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CLINICAL CONCERNS

17

Active vs. passive
The opposite of sitting isn’t standing—it’s moving.
BY TURNER OSLER, MD

WELLNESS APPROACH

39

Cheerful by default
A natural way to optimize wellness.
BY SUDHANVA CHAR, DC

RESEARCH RESULTS

23

Going bovine
Bovine colostrum for accelerated recovery, repair and anti-aging.
BY DOUGLAS A. WYATT, JD

MARKETING MATTERS

45

18 steps to becoming a patient magnet
Your message will resonate with the right audience.
BY STEVE COX AND CLAUDIO GORMAZ

PRACTICE CENTRAL

29

Insurance vs. cash
Either way, you have to be compliant.
BY KATHY MILLS CHANG, MCS-P, AND NICKI BROOKS, CPPM

BUYERS GUIDE

50
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Editor’s Pick

[Case Study] Back surgery averted for teenage boy

The patient is a 13-year-old boy who was identified at a school screening to have a discrepancy in his shoulder heights.

His parents were advised to contact an orthopedic surgeon for further evaluation. They reported that the orthopedist found evidence of scoliosis, but recommended a “watch and wait” approach. No treatment was offered, but if the boy’s spinal curve increased, he (the orthopedist) would be available to perform spinal corrective surgery.

The boy’s parents are requesting a second opinion, and any recommendations for non-invasive, conservative care. The patient has no back symptoms, and neither he nor his parents recall any back injury. He is regularly active in several physical activities, including softball and swimming.

ChiroEco.com/case-study-conservative-care

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We routinely report on developments at the Veterans Health Administration for a number of reasons. As the government increasingly integrates doctors of chiropractic into the system, interns and established MDs and nurses alike get to see what chiropractic is—and when it’s appropriate to refer patients to a DC for care.

This also helps with legislative efforts to achieve DC parity at CMS. If the VA system considers a chiropractor to be a valued member of the health care team, then CMS is under pressure to follow suit.

It isn’t widely known outside of the health care industry, but many new and innovative ideas are first tested in the VA because, unlike a private hospital system, the VA operates as a companion to the armed services and is able to make decisions and try ideas that would be more difficult in a for-profit organization with multiple competing stakeholders.

But when new ideas succeed in the VA, they are often adopted later by the private health care industry. So we took notice recently when the VA announced a new initiative, “Veterans Affairs Whole Health.” In a nutshell, this program will provide holistic health services, including complementary care like chiropractic and acupuncture. It’s envisioned that DCs will be able to assist veterans with quality of life improvements and outcomes-based pain management strategies.

Also, Fortune recently published a letter from the president of Aetna, titled, “Why Health Care Is Moving Beyond the Physical Body.” In it, she notes some of the factors that “make up your overall well-being,” but laments that “our health care system is largely focused on just treating illness.”

Further, she writes that “we must transform health care overall by shifting from a reactive, ‘sick care’ approach to a proactive, ‘well care’ approach.” That sounds like what DCs have been saying for decades.

To your success,

Daniel Sosnoski, editor-in-chief

---

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F4CP launches national billboard campaign for Drug-Free Pain Management Awareness Month

In advance of National Drug-Free Management Awareness Month in September, the Foundation for Chiropractic Progress (F4CP), along with a number of its group member state associations, will place national billboards communicating to the general public the value of the safe, effective and drug-free chiropractic pain management approach. A first for the positive press campaign, the billboards will appear in Orlando, Fla.; Los Angeles, Calif.; Des Moines, Iowa; Detroit, Mich.; Nashville, Tenn; and Austin, Texas.

"With an average of 115 people a day dying from an opioid-related overdose in the U.S., the Foundation’s messaging must be innovative, effective and capable of reaching individuals across all ages and socioeconomic statuses," said Sherry McAllister, DC, executive vice president, F4CP.

To read more, visit ChiroEco.com/f4cpbillboard

Source: Foundation for Chiropractic Progress, f4cp.org

ACA rallies opposition to UHC headache policy

The American Chiropractic Association (ACA), supported by chiropractic organizations across the country, strongly opposes a new policy by UnitedHealthcare (UHC) that denies headache sufferers the option to treat their pain without drugs using spinal manipulative therapy (SMT).

In a letter to UHC President and CEO Dan Schumacher, ACA calls the policy—which denies coverage of SMT for headache treatment because it states it is “unproven and/or not medically necessary”—flawed because UHC failed to include key studies in an analysis conducted in advance of its determination.

“We urge UHC to withdraw its policy based on the most recent research, systematic reviews, and practice guidelines (including AHRQ), which support the use of spinal manipulation for the treatment of headache,” said ACA President N. Ray Tuck, Jr., DC.

The letter is cosigned by the Congress of Chiropractic State Associations, the Clinical Compass, the American Black Chiropractic Association and 24 state and regional chiropractic associations.

To read more, visit ChiroEco.com/headachepolicy

Source: American Chiropractic Association, acatoday.org

CMS missed deadline to create MACRA-mandated chiropractic preauthorizations

The Centers for Medicare & Medicaid Services (CMS) failed to meet a deadline required under the Medicare Access and CHIP Reauthorization Act (MACRA), according to a recently released report from the Government Accountability Office (GAO).

CMS was supposed to implement a process for reviewing prior authorizations for chiropractic services billed to Medicare by January 1, 2017. However, it has still not established that process, the watchdog agency says.

Chiropractic services have a disproportionately high rate of improper payments, the report explains. But of the $700 billion CMS spent on health care for Medicare beneficiaries in fiscal year 2016, only $540 million—less than 1 percent—went toward chiropractic services.

To read more, visit ChiroEco.com/preauthorization

Source: Fierce Healthcare, fiercehealthcare.com

78.8

The average life expectancy for a person in years.

Source: cdc.gov

33

The percentage of adults considered obese in the U.S.

Source: niddk.nih.gov

235

The millions of people who currently require asthma treatment.

Source: who.int
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**The Learning Curve**

**Sherman College of Chiropractic**

**Hahn joins Sherman College Board of Trustees**

Frank Hahn, DC, has been appointed to the Sherman College of Chiropractic Board of Trustees. His term began on May 5, 2018; members serve four-year terms. A 2004 Sherman College graduate, Hahn is owner and director of a thriving practice, Chiropractic Lifecenter, in Franklin Park, NJ, and he also provides care through Chiropractic for Humanity for Elijah’s Promise, which helps connect individuals and families in need with social and health services.

He says his vision is for “every man, woman and child on the planet to become educated about the benefits of chiropractic.” Hahn appears regularly on IFCO-TV, an online television show he created for the International Federation of Chiropractors and Organizations (IFCO). He is active with IFCO and serves on the board of directors of the Garden State Chiropractic Society. He has also written a book, *47 Reasons to Visit Your Chiropractor*.

**To read more, visit ChiroEco.com/Hahn**

*Source: Sherman College of Chiropractic, Sherman.edu*

**Mary Black Foundation visits Sherman College**

Sherman College hosted three key staff members of the Mary Black Foundation recently for a campus visit and an enlightening discussion about community health. Program Director for Healthy Eating/Active Living Natalia Swanson, Program Director for Early Childhood Development Keisha Gray and Grants Manager Amy Page, who were visiting Sherman College for the first time, met with key campus constituents over lunch and enjoyed a tour of the ongoing campus renovations.

The mission of the Mary Black Foundation is to invest in people and communities for improved health, wellness and success in Spartanburg County. Since 2003, the Foundation’s work has centered on advancing two priority areas: early childhood development, and healthy eating and active living. The Foundation invested more $2.4 million last year in funding and technical assistance to nonprofit organizations that serve Spartanburg County.

**To read more, visit ChiroEco.com/MaryBlackFoundation**

*Source: Sherman College of Chiropractic, Sherman.edu*

**UWS students represent SABCA at national conference**

University of Western States (UWS) doctor of chiropractic students Shenee’ Lawson and Tim Williams were sponsored to represent the UWS Student American Black Chiropractic Association (SABCA) chapter at the 37th Annual American Black Chiropractic Association Conference (ABCA) in St. Louis, Missouri. The newly formed UWS SABCA chapter is recognized as the first SABCA chapter of the Pacific Northwest region.

Bobby Westbrooks, DC, founded ABCA more than 30 years ago with efforts to recruit, encourage and support black persons who want to study chiropractic. His mission was to promote the research and development of the science, philosophy and art of chiropractic, and to improve the standards in the profession by advancing technical and professional knowledge. The ABCA seeks to donate time and services to neighborhood health clinics and perform community education.

**To read more, visit ChiroEco.com/SABCAconference**

*Source: University of Western States, uws.edu*

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**What’s Happening in Health?**

**Onsite health care initiatives help employees**

What company wouldn’t want to reduce workplace injuries and absenteeism, decrease workers’ compensation costs, and boost employees’ engagement and morale? Meeting these goals is essential as Minnesota employers struggle to recruit and retain people in this ever-tightening job market.

It turns out that offering employee health care and wellness services at work is an effective way to accomplish all these objectives and then some. While many employers already provide onsite health and wellness education, many discover that such programs don’t necessarily prompt lasting change.

A more effective model involves offering health care services at the office. Employers have started partnering with providers to foster a culture of health and productivity with onsite clinics. There, caregivers offer services like medical or chiropractic treatment, education and consulting, says Chad Heniksen, DC, director of the WorkSiteRight program at Northwestern Health Sciences University in Bloomington.

**To read more, visit ChiroEco.com/healthcareinitiatives**

*Source: Mpls. St.Paul Magazine, mspmag.com*
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Humans are designed to move. Indeed, for at least three million years, people lived as hunter-gatherers, foraging, running after prey, running from predators, remaining fairly active all day, every day. So it was an immense change when, about 100 years ago, farming became mechanized and the majority of workers sat down at desk jobs. This was an unplanned experiment on a massive scale and, unfortunately, it hasn’t gone well.

We now sit most of our waking hours, 11 hours each day on average. Sitting for meals, sitting in the car, sitting in meetings, sitting at the PC at work, sitting at the PC at home, watching television, and then it’s time for bed—it all adds up.

And, because chairs aren’t designed to help people sit well, users typically sit with poor posture: the rounded spine, the absent lumbar lordosis, the extended neck. This posture is commonly referred to as “the computer slump.” Although the human spine is a versatile and magnificent structure, after a few decades of the computer slump, it finally runs out of compensatory responses: the core musculature has atrophied, the discs and facet joints are worn, and the elegant balance of the spine is lost.

An epidemic problem
We are faced with an epidemic of episodic low-back pain: About 80 percent of Americans make at least one visit to the emergency room for back pain at some point in their lives. Perhaps because the condition is self-limited, low-back pain hasn’t been well studied, and its etiology isn’t well understood.1

However, epidemiologists know that low-back pain is strikingly less common in developing nations, and in countries where the Western chair-centric approach to sitting is less common. In Japan, where traditional sitting postures are still ordinary, low-back pain is virtually unknown.

So, while the evidence is circumstantial, the conclusion is clear: Our addiction to Western chairs has created a good deal of spinal mischief.

But there’s more, and much worse. It turns out Western chairs not only force us to sit poorly, they also...
force us to sit still, and of the two problems, sitting still creates far more serious issues. Although sitting poorly leads to self-limited episodes of low-back pain, sitting still also distorts human biochemistry so profoundly that it has been dubbed “sitting disease.” The constellation of obesity, diabetes, heart disease, as well as some forms of cancer and increased all-cause mortality have now been definitively linked to prolonged passive sitting.2

A new meme takes hold
In the U.S. in particular, the addiction to Western chairs isn't just hurting the public, it's literally killing them. The problem is so profound that it has spawned the meme “sitting is the new smoking”; a threat to people's health and survival able to hide in plain sight because sitting passively in Western chairs is assumed to be our normal resting position. Actually, chairs have only quite recently become the default furniture, and now we are finally discovering just how bad a bargain they’ve turned out to be.

Chairs have only quite recently become the default furniture, and now we are finally discovering just how bad a bargain they’ve turned out to be.

It was initially hoped that getting adequate exercise at the gym would protect against sitting disease but, counter-intuitively, this simply isn't true. It turns out the problem isn't a lack of exercise, rather the problem is sitting still per se. Yes, exercise is good for everyone, but it can't undo all the problems caused by sitting still for many hours each day.

Standing desks have their own issues
It was also hoped that standing desks could replace sitting at desks. Unfortunately, because standing desks aren't comfortable for everyone, they won't be everybody's solution and moreover won't be anybody's best solution; a recent paper in the American Journal of Epidemiology found that heart attack rates were twice as high for people at standing desks compared to a control group in standard Western chairs.3

This result was unexpected and hasn't yet been well explained, but it seems that standing desks aren't likely to be the ultimate solution because standing isn't the opposite of sitting. As far as biochemistry is concerned, moving is the opposite of sitting. Standing is just another stress posture at which human anatomy rebels.

So what's to be done? Well, returning to a hunter-gath-
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er lifestyle with constant physical activity is the obvious choice, but it isn’t practical for most. It’s the 21st century and there’s no turning back. People’s jobs, recreation, transportation, and even architecture require that they sit, and do so for many hours each day.

Changing the way we sit
The solution that may work well for most people is to make sitting an active, rather than a passive experience. A variety of chairs are now available that encourage sitting while actively allowing—even requiring—continuous readjustment of posture.

This type of sitting can result in spontaneously improved posture and increased metabolic rate. Because active sitting is a relatively recent addition to sitting options, it hasn’t been well studied yet, but early research suggests that metabolic rate increases by nearly 20 percent, and anecdotal reports cite improved posture and decreased back pain.

Active sitting has been popular in Europe for the last two decades and is now arriving in the U.S. At least a dozen different chairs promoting active sitting are available, and more are certainly on the way. Because active chairs are more complicated than typical Western chairs, they have been more expensive; but newer offerings from public-spirited companies are now bringing down the cost of active sitting, with the goal of making active sitting available to everyone.

Active sitting is perhaps best thought of as an adjunct to spinal health, used as a prophylaxis against back pain and sitting disease. Although it has not been studied, it is unlikely that active sitting has a role in the therapy for an acute attack of low-back pain.

Teach your patients
Active sitting will be of greatest interest to patients who are subject to intermittent episodes of low-back pain, and will likely also be of interest to patients who merely wish to add more activity to their chair-centered jobs. Chiropractors are well positioned to help change the way the world sits.

Because chiropractors are trusted sources of information about back pain and are the primary providers of care for low-back pain, they will likely play a pivotal role in introducing their patients to active chairs, perhaps by introducing active chairs into their waiting rooms. Because active sitting will be new to most of their patients, chiropractors may also need to instruct their patients in how to get the most out of active sitting.

TURNER OSLER, MD, FACS, MSc (Biostatistics), is a graduate of the Medical College of Virginia. After a career as an academic trauma surgeon and researcher, he began to study the epidemiology of low-back pain and was introduced to the idea of active sitting by a Feldenkrais teacher. Osler is currently an emeritus professor with an active research career. You can learn more about active sitting from Osler’s blog at QOR360.com.

References
Dr. Robert Gonzalez, DC
ProHealth PM, Studio City CA
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Going bovine
Bovine colostrum for accelerated recovery, repair and anti-aging.

BY DOUGLAS A. WYATT, JD
TIME TO READ: 5-7 MIN.

Bovine colostrum is an integral tool in the modern chiropractor’s toolbox, and one that is suitable for every patient walking through your door. Whether patients come in for treatment of an acute injury, chronic pain or a monthly adjustment, you can address the one health need that spans every health care profession—aging and its related conditions.

One of the hallmarks of aging is a reduced capacity for tissue healing that becomes increasingly noticeable in the fourth decade of life. The body is well-suited to healing itself initially but, after puberty, the body’s production of growth hormone (GH) declines at an average rate of fifteen percent per decade.1,2 Such begins the body’s slow decline of cell-mediated and humoral immune responsiveness.3

The good news is that poor health, pain and disability do not need to be the dreaded inevitability of growing older. Having realized that the microbiome plays a significant role in human health and that immunotherapy and precision medicine are the basis for optimized treatment outcomes, medicine has turned a significant corner. The concept of bio-resilience has emerged as a possible influencer of longevity, assuming that researchers can unlock its mysteries. But until we get there, colostrum is among the most promising of solutions.

With consistent colostrum supplementation, patients will experience:

►Accelerated repair and decreased recovery time after a soft tissue injury;
►Elimination or significant reduction of pain; and
►Optimization of the immune system.

Evidence from athletic performance
Much of what has been learned about colostrum’s benefits emerged from athletic performance studies over the past three decades. As athletes sought to gain a competitive edge, they turned to bovine or ovine colostrum. It was revealed that the same growth hormones and factors that close an infant’s leaky gut right after birth are also helpful in burning fat, building lean muscle, increasing strength, shortening recovery time, and preventing respiratory illnesses after vigorous exercise.

Early research with Olympic and highly trained athletes detailed the advantages of bovine colostrum supplementation.4-7 Studies showed that after four weeks of supplementation, elite athletes had up to a 20 percent increase in strength, stamina
and endurance, and recovery time after intense exercise decreased by nearly half. This allowed athletes to train harder to improve performance in their respective sports.

Contains growth factors
Colostrum contains large quantities of insulin-like growth factor-1 (IGF-1) to help promote the building of lean body mass and the use of adipose tissue for fuel. Unlike synthetic human growth hormone (HGH), the growth hormones in colostrum are nearly bioidentical to those found in human colostrum and thus are biologically transferrable for human use.

Furthermore, there are no health risks as with anabolic steroids and synthetic HGH. Experts agree that 20 grams of powdered colostrum daily, along with exercise, is sufficient for fat-burning; results are typically seen after four to eight weeks of supplementation.8 Moreover, athletes tend to experience increased gut permeability with heavy exercise; colostrum can truncate this increase.9,10

Adding to the benefits of IGF-1, transforming growth factors alpha (TGF-α) and beta (TGF-β) stimulate the repair and replication of DNA and RNA. When intense exercise damages muscle fibers, tendons and ligaments, TGF along with fibroblast growth factor (FGF) and epithelial growth factor (EGF) repairs them. FGF is a powerful stimulator of angiogenesis and a regulator of cellular migration and proliferation. Accelerated repair means that athletes recover more quickly from injuries and can resume training with less downtime. Your patients don’t need to be elite athletes to reap similar benefits.

Anti-inflammatory properties
In terms of inflammation and pain, colostrum should be considered nature’s ultimate remedy. Not only does colostrum contain anti-inflammatory components, its synergistic relationship with the aforementioned growth hormones and factors and other immunomodulators is noteworthy. Cytokines have been shown to mediate numerous vital biological processes, including inflammation.11

Infopeptides reduce inflammation as well as allow the immune system to reorient and correct its response mechanism against autoimmune disease processes. Proline-rich polypeptides (PRPs), also known as colostrinin, regulate and balance the immune response.

PRPs relieve pain and swelling by stopping the prowess of an overly aggressive immune response, such as the over-production of T-cells and lymphocytes.12 They stop the overactive immune response that characterizes autoimmune conditions, like rheumatoid arthritis and fibro-
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myalgia, and stimulate an underactive immune response to fight infections. PRPs upregulate or downregulate the immune system depending on the specific need at any given time.

Anti-aging effects
Colostrum’s athletic benefits parallel its anti-aging effects—burning fat, maintaining or building muscle, increasing bone density, accelerating repair after an injury, and modulating inflammation. Some would even argue that efforts to improve athletic performance and delay the aging process are essentially the same endeavors.

And as older adults choose to remain active well into their later years, bovine colostrum is the perfect foundational supplement to ensure maximum vitality with less disability, pain or premature morbidity. Thus, whether your patients are young athletes or mature adults, colostrum used in combination with your adjustments and prescribed exercises will help them retain or regain muscular strength, decrease recovery time, and reduce inflammation and pain. When a patient isn’t experiencing pain, he or she is more likely to be compliant with exercises, and as strength improves, the risk of aggravating an existing injury or causing a new one is significantly reduced.

Colostrum’s benefits also include:
► Balance blood glucose levels and reduce insulin resistance for more efficient metabolism;
► Maintain tight junction integrity to heal and prevent intestinal hyperpermeability;
► Promote a healthy microbiome for better gut, immune, and brain health; and
► Improve serotonin and dopamine uptake for better mental stress management.

All of these actions help prevent the deleterious effects of chronic, systemic inflammation—autoimmune diseases that plague nearly everyone as they age. As a chiropractor, you share a special relationship with your patients. You have the ability to provide healing relief, make patients whole again, and offer a real solution for optimal health and well-being.

DOUGLAS A. WYATT, JD, is a leading authority on bovine colostrum, and as founder of Sovereign Laboratories is credited with establishing the gold standard in processing raw bovine colostrum into supplements. He was an early developer of liposomal delivery for enhancing the bioavailability of colostrum and other nutritional supplements. He can be contacted through colostrumtherapy.com.

References

To read the rest of the references to this article, visit CHiroEco.com/wyatt
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Some providers dream about it: A totally cash-based practice. A virtual provider utopia where the frustrations of dealing with third-party payers don’t exist. No more appeals, no more rejections, fewer staff, lower malpractice premiums, and less worry over unpaid claims—sweet freedom! Or is it?

Certainly, feeling freedom from the constraints of insurance carriers makes it seem like less is more. But it’s true that becoming a solely cash-based practice can also mean less income and fewer patients. It’s time to weigh the pros and cons.

Before making any final decisions, it would be wise to consider your local economic climate. Is it conducive to a successful cash-based practice? Which insurance companies are most prevalent in your region, and what successes are other participating providers having with reimbursement? Regardless of whether to choose to operate as a cash-only practice, or bill insurance, a proactive approach to establishing and maintaining your main source of income is necessary.

The cash path
Begin by looking at the definition of a solely cash-based practice: In this model of operation, any form of insurance, Medicare, Medicaid, workers’ compensation, or personal injury coverage is not accepted. Payment for services is strictly cash, debit card, credit card or personal checking. Medicare patients are turned away and referred to a doctor who is properly enrolled in Medicare and equipped to bill on the patient’s behalf.

Next, determine your ease and the ability of your team to enforce the collection of payment on every visit. Prospective patients must be informed up front and in person of your written policy (yes, there must be a written policy), to collect payment at each visit.

Small, difficult-to-read print at the bottom of initial paperwork is not acceptable. Be certain to include a “patient financial responsibility agreement” as required patient paperwork to be signed before they are seen or treated. Sure, you can offer payment plans (or prepayment plans) if your state allows, but these must be managed meticulously to be compliant with regulations.

Ideally, patients should be informed when they make their appointments of your written policy, and what forms...
of payment can be accepted. Posting reminders near the front desk is also a good idea. There will always be patients who give excuses for why they cannot pay.

Sometimes these excuses are legitimate; unfortunately, they are often not. Create scripting with your team to provide professional—and friendly—responses to these scenarios, as they continue to execute your written office policy.

Being free of dealing with third-party payers doesn’t mean freedom from all aspects of their requirements. For instance, your coding and documentation must meet necessary guidelines as a patient may submit the charges to their insurance carrier for reimbursement. Even though you are a non-participating provider, the payer can request a patient’s record at any time, and you’re enjoined to maintain the same level of documentation and service standards expected of providers who submit charges themselves.

It is likely that a patient who fails to receive reimbursement based on poor coding and documentation standards by their doctor will go elsewhere. Your chiropractic board also expects you to meet the requirements of documentation and medical necessity laid out by your state rules.

Unquestionably, when you are transitioning to a cash-only practice, you should expect to lose some existing or potential new patients who rely on their insurance to afford care. In fact, their insurance co-payment may even be more than your fee. This is why some doctors find the temptation of taking on the responsibility of submitting their services for them is too strong to resist.

The insurance path
Now consider the matter of accepting and billing insurance, and then waiting to be paid. The reality is, the cons of this debate are already out there. These are the reasons to consider shying away from billing insurance altogether.

But then again, as discussed above, doctors who run cash-only practices and those who have a more traditional style and work with third-party payers are still subject to many of
the same guidelines. The only added responsibility is to collect co-pays and deductibles and bill the payer while remaining within the payer’s established guidelines of establishing medical necessity.

There are a lot of prospective patients out there with many forms of coverage that apply to a variety of services. These patients will most often try to abide by their payer’s distinct guidelines to make the most of the benefits they have. If you are not listed as a participating provider for any payer, you can stunt your own growth as a practice when patients are searching for someone in their network.

Although it may be argued that patient care and satisfaction is the ultimate indicator of a successful practice, the fact remains that without consistent and comparable reimbursement for care, no practice can survive.

There are other options available than going either strictly cash or strictly insurance. Many successful providers treat mostly cash patients, making an exception for Medicare and workers’ compensation patients.

In fact, some of the most successful practices are made up of a healthy blend of both cash and insurance patients. This does not mean you have to accept every insurance plan, but a willingness to bill some insurance plans—without solely relying on them—will leave you in good financial standing regarding reimbursement.

Finally, whether you are cash or insurance based, or combination of the two, you must pay heed to the rules that apply to everyone in the health care industry. To ensure a healthy, thriving practice, remember that compliance with all the rules, documentation to meet the standards, coding correctly, and billing and collecting properly are the elements that tie it together.

KATHY MILLS CHANG is a certified medical compliance specialist (MCS-P), a certified chiropractic professional coder (CCPC), and a Certified Clinical Chiropractic Assistant (CCCCA). Since 1983, she has been helping chiropractors improve the performance of their practices. She leads a team of 30 at KMC University and is a foremost expert on Medicare, documentation and CA development.

NICKI BROOKS is a Certified Physician Practice Manager (CPPM) who entered the chiropractic field in 1999 as a Chiropractic Assistant. In the ensuing years, she held a variety of positions in the health care industry acquiring a diverse toolbox of skills. She joined KMC University in 2016.

Kathy or any of her team members can be reached at 855-832-6562 or info@KMCUniversity.com.
Cannabidiol is a remarkably versatile option for wellness.

BY AMY STANKIEWICZ
TIME TO READ: 9-11 MIN.
These days, even if they haven’t tried it for themselves, almost everyone knows what cannabidiol (CBD) is, and that it’s derived from the hemp plant. Increasingly, health care practitioners are suggesting this alternative supplement—whether it be in pill form, an oil tincture, topical salve, or a sublingual spray—to patients to help to alleviate pain, inflammation, anxiety and more. And many people are educating themselves about it and buying it online.

We wondered how chiropractors are embracing this potential revenue stream and if they are suggesting it to their patients as part of a course of healthy living. Here, we talk to various CBD experts about today’s state of the industry—including the latest legal issues and advancements in growing and extraction practices—as well as what chiropractors need to know when considering whether to offer this product in their offices.

Marijuana versus CBD—a quick primer

First, for those chiropractors who haven’t been introduced to the differences between tetrahydrocannabinol (THC) and CBD in the hemp plant, we offer this:

“CBD can be hemp- or marijuana-derived, but we use hemp to produce an undetectable amount of THC in our product,” says S. Michael Lioon, a supplier of various nutraceutical and CBD products based in Pittsburgh. “A good way to look at the difference between hemp and marijuana is that the two plants are cousins. Both hemp and marijuana originate from the same species of plant, Cannabis sativa, but they are different subspecies that differ in an important way. Hemp is low in THC (industrial hemp must contain less than 0.3 percent THC) and naturally contains significantly more CBD (up to 40 percent more). Marijuana has a high THC content and much lower CBD content, and it is primarily grown to maximize the THC content.”

Perhaps most importantly, unlike THC, CBD is not psychoactive.

“CBD works by interacting with the CB1 and CB2 receptors found on the cell surfaces of the human endocannabinoid system,” Lioon adds. “Since the majority of one’s CB2 receptors are found in the peripheral organs and cells associated with the immune system, CBD helps to support anti-inflammatory and immune-system responses. Some other uses for CBD include GI tract regulation, promoting healthy sleep patterns, reducing seizures and convulsions, regulating tremors in patients with Parkinson’s, reducing blood sugar levels, and promoting anti-aging.”

Matt Storey, director of global business development for one of the first commercially available CBD products, reinforces the benefits that CBD can have on overall well-being.

“Since every mammal has an endocannabinoid system (ECS), just about everyone (including our four-legged friends) can derive some benefit from CBD as well as other phytocannabinoids,” Storey says. “When you talk with clinicians or even just see what people are talking about on social media, you’ll see very commonly people using CBD and hemp extracts for help with anxiety, sleep, pain and inflammation. When you understand the dispersion of the ECS throughout our immune and nervous systems, one can see how the impact can be far-reaching and useful for most of the population.”

There are many key points to look at when selecting a CBD hemp product for a chiropractic practice, Lioon says. “You want to look at where the hemp is being produced, how it is being grown (look for non-GMO) and the extraction method. A lot of products on the market use butane to extract the hemp because it is cheap and produces a higher yield but leaves behind a high and harmful solvent residue, so look for solvent-free extraction. You also want to look at the THC content and how you are absorbing the product. See if there is a delivery system to aid in absorption, as hemp is a fatty, oil-based ingredient that the body struggles to absorb on its own.”

Legal minute

Regarding the current laws governing CBD and related products, “There are different federal and state laws, which currently govern hemp products,” Lioon explains. “There is some gray area with regard to interpreting federal versus state laws and which law holds the higher jurisdiction. For this reason, I would recommend seeking advice on the laws from an experienced marijuana attorney.”

Storey agrees that the current legislation is confusing. “Up until this point, there has been a lot of confusion and the challenge of different government agencies operating with different interpretations of legality due to the ridiculous scheduling of cannabis,” he says. “The new bill being proposed in the house—HR 5485, CHIROECO.COM

SEPTEMBER 4, 2018 • CHIROPRACTIC ECONOMICS 33
The Hemp Farming Act of 2018—would be a huge win for the industry and people that want unrestricted access to CBD and other beneficial compounds derived from hemp, as it would classify hemp as an agricultural commodity and remove it from the federal scheduling. This would, in turn, remove the challenges from DEA and U.S. Customs and Border Protection that we currently face.

“I think that worldwide we are seeing a move toward more common-sense legislation around cannabis in general but hemp more specifically,” Storey adds. “Hundreds of thousands of people are finding benefit from phytocannabinoids like CBD, and they want to be able to have access to these kinds of products and not just a pharmaceutical.”

‘Swiss army knife’

Ultimately, the proof may lie in the experience of those who take CBD themselves.

CBD is literally the “Swiss army knife” to maintaining wellness, according to Brad Beegle, chief of staff for a Colorado-based supplier of CBD that also owns its own farms to grow hemp. His firm uses lipid infusion to extract CBD and other profiles of the hemp plant to create its product.

“I would say this—this product is the Swiss army knife of supplements because it does so many things to provide a healthy balance in a person’s body.

“This is the next big innovation in supplements,” he adds. “It is a relatively small business today due to misconceptions on legality, but once that all gets cleared up and once all of the hurdles fall, the category growth will be crazy.”

Beegle also stresses that growing practices are extremely important when it comes to extracting the best CBD and other profiles for a quality
consumer product, and he says technology is advancing to ensure this process is as successful as possible. “Breeding, genetics and strains mean everything,” he explains. “It’s about how you grow the plant and when to harvest at the optimal time to be at the maximum potency of CBD in the plant.

“A lot of the technology is around growing and the genetics of the plant to get higher CBD content, and the more you can get out of that plant, the more efficacious it’s going to be,” he adds.

Beegle says that he personally takes a CBD capsule each day to improve his cognitive process and maintain his already healthy lifestyle.

“We get out of balance with everyday living, and this helps to bring everything back into balance,” he says. “Cognitive processes improve, being able to problem solve, it is amazing.”

A recently conducted survey aimed to see how chiropractors are suggesting supplementation options in their practices. About 90 percent of the chiropractors who were surveyed are recommending supplements in their practice for pain relief, inflammation and anxiety, but many of them are waiting to stock CBD in their practices until they hear more about legality and safety, Beegle says.

But chiropractors should certainly pay attention to the benefits of CBD, specifically because “When people are going into their adjustments, they’re seeing they can get even greater benefits with the adjustments because CBD puts everything into homeostasis,” he explains.

When it comes to dosing, Beegle stresses that every person is different, and that everyone should start low and slow.

“For dosing, it is generally good for people to start slow, take a lower dose,” he says. “For adults, that may mean starting at 15 to 25 milligrams to see how your body reacts, and then based on your needs and how you feel, you might want to ramp up a little higher.”

His company has recently released a professional line of CBD products specifically for chiropractors who want to stock and suggest CBD to their patients. This line delivers CBD in enteric capsules, which facilitate a slower release of CBD so it is longer-lasting.

“Our approach is to talk directly to practitioners and educate them,” Beegle says. “Chiropractors are our most focused channel—once they know how powerful this supplement can be, they will be amazed.”

Perfectly positioned
According to John Thompson, CEO of a CBD supplier in Arizona, chiro-
practors are in a perfect position to take advantage of the booming CBD market. This is because the majority of their patients are already looking for alternative ways to live a healthy lifestyle—naturally.

His company does business in Canada with approximately 1,500 health food stores and, in the U.S., the company is mostly focused on educating chiropractors about the benefits of offering CBD products to their patients.

“This can represent a quantum shift in the definition of what chiropractic is,” he says. “This is going to be bigger than anything I’ve ever been involved with in my career.”

In addition to alleviating pain, anxiety and depression and promoting sharper thinking, CBD appears to be helping people caught in the midst of this nation’s opioid crisis as well, Thompson says.

“I have anecdotal evidence of patients choosing CBD to get off of opiates,” he says. “There are so many things a good-quality CBD product can do.”

Thompson also recognizes many chiropractors’ need for more information on CBD’s efficacy, dosing and quality before suggesting it to their patients as a supplement.

“My chiropractors are telling me they want efficacy and, almost as important, knowing the methods of dosing,” Thompson says. “They’re uncomfortable with taking this bottle of oil that has CBD in it, because if they are conscious of what is going into their patients’ bodies, they want to know what kind of oil it is.”

Thompson’s company’s CBD sublingual spray does not use any carrier oils—only purified water. The delivery system provides 240 metered doses from each tube.

“Although every person is different, we recommend starting with four sprays in the morning and four sprays at night,” Thompson says. “That would equal a daily measured dosing of 6.6 milligrams of CBD per day.

“There is no way to determine exact dosing,” he adds. “We suggest eight sprays per day. The good news is that there are no side effects from using the product, and you can't overdose. People need to find their own correct number.”

Thompson also says he has definitely seen a rise in patient loyalty to specific quality CBD brands, giving chiropractors all the more reason to consider offering them to their patients.

“If there’s an issue with someone, whether it’s pain relief, anxiety, depression or sleep deprivation, and if there is a solution to that issue, these people are not going away, they become very brand loyal,” he says.

Thompson suggests all chiropractors continue to educate themselves on CBD products to be able to differentiate between the quality brands and the ones that most likely won’t stay the race.

“Chiropractors are really expanding their scope, and CBD presents a great opportunity to enhance their skill set and help to deliver many more positive outcomes,” he says.

According to Storey, CBD is just on the cusp of becoming a major player in the supplement market.

“I’m serious, I’ve been working in natural health and the practitioner space for the better part of 20 years and, in my opinion, phytocannabinoids are the most exciting tool to come along, nutritionally speaking, in quite some time,” he says. “Every patient can find some benefit from CBD, even if they don’t ‘feel’ it initially, especially when you consider the neuroprotective benefits.”

AMY STANKIEWICZ is a freelance writer based in Cleveland. She has written for trade publications for more than 15 years. She can be contacted at amystan611@aol.com.
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There are sound scientific reasons why a cheerful attitude and positive mindset are most essential even in the face of challenges, traumatic stress and uncertainties. Joyfulness is more than 50 percent of wellness and should ideally be everyone’s default nature. There is no other alternative if the objective is robust health and well-being in all three dimensions: body, mind and spirit.

Without cheer, there can be no holistic wellbeing or happiness, even if someone is a billionaire, even if he or she is the most cerebral person, or even if someone is the “best” in any field of human endeavor. Humans may have progressed to the Ultima Thule—the final limits of thought—and yet health science lays down that further progress is driven by happiness and cheerfulness that create the right in-house ecosystem for the central nervous system (CNS) and the exocrine and endocrine glands.

A meta-study of 160 research papers shows that happiness ensures good health and prolongs life. Tension and stress do the opposite and cause healing times to drag on longer and shorten longevity. One of these studies followed 5,000 students for over 40 years and concluded that the most pessimistic students died younger. Another study of 180 Catholic nuns showed that those who wrote positive autobiographies in their 20s outlived those who wrote negative accounts of their life.¹

**The biochemical factory**

Excretions like saliva in the mouth and sweat on the skin are made through ducts. The secretion of hormones (or biochemicals) by the pineal, pituitary, thyroid, parathyroid, adrenal, pancreas, testes, and ovary glands are made directly into the bloodstream. The human body can be seen as a biochemical factory whose effectiveness is governed, without exaggeration, by cheerfulness—or at least a perception of it.
To illustrate, if someone is depressed by a long rainy and foggy day, or the air is full of gloomy news such as gun violence or bombing or other losses, the hypothalamus, which is the size of a grape and located just above the brain stem, tips off the master endocrine gland—the pituitary about the harsh conditions or circumstances. The pituitary in turn instructs the endocrine factory to slow its pace—if not slam on the brakes. Hormone generation gets sluggish. The body will start biding its time. Homeostasis then starts to get sloppy and less optimal.

Now assume that pancreatic cells start functioning as told by the pituitary. If they become sluggish, they’ll generate less than adequate amounts of insulin. Blood sugar spikes up and the person in depression faces a greater risk of type 2 diabetes. A well-trained or well-informed mind retaining good spirits can defy the darkness and pessimism, override the hypothalamus’s tips and pituitary hints, and direct the pancreas to continue to generate the required measure of insulin. And lo, diabetes is averted.

**Sursum Corda for carrying on ADLs**
Not just in the clinic, but everywhere else, too, you see worried and unhappy people. Many conceal inner anguish, unease or discomfort. People visit churches, synagogues, temples and mosques to unload heavy grief and fear. They are unable to carry out their basic ADLs (activities of daily life) such as grooming, personal hygiene, dressing, toileting, ambulating and eating.

There are also IADLs (or instrumental activities of daily life) that are more complicated, involving professional activities and those concerned with independent living. Sorrow and depression are notorious for robbing people of their joy de vivre.

Most individuals need an inspiring message like the *Sursum Corda* (Latin for “Lift up your hearts”) to muster enough perception and mindfulness to command the chattering mind to hush and not give in to a litany of negative and depressing thoughts and signals. Minds can marshal rationality and wit, and focus on things that matter for hearty living, a precondition for happiness.

**Distress impairs homeostasis**
For most of us neck-deep in ADLs and IADLs, remaining cheerful and upbeat is easier said than done. So if the patient hears that they should “snap out of it,” regarding their negative thoughts or depression, it sounds more like a mere cliché rather than
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- 10-50k
- 50-100k
- 100-250k
- > 250k

How Many New Patients Does Your Office Receive Monthly?
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- 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?
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- $300-600
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something doable.

The bold way women have recently jettisoned their painful baggage of abuse and mistreatment under the #MeToo association is commendable. That was the most logical thing to do under the circumstances. The other option would have been suffering bitter emotions without end, jeopardizing their normal hormone secretions, impairing homeostasis and winding up in the disease rut.

There is a health rationale regarding why one needs to maintain equanimity of the mind, regardless of the provocation, regardless of the magnitude of the failure, loss, sorrow or tragedy. In fact, scientifically and physiologically speaking, it may be better to err on the side of tempered celebration, exhilaration and happiness rather than err on the side of grief, sadness—or worse, hopelessness (which is one of the underlying causes of the current opioid epidemic).

The meaning of sukha and dukkha

There is much wisdom in the Sanskrit words sukha and dukkha. Sukha means comfort or even happiness. Su in Sanskrit means good and kha means freedom or space. Together, the full meaning is good space, physical and mental, both within and without. It is like wanting legroom and elbowroom while driving a vehicle.

This “comfort zone” comes with a psychological aspect: the freedom to think and act according to one’s raison d’être. Sukha connotes breathing space, wellness, openness, integrity and freedom.

All people want space, and not be crammed together, packed like sardines. There is no sukha when rushing out of the stadium at the end of a football game. Freedom is lost in terms of time and space. We get bogged down in dukkha, the lack of physical space or mental freedom.

Comfort or placating space is preserved in the human body, in particular in the rib cage housing the cardiovascular system. Inside the rib cage the heart is lodged between the right and left lungs. There is just enough space for the lungs to inflate like a balloon when we take a deep breath. When there is despair or sadness, the skeletal-muscular structure constricts and even slouches. Breathing may tend to be not proficient. Sorrow curbs sukha.

The National Institute of Mental Health has listed the following issues as signs and symptoms of depression:3

➤ Persistent sad, anxious or “empty” mood
➤ Feelings of hopelessness or pessimism
➤ Irritability
➤ Feelings of guilt, worthlessness or helplessness
Quick Tip

Fruit for heart health

A study conducted at Oxford University found that eating fruit even just once or twice a day can significantly lower the risk of having a stroke or heart attack. The subjects were 451,681 Chinese adults who had not been diagnosed with cardiovascular disease prior to the trial.

The researchers placed the volunteers into one of five groups of fruit consumers, from those who never ate fruit to those who ate fruit every day. The scientists discovered that the people eating fruit daily had a 15 percent lower risk of having a heart attack or experiencing heart failure than did the people who ate no fruit.

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MARKETING MATTERS

18 steps to becoming a patient magnet
Your message will resonate with the right audience.

BY STEVE COX AND CLAUDIO GORMAZ
TIME TO READ: 5-7 MIN.

There is one undeniable fact in business: Everyone wishes to be successful. But you can define and attain success in many ways.

To be a doctor, you must endure many years of study and competition, which is a testament to your tenacity and success orientation. However, even the most dedicated DC can at times lose sight of the details for developing a thriving practice; moreover, the best game plan in the world is useless if not implemented.

Thus, the first rule you need to adhere to is that you must overcome procrastination. To achieve your goals, get new patients and retain your existing patient base, you must experience a shift in your mindset, and conquer yourself first.

1. Set a goal to book 30 appointments this month.
2. Find and implement strategies to achieve that goal.
3. Be realistic about how much time is involved in executing each strategy.

Without a constant and predictable stream of patients, your clinic’s doors can’t stay open. Therefore, every piece of promotional material that you send out must feature essential items. Whether targeting new patients or retaining current ones, the goal is to be noticed above everything else your patients receive on a regular basis:

1. A compelling headline. You always need an informative headline, a tantalizing message that appeals to a patient’s self-interests, a statement featuring your uniqueness, a persuasive offer and testimonials.

2. Carve out your identity. Go through your current list of patients and figure out what segment your base patients represent. One of the biggest mistakes that most clinics make is trying to be all things to all people. Identify your niche.

3. Begin your campaign. Your goal is to become the local expert. Focus all of your promotion and presence around your brand. For example: If your specialty lies in prenatal treatment, then your focus will be on being known in your entire geographical area as the chiropractor who specializes in working with expectant moms.

4. Analyze your patients. Commit yourself, in all your promotions, to provide targeted information that
exactly matches the interests of those who buy services from you. Advertising studies have shown that up to 95 percent of all ads target only 5 percent of the intended audience they hope to convert.

5. **Target the right audience.** To gain a competitive advantage, concentrate your attention on the members of your audience who have already used the services you provide.

6. **Focus your promotion.** Aim toward those people who believe in, swear by, and continually use your services (and refer others to them). They account for the largest source of your income.

7. **Nurture your super fans.** Scores of advertising studies confirm that this pool of “disciples” will likely account for nearly 95 percent of all sales of your services.

8. **Don’t waste your budget.** The people who have used your services before account for so much of your success that it doesn’t make sense to focus your advertising on any other group of prospects.

9. **Find those who seek change.** Do promote yourself to dissatisfied patients, as there are so many recipients of medical care who simply aren’t being properly serviced to meet their individual needs.

10. **Reward them.** Your task is to incentivize those dissatisfied patients and reward them for taking immediate action—by contacting you.

11. **Repeat your strategies.** Apply the same methods to these potential patients that you use with your current base. If you understand who you’re targeting and what they’re seeking, you gain a competitive advantage.

12. **Master content marketing.** Your content defines your brand. Everything you write, promote, or say in any of your promotions must be laser focused on your target patients’ needs and interests.

13. **Let them read.** Your content should be available to your patients in written form. If you treat a large number of elderly patients, then creating special reports and booklets (in large font) regarding stretching and physical care as one ages would go a long way toward building your brand.

14. **Demonstrate your authority.** Your local expert status depends on your ability to write, and provide valuable and current information.
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SPEAKER: JASON DEITCH, DC
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15. **Be social.** Your content will also provide fuel for your social media campaigns.

16. **Let them find you.** Your social media campaigns are exceptional for letting the community know of your outside interests. If you are involved in animal shelter or environmental issues, then your social media presence draws like-minded patients.

17. **Leverage relationships.** Over the last several decades, studies have revealed shifts in consumers’ perception of advertising. Clinics no longer draw in patients as much as the people who work inside them.

18. **Let your brand strengthen.** Your content identifies you as an interesting person, with varied interests, and an available local resource.

To conclude, becoming a patient magnet requires critical ingredients. Recognize if a change needs to occur in your business development strategy. If so, you must take action.

Additionally, your message must be like a three legged stool consisting of a strong headline, a focused brand and excellent content.

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**Quick Tip**

**Why do clients leave?**

Statistics and surveys show that the major reason clients leave is due to perceived indifference. In simple terms it means they think you didn’t care.

Maybe it was that day you didn’t clean the adjustment table well enough.

Or maybe it was the day you were pre-occupied and didn’t use their name to greet them. You knew who they were, but they felt that you didn’t care.

What can you do about that? You need to be 100 percent on board and have present-time consciousness when you are in practice.

— Powerful Practices International
du@powerful-practices.com

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**STEVE COX** and **CLAUDIO GORMAZ** have worked with the chiropractic community for over 20 years. Many prominent medical practices in the country have benefited from their strategies, developed fruitful and predictable advertising messages, as well as creating solid branding platforms while elevating their resident expert status. They can be contacted through 530-492-9971, stevenvonloren.com, or stevenvonloren@yahoo.com.

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Herbs & Homeopathy

Chiropractic Economics is pleased to present the profession’s most comprehensive herbs & homeopathy directory. The information in the resource guide was obtained from questionnaires completed by the listed companies.

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53
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OK, HERE IS WHAT WE HAVE BEEN NOTICING THE PAST few weeks regarding the marketing for our clients using Facebook, and thought we would share our findings so you can start implementing some of these things as well for your own business.

Facebook As far as social media goes, Facebook is the granddaddy of online marketing. So the first thing you need to have is a separate Facebook page for your business, and you need to be engaging your audience with regular postings on your business page.

The ratio that I’ve found to work best is a 3:1 ratio over a 10-day period. Meaning, you put out three general posts that are in line with your type of business. They can be inspirational, motivational or informational to your audience. Now the fourth post needs to be an offer or some call to action linking back to your landing page or website. This can be a free consultation, a free massage, a percentage off, a buy one get one, etc.

Doing this also creates “chatter” on your Facebook business page.

Also focus on building an engaged audience. It doesn’t do any good to post when you only have 20 people liking your page. The opposite is when you have 10,000 page likes yet no one engages your posts. We found the 3:1 ratio works best when you have 500 or more followers (the more the better).

Facebook header Another thing to do is change out your Facebook header for some seasonal flair. You can change the page header for two weeks, use different page banners to reflect the season (e.g., in the fall pick appropriate colors and images). I’ve found that by keeping the header dynamic we increased engagement and likes by over 25 percent.

Another thing you can do is bridge this change over to your other social platforms as well as website pages. You can also do this to any landing page you create where your ad is driving people.

Facebook video Focus on any of your general posts that go viral (lots of likes, shares and comments over a few days). You can take those comments and formulate a two-minute video covering the questions, concerns, and topics of the comments. Then sponsor that short video on Facebook (about $20 is enough), and direct people to go to the “contact us” page on your clinic website. Offering a free consultation there should generate a ton of potential new patients.

To take it another step, edit a copy of the video down to 80 seconds and place it on your Facebook page as the header. You can upload a video to the header section instead of a static picture if it’s less than 90 seconds long.

Now you have a video people see when they click on your Facebook page that is likely answering the majority of their questions. Results I’ve seen after doing this have been dramatically more effective than regular ads. (To post a video in the banner section it has to be in the MP4 format.) So if you record a video on your smart phone and upload it to YouTube it won’t work. What you need to do is go to a site like keepvid.com and paste the YouTube video URL into the keepvid editor. Then, using the dropdown box, check “MP4” and save to your desktop.

So there are a few practice-building social marketing tips you can start using immediately in your practice. Give them a try and let me know your results.

BRYAN HAWLEY, DC, has been in health care for more than two decades and owned and operated several high-end clinics. He is an international speaker, author, and coach. He is also CEO of SocialMediaDigimark, an online ad and marketing agency that specializes in helping DCs. His partnering company Brighthaus is an international SEO agency, with Fortune 500 clients. He can be reached at info@drbryanhawley.com.
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In honor of National Drug-Free Pain Management Awareness Month in September, the Foundation is placing six billboards throughout the U.S.

For information about the additional billboard placements, please contact Marketing Director, Alexis Lignos at alexis@f4cp.com

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<td>Meeting the Functional Improvement Requirements</td>
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<td>Tupelo, MS</td>
<td>Trigenics Institute of Funct. Neurology</td>
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<td>Basic Acupuncture - Session No. 1</td>
<td>Chesterfield, MO</td>
<td>Logan University</td>
<td>800-842-3234</td>
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<td>Sept. 15-16</td>
<td>The 3 Power Patterns of Health and Healing</td>
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<td>Foot Levelers</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>
<td>Erchonia</td>
<td>888-242-0571</td>
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<td>Sept. 15-16</td>
<td>Cox Technic Certification Course in Cervical Spine - Part III</td>
<td>Fort Wayne, IA</td>
<td>Cox Seminars</td>
<td>800-441-5571</td>
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<td>Sept. 22-23</td>
<td>Activator Methods International Seminar: Minneapolis</td>
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<td>Diagnosis and Management of Complex Cases in the Chiropractic Office</td>
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<td>The Musculoskeletal Ultrasound Certification Course - Session No. 1</td>
<td>Chesterfield, MO</td>
<td>Logan University</td>
<td>800-842-3234</td>
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<td>Take Aim at Chronic Pain - Conquering America's Health Epidemics</td>
<td>Coeur d'Alene, ID</td>
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<td>Foot Levelers</td>
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<td>Fargo, ND</td>
<td>Erchonia</td>
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<td>Sept. 22-23</td>
<td>AMPED - Achieving Maximum Performance Every Day</td>
<td>Long Island, NY</td>
<td>Erchonia</td>
<td>888-242-0571</td>
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<td>Sept. 22-23</td>
<td>The Opioid Crisis and the Biomechanical Solution</td>
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<td>Foot Levelers</td>
<td>800-553-4860</td>
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<td>Webinar, TX</td>
<td>Foot Levelers</td>
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<td>Southeast Sports Seminars</td>
<td>877-489-4949</td>
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<td>Sept. 28-30</td>
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<td>Houston, TX</td>
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<td>Sept. 29-30</td>
<td>Documentation for Motor Vehicle Injuries</td>
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<td>American Academy of MV Injuries</td>
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<td>Take Aim at Chronic Pain - Conquering America's Health Epidemics</td>
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<td>Erchonia</td>
<td>888-242-0571</td>
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<td>Sept. 29-30</td>
<td>The 3 Power Patterns of Health and Healing</td>
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<td>Foot Levelers</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, UT</td>
<td>Foot Levelers</td>
<td>800-553-4860</td>
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<td>Sept. 29-30</td>
<td>Chiropractic Pediatrics Certificate Program - Session No. 3</td>
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<td>Logan University</td>
<td>800-842-3234</td>
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<td>Oct. 6-7</td>
<td>Basic Acupuncture - Session No. 2</td>
<td>Chesterfield, MO</td>
<td>Logan University</td>
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<td>Oct. 6-7</td>
<td>Performance Health Rehab Certificate - Session No. 3</td>
<td>Chesterfield, MO</td>
<td>Logan University</td>
<td>800-842-3234</td>
</tr>
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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>
<td>Erchonia</td>
<td>888-242-0571</td>
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<td>Oct. 11</td>
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<td>Overland Park, KY</td>
<td>Foot Levelers</td>
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<tr>
<td>Oct. 13</td>
<td>Activator Methods International Seminar: Atlanta</td>
<td>Atlanta, GA</td>
<td>Activator Methods</td>
<td>800-452-5032</td>
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<td>Oct. 13-14</td>
<td>Integrating Electrotherapeutics and Laser Therapy for Pain Relief</td>
<td>Chesterfield, MO</td>
<td>Logan University</td>
<td>800-842-3234</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, PA</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, TX</td>
<td>Foot Levelers</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, GA</td>
<td>Georgia Chiropractic Association</td>
<td>770-723-1100</td>
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<tr>
<td>Oct. 20-21</td>
<td>The Musculoskeletal Ultrasound Certification Course - Session No. 2</td>
<td>Chesterfield, MO</td>
<td>Logan University</td>
<td>800-842-3234</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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<tr>
<td>Oct. 20-21</td>
<td>Back in Balance – Dealing with America’s Health Epidemic</td>
<td>Honolulu, HI</td>
<td>Erchonia</td>
<td>888-242-0571</td>
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<tr>
<td>Oct. 20-21</td>
<td>VITALITY - Anti-Aging, Performance and Healthy Living</td>
<td>Fargo, ND</td>
<td>Erchonia</td>
<td>888-242-0571</td>
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<td>Oct. 20-21</td>
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<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>
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<td>Oct. 20-21</td>
<td>Foot Levelers Practice Xcelerator</td>
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<td>800-553-4860</td>
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<td>Tech Neck Syndrome Treatment Through Chiropractic</td>
<td>Webinar</td>
<td>Foot Levelers</td>
<td>800-553-4860</td>
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<td>Oct. 27</td>
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<td>Oct. 27</td>
<td>Activator Methods International Seminar: Newark</td>
<td>Newark, NJ</td>
<td>Activator Methods</td>
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<td>Oct. 27-28</td>
<td>Cox Technic Certification Course in Cervical Spine – Part III</td>
<td>Bern, Switzerland</td>
<td>Cox Seminars</td>
<td>800-441-5571</td>
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<tr>
<td>Oct. 27-28</td>
<td>Adjusting the Extremities and the Spine the WONG WAY</td>
<td>Philadelphia, PA</td>
<td>Foot Levelers</td>
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<td>The Back School of Atlanta</td>
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<td>Nov. 2-4</td>
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<td>Miami</td>
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<td>Nov. 3-4</td>
<td>Take Aim at Chronic Pain – Conquering America’s Health Epidemics</td>
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<td>Trigenics Shoulder Course Plus</td>
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