Levels</td>
<td>800-553-4860</td>
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<td>Aug. 16</td>
<td>The Three Phases of Corrective Care for the Spine: Webinar</td>
<td>Online</td>
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<td>Aug. 16-17</td>
<td>CEAS I Ergonomics Assessment Certification Workshop</td>
<td>Denver</td>
<td>The Back School</td>
<td>404-355-7756</td>
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<td>The National by Florida Chiropractic Association</td>
<td>Orlando, FL</td>
<td>Florida Chiropractic Assn.</td>
<td>407-654-3225</td>
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<td>Take Aim at Chronic Pain - Conquering America's Health Epidemics</td>
<td>St. Louis</td>
<td>Erchonia</td>
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<td>Aug. 18-19</td>
<td>FAKTR Rehab System with Tom Hyde</td>
<td>New Orleans</td>
<td>Southeast Sports Seminars</td>
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<td>Aug. 18-19</td>
<td>Back in Balance - Dealing with America's Health Epidemic</td>
<td>San Diego</td>
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<td>Aug. 24</td>
<td>Foot Levels Practice Xcelerator</td>
<td>St. Louis</td>
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<td>Aug. 30</td>
<td>A Connection Between Jaw Pain and Postural Syndromes: Webinar</td>
<td>Online</td>
<td>Foot Levels</td>
<td>800-553-4860</td>
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<td>Sept. 7</td>
<td>Foot Levels Practice Xcelerator</td>
<td>Newark, NJ</td>
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<td>Sept. 8</td>
<td>Foot Levels Practice Xcelerator</td>
<td>Baltimore, MD</td>
<td>Foot Levels</td>
<td>800-553-4860</td>
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<td>Sept. 8-9</td>
<td>Case Management for Motor Vehicle Injuries</td>
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<td>Sept. 8-9</td>
<td>FAKTR Rehab System</td>
<td>Birmingham, AL</td>
<td>Southeast Sports Seminars</td>
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<td>Sept. 8-9</td>
<td>The Kinetic Chain from the Ground Up</td>
<td>Newark, NY</td>
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<td>Sept. 8-9</td>
<td>The 3 Power Patterns of Health and Healing</td>
<td>Baltimore, MD</td>
<td>Foot Levels</td>
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<td>Sept. 13</td>
<td>Meeting the Functional Improvement Requirements</td>
<td>Online</td>
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<td>Sept. 13-14</td>
<td>CEAS I Ergonomics Assessment Certification Workshop</td>
<td>Chattanooga, TN</td>
<td>The Back School of Atlanta</td>
<td>800-783-7536</td>
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<td>Sept. 13-14</td>
<td>AFNI Trigenics Lower Extremities Course</td>
<td>Tupelo, MS</td>
<td>Trigenics Inst. of Functional Neurology</td>
<td>416-481-3936</td>
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<td>Sept. 14</td>
<td>Foot Levels Practice Xcelerator</td>
<td>Niagara Falls, NY</td>
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<td>800-553-4860</td>
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<td>Sept. 15</td>
<td>Foot Levels Practice Xcelerator</td>
<td>Atlanta</td>
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<td>800-553-4860</td>
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<td>Sept. 15-16</td>
<td>Modern Practice: Expand your services through PI and Integrative Care</td>
<td>Daytona Beach, FL</td>
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<td>888-242-0571</td>
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<td>Sept. 15-16</td>
<td>The 3 Power Patterns of Health and Healing</td>
<td>Atlanta</td>
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<td>Sept. 15-16</td>
<td>Cox Technic Certification Course in Cervical Spine - Part III</td>
<td>Fort Wayne, IA</td>
<td>Cox Seminars</td>
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<td>Sept. 18</td>
<td>Foot Levels Practice Xcelerator</td>
<td>Minneapolis, MN</td>
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<td>Sept. 20</td>
<td>Foot Levels Practice Xcelerator</td>
<td>Chicago</td>
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<td>800-553-4860</td>
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<td>Sept. 21</td>
<td>Foot Levels Practice Xcelerator</td>
<td>Chicago</td>
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<td>800-553-4960</td>
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<td>Sept. 22</td>
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