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Editor’s Pick

Treating TBI with transcranial photobiostimulation

Given the new information on the benefits of transcranial photobiostimulation, doctors of chiropractic have an opportunity to deliver cutting-edge treatment for post-concussion syndromes, mild traumatic brain injury (mTBI) treatment, and potentially many other brain disorders. However, there are several questions that must be answered regarding the knowledge base, steps, and preparation doctors should undertake to become competent in transcranial photobiostimulation therapy.

Many DCs use lasers for neuromusculoskeletal (NMS) biostimulation, but be aware that there are differences between transcranial and NMS applications. The brain is a sensitive organ and frightfully unforgiving of mistakes.

ChiroEco.com/transcranial-photobiostimulation

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Proof positive

Working with athletes is one of the most exciting and rewarding challenges in the field of chiropractic. The general chiropractic patient will be in search of pain relief, whereas athletes are generally used to aches, soreness and discomforts—these come with the territory. What they want is a return to their activity, with your blessing that their recovery is sufficient. This is a somewhat different outlook.

All of this applies to the professional athlete as well. Nearly every major sports team across all franchises has at least one DC on staff, and chiropractic has been a fixture at the Olympic Games for the past 40 years. The overarching point is that these individuals are constantly being observed, measured and timed. Many sports are settled by differences of a 10th of a second or a fraction of an inch. An athlete’s recovery is proven by performance, and athletic improvement shows up on the scoreboard. They don't have time to pursue ineffective solutions to their problems, and their coaches and trainers steer them toward excellence.

Joe Montana, Barry Bonds, Jerry Rice, Evander Holyfield, Tiger Woods, Rhonda Rousey and many more have been vocal in their admiration for chiropractic. Arnold Schwarzenegger said, “We've got to let the people know that there is a necessity—it's not even an option; it's a necessity—to have a chiropractor.”

One of our recent podcasts is an interview with Karla Wolford, DC, who recounts asking a CrossFit trainer if she could be the gym chiropractor. The trainer agreed on the condition Wolford first attend sessions for a week. She did, and became an avid CrossFit devotee herself.1

Sports DCs will usually have a story similar to this; you have to walk the walk to gain an athlete’s trust and respect. You don't have to be a world-class competitor, but being in good shape and full of vitality are prerequisites.

To your success,

Daniel Sosnoski, editor-in-chief

Erchonia’s 2018 Seminar Lineup

Saturday, August 18th-19th 2018
San Diego, CA
Trevor Berry, DC, DACNB (FREE Seminar)
Back in Balance – Dealing with America’s Health Epidemic from a Neurological Point of View

Saturday, August 18th-19th 2018
St. Louis, MO
Jerome Rerucha, DC, BS, CSCS, CHPS
Take Aim at Chronic Pain - Conquering America’s Health Epidemics

Saturday, September 8th-9th 2018
Scottsdale, AZ
Dan Murphy, DC, DABCO/Jerome Rerucha, DC, BS, CSCS, CHPS
VITALITY - Anti-Aging, Performance and Healthy Living with Advanced Session

Saturday, September 15th-16th 2018
Houston, TX
Kirk Gair, DC
Compass - Unclog the Fog Basic Seminar

Saturday, September 22nd-23rd 2018
Coeur d’Alene, ID
Jerome Rerucha, DC, BS, CSCS, CHPS
Take Aim at Chronic Pain - Conquering America’s Health Epidemics

Saturday, September 22nd-23rd 2018
Bloomington, MN
Dan Murphy, DC, DABCO
VITALITY – Anti-Aging, Performance and Healthy Living (FREE Seminar)

Saturday, September 22nd-23rd 2018
Long Island, NY
Robert Silverman, DC, DACNB, DCBCN, MS
FORTIFY - A Systematic Approach to Functional Health

Saturday, September 29th-30th 2018
Franklin, TN
Jerome Rerucha, DC, BS, CSCS, CHPS
Take Aim at Chronic Pain - Conquering America’s Health Epidemics

Saturday, October 6th-7th 2018
Portsmouth, NH
Jerome Rerucha, DC, BS, CSCS, CHPS
L.I.T. - Build a High-Performance Practice ~Laser Integrated Therapy~ (Advanced Seminar)

Saturday, October 13th-14th 2018
Charleston, SC
Jerome Rerucha, DC, BS, CSCS, CHPS
Take Aim at Chronic Pain - Conquering America’s Health Epidemics

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THE CHIROPRACTIC PULSE

Parker University Launches Journal of Contemporary Chiropractic

Parker University has launched the Journal of Contemporary Chiropractic to facilitate the need for more access to scientific publications throughout the chiropractic profession. Parker believes so strongly in the value of the journal that costs are subsidized by the university in an “open-access” format. Open-access publication allows the greatest opportunity for the dissemination of information to those interested at no cost. Further, authors will be able to immediately publish papers upon acceptance, approval, and editing.

Parker University’s associate provost of education, Dana Lawrence, DC, says, “I am pleased to announce a new journal serving chiropractic and integrative health professions. Our journal provides high-quality, scientific and educational research and information that will help enhance the practice and delivery of integrative health care.”

To read more, visit ChiroEco.com/ParkerJCC
Source: Parker University, parker.edu

ACA adds muscle to Medicare parity efforts by hiring top lobbying firm

The American Chiropractic Association (ACA) has hired the Capitol Hill Consulting Group (CHCG) to add extra strength to its efforts to pass federal legislation that would provide parity to chiropractors by allowing them to perform to the fullest scope of their license in Medicare.

ACA chose to work with CHCG, which is a Washington, D.C.-based, bipartisan government relations firm, because of its strong contacts in the health care arena and, more specifically, within the powerful U.S. House Ways and Means Committee, which will play a vital role in helping any pro-chiropractic Medicare legislation to gain momentum in Congress.

“Passage of a pro-chiropractic Medicare bill is the ACA’s No. 1 legislative priority. The Capitol Hill Consulting Group will give our lobbying team the added resources they need to achieve success for our members and their patients,” said ACA President N. Ray Tuck, Jr., DC.

To read more, visit ChiroEco.com/ACAlobby
Source: American Chiropractic Association, acatoday.org

MeyerDC announces exclusive distribution partnership with Greens First

MeyerDC, a family-owned leading distributor of chiropractic supplies and equipment, has announced that it has signed an exclusive distribution agreement with Greens First to supply the Greens First and Greens First Female product lines of professional-grade dietary supplements to the chiropractic channel.

Starting immediately, MeyerDC will be an exclusive provider of Greens First PRO supplements to the chiropractic channel, which will include all direct sales and fulfillment. MeyerDC has been a long-time distribution partner with Greens First.

“This partnership was formed to better support the chiropractic community with the choice of a call-in or online ordering process, quicker order transit times and greater support and access to gain product knowledge,” says Scott Effertz, vice president of sales at MeyerDC.

Effertz added that the partnership will also support chiropractors’ efforts to implement successful sales strategies via enhanced access to product literature and learning videos.

To read more, visit ChiroEco.com/meyerDCpartner
Source: American Chiropractic Association, acatoday.org

BY THE NUMBERS

1 in 5
The number of homes in the U.S. that have a park within a half mile.
Source: hhs.gov

24.4
The percentage of adults who have high cholesterol.
Source: cdc.gov

56
The percentage of American adults with a mental illness who don’t receive treatment.
Source: mentalhealthamerica.net
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Northwestern Health Sciences University

Northwestern volunteers commit to a day of service

Students, faculty and staff at Northwestern Health Sciences University gathered to donate hundreds of hours of service work at 17 locations throughout the Twin Cities region Tuesday, June 26, as part of the university’s annual Service and Appreciation Day.

The day of volunteer work and activities is a yearly opportunity for the campus community to give back to the broader Twin Cities community through service work. Classes are canceled for the day so students, faculty and staff can participate. This year, volunteer projects included: cleaning, yardwork and painting for schools and nonprofit groups; packing meals for low-income people and hungry children; participating in arts-and-crafts projects with seniors; and making hats and blankets for seriously ill children and adults.

“We teach the next generation of health care leaders to be leaders in their communities, and this is one way we demonstrate that,” said Northwestern President Christopher Cassirer. “At Northwestern, we live, learn and serve healthy. We look forward to this special day every year to bring our message of health and service to those in need throughout the Twin Cities.”

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

31 complete doctor of chiropractic program at Sherman College

On Saturday, June 16, 31 students from around the world received the doctor of chiropractic degree from Sherman College of Chiropractic in Spartanburg, SC. The college’s 133rd commencement was a shared ceremony for June and September 2018 graduates.

Leonardo René Neco Huertas of Puerto Rico (June class) and Dominic Geno Lupori of Colorado (September class), both recipients of the Milton W. Garfunkel Award, presented a farewell address to their classmates. The Garfunkel Award is the highest award given at graduation. Students receiving this honor must have a grade point average of 3.5 or above and, in addition, best exemplify those qualities Sherman College would like to inculcate in all of its graduates: love of the profession, an understanding of the philosophy, a willingness to share, and service to the college and community.

To read more, visit ChiroEco.com/DGradsSherman
Source: Sherman College, sherman.edu

LIFE University’s NeuroLIFE institute offers new professional certification program

Life University’s (LIFE) NeuroLIFE Institute (NLI) now offers a LIFE Certificate in Applied Clinical Neuroscience. This 100-hour certification course deepens the professional’s understanding of the brain and how the nervous system affects one’s overall health. The certificate will provide the latest applied neuroscience research and practical tools and techniques for using these findings in one’s practice.

Now more than ever, one needs to understand how chiropractic can affect the nervous system and neuroplasticity of the brain. NeuroLIFE Institute developed the LIFE Certificate in Applied Clinical Neuroscience to address the changing landscape of health care today and use current research to help improve chiropractic’s message to the public.

The certificate will provide an in-depth review of the nervous system and demonstrate how to properly activate receptors in the body to affect neuroplastic change to improve a patient’s quality of life.

To read more, visit ChiroEco.com/LIFECertification
Source: LIFE University, life.edu

WHAT’S HAPPENING IN HEALTH?

Severe stress may send immune system into overdrive

Trauma or intense stress may up your odds of developing an autoimmune disease, a new study suggests. Comparing more than 106,000 people who had stress disorders with more than 1 million people without them, researchers found that stress was tied to a 36 percent greater risk of developing 41 autoimmune diseases, including rheumatoid arthritis, psoriasis, Crohn’s disease and celiac disease.

“Patients suffering from severe emotional reactions after trauma or other life stressors should seek medical treatment due to the risk of chronicity of these symptoms and thereby further health decline, such as the increased risk of autoimmune disease,” said lead researcher Huan Song, MD, PhD, from the University of Iceland in Reykjavik.

To read more, visit ChiroEco.com/stressoverload
Source: HealthDay News, consumer.healthday.com
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A series of articles published in March 2018 by The Lancet is rocking the low-back pain (LBP) world, generating expert comment noting that the problem of LBP is “a major global challenge” and the world’s leading cause of disability.1,2 Shortly afterward, the ABC news program Good Morning America featured The Lancet articles with the headline “New report warns of widespread ineffectiveness of lower back pain treatment.”3 The GMA segment summarized their findings with a three-step patient strategy:

1. First, stay active, keep moving and continue working.
2. Second, educate yourself about strategies to manage pain, and understand more about LBP and your body.
3. Then if pain persists, use superficial heat, spinal manipulation therapy (SMT), massage and acupuncture. If all else fails, try NSAID medication.

This information presents a tremendous opportunity for evidence-congruent DCs seeking active participation (and referrals) in the health care system.

LBP: Causes and consequences

The number of years people spent disabled with LBP increased nearly 55 percent from 1990 to 2015, according to “What low back pain is and why we need to pay attention,” in which the Lancet Low Back Pain Series Working Group chronicles the impact on society.4 LBP affects 540 million people globally, yet despite numerous studies the condition remains complex, and specific causes of LBP often can’t be identified, so researchers label most cases “nonspecific LBP.” The rare exceptions can urgently require treatment, like “fractures, inflammatory disorders, malignancy, infections, and abdominal causes.” However, a recent study found such diagnoses in less than 1 percent of cases.5

The Lancet researchers examined widely held beliefs regarding disc and facet degeneration and LBP and found them largely wanting. But the role of genetic predisposition, local social beliefs and marketing messaging were supported.

Consequently, up to 99 percent of cases can be considered “nonspecific LBP” and much of the current care paradigm isn’t helping. Nonetheless, The Lancet notes that while the way biophysical impairments can become
disabling LBP isn't entirely clear, “impairments are demonstrable in people with persistent low back pain.” This encapsulates some of the disagreements between evidence-based researchers and the opinions of field DCs. A clinician’s goal is helping the LBP patient, whose prior episodes have led to compensations to avoid pain. And as The Lancet researchers observed, it’s common for people with chronic LBP to differ in muscle strength and mass, and have functional deficits compared to those without pain, and “these changes could be more than merely a direct consequence of pain and are only partly affected by psychological factors.”

In other words, physiological changes may result from pain over time, but aren’t necessarily causing pain. Addressing these factors might provide relief, or pain might just improve with time. A therapy or technique, or some combination, may help in certain cases, but the research is either inconclusive or yet to be conducted.

The Lancet researchers noted how perceptions affect chronic pain, with spinal and supraspinal centers showing varying levels of activation, recruitment or avoidance based on nociceptive drive, context, cognition, and emotion. A related study found moderate evidence that chronic LBP patients can have “structural brain differences in specific cortical and subcortical areas, and altered functional connectivity in pain-related areas following painful stimulation.”

Solution: Less drugs and surgery
In the section of the report focusing on LBP prevention and treatment, the Lancet Low Back Pain Series Working Group explores what works, what doesn’t and what the research is telling us? Their overall recommendations include:

- Avoid opioids (low benefit; high risk).
- Less imaging, medication and surgery. If other options fail, the lowest effective dose of NSAIDs, for the minimum time, can be considered after accounting for gastrointestinal, liver, and cardiorenal toxicity risks.
- Primary care LBP management should emphasize self-care, physical and psychological therapies, and complementary medicine such as SMT.
- Self-efficacy and fear link pain to disability, so chronic pain treatment should shift from pain relief to changing beliefs and behaviors.

Various treatment approaches in isolation showed poor to very-poor...
Evidence for prevention. Combination therapies, such as exercise paired with education, fare better. Yet only half of people with chronic LBP are prescribed exercise—and fewer are compliant.

LBP is complicated by disability economics for patients and profitability for providers. The neglected role of biopsychosocial (BPS) factors is apparent in the gap between evidence-driven research and what clinicians actually do. Imaging, opioids, spinal injections, and surgery are overused despite research and guideline recommendations.

This evidence-versus-practice gap is widespread across countries and cultures. Low-income and middle-income countries experiencing rapid industrial growth show the greatest increase in LBP disability, likely due to reduced physical activity, increased obesity and lack of affordable care.

In high-income areas, *The Lancet* researchers find that disabling LBP is partly iatrogenic, and overused care can do more harm than good (at least for society and the patient, if not the provider). When the perception of back pain changes from being a fairly benign part of daily life to being a problem requiring medical attention, you see increased use of potentially unsafe treatments like opioids.

It is stubbornly difficult to shift practitioner behaviors from customary practices, despite the prevalent evidence that:

- For lumbar spinal stenosis, some types of surgery result in good outcomes. But these patients “tend to improve with or without surgery and, therefore, non-surgical management is an appropriate option for patients who wish to defer or avoid surgery.”

- Early surgery for a herniated disc is associated with faster relief of radiculopathy than with initial conservative treatment with the option of delayed surgery. After a year, however, the benefits diminish.

For non-radicular LBP with disc degeneration, intensive multidisciplinary rehabilitation gives similar results to expensive spinal fusion surgery, with less risk and cost.

*The Lancet* recommendations:

- Spinal decompression surgery can be considered for radicular pain if non-surgical treatments are unsuccessful, and herniated discs or spinal stenosis symptoms correlate with clinical and imaging findings.

- Avoid spinal epidural or facet joint injections for low back, but for severe radicular pain consider epidural local anesthetic and steroid injections.
The concept of "positive health" is The Lancet group's strategic global recommendation to prevent LBP disability. They challenge health care providers to deemphasize the current fragmented, biomedical care model and promote a cultural change in LBP interventions by addressing misconceptions among health professionals, patients, the media, and the general public.

The Lancet’s call to action presents an extraordinary opportunity for the chiropractic profession to step up, especially in light of the American College of Physicians 2017 guidelines in advising SMT and motor control exercise over surgery and pharmacueticals.8 They identify the greatest potential to advance LBP care as “aligning practice with the evidence, reducing the focus on spinal abnormalities, and ensuring promotion of activity and function.”

DCs often say health (and disease) is about the body and mind, with each affecting the other. The Lancet’s series of articles likewise emphasizes evidence for a behavioral BPS approach to reduce disabling LBP with a positive health approach.

The Lancet recommends SMT for LBP. To actively participate with other health care professionals, DCs should support the concept of public health, and be evidence congruent.

Evidence-based doesn’t mean evidence-limited. DCs should provide credible advice for people to understand and avoid pathologizing their pain, and to stay active and remain working when possible. For unresponsive cases or those requiring specific medical care, DCs should refer out appropriately.

The chiropractic opportunity is to parlay evidence for treating LBP with spinal manipulation and exercise into positioning DCs as primary-care gatekeepers for spinal pain.9 Building relationships with MDs, NPs and other LBP providers is already building many practices—an encouraging trend.

People are increasingly opting for a natural path over expensive and risky drugs or surgery, providing opportunities to earn their trust. In the longer term, as chiropractic’s traditional strength of treating LBP systematically shows better results, DCs should see increased respect from patients and referrals from other providers.

STEVEN WEINIGER, DC, is the author of Stand Taller—Live Longer: An Anti-Aging Strategy. He also created the PostureZone assessment app, the Certified Posture Exercise Professional (CPEP) program, and spearheads the PostureMonth.org public health education campaign. He is managing partner of PosturePractice.com and BodyZone.com, and can be reached at 770-922-0700 or DrW@BodyZone.com.

References

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The IOC’s consensus statement on pain management.

BY JEFFREY TUCKER, DC

In September 2017, the International Olympic Committee (IOC) published the first consensus statement on pain management in elite athletes in the British Journal of Sports Medicine. Prior to this, there were no guidelines on effective pain management for the elite athlete population.

The authors suggest an approach to pain management, however, that can be used not just for athletes but for every patient. The process is to identify the “cause(s) and type of pain and development of a treatment strategy that addresses the contributing factors across physiological, biomechanical, and psychosocial domains.”

Painful sensations are an individually unique experience. Are pain sensations beneficial? Yes, because pain serves to protect individuals from potentially dangerous or damaging tissue injury. If you have enough pain, it will limit the use of the injured body structures. In this regard, it should promote healing by rest or modified use. Athletes are good at adaptation and will often ignore pain until something really bad happens.

Types of pain
As the IOC paper relates to chiropractic practices, patients can present with more than one type of pain. The current thinking on the different types of pain include:

Nociceptive pain: Nociceptors innervate nearly all tissues of the body. They respond to extreme temperatures, mechanical stresses, chemicals, bacteria and viral proteins, and UV radiation stimuli to drive the sensation of pain. Nociceptive pain includes inflammatory pain (resulting from active inflammation). Pain may develop from overuse injury, and it may be influenced by factors such as training load and sleep.

Neuropathic pain: This pain is recognized as a disease process that may involve multiple pathophysiological mechanisms producing burning or lancinating pain that occurs with an increased response or duration and is provoked by minimal or even absent stimuli, suggesting a sensitized and...
hyperactive nociceptive system. You may see a patient with neuropathic pain that develops following surgery for a sports injury or from repetitive mechanical and inflammatory irritation of peripheral nerves in endurance sports athletes. The key takeaway here is that neuropathic pain is a common disorder that affects neurological function and the treatment for neuropathic pain is a nervous system lesion rather than tissue injury.

**Nociplastic, algopathic, and nocipathic pain:** This refers to pain that is not a consequence of nerve or tissue damage. These types of pain are observed in fibromyalgia, irritable bowel syndrome, and complex regional pain syndrome. Nociplastic pain refers to a change in function of nociceptive pathways, algopathic pain is pathologic pain not generated by injury, and nocipathic pain refers to a pathologic state of nociception.

Pain assessment in elite athletes is no different than that for other patients—you set goals and expectations of treatment. Your intake should include numerical pain intensity, location, duration, and impact on performance, as well as precipitating and aggravating factors. Whether the patient is an athlete or not, it’s recommended to explore:

- Childhood—exposures, illnesses, nutrition, nurturing
- Past few years—dietary choices and adequate nutrition questions
- Lifestyle—exercise, daily activities, work, etc.
- Adequate hydration
- Stressors
- Emotional expression and changeability
- Sleep patterns and cycles
- Environment—location and exposure
- Triggers for pain—GI distress, fatigue, mood imbalances, headaches

The IOC authors stress that the longer the duration of pain persists, the less likely it will reflect tissue damage and the more benefit there is likely to be in taking a multidisciplinary approach to the problem.

**Patient management**

Chiropractors are good at the physical examination of athletes because they include a biomechanical assessment. Practitioners who consider the fascial distortion model (kinetic chains) know that it is an effective exam approach and treatment to relieve patients of pain and restore exercise tolerance.

What are other potential treatments for athletes? Use whatever works. The authors suggest discussing training load, periodization, physical conditioning and lifestyle factors. These
can be optimized by a sports- or rehab-oriented chiropractor.

Understanding psychological and behavioral interventions, social and environmental modifications may be managed by a pain psychologist. It’s vital to ask about sleep. “Pain can disrupt sleep, and sleep problems can worsen pain. A sleep-deprived athlete is not in an optimal state of recovery, and sleep deprivation can alter tissue sensitivity and load capacity, thereby increasing risk of injury and pain,” the authors explain.

A 2014 study found that the risk for injury was nearly doubled in adolescent athletes who slept an average of fewer than eight hours per night versus eight hours or more. Sleep deprivation affects overall recovery and has been linked to anxiety and depression, which can lead to worsened pain and performance.6,7

If you can discuss and manage diet, that can be helpful too. But if you are not qualified, then use the interdisciplinary management approach and refer to a nutritionist. Is the athlete’s diet regulated for energy balance? Is there sufficient caloric intake relative to caloric needs? An imbalance could result in osteopenia, diminished performance, illness, and injury.8,9 Consider performing a body composition analysis that includes hydration levels, and you might check blood sugars, too.

**A focused plan**
In summary, the goals of athlete pain management include identifying and addressing the cause of pain; is it pain consistent with an injury, or is it pain that is more consistent with some other biomechanical, psychological, social, or addiction factors?

You want to treat acute pain aggressively to prevent chronic pain from developing. Focus on returning the athlete to play or competition. In the event you’re part of a multidisciplinary team, promote excellent communication between other practitioners and the patient.

In addition to eliminating subjective discomfort with manual therapy, laser, shockwave therapy, or similar as indicated, assess the biomechanical forces that may have led to the injury (the kinetic chain approach). And

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**Pain assessment in elite athletes is no different than that for other patients—you set goals and expectations of treatment.**

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finally, use outcome assessment tools (OATs) to improve outcomes.

Chiropractors are non-pharmacologic practitioners, but some athletes and patients will require medication. The types of medications MDs tend to prescribe to athletes have an extremely limited role in managing musculoskeletal injuries and should rarely be used for more than three to five days.

The IOC study suggests cannabinoids have no role in managing musculoskeletal injury (but my personal experience with athletes and other patients suggests otherwise). The medical cannabis debate in athletics will continue.

It’s helpful to boost feelings of patient inclusion in the treatment decision-making process. Look for opportunities to get to know each other and collaborate to work on new treatment innovations. Athletes are willing to do the work and if regular patients are willing to do the work too, present it to them.

After 35-plus years in private practice treating all kinds of athletes, the evidence is pretty clear to me: Every patient will behave more like their best selves, more of the time, if doctors take a few modest steps to foster an environment where the patient’s brain isn’t overloaded; focus more on rewards (healthy aging lifestyle) than threats (fear of degeneration).

My pain management list includes:

► Give patients a timeline and expectations.
► Be conservative when setting the baseline.
► Exercise protocols should fit the needs and requests of the patient.
► Use aerobic exercise as well as motor control training.
► Include exercise of non-painful parts of the body.
► Allow increased pain during and shortly following exercise but avoid continuously increasing pain intensity over time (i.e., modify exercise).

► Use multiple and long recovery breaks in between exercises.
► Minor symptom flares are natural during initial stages of exercise therapy, but should cease once an exercise routine is established.
► Do not grade the exercise protocol in case of major symptom flares.

With some behavioral science in your toolkit, you can build a more productive athlete (patient), a better teammate—and a happier one at that.

JEFFREY TUCKER, DC, practices in Los Angeles, Calif. He is the current secretary/treasurer of the ACA Rehab Council. He can be contacted through DrJeffreyTucker.com.

References
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M ANY CHIROPRACTIC PRACTICES TREAT PROFESSIONAL and recreational athletes and, as this subspecialty grows, providers are looking for growth opportunities. Certain elements of a practice are essential in maintaining a strong patient base, e.g., collaborating with other disciplines, improving provider personal health, and seeking to better educate clinical assistants.

And as health care at large is evolving, the public is demanding more cost-effective and higher quality care.

Indeed, chiropractic is increasingly being recommended at all levels, from large regulatory bodies down to local primary care physicians, as the opioid epidemic reaches a crisis point. You’re also seeing articles focused on the positive benefits of chiropractic for professional athletes as it relates to decreasing pain, reducing injury rates, and improving performance in various sports.

**Remember the recreational athlete**
In the primary chiropractic practice, a large segment of the population encompasses recreational athletes, those patients ranging from 20 to 80 years of age who enjoy sports and exercise as a hobby. More of these patients are turning to chiropractic because of the positive messages they hear from their doctors, the media, the internet and their friends.

Collaboration with local primary care physicians, orthopedists, neurologists, and physical therapists, among others, is essential to developing a practice with a high recreational athlete population. These providers are seeing the patients you want to be treating. The effectiveness of your ability to communicate to your patients and their doctors will impact their trust and confidence in your care.

**Stay current and collaborate**
Staying up to date with current evaluation and treatment techniques is paramount in a sports-based practice. Attending seminars and reading liter-
Your self-health top 10

Establish a top 10 list of health basics, such as:
- Follow proper eating habits
- Get enough hours of sleep
- Do 30 minutes of cardio five days per week
- Do two or three days of strength workouts per week
- Follow proper hydration habits
- Have a hobby
- Perform mindfulness exercises
- Maintain free time
- Get an annual physical
- Maintain healthy relationships

These subtle behaviors are not only helpful in prolonging your own practice but they also help to promote it.

Treat recreational athletes with the most up-to-date treatments you would use with a professional athlete and you will raise your standing and improve your clinical outcomes.

As you examine a patient to begin a course of care, send a quick note on your letterhead to their primary care physician, letting them know you have begun treatment, and offer your diagnosis and care recommendations. This simple form of communication fosters collaboration and places your name in front of local doctors, cultivating awareness and acceptance among local providers.

Be the change

Don't overlook the patient's perception of your health and athletic activity. Do you play sports regularly, exercise and maintain a health-conscious diet? Providers who have struggled with their own health or healthy habits and figured out how to conquer these vulnerabilities are more effective at relaying the importance of lifestyle and behavior change in ways that encourage patients. It is one thing to educate patients about healthy lifestyles, getting proper exercise, and eating intentionally, but combining this practice with tips that helped you or acknowledging your own struggles can convey the understanding that you have walked in their shoes.

For example, earlier this spring, I took part in the Ragnar relay race, which combined two personal passions, running and advocating for those with special needs. My teammates and I ran 200 miles from Chattanooga to Nashville, Tennessee, without stopping through the night, in support of a wonderful organization called Ainsley’s Angels of America. Their mission is to build awareness of America’s special needs community by participating in endurance sporting events.

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through the back hills of Tennessee alongside many other athletes. This experience is only one example of the many opportunities that allow you to improve your personal health, interact with other health care professionals and foster meaningful connections that align with a sports-injury-focused practice.

**Education equals elevation**

A frequently underrated aspect of practice is the importance of your paraprofessionals, the people in your office who support you clinically and administratively. These are the team members who assist you in providing therapy, giving exams, and possibly conducting diagnostic tests.

Those who provide patient education are an extension of you as a chiropractor. Their knowledge and caregiving are vital for cultivating relationships with patients and those outside the clinic.

Hiring assistants who enjoy sports and treating sports injuries creates a platform for learning and developing skill sets that enhance their role in your practice.

The training of your clinical assistants is not lost on your patients. When you have diagnosed femoral acetabular impingement with subsequent labral disorder, how is your team relaying your treatment instructions and demonstrating their understanding of the issue? Do they understand the underlying anatomy, treatment approaches and ways to communicate home-care behaviors? Annual training helps to raise a clinical assistant’s bar and encourage them to conduct more self-education.

Have a weekly staff meeting with a portion directed toward clinical training on a particular topic such as rotator cuff syndrome or cervical radiculopathy. Provide a quick write-up of the topic with visuals and communicate a patient example.

To be a successful primary chiropractic office with a subspecialty in sports injuries, don’t overlook these essential elements. Collaborate with other professionals, maintain a healthy lifestyle, and develop your sports-injury-trained clinical assistant if you want to attract athletes of all levels.

**Quick Tip**

**Staffing solutions**

Make sure your office has enough staff. More employees mean reduced stress for the doctors, other staff members and your patients. While many offices are trying to control overhead and payroll costs, an additional employee can also increase production and revenue. Having enough staff means the phone can be answered and not go to voice mail. It means there will be someone at the front desk who can collect co-payments and deductibles daily. It means there is someone to call missed appointments. It means someone can check on insurance benefits and unpaid claims. And it means if someone calls in sick, you will still have enough staff to not go crazy.

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Sports chiropractors are ready to help you.

BY KAREN APPOLD

Terence Garvin, a linebacker for the Miami Dolphins and six-year veteran of the National Football League can attest to the value of chiropractic. “I got into chiropractic care during my first year as a Pittsburgh Steeler,” he says. “James Harrison, a 14-year veteran of the NFL, would have recovery parties at his house every week that would include chiropractic care. Sometimes up to 40 guys would show up! I learned from him that you don’t need to be in pain to get care and prevent injuries. I’ve been going to a chiropractor ever since then.”

Knowing the value of chiropractic care for athletes, four industry veterans have come together to form Doctors of Chiropractic Sports (DoCS). First and foremost, the founders want to bring together chiropractors who treat professional and collegiate athletes and give them the opportunity to communicate, network, and share ideas, innovations and clinical knowledge to take the best care of athletes.

“With better communication, we can enhance care delivery and improve athletes’ overall population health,” says Jay Greenstein, DC, CEO of Sport and Spine Companies, who also serves as the team chiropractor for the Washington Valor of the Arena Football League and, since 1997, has been the official team chiropractor for the Washington Redskins Cheerleaders.

“By bringing all sports-centered chiropractors together to form an organized entity, we’ll have a louder voice to impress the public with our far-reaching effects,” adds Spencer Baron, DC, who first conceived of DoCS and is the owner of NeuroSport Elite. Baron is also the former team chiropractor for the Miami Dolphins and Miami Marlins, and co-founder of the Professional Football Chiropractic Society. He says that the latter as well as the Professional Baseball Chiropractic Society have already achieved this goal. “We want to create more public awareness about the chiropractic model of care, which is to try natural, conservative treatments first before resorting to medications or surgery.”

Tying it all together

The founders also want to facilitate inter-professional relationships between chiropractors, athletic trainers, physical therapists, massage therapists, medical doctors and surgeons, while simultaneously revealing to the chiropractic profession the value of intra-professional referral sources. Health care providers with an interest in athletics are encouraged to join the organization.

“Our goal is to promote camaraderie and provide coaching,” Baron says. “We want chiropractors to learn to develop relationships with their peers so they can advance each other as a unified profession and exchange educational information. We are stronger in numbers.”

“We also want leading chiropractors in different sports to share their knowledge and experiences with young chiropractic students, so they will be in a much better position when they graduate,” says Alan K. Sokoloff, DC, clinic director of the Yalich Clinic. He’s a team chiropractor for the Baltimore Ravens and the University of Maryland Terps, and president of the Professional Football Chiropractic Society. “We are each passionate about helping young
The founders’ vision
In addition to Greenstein, Spencer and Sokoloff, Cindy M. Howard, DC, founder of the Innovative Health and Wellness Center, is the fourth founder. Each of these experts has a unique perspective and background. “We each bring something to the table that synergistically allows an audience to learn,” Sokoloff says. “Dr. Greenstein keeps up on new studies and statistics, Dr. Howard excels in nutrition and internal medicine, Dr. Baron is an expert on concussion and neurological aspects, and my strength is understanding and working in the athletic training world. I learn something from them every time I hear them lecture.”

The foursome embarked on a previous initiative together called POWER Play in Sports, which taught chiropractors how to present educational content to parents and coaches on the prevention, recognition and management of sports-related injuries. “Our current venture is an evolution of this initiative,” Greenstein says. “The difference is that DoCS is about education, and exponentially creating impact by building a large and strong community of official sports team doctors of chiropractic.”

Changing minds
Another goal of the founders is to increase public awareness in the sports arena. “We hear comments from sports teams such as, ‘We don’t use chiropractors,’ ‘Chiros are not allowed on the sidelines,’ and ‘We use a medical (or osteopath) doctor,’” Baron says. “Sometimes the MDs or DOs specialize in family practice or dermatology; I’ve even heard of a boxing, ringside physician that was a gynecologist—none of whom had any substantial education in sports medicine.”

Chiropractors can use DoCS’s lectures, articles and videos to influence a pro or collegiate team’s professional governing body to overturn any longstanding professional prejudices and make chiropractic an integral part of the team’s health care triage.

Another objective is to present educational “sports tracks” to other state associations and chiropractic colleges as they successfully did with the Florida Chiropractic Association.

Meet the experts
Jay S. Greenstein, DC, CCSP, CGFI, CKTP, FMS, founder and CEO of Sport and Spine Companies in Fairfax, Virginia. ssrehab.com

Spencer Baron, DC, DACBSP, president of Neurosport Elite, in Davie, Florida. neurosportelite.com

Alan K. Sokoloff, DC, DACBSP, owner and clinic director, Yalich Clinic Performance and Rehabilitation in Glen Burnie, Maryland. yalich.com

Cindy M. Howard, DC, DABCI, DACBN, FIAMA, owner of Innovative Health and Wellness Center in Orland Park, Illinois. orlandparkchiropractor.com

athletes and young chiropractors to get involved and stay involved in sports care.”
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Helping young athletes get a leg up

One of the most trying times for an athlete is during their college years. “Their sense of invincibility allows them to play harder without perceived limits,” Spencer Baron, DC, says. “Their injuries are often compounded by indiscriminately popping pills. This sets up a dangerous precedent—the drugless approach to healing may be sidestepped if there is no accessibility or awareness of a chiropractor.”

But DoCS is looking to change young athletes’ perceptions. “We want to provide an understanding that pain is good and that they should embrace research-based alternatives,” Baron says.

Chris Schoeller, who will be a freshman on Embry Riddle University’s baseball team this fall, already knows the benefits of chiropractic care. “It fits into my health regimen by keeping my body aligned so I can maneuver quickly, be free from pain and reduce risk of injury,” he says. “My chiropractor has helped me heal quicker from some injuries, giving acute therapy to an injury right when it happens as well as in the weeks afterward. He is the extra edge I need to be my best. It’s like having a tune-up every time I go there.”

The group is also witness to another challenge in the youth sports arena—overtraining injuries. For most children and teenagers, the days of participating in multiple sports programs during different seasons is long gone—many only play one sport throughout the year. “This sets the young athlete up for overuse injuries—which has rising rates,” Baron says. “This behavior may take a great player and suddenly limit his or her lifespan in that sport and ruin a potential career. Educating youth on how chiropractors can monitor and modulate the potential for some injuries is paramount. We can measure deleterious changes in an athlete’s performance and subsequently curb the potential injury.”

Cindy Howard, DC, says that chiropractors should promote the benefits of proper nutrition and diet starting with young athletes. “If a supplement or certain diet can help make them slightly faster, stronger or sharpen their mental focus, that would give them a small edge over the competition, which could make them a better athlete or possibly get them a college scholarship or into the professional arena,” she says. “A lot of young athletes have had injuries in their young career. Proper nutrition may help to avoid a career ending early.”

Chiropractors who are members of DoCS can select a young athlete who is most worthy of getting chiropractic treatment funded and apply for a DoCS grant. Half of DoCS’s $199 membership fee goes to selected athletes in the form of care by a sports chiropractor. The grant could be for treating injuries, enhancing performance or preventive care.

Another option is for the chiropractor to receive a grant to give to an underprivileged school that doesn’t have the money for health care equipment in the athletic training room. Baron says these initiatives for young athletes are investments in the group’s relationship with the public. Learn more at doc-sports.com.
We want chiropractors to learn to develop relationships with their peers so they can advance each other as a unified profession and exchange educational information.

“One of the most exciting features of the sports track is taking a field trip to an athletic training room of a pro or college team,” Baron says. “We have done this in Florida with the NFL Jacksonville Jaguars, MLB Miami Marlins, MLS Orlando City and Florida Atlantic University. We then do a presentation with the athletic trainer on co-managing injuries with their sports chiropractor.”

“Most doctors have never seen the inside of a professional sports stadium before,” Greenstein says. “Having the ability to listen to a team’s chiropractor or athletic trainer and see what happens behind closed doors creates a huge buzz within the chiropractic community. Ultimately, sharing these game-day experiences builds awareness of just how important sports chiropractic is to the status elevation of chiropractic in the mind of the public.”

Baron adds, “We want to create novel educational pieces with chiropractors who treat pro and collegiate athletes and disseminate that information to other chiropractors who have aspirations of treating athletes.”

Beyond adjusting
Howard focuses on an aspect of care that is often overlooked—how to support a patient’s care with nutrition and diet. Through her presentations at DoCS-sponsored events, she provides basic treatment protocols that can help athletes. “I teach chiropractors how to address concerns athletes have such as high blood pressure, insomnia, inflammation and infections that can occur from injuries,” she says.

For example, if a patient is not healing properly, taking homeopathic arnica and pancreatic enzymes can shorten the healing timeframe. “I’ve seen athletes with sprains and broken bones no longer needing splints or casts two to three weeks earlier than expected, when nutrition and supplementation are properly used,” she says. Chiropractors can also use blood chemistry profiles, gastrointestinal evaluation, food sensitivity testing, adrenal and hormone testing, and nutrient testing to evaluate a variety of conditions that athletes experience such as thyroid disorders, menstrual
problems, anemia and viral infections and treat them with herbs, vitamins, minerals, homeopathic remedies or diet recommendations.

Howard also lectures about the importance of taking anti-inflammatory supplements like fish oil and curcumin, and avoiding inflammatory foods like sugar, dairy and gluten. Healthier foods such as avocados, raw nuts, olive oil and blueberries can expedite healing.

“I want to bring awareness to additional aspects of care that chiropractors treating athletes may not be too familiar with,” Howard says.

**Membership benefits**

DoCS provides a variety of ways for members to network and learn. Leading-edge seminars, some of which are offered in person and others that are accessible via electronic media, emphasize the importance of communication with athletic trainers and physical therapists.

“We are currently compiling a library of resources and case studies from our sports docs,” Baron says, to which members will have full access. “They also provide novel examination and treatment options for certain conditions that they render to our professional and collegiate athletes.”

Members also get an up-to-date list of the doctors who serve on sports teams and access to soon-to-be-published survey results, which will include insight on how much a sports chiropractor charges, how often teams render chiropractic care, how to get in with a team, best methods for payment and how to promote yourself as a sports chiropractor.

**Effective communication**

DoCS also has dedicated resources for teaching athletic trainers and sports-oriented physical therapists on how to work with sports chiropractors and vice versa. “This type of communication requires some detailed insight and is more of a skill than one might think,” Baron says.

Sokoloff believes that chiropractors are taught how to be great practitioners in their own offices, but they aren’t taught how to communicate well with other health care professionals. “That is why our profession isn’t as well sought after for care as it should be,” he says, adding that in his practice 80 percent of new patients come from referrals from other providers. “That is because we have clear-cut communication with other health care professionals.”

For every new patient who comes to Sokoloff’s office, he will send the referring provider and the patient’s primary care physician a “start-of-care” letter informing them about the type of care he is providing and his rationale for treatment. “The purpose
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of the letter is to coordinate care and not duplicate care,” he says. This involves being able to access records and medical information from other health care providers that may be beneficial in treating the patient.

For every athlete that Sokoloff treats, he also sends a note to their head athletic trainer. “The chiropractor is a part of a team to help athletes return to play or increase their performance enhancement,” he says. “Our care must be documented and provided to the coordinator of care, which is usually the head certified athletic trainer with an individual team.”

Proper communication etiquette is also paramount when working with athletes. For example, a sports chiropractor shouldn’t ask athletes for autographs because it will change the relationship’s dynamic. A chiropractor should also charge an athlete for care. “Just because someone is a superstar athlete doesn’t mean that you should provide them with free care with hope that he or she will promote you in return,” Baron says. “Create value in what you do, which creates value for the profession.”

And be sure to work with an athlete’s trainer. Seek their opinions and insights on a patient’s condition.

Looking ahead
A long-term goal of DoCS is to create an event that is well-attended by sports chiropractors from many teams and sports. Baron wants to have an educational forum and communicate opportunities. Invitations will be provided to athletic trainers, physical therapists and to each sports’ governing body, especially commissioners from top sports.

DoCS, whose main sponsor is Performance Health, owner of Biofreeze, Theraband and Kramer products, would also like to align with a national brand such as Nike, Under Armour or Adidas. “This approach is consistent with the brands that sponsor pro teams and their professional athletes,” Baron says. “This would open many doors for sports chiropractors. It would provide instant credibility for the profession nationwide.”

KAREN APPOLD is a medical writer in Pennsylvania. She can be contacted at 610-812-3040, kappold@msn.com, or through writtenowservices.com.
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The right tool for the job
Know the different types of topicals.

BY HANNAH FELL

Typically, when a patient presents with pain, a chiropractor will treat the patient with a series of adjustments. Depending on the level of pain, the chiropractor might recommend massage therapy, physical therapy or a variety of supplements.

However, topical analgesics are another way to treat a client’s pain, and they have the benefit of not causing side effects, which are more common with ingested medications. Additionally, topicals do not penetrate the skin deeply so the ingredients in the topical do not reach the bloodstream. This means that topical analgesics can provide pain relief without impacting any internal organs.

The FDA views topical analgesics as over-the-counter drugs, which means they can be sold and used without the need for a prescription. Typically, these analgesics contain such active ingredients as menthol and capsaicin, which are FDA-regulated.

Cooling analgesics only contain menthol and can work well with a recent injury. Warming analgesics work well for people who have chronic pain, such as arthritis, regular lower-back pain, and even neuropathy and fibromyalgia. Warming analgesics have menthol, camphor and capsaicin.

Chiropractors will generally use only the cooling approach when it comes to treating pain, but the use of a heating approach can be just as effective (if not more so).

“Using a cooling gel for all forms of pain is akin to using a hammer on both a nail and a screw,” says Dan Sandweiss, COO of Sombra Professional Therapy Products. “It will drive a screw into wood, but the end result won’t be effective. You need a diversified toolbox to help your patients.”

How topical analgesics work
The gate theory of pain control is a great way to explain how topical analgesics work, Sandweiss says. Gate
theory states that there is an interconnection between small and large nerve fibers that determine how pain signals reach the brain.

These large and small fibers can respond to external stimuli, such as pain, and they send the pain signal to the brain. When a cooling or warming topical is used, it can cause some of these fibers to close the pain gateway and alleviate the discomfort.

Nerve cells contain transient receptor potential channels (TRPs). These receptors help to mediate hot or cold sensations and also work to block pain or mediate it, depending on the channel and external stimulus, Sandweiss says.

One of these channels, the TRPM8, is sensitive to cold, which means that menthol can override its pain signals to reduce the perceived pain in patients. The TRPV1 channel, he says, is heat sensitive, which means capsaicin and camphor can override its pain signals.

“If you are only using a cooling gel on a patient, you are only addressing the TRPM8 channel,” he says. “However, if you have a warming gel in your office, you can address both the TRPM8 and the TRPV1 channels because warming gel contains menthol, camphor and capsaicin.”

It is important to remember that unless the topical you are using has some kind of anti-inflammatory ingredient, it will not treat or address the source of the pain.

Relieve your patient’s pain with cool and warm therapy

The first pain-relieving gel manufactured by Sombra Professional Therapy Products was its warm therapy. Chiropractors took to it immediately, seeing its effectiveness for relieving long-standing pain in their patients. Sombra’s cool therapy came a few years later.

Both products contain natural citrus oils, orange in the warm therapy and lemon in the cool therapy. One of the major components of natural citrus oils is limonene, which is itself a pain reliever. It works on the TRPA1 receptor, which is one reason that Sombra natural pain-relieving gels are particularly effective. Sombra’s natural ingredients target multiple TRP receptors.

Because chiropractors have helped the company become successful, Sombra is particularly supportive of them in return. A chiropractor can call the company during business hours and ask questions of its chemists. The company refrains from selling its Sombra-branded products in big box stores, which means patients need to buy from chiropractors. Also, Sombra has taken steps to prevent Internet marketplaces from undercutting chiropractors on price.

Sombra manufactures its products in its facility in Albuquerque, New Mexico. Its own staff assures quality and the company’s founder comes to work every day to monitor operations. In this day of conglomerates and outsourcing, it is reassuring to know that Sombra’s staff takes personal responsibility for the safety and quality of its natural pain-relieving gels.

To learn about more about the Sombra product line, visit sombrausa.com or call 800-225-3963.

Topicals in action

Michael Pridham is a DC with a practice in Albuquerque, New Mexico. He has been using topical analgesics in his practice for about eight years.

He says that he has used topical analgesics for pain ranging from sprains and strains to shingles pain, and his patients have noticed a significant reduction in their pain with topicals.

“Sprains and strains seem to do better with the cooling,” he says. “And longer-standing muscle soreness does better with the warming.”

In his practice, Pridham has treated and worked with a lot of current and former martial artists, and in particular he has worked with Jujitsu and Muay Thai athletes.

“One fighter hurt his knee as he was jumping into guard. He felt a bad pop in his knee and it ended up bruising the muscle,” Pridham says. The heating gel was beneficial to help the pain. The topical in combination with kinesiotaping and injections got him back into competing.

The client ended up finding a lot of success in using the warming gels, he says, and ended up coming back into Pridham’s office to purchase more of the product.

HANNAH FELL is the associate editor of Chiropractic Economics. She can be reached at hfell@chiroeco.com, 905-567-1535 or through ChiroEco.com.
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In addition to regular therapeutic adjustments, there are supplemental ingredients that can dramatically improve your patients’ quality of life as well.

Of the widely studied botanical compounds, curcumin from turmeric (Curcuma longa) is one of the most valuable. Pain relief is just one of its abilities, but it is a great contender on that strength alone.

Curcumin reduces COX-2 activity without harming the liver or stomach lining, or causing issues with addiction. Clinical work with curcumin regarding pain has yielded impressive results that match—or outperform—prescription medications.

A 500 mg twice-daily dosage of curcumin (blended with turmeric essential oil) can alleviate symptoms of rheumatoid arthritis. A clinical study compared its efficacy to diclofenac sodium and explored how well the botanical and drug would work in combination as well.

In the Disease Activity Score in 28 Joints (DAS28) patient assessment, the group taking curcumin alone saw the most reduction in disease symptoms, followed by those using the combination of curcumin with diclofenac sodium. The group using diclofenac sodium alone scored last. In both curcumin groups, there were no drop outs due to adverse effects, but in the diclofenac sodium group, almost 15 percent withdrew because of them. So aside from symptom reduction, there is apparently a protective effect from the curcumin that seems to moderate the less appealing aspects of the drug.1

Sports medicine has taken note of curcumin for acute pain. In a double-blind crossover trial, participants started taking curcumin two days before a physical workout that included gluteal stretches, squat jumps and single-leg jumps. They continued taking curcumin for three days after the exercise regimen, and noted moderate to large reductions in pain,
slightly increased performance, and less delayed onset muscle soreness.²

**Types of curcumin**
Your patients may be confused about whether they should take turmeric powder or curcumin. For therapeutic results, curcumin is the right choice. Turmeric powder is wonderful as a spice, but it may contain only about 2 percent curcumin. And, even among curcumin extracts, you have to select carefully because the compound can be difficult to absorb.

Curcumin enhanced with turmeric essential oil (BCM-95) improves absorption, blood retention and provides turmerones for additional anti-inflammatory compounds.³ It has been the subject of 32 published scientific and clinical studies—and counting.

A venerable adjunct
In addition to curcumin, boswellia (*Boswellia serrata*) is another long-trusted, pain-stopping natural medicine used by Ayurvedic practitioners for centuries.

Combined with enhanced-absorption curcumin, boswellia outperformed celecoxib in relieving pain, walking distance and joint line tenderness scores in participants with osteoarthritis. In the herbal group, about 65 percent improved dramatically versus 30 percent in the drug group. Those in the curcumin-and-boswellia group fared so well that they moved from their previously described “moderate to severe arthritis” to “mild to moderate arthritis.”⁴ Another study of osteoarthritis found that a combination of the same curcumin and boswellia extracts improved pain scores and joint comfort in just 12 weeks.⁵

But like curcumin, boswellia comes with qualifications. In boswellia extracts, acetyl-11-keto-beta-boswellic acid (AKBA) is a primary compound associated with stopping 5-lipoxygenase (5-LOX) inflammation. This alone makes it an especially valuable natural medicine for many inflammatory diseases, including respiratory and digestive conditions—a side from stopping acute and chronic pain.

But unstandardized boswellia may contain very little AKBA, and include a pro-inflammatory compound called beta-boswellic acid.

The form for fighting inflammation is a specialized boswellia extract that greatly reduces the inflammatory compound and naturally boosts AKBA levels.⁶⁷ *That* is the boswellia used in conjunction with curcumin in the studies cited here.

**DLPA**
A synergistic ingredient for relief is DLPA, a combination of d- and l-phenylalanine. D-phenylalanine appears to block enkephalinase, which other-
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wise breaks down the brain’s natural analgesic enkaphalins; \( \text{l-phenylalanine} \) improves mood-elevating neurotransmitters, including dopamine, epinephrine and norepinephrine.\(^8\)\(^-\)\(^10\)

An enzyme ingredient, nattokinase, increases microcirculation and can help the botanical and amino acid components move through the bloodstream to reach sites of pain even more effectively.\(^11\)

### Cannabinoids

One last note: hemp oil and cannabidiol (CBD) are very much part of the pain-treatment landscape right now. It’s highly likely that at some of your patients have asked for your insights and recommendations about it.

Compounds from hemp (Cannabis sativa) can preserve endocannabinoids, including anandamide (AEA) and 2-arachidonylglycerol (2-AG) and, as a result, amplify their ability to relieve pain. The phytoneutrients may also interact with cannabinoid receptors found on the surfaces of cells.\(^12\)\(^,\)\(^13\)

British researchers found that the synovial tissue of patients with osteoarthritis and rheumatoid arthritis had elevated levels of endocannabinoids compared to individuals *without* those conditions. The body seemed to flood the joints with endocannabinoids in an effort to relieve inflammation.\(^14\)

While CBD has garnered the most attention, there is an entourage of phytoneutrients from hemp, so a full-spectrum supplement might provide better and longer lasting results than one isolated compound. Overall, there’s a good case to be made that combining a full-spectrum hemp oil with curcumin would reduce inflammatory markers even more effectively.

To say that pain is very likely the major reason for patient visits is obvious. But what might not be obvious to your patients is that there are effective and safe ingredients that can alleviate their conditions with none of the risks of prescription or over-the-counter drugs. The nutrients I’ve outlined here dovetail perfectly with your practice and with your patients’ needs. ☺

**TERRY LEMEROND** is a natural health expert with over 45 years of experience. He has owned health food stores, founded dietary supplement companies, and formulated more than 400 products. A published author, Terry appears on radio, television, and is a frequent guest speaker. He can be contacted through euromedicausa.com.

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One of the most popular quotes in chiropractic is “Nature needs no help, just no interference,” by Reggie Gold, DC. This gem isn’t just applicable to the body’s innate ability to heal itself but also to marketing. Too many chiropractors are missing out on new patient leads because they don’t make it easy for prospects to go from someone who is engaging with their practice online to becoming someone walking through the front door.

The most common digital bottlenecks are:

► Stuff that just doesn’t work.
► Omitting natural next steps.
► Ignoring future patients.

Each of these bottlenecks has a number of solutions. Here’s how to identify whether your practice is losing patients because of them and your options to get your digital pipeline flowing.

**Stuff that just doesn’t work**

“Stuff” might not be the most elegant word, but the list of things that can break—and often are broken—on the journey from prospect to patient online is long and varied:

1. Broken links and 404 pages.
2. Scheduling tools that have lapsed or were not implemented correctly.
3. HIPAA noncompliance.
4. Bad user experience on mobile and tablets.
5. Use of Flash or other outdated technologies.
6. Broken forms.

There are a number of tools that internet marketers use to uncover these problems, but most small to medium-sized practices can determine whether they’re affected by any of these by thoroughly testing their site and searching for their brand online to uncover stuff that just doesn’t work. Scour your page the way a patient would.

Many issues can be fixed in-house, such as broken links, but some might require technical expertise. One often overlooked step is to think about whether you really need a given feature. Do you need the Flash content or that online scheduling tool? Depending on your ideal buyer persona, your practice’s business processes, and the wherewithal you have to maintain these features, the best answer might be to remove it.

**Omitting natural next steps**

Chiropractors who invest their time and money in digital marketing are often focused on generating more...
traffic to their website, Facebook page, and so on, but don’t present the natural next step to that prospect once they get there.

You need a relevant call to action on all of your digital assets. Go through this checklist to increase your conversion rate for the people who visit your practice online:

- Include a call to action on all your web pages ideally related to the content on the page. “Make an appointment now,” “Order here,” etc.
- Add a description to your “Google my business” page.
- Add the “Book an appointment” feature to your Google my business page if applicable.
- Include a call to action on your web directory practice descriptions if allowed as well as social media profiles.

Other common calls to action include a button that links to a landing page offering a free consult or exam, an ebook explaining the benefits of chiropractic, or simply asking the visitor to pick up the phone and call.

Ignoring future patients

The most common call to action on a practice site asks visitors to schedule an appointment. While that’s your ultimate goal (and some people who encounter your practice online are ready to take that step), the majority of people who see your promoted Facebook post, read your latest blog post, and happen upon your Yelp listing aren’t quite there yet.

Most people will be at the beginning and middle stages of the buyer’s journey. They are on their way to becoming a chiropractic patient, but they need more information before making a buying decision. Most practices ignore them in their digital marketing efforts.

Those at the top of the funnel are just becoming aware of their current state of wellness, what their challenges are, and where they want to be. Farther along the buyer’s journey, they know what they want but aren’t quite sure how to get there. Do they need a chiropractor, a medical doctor, or to follow along to yoga videos on YouTube?

Chances are you don’t answer the questions that people have when they aren’t ready to call and schedule, and that friction can stop new leads in their tracks.

You can build a pipeline of new patients by capturing those at the top and middle of the funnel and interacting with them until they are ready to commit to the chiropractic care that you provide.

Conversion rate optimization

In marketing-speak, addressing these digital marketing bottlenecks is optimizing a practice’s web presence for conversions. Three core principles of conversion rate optimization are:

- Create a low-friction process of becoming a lead by fixing technical issues,
- Create a process or funnel to generate leads, and
- Understand and address the unique needs of your buyer personas no matter where they are in the buyer’s journey.

Taking the time to optimize your web presence for conversions will increase the number of new patient leads coming to your practice and build a build a pipeline, so that you can reliably and sustainably generate more patients online.

**BEN DONAHOWER** is a marketer at No Bounds Digital, the agency that helps chiropractors generate more and better leads online. Request a custom video walkthrough of your practice’s lead generation bottlenecks by contacting him at ben@noboundsdigital.com or through noboundsdigital.com.
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<td>K-LaserUSA</td>
<td>866-595-7749</td>
<td>k-laserusa.com</td>
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<tr>
<td>King Bio</td>
<td>800-543-3245</td>
<td>safetycarex.com</td>
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<tr>
<td>Kinian</td>
<td>844-422-6633</td>
<td>kinian.net</td>
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<tr>
<td>Kool Fit America Inc.</td>
<td>800-852-5665</td>
<td>koolfit.com</td>
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<tr>
<td>Lhasa OMS Inc.</td>
<td>800-323-1839</td>
<td>lhasaoms.com</td>
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<tr>
<td>LifeTec Inc.</td>
<td>800-822-5911</td>
<td>lifetecinc.com</td>
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<tr>
<td>LightForce Therapy Lasers</td>
<td>877-627-3858</td>
<td>lightforcelasers.com</td>
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<tr>
<td>Lypossage</td>
<td>877-346-1156</td>
<td>lypossage.net</td>
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<td>LZR7</td>
<td>888-333-7511</td>
<td>l2z.com</td>
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<tr>
<td>Massage U Inc.</td>
<td>310-433-6234</td>
<td>rollyourpanaway.com</td>
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<td>Massage Warehouse</td>
<td>800-910-9955</td>
<td>massagewarehouse.com</td>
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<td>MassageBlocks.com</td>
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<td>Medi-Stim Inc.</td>
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<td>MediMax Tech</td>
<td>855-633-4629</td>
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<td>MediNatura</td>
<td>844-633-4628</td>
<td>mediatura.com</td>
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Companies highlighted in RED have an advertisement in this issue. For the complete listing of services these companies provide, and to view our complete online directory, visit chiroeco.com/buyers-guide.
The Prolon Fasting Mimicking Diet (FMD™), is a 5 day diet that makes your body think that it’s fasting, when in fact you are eating food! It has been scientifically proven to promote longevity, overall health and reduce excess fat, all while promoting regenerative and rejuvenating changes to the body.

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W

ITH THE RIGHT STRATEGY
YOU MAY BE ABLE TO
eliminate taxes today and
retire in the 0-percent tax bracket
tomorrow. Are these the strategies
that make the rich richer? One
can only speculate, as the wealthy
consistently implement every known
strategy available to pay little to no
taxes. What we do know is that only 1
chiropractor in 100 retires wealthy.

What about the other 99 percent?
Four more will become financially
independent and have the ability to
live a life well designed. Is it possible
to change this alarming statistic? What
is the secret of the upper 5 percent?

I recently attended my 55-year
high school reunion, and while I can’t
accurately say which of my remaining
classmates were wealthy and which
ones were financially independent, I
have no reason to dispute the statis-
tics compiled by the Social Security
Administration for the previous 85
years.

You can beat the odds
Nobody has a crystal ball; but with the
right course of action and a big pile of
inspiration, you can reach your goals.
You might not know where to start,
and you might allow other matters to
take priority, always thinking that the
“retirement thing” can be done a little
later. Linear thinking of this type can
become a major cause of long-term
failure.

My experience has shown that
clients I have worked with who follow
a proven course of action will usually
progress to a place of certainty within
a few short weeks—when they follow
a well-laid-out plan of action.

The good news is that the solution
to becoming financially independent
isn’t complicated. First, take a look at
what anyone can do today to turn the
odds in their favor.

The key framework
There are many approaches one can
take; however, each approach must:

Reduce your taxes. You want to pay
no more than the absolute legal
minimum.

Work on wealth creation. Avoid
focusing too much on debt reduction.
This is done by choosing the right mix
of financial products and developing
a strategy that creates wealth and pays
down debt at the same time. Trying to
pay all your debt before beginning to
accumulate wealth will only shorten
the number of years available to reach your target. The compounding effect of money has its greatest influence in the later years.

**Begin with the end in mind.** Be clear on what you must start doing today, tomorrow, and this year to reach your goals. The end goal is being able to continue with the same quality of life you have today (or even one that’s better), without having to work. Set a goal or an age when you would like to see that goal materialize.

**Estimate a conservative and predictable rate of return.** This applies to both your saved and invested assets (and be sure to factor in inflation).

**Incorporate a cash-flow system.** This is what keeps you on track; a system that tracks the direction of your progress relative to your objectives and identifies where you may be deficient, if not realizing the progress you are seeking. There are numerous software systems that have excellent tracking systems. The secret is for you to use the system effectively and consistently.

**There’s just one problem...** Finding the money. Chances are you may have more than you think if you analyze your spending behaviors. Once you realize how much is slipping away (and this is without adjusting your lifestyle expenses), you will likely be motivated and excited to see your plan unfold.

Experience has shown that with effective tax planning most chiropractors will see a reduction in taxes between 20 and 60 percent of what they currently pay. For example, one doctor incorporated a management company that integrates with his S-Corporation and he saved over $33,510 this way (see chart).

**A compound lesson**
Reducing your taxes by $33,510 per year compounded for 20 years at just 5 percent will get you significantly further toward your retirement goals. When you realize those tax savings, you will have accumulated an additional $1,163,442.

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<th>Without tax strategies</th>
<th>With tax strategies</th>
<th>Tax savings</th>
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<td>Total tax liability</td>
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<td>$42,958</td>
<td>$32,727</td>
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<tr>
<td>Total tax due (after withholding/payments)</td>
<td>$49,875</td>
<td>$16,365</td>
<td>$33,510</td>
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Without tax strategies
Total tax liability $75,685
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With tax strategies
Total tax liability $42,958
Total tax due (after withholding/payments) $16,365

Tax savings
$32,727
$33,510

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TO PURCHASE THE INSTRUMENTS
How much is it costing you to look the other way and procrastinate on reducing your tax bill to the absolute legal minimum? If you are already in a high tax bracket or if you are a big earner with a lucrative practice, you'll have even more exposure to taxes. This can negatively affect your desire to build your business.

If you have a successful practice and have not explored working with a certified tax specialist, you may be pleasantly surprised at the results. It isn’t necessary to fire your existing accountant, but effective tax planning is essential if you see practice growth in your future.

The hidden tax
Adding more fuel to the fire, the most insidious tax of all will likely hit hardest when most chiropractors are ready to retire: inflation. If your lifestyle expenses today are $100,000 and inflation stays at an average of just 3 percent, you’ll need $180,000 in 20 years to have the same purchasing power or lifestyle.

The chart at left shows the historical marginal tax brackets beginning in 1913. The average marginal bracket is in excess of 58 percent.

Tax rates are about as low as they have been since the 1930s. In fact, the average marginal tax rate since the
MONEY MANAGEMENT

inception of the federal income tax in 1913 has been 58.3 percent. The highest marginal tax bracket was almost 95 percent in 1943—compared to about 40 percent today. But consider the direction that taxes are likely to go. According to the Congressional Budget Office, if Social Security, Medicare, and Medicaid continue unchanged, the rate for the lowest tax bracket would increase from 10 percent to 25 percent, the current 25 percent bracket would rise to 63 percent, and the highest bracket would go from 41 percent to 88 percent. This is more than a doubling of taxes. If this is indeed the direction we are heading, then what is more important: deferring taxes now or eliminating taxes altogether? You can do the math.

Product integration

When it comes to investing your capital, consider a mix of financial products that are both correlated and uncorrelated to the market. The right financial strategy and integrated mix of financial products can significantly increase the amount you can save for retirement, protecting you from the danger of running out of money.

If you are hesitant about hiring a financial professional, the amount you save by using one will usually more than offset the expense. Solutions that involve restructuring your business model will often reveal additional tax savings. These savings can be captured and moved into planning instruments that improve the efficiency of your overall plan and provide additional tax savings. One size does not fit all, however. Successfully moving into a low or 0-percent tax bracket requires passive income strategies that employ both real estate and insurance products. These financial products are only the tools, and developing the skill to integrate them to create maximum efficiencies is a vital key.

The ultimate goal

In the end, you want a guaranteed income you cannot outlive and have the flexibility to convert the bulk of your assets to income. An effective strategy and plan, combined with the right mix of financial products and services, could put you in the 0-percent tax bracket at a time in your life when it matters most. Begin with the end in mind.

BRUCE REIMER founded Chirowealth Learning Systems in 1998 to empower chiropractors to create a relaxed, safe, and prosperous financial environment for their families and themselves. His personalized wealth coaching process is affordable to DCs looking for a new direction in the wealth-building process. To learn more, go to chirowealth.com/0taxes. Reimer can be reached at 866-392-8217 or through chirowealthblog.com.
**JUNE 26**
**PSYCHOBIOIME: CUTTING EDGE RESEARCH AND PROTOCOL FOR YOUR PATIENTS’ MENTAL HEALTH USING PROBIOTICS**

**SPEAKER: SHAYNE MORRIS, PHD MOLECULAR BIOLOGY, CNS, SYSTEMIC FORMULAS, COO**

In this educational webinar, Shayne Morris, PhD, will share the core Psychobioime Protocol and help you identify the exact probiotics necessary for targeted nourishment for your patients, and help them with clinically diagnosed depression and anxiety. Learn about the new light that’s been shed on the intimate connection between the gut and the brain and develop a better understanding of what impacts cognition and mood. Discover how microorganisms in the GI send signals to the brain and how to naturally influence well-being and mental health. This webinar will take your practice into the future of healing.

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**SPEAKER: TONY EBEL**

For years, Tony Ebel, DC, has used social media to connect with ideal parents in his community in order to fill up workshops and fill his practice with kids and families. In this webinar, he’ll give you a look “under the hood” to show how you can achieve similar practice success.

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**THE ECONOMICS OF PEMF: CREATING A PROFIT CENTER FOR YOUR PRACTICE**

**SPEAKER: JOSH SILVER**

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**BRAND POSITION AND EXPLOSIVE GROWTH IN UNCERTAIN TIMES**

**SPEAKER: PATRICK GENTEMPO, DC**

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Business Health Status Questionnaire

How Many Chiropractors Are in Your Local Area?
- ☐ < 5
- ☑️ 5 - 15
- ☐ 15-30
- ☐ 30-50
- ☐ > 50

What is the Population of Your Local Area?
- ☐ < 10k
- ☐ 10-50k
- ☑️ 50-100k
- ☐ 100-250k
- ☐ > 250k

How Many New Patients Does Your Office Receive Monthly?
- ☐ < 10
- ☐ 10-20
- ☑️ 20-30
- ☐ 30-50
- ☐ > 50

How Many of Those Patients Come from the Internet?
- ☑️ < 5
- ☐ 5-10
- ☐ 10-15
- ☐ 15-20
- ☐ > 20

What is Your Current Monthly Spend on Internet Marketing?
- ☑️ $100
- ☒️ $100-300
- ☐ $300-600
- ☐ $600-1000
- ☐ > $1000

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I would like to start implementing a compliance program in my integrated practice. How do I start?

Start small. Trying to implement a full compliance program in one stroke will most likely result in frustration, confusion and ultimately failure (and a tendency to avoid the situation). Do not buy a pre-packaged compliance program.

Start by doing an audit of your practice. Such an audit will not only help your practice prevent billing errors but it will also support the billing-related elements of your practice’s compliance plan and help to demonstrate a good-faith effort at compliance to any enforcement personnel if your practice is ever investigated.

The scope of the audit

1. All billing, claims processing and reimbursement procedures and practices (“billing”) should be audited internally on a quarterly basis under your direction. You can designate someone to help but that person should be knowledgeable concerning billing. These internal audits should consist of a review of selected internal billing, claims processing, and reimbursement matters. Determine the areas on which the audit will focus. For example, one quarter might focus on a particular provider, another quarter might focus on a specific payer, and a third quarter on a specific code that is being billed.

2. On an annual basis, conduct an audit of all billing, claims processing and reimbursement procedures and practices under the direction of your practice’s attorney. These audits may focus on—but are not limited to—claims processing and submission, government billing, reimbursement matters, and secondary payer issues. Initiate additional audits if you find errors.

• Analyze the top 20 CPT codes for percentage growth on an annual basis. If a review of CPT codes shows a growth rate of more than 10 percent, confirm the reasons for such an increase. Any discrepancies or issues should be directed to your attorney.

• If any audit findings indicate your practice may have been paid for claims incorrectly, promptly repay any amounts due and owed to payers (but first consult with your attorney).

• Amounts determined in the ordi-
nary course of your practice’s operations to have been paid incorrectly should also be returned to payers on a regular basis.

Routinely provide your employees with relevant information received by your practice from any third-party payers regarding the submission of claims.

Contact your practice’s major payers to determine what the time limits are for filing claims then post a chart containing those limits on a wall in the billing area.

Check your billing software to determine if it contains edits that prevent simple claims errors, such as invalid diagnosis and procedure codes, sex/diagnosis or sex/procedure conflicts and age/diagnosis or age/procedure conflicts.

Learn to read payer remittance advice reports. Obtain payer manuals or newsletters to learn why payers are not paying. Each payer has their own cryptic abbreviations for why they have chosen not to pay for a given service; payer manuals or newsletters usually contain a key to these codes—get them.

Keeping up with changes
Review and preserve newsletters, special fraud alerts, and bulletins issued by the insurance carriers that process claims for Medicare, Medicaid and other insurance programs. Such information should also include any such information issued by the federal government and any payer-specific guidelines.

These newsletters, alerts and bulletins are important and often the most easily accessible sources of information about policy and procedure changes that directly affect billing activities.

They can also benefit you by alerting your practice to the need for changes in billing and coding procedures ahead of time, thereby preventing billing errors.

To maximize the benefits of these newsletters and bulletins, do the following:

- File all newsletters and bulletins chronologically in a central place, such as a notebook or designated computer file that is known and accessible to all billing personnel and their immediate supervisors.
- One person should be in charge of receiving all such newsletters, reviewing them for relevant information, and initiating any required changes in billing and coding procedures. That person should promptly contact carriers about any areas of ambiguity or other relevant questions that such bulletins may raise.
- Document your contacts with carriers and file such documentation in the same place as the bulletins to which they relate.
- Make sure that all carrier clarifications are disseminated to the billing staff and appropriately reflected in future billing and coding procedures.

After you designate the above tasks to the appropriate staff members, make sure they get done. Conduct regular reviews of your compliance plan because it will need to adapt to changes over time.

If you have questions concerning the above or about any other legal healthcare issue, send them to me. Those questions that are of interest to the broadest audience will be answered in a future column.

DEBORAH GREEN, Esq., practices law in New York and Florida and has been a practicing attorney since 1977. If you have any questions concerning this article or other legal healthcare issues, she can be contacted at deborahgreen@thegreenlawfirm.net.

DISCLAIMER: This column is provided for educational purposes only. The information presented is not as legal advice and no attorney-client relationship is hereby established.
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Good judgment

BY BRIAN JENSEN, DC

If I could go back to the beginning of my career and give myself some advice, I would be tempted to not do it. Looking back over the past 30 years however, there are some things that I think would have served me well.

Keep learning
Your DC degree is a license to begin learning. Immerse yourself in continuing education. Not only will you be exposed to new ideas, techniques and technology, you will be exposed to other doctors that have traveled further down the path. They are a rich source of information, perspective and wisdom.

Ask your new friends what they would have changed about the path they took, perhaps you can learn a lesson without making a painful mistake.

Fill your tool box
Chiropractic college has equipped you to treat patients, but you will continue to learn and grow over the years and be exposed to new techniques and tools. It’s a good idea to know more than one technique so you can address a variety of different patients.

There an adage that says, “If your only tool is a hammer, everything looks like a nail.” Keep things simple and add tools to complement your treatment philosophy as you grow and can pay for them.

Your personal experience with a particular technique, exercise program, nutrition and even custom orthotics will give you confidence when making recommendations to your patients. You have to believe in what you recommend.

Build your team
Surround yourself with talented people to help you in areas outside of your expertise. You are in business now, and learning on the fly can be expensive and stressful. And certain mistakes can be fatal to a business.

Develop a stable of mentors. Start shadowing other chiropractors in practice so you can see the flow of an office. Learn how they set up treatment plans and how they handle the financial side of a practice.

Your mentors have a team too, so find out who helps them with billing, coding, accounting and banking services. A good team can help you avoid making costly mistakes. Will Rogers once said, “Good judgment comes from experience, and a lot of that comes from bad judgment.” Take advantage of other people’s mistakes.

Do things that scare you
Get involved in some things that push you out of your comfort zone. Volunteer to be on a committee in your community or church and ask for opportunities to speak publically. Create your story for communicating the chiropractic message. People don’t know what you know so you are instantly an expert.

Write articles for a local health column in your community newspaper or ask to be a guest on a radio show. The public constantly needs to be educated about what you do. It is a never-ending process and one performed constantly by the most successful chiropractors.

Create multiple streams of revenue
As your practice grows, you will need additional staff to support the services you provide. You will get good at incorporating rehab, custom orthotics, nutrition and various other services, but it’s difficult to do it all by yourself and serve the number of people who need your help. Plan to grow and build a team.

By providing services that complement your adjustments, you provide a more complete health care experience and bolster the health of your business. It’s a business; treat it like one.

To summarize 30 years of experience for your benefit, the key word is study. Study your craft, study your colleagues and study business. If you focus on these things, you can write your own definition of success.

BRIAN JENSEN, DC, has been a chiropractor for more than 30 years. He has lectured at over 20 chiropractic colleges, teaches continuing education seminars in the U.S. and abroad, and is a frequent speaker for Foot Levelers Inc. He has authored numerous articles, been involved in chiropractic research, and has appeared on radio and television. He currently practices in Salem, Virginia.
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<td>Aug. 10</td>
<td>Protocols and Strategies for Pain Relief, Performance &amp; Active Aging</td>
<td>Omaha, NB</td>
<td>NE Chiropractic Physicians Assoc.</td>
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<td>Extremity Exam for Motor Vehicle Injuries</td>
<td>Phoenix, AZ</td>
<td>American Academy of MV Injuries</td>
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<td>Aug. 11-12</td>
<td>AMPED – Achieving Maximum Performance Every Day</td>
<td>Sioux Falls, SD</td>
<td>Erchonia</td>
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<td>Foot Levels Practice Xcelerator</td>
<td>Orlando, FL</td>
<td>Foot Levels</td>
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<td>Aug. 16</td>
<td>The Three Phases of Corrective Care for the Spine: Webinar</td>
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<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>FAKTR Rehab System with Tom Hyde</td>
<td>New Orleans</td>
<td>Southeast Sports Seminars</td>
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<td>VITALITY - Anti-Aging, Performance and Healthy Living</td>
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<td>Foot Levels</td>
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<tr>
<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. 14</td>
<td>Foot Levels Practice Xcelerator</td>
<td>Niagara Falls, NY</td>
<td>Foot Levels</td>
<td>800-553-4860</td>
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<td>Sept. 14-16</td>
<td>AFNI Trigenics Lower Extremities Course</td>
<td>Tupelo, MS</td>
<td>Trigenics Inst. of Funct. Neurology</td>
<td>416-481-9396</td>
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<td>Sept. 14-16</td>
<td>NMT for Cervical Cranium</td>
<td>Greensboro, NC</td>
<td>NMT Center</td>
<td>727-821-7676</td>
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<tr>
<td>Sept. 14-16</td>
<td>NMT for Cervical Cranium</td>
<td>St. Petersburg, FL</td>
<td>NMT Center</td>
<td>727-821-7676</td>
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<td>Sept. 15</td>
<td>Foot Levels Practice Xcelerator</td>
<td>Chicago</td>
<td>Foot Levels</td>
<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>Sept. 15-16</td>
<td>Common Injuries and Pathology of the Foot</td>
<td>; Fort Wayne, IA</td>
<td>Cox Seminars</td>
<td>800-441-5571</td>
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<td>Sept. 22</td>
<td>Foot Levels Practice Xcelerator</td>
<td>Philadelphia</td>
<td>Foot Levels</td>
<td>800-553-4860</td>
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<td>Sept. 22-23</td>
<td>Take Aim at Chronic Pain – Conquering America’s Health Epidemics</td>
<td>Coeur d’Alene, ID</td>
<td>Erchonia</td>
<td>888-242-0571</td>
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<td>Sept. 22-23</td>
<td>The Kinetic Chain from the Ground Up</td>
<td>Portsmouth, NH</td>
<td>Foot Levels</td>
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<td>VITALITY - Anti-Aging, Performance and Healthy Living</td>
<td>Fargo, ND</td>
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<td>AMPED – Achieving Maximum Performance Every Day</td>
<td>Long Island, NY</td>
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<td>The Opioid Crisis and the biomechanical Solution</td>
<td>Columbia, SC</td>
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<td>800-553-4860</td>
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<td>Sept. 27</td>
<td>Foot Levels Practice Xcelerator</td>
<td>Webinar</td>
<td>Foot Levels</td>
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<td>Sept. 28</td>
<td>Foot Levels Practice Xcelerator</td>
<td>Minneapolis</td>
<td>Foot Levels</td>
<td>800-553-4860</td>
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<td>Sept. 28-29</td>
<td>CEAS II: Expanded Ergonomics Assessment Skills Certification Workshop</td>
<td>Austin, TX</td>
<td>The Back School of Atlanta</td>
<td>800-783-7536</td>
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<td>Sept. 28-30</td>
<td>FAKTR 3 with Dynamic Tape</td>
<td>Pasadena, TX</td>
<td>Southeast Sports Seminars</td>
<td>877-489-4949</td>
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<td>Sept. 29-30</td>
<td>Documentation for Motor Vehicle Injuries</td>
<td>Chicago</td>
<td>American Academy of MV Injuries</td>
<td>480-664-6644</td>
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<tr>
<td>Sept. 29-30</td>
<td>Take Aim at Chronic Pain – Conquering America’s Health Epidemics</td>
<td>Houston</td>
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<td>Sept. 29-30</td>
<td>The 3 Power Patterns of Health and Healing</td>
<td>Minneapolis</td>
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<td>Sept. 29-30</td>
<td>Adjusting the Extremities and the Spine the WONG WAY</td>
<td>Salt Lake City</td>
<td>Foot Levels</td>
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<td>Oct. 6-7</td>
<td>Spinal Ligament Injury in Motor Vehicle Injuries</td>
<td>Davenport, IA</td>
<td>American Academy of MV Injuries</td>
<td>480-664-6644</td>
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<td>Oct. 6-7</td>
<td>L.I.T. Build a High-Performance Practice Laser Integrated Therapy</td>
<td>Portsmouth, NH</td>
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<td>Oct. 11</td>
<td>Foot Levels Practice Xcelerator</td>
<td>Overland Park, KS</td>
<td>Foot Levels</td>
<td>800-553-4860</td>
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<td>Oct. 13-14</td>
<td>Take Aim at Chronic Pain – Conquering America’s Health Epidemics</td>
<td>Charleston, SC</td>
<td>Erchonia</td>
<td>888-242-0571</td>
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<td>Oct. 14-15</td>
<td>Cox Technic Seminars Honors Course</td>
<td>Philadelphia</td>
<td>Cox Seminars</td>
<td>800-441-5571</td>
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<td>Oct. 18</td>
<td>Biomechanics and the Management of Common Lower Extremity Injuries</td>
<td>Webinar</td>
<td>Foot Levels</td>
<td>800-553-4860</td>
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<tr>
<td>Oct. 20</td>
<td>Protocols and Strategies for Strengthening Patients and Referrals</td>
<td>Atlanta</td>
<td>Georgia Chiropractic Association</td>
<td>770-723-1100</td>
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<td>Oct. 20-21</td>
<td>Concussions and Cranial Nerve Exam</td>
<td>Phoenix, AZ</td>
<td>American Academy of MV Injuries</td>
<td>480-664-6644</td>
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<td>Oct. 20-21</td>
<td>VITALITY – Anti-Aging, Performance and Healthy Living</td>
<td>Fargo, ND</td>
<td>Erchonia</td>
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<td>Oct. 20-21</td>
<td>FAKTR Rehab System</td>
<td>Victoria, BC</td>
<td>Southeast Sports Seminars</td>
<td>877-489-4949</td>
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<td>Oct. 20-21</td>
<td>Trigenics Lower Extremities Course</td>
<td>Markham, Ontario</td>
<td>Trigenics Institute</td>
<td>416-481-1936</td>
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<td>Oct. 20-21</td>
<td>Foot Levelers Practice Xcelerator</td>
<td>Charlotte, NC</td>
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<td>800-553-4860</td>
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<td>Oct. 25</td>
<td>Tech Neck Syndrome Treatment Through Chiropractic</td>
<td>Webinar</td>
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<td>800-553-4860</td>
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<tr>
<td>Oct. 27-28</td>
<td>Cox Technic Certification Course in Cervical Spine – Part III</td>
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<td>Nov. 2</td>
<td>CEAS II: Expanded Ergonomics Assessment Skills Certification Workshop</td>
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<td>The Back School of Atlanta</td>
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<td>Nov. 2</td>
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<td>Madison, WI</td>
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<td>800-553-4860</td>
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<tr>
<td>Nov. 2</td>
<td>Foot Levelers Practice Xcelerator</td>
<td>Indianapolis, IN</td>
<td>Foot Levelers</td>
<td>800-553-4860</td>
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<td>Nov. 2-4</td>
<td>NMT for Cervical Cranium</td>
<td>Silver Spring, MD</td>
<td>NMT Center</td>
<td>727-821-7167</td>
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<td>Nov. 3-4</td>
<td>CEAS II: Expanded Ergonomics Assessment Skills Certification Workshop</td>
<td>Atlanta</td>
<td>The Back School of Atlanta</td>
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<td>Nov. 3-4</td>
<td>FAKTR Rehab System</td>
<td>Miami</td>
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<td>Nov. 3-4</td>
<td>Documentation for Motor Vehicle Injuries</td>
<td>Davenport, IA</td>
<td>American Academy of MV Injuries</td>
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<td>Nov. 3-4</td>
<td>AMPED - Achieving Maximum Performance Every Day</td>
<td>Denver</td>
<td>Erchonia</td>
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<td>Nov. 3-4</td>
<td>Take Aim at Chronic Pain – Conquering America’s Health Epidemics</td>
<td>New Orleans</td>
<td>Erchonia</td>
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<tr>
<td>Nov. 3-4</td>
<td>Trigenics Shoulder Course Plus</td>
<td>Toronto, Ontario</td>
<td>Trigenics Institute</td>
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