Chiropractic on the Job

Worksite clinics attract more DCs.

ADJUSTMENTS AND TELOMERES

TREATING TEXT NECK

IMPROVE YOUR CREDIT SCORE

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VOLUME 64, ISSUE 15

34 Chiropractic on the job
Worksite clinics attract more chiropractors.
By James F. Sweeney

CASE STUDY
15 Chiropractic care and telomere length
Scratching the surface of spinal correction and health.
BY DOUGLAS F. LIGHTSTONE, DC, AND CURTIS FEDORCHUK, DC

CLINICAL CONCERNS
21 Patient screening
Text neck and the chiropractic patient.
BY KEVIN WONG, DC

RESEARCH RESULTS
27 The brain can heal
New discoveries in neuroplasticity present exciting opportunities for chiropractors.
BY DAVID CHRISTENSEN

PRACTICE CENTRAL
31 Coming full circle
Strong documentation can be a game-changer for any practice.
BY KATHY MILLS CHANG, MCS-P

WELLNESS APPROACH
41 All-around champion
It’s time to rediscover grape seed extract.
BY TERRY LEMEROND

MONEY MANAGEMENT
51 Rules of the game
These simple steps can transform your credit score.
BY MARK E. BATTERSBY

LEGAL EASE
59 HIPAA staff training
The key to keeping patient data safe.
BY JEFF BROWN, DC

IN EVERY ISSUE
8 Editor’s Note
10 News Flash
62 StudentDC.com
64 Datebook
66 Ad Index
67 Product Showcase
68 Marketplace

BUYERS GUIDE
44 Consultants
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7 stubborn myths of chiropractic business success

Your practice has a business side, and all types of business people frequently fall for myths and popular fables. Chiropractic care is no exception. Success myths abound. The important thing you can do for yourself, your practice and your patients is to make sure you don’t fall for success myths. Doing your own homework and carefully applying advice and sensible guidance will go a long way.

Of course, myths also typically have an element of truth in them. Sometimes a success myth will work for a while and may even lead some individuals into an enormously successful practice. Regardless, having realistic expectations is key; if it seems like a myth is overpromising, then tread carefully.

ChiroEco.com/bizmyths
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We’ve just returned from the FCA annual convention in Orlando, aka: The National. I’m pleased to report that the energy level and enthusiasm that our team felt in the sessions and on the exhibit hall floor were at record levels.

We overhauled our booth this year to reflect our increased emphasis on being a multimedia company, and won a “best display” award—a payoff for our investment. The high energy and excitement generated by our new look and feel inspired us to work harder and more efficiently as a group.

Attendees at the show were able to have the same uplifting experience, interacting with colleagues, learning new skills, and acquiring insights from the latest research. Although increasingly the major chiropractic conferences are offering CA-track education for DC staff, we’ve noted a slight downturn in the number of staff members attending these events. This is, in our opinion, a missed opportunity.

Those CAs and staff members who attended The National were treated to an exceptional program presented by top-notch educators including Lori Allen; Bharon Hoag; Fab Mancini, DC; and Kristina Petrocco-Napuli, DC. Yes, travel and lodging expenses are a consideration; but the DCs who made this investment in their staff will reap major rewards in office efficiency, documentation compliance, and patient education and retention.

Another development worth mentioning here is the new partnership between New York Chiropractic College (NYCC) and the Association of New Jersey Chiropractors (ANJC) to create the nation’s first licensure program for CAs. Those completing the program will earn the title of Licensed Chiropractic Assistant (LCA) through approximately 500 hours of coursework and training.

Given that the CA is often the make-or-break difference between a thriving and a struggling practice, an investment into this individual is one well worth making. You are highly trained to deliver exceptional care, shouldn’t your staff be as well?

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Daniel Sosnoski, editor-in-chief
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UnitedHealthcare reverses position on manipulative therapy for headache

American Chiropractic Association (ACA) President N. Ray Tuck, Jr., DC, released the following statement in response to UnitedHealthcare’s decision to withdraw a recent policy change that denied coverage of manipulative therapy for the treatment of headache:

“The ACA has confirmed that UnitedHealthcare (UHC) has restored its policy in support of coverage for nondrug manipulative therapy for headache treatment. The original change, to deny coverage, was posted online in a revised policy document for manipulative therapy dated August 1.”

In that policy document, titled “Manipulative Therapy,” UHC stated that headache was not a covered condition for chiropractors to treat, arguing that “Vernon, et al. (2009) report that only two clinical trials of spinal manipulation for adult tension type headache have been reported, neither of which was fully controlled.”

Following the reversal, Tuck said, “We appreciate that UHC weighed the evidence in support of manipulative therapy for headache that ACA provided in its July 23 letter to UHC President Dan Schumacher, and made the determination that patients should have access to this effective, nondrug treatment option.”

To read more, visit ChiroEco.com/UnitedHealthcare

Source: American Chiropractic Association, acatoday.org

Palmer receives NIH funding for chiropractors to conduct research

New funding from the National Institutes of Health is allowing two chiropractors to join an interdisciplinary team in a groundbreaking study already underway called, “Chiropractic Care for Veterans: A Pragmatic Randomized Trial Addressing Dose Effects for cLBP.”

The goal of the funding is to provide in-depth research experiences for chiropractors. This funding is the first of its kind at a chiropractic college. Opportunities like this have the potential to grow the number of chiropractic researchers to continue important patient-centered work.

“This funding is intended to begin a pipeline of clinician-scientists who’ll gain valuable experience through mentored-research fellowships in the Palmer Center for Chiropractic Research (PCCR) and beyond,” said Cynthia R. Long, PhD, co-principal investigator, and director of the PCCR. “We’re committed to developing the next generation of chiropractic researchers and this funding is an important step toward that goal.”

To read more, visit ChiroEco.com/ChiroResearch

Source: Palmer College of Chiropractic, palmer.edu

International laser therapy advocates convene in Orlando

We are verging on a global precipice: The increase in the number of debilitating brain diseases is growing exponentially, obesity rates are skyrocketing to new heights, and patients who experience pain are becoming addicted to opioids.

Traditional medicine is on the brink of a revolution in the healing arts; this revolution is called low level laser therapy (LLLT). Florida-based low level laser technology manufacturer Erchonia Corporation will host their annual Partner’s Meeting at the Hyatt Regency Orlando earlier this year.

With more than two decades of published laser research and 15 FDA 510(k)s on laser therapy leading up to this conference, Erchonia’s advancements in medicine and laser therapy will impress attendees and international partners alike.

To read more, visit ChiroEco.com/FDAlaser

Source: Erchonia Corporation, erchonia.com

**BY THE NUMBERS**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tr>
<td>1.8</td>
<td>The percentage of adolescents ages 12 to 17 who smoked cigars in 2016. Source: cdc.gov</td>
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<tr>
<td>15</td>
<td>The percentage of the world’s population that has some form of disability. Source: who.int</td>
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<td>2.5</td>
<td>The hours of moderate to intense physical activity a woman needs every week. Source: womenshealth.gov</td>
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The Learning Curve

ChiroHealthUSA awards $25,000 chiropractic scholarship

On August 17 at The National Convention and Expo in Orlando, Florida, ChiroHealthUSA announced the recipient of the 2018 ChiroHealthUSA Foxworth Family Scholarship in honor of President Ray Foxworth’s parents, Drs. Betty Pace Mathews and Charles Vernon Mathews.

This year’s recipient is Brooke Preston, a chiropractic student at Northwestern Health Sciences University in Bloomington, Minnesota. Preston received $10,000 for tuition and $5,000 cash to help offset her living expenses. An additional $10,000 donation was made to Northwestern Health Sciences University. Upon hearing the news that she was the recipient of the scholarship, Preston stated, “More than a financial gain, receiving this scholarship has refueled my passion to help others and has inspired me to be an even better leader and role model in my community.”

To read more, visit ChiroEco.com/chirohealthusa

Source: ChiroHealthUSA, chirohealthusa.com

CCE names Cleveland University-Kansas City vice president to site accreditation team

Cheryl Carpenter-Davis, EdD, vice president of academic affairs at Cleveland University-Kansas City, has been appointed as a member of the Academy of the Site Team Visitors, a part of the Council on Chiropractic Education (CCE).

“It is a personal privilege to announce this appointment by the CCE,” said CUKC President Carl S. Cleveland III, DC. “Dr. Carpenter-Davis is a valued member of the CUKC academic administrative team. She is also a Peer Reviewer of the Higher Learning Commission.”

Carpenter-Davis received her doctorate in educational leadership and policy analysis from the University of Missouri-Columbia in 2005. She began her teaching career in physical therapy education in 1991 at Metropolitan Community College-Penn Valley campus, and in 1995 at the University of Kansas-Medical Center campus.

To read more, visit ChiroEco.com/VPaccreditation

Source: Cleveland University-Kansas City, cleveland.edu

NYCC announces licensed chiropractic assistant program

New York Chiropractic College (NYCC) is partnering with the Association of New Jersey Chiropractors (ANJC) to offer the nation’s first training program for individuals who wish to become a Licensed Chiropractic Assistant (LCA).

With this program, New Jersey becomes the first state to offer licensure for chiropractic assistants. Taught by highly qualified NYCC faculty in both traditional classroom and online formats, the LCA program is designed to be completed in 12-18 months and includes 120 hours of coursework. After also completing the additional required 380 hours of clinical training under an approved LCA clinical trainer, as well as passing required examinations, the LCA candidate may then apply for licensure.

Graduates of NYCC’s new program can look forward to rewarding careers as vital members of the chiropractic health care team. Licensed chiropractic assistants can offer support for tasks that previously could be performed only by chiropractors, such as health data collection, physical examinations, rehabilitative procedures, and patient encounter documentation.

To read more, visit ChiroEco.com/chiroassistant

Source: New York Chiropractic College, nycc.edu

What’s Happening in Health?

AHA: ‘Bad’ cholesterol can be deadly in otherwise healthy people

Healthy people with a low risk of cardiovascular disease may still need to keep a close eye on their cholesterol, according to new research. A study, published recently in the journal Circulation, found that otherwise healthy people with high levels of low-density lipoprotein (LDL) cholesterol are at higher risk of dying from cardiovascular disease than those with lower LDL.

Often called “bad cholesterol,” LDL contributes to fatty buildups in arteries, which increases the risk for heart attacks, strokes and peripheral artery disease.

“Even if you have a low 10-year risk, that doesn’t eliminate the long-term risks of having high cholesterol levels and significantly poorer cardiovascular health,” said Shuaib Abdullah, MD, the study’s lead author.

To read more, visit ChiroEco.com/CholesterolStudy

Source: Health Day, consumer.healthday.com
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Human telomere length (TL) is affected by genetic and environmental factors. TL decreases with age and is considered a biomarker of biological aging. Research has shown that TL is associated with disease and dysfunction throughout the body as well as mortality. Additionally, lifestyle choices such as diet, tobacco and alcohol use, physical activity and sleep habits have been shown to affect TL. Research shows that healthy interventions or removal of unhealthy stressors will have a positive effect on TL.

Interest in telomere lengthening or length maintenance is growing due to the notion that this will slow down or cease a person’s biological clock, providing youthfulness and health longevity. The effects of chiropractic care on TL, however, have not previously been studied. In fact, the effects of vertebral subluxation and chiropractic care on youthfulness and health longevity have neither been thoroughly tested nor documented despite being a major focus of chiropractic marketing.

**Introduction**

Common to all documented concepts or definitions of vertebral subluxation in scientific research are some form of biomechanical and neurological dysfunction. Research across all health disciplines that have studied the spine have concluded that spinal alignment and posture have an impact on health and quality of life (QoL). Moreover, correction of spinal alignment and posture has been shown to alleviate neurological dysfunction.

Many chiropractic techniques claim to produce structural correction of the spine. But few support their claims with clinical scientific evidence. Chiropractic BioPhysics (CBP) has an extensive amount of quality, peer-reviewed scientific evidence showing that the reliable, reproducible correction of spinal and postural misalignment and vertebral subluxation yields improvements in neurological, musculoskeletal, and visceral conditions. It seems logical to inquire, then, whether improvements in spinal and neurological health have a beneficial impact on TL.

The following is a prospective case report on increased TL and improvements in dysautonomia.
CASE STUDY

QoL, and neck and back pain in a patient following correction of sagittal cervical spinal alignment using Chiropractic BioPhysics Technique. Institutional review board (IRB) approval was issued by the Foundation for Vertebral Subluxation. The manuscript was published in 2017, in volume 11, issue 2 of the Journal of Molecular and Genetic Medicine and indexed in PubMed of the National Institutes of Health.23

Patient presentation

A 35-year-old elementary school teacher presented with the primary complaint of neck and mid-back pain at 5/10 on the numeric rating scale (NRS) for five years following a head-on motor vehicle collision (MVC) as well as nocturnal polyuria. The patient reported drinking three to five Mountain Dew soda drinks per day.

Examination

Heart rate variability (HRV) was performed and the patient scored 75.35 on the autonomic activity index (AAI) (normal is 80 to 100) and 55.20(S) on the autonomic balance index (ABI) indicating increased sympathetic nervous system (S) activity (normal is 80(S) to 80(P), where P stands for parasympathetic nervous system activity). On the Short Form 36-Question (SF-36) QoL health survey, the patient scored 50/100 in physical function, 20/100 in physical role limitations, 33.33/100 in emotional role limitation, 35/100 in vitality, 76/100 in emotional well-being, 62.5/100 in social functioning, 55/100 in pain, 45/100 general health, and 50/100 in change-in-health status (0/100 represents the poorest possible result and 100/100 indicates the best possible result).

The patient had her blood drawn for TL analysis. The patient’s telomere value was 73 and is a calculation of the patient’s TL derived from nucleated white blood cells obtained from whole blood.

Posture analysis revealed anterior head translation. An anterior-to-posterior (AP) cervicothoracic view revealed a spinal alignment within normal limits (WNL). A neutral lateral cervical (NLC) radiograph was analyzed according to the Harrison Posterior Tangent method for sagittal spine views.24-26 The NLC view revealed anterior head translation of 24 mm (normal is 0 mm), an atlas plane line (APL) of -20.2° (normal is -29°), and an absolute rotational angle (ARA) from C2 to C7 of -18.8° (normal is -42°).

Treatment and response

The patient was seen for 36 visits over five months per CBP technique protocols incorporating mirror image exercises, adjustments, and traction to correct the vertebral subluxations of cervical hypolordosis and anterior head translation. Treatments consisted of full-spine chiropractic manipulations and CBP mirror image treatments, which involve placing the patient into an opposite, over-corrected spinal posture during exercises, adjustments, and traction to correct vertebral subluxations.

Mirror image adjustments retrain the patient’s central nervous system (CNS) and spine to adapt to normal posture according to the Harrison Spinal Model. Mirror image exercises retrain the spine for optimum loading position balance. Mirror image cervical extension traction involves a prolonged over-corrected positioning of the spine to counter habituated abnormal spinal alignment and posture allowing for viscoelastic creep and spinal correction to take place.27

The patient stated that she maintained her lifestyle habits throughout
care. After 36 visits, the patient was reassessed. The patient reported that her neck and mid-back pain was reduced from NRS 5/10 to less than 1/10. HRV improved to 80.38 on AAIl and 88.51(S) on ABI. On the SF-36, the patient improved in all QoL domains. The patient had blood drawn again and her TL increased 8.23 percent, from 73 to 79.

Post-treatment NLC X-ray analysis revealed improvements in anterior head translation from 24 mm to 17.7 mm, APL from -20.2° to -25°, and ARA C2-C7 from -18.8° to -27°. The patient reported being virtually pain-free and had been able to sleep through the night without having to micturate.

Discussion and conclusion
This report documents the successful outcome in a 35-year-old patient with neck and mid-back pain, nocturnal polyuria, autonomic dysfunction, and unhealthy spinal alignment and posture consistent with vertebral subluxation. The near complete resolution of symptoms was achieved following the correction of spinal alignment and posture by use of CBP technique protocols.

Certain circumstances and concurrences need to be highlighted in this report. First, the patient did not alter her lifestyle throughout treatment. Most notable is that she continued to drink three to five Mountain Dew sodas per day and still obtained the significant health improvements documented.

Following correction of the cervical spinal alignment and posture subluxations, the patient's HRV improved considerably from a health risk to WNL. Research has shown that TL and HRV may be directly related to each other and inversely related to organ dysfunction (e.g., nocturnal polyuria), and explains why these variables are related as such for the patient in this study.28 Additionally, improvements in objective health measures (spinal alignment and posture, HRV, nocturnal polyuria, and TL) are directly related to the subjective improvements in the patient’s health (pain NRS and QoL).

Sagittal cervical deformities and vertebral subluxations are orthopedic abnormalities that apply abnormal tensile forces in the brain, brain stem, spinal cord, and nerve roots.29 This is a proposed mechanism for the source of this patient’s health conditions due to their resolution following sagittal cervical spinal correction.

One limitation to this case is the small number of participants (n=1) and lack of long-term follow-up. This study is a prospective case study and, as such, does not lend itself to selection bias. Another limitation is that multiple therapies were applied to the patient. Thus it is unclear which therapies or combination thereof had a positive impact on the patient’s health measures.

This case adds more evidence to claims that cervical spinal alignment may improve autonomic function (HRV and bladder function), QoL, and neck and back pain. Additionally, this case suggests, for the first time, that cervical spinal alignment and posture may be directly related to health longevity as represented by TL. The key word here is may. Case studies prove to be valuable in research by reporting novel and significant results, and providing the first step toward higher levels of evidence.

The Institute for Spinal Health and Performance (ISHP) is currently developing a case series to further study the effects of chiropractic care on TL. Case studies and case series provide a rationale for clinical trial approval from IRBs. And well-designed clinical trials provide conclusive evidence.

The ISHP has developed relationships with a company and laboratory for the collection, stabilization and
preparation of saliva and telomere length analysis. The goal is to make health longevity testing a part of chiropractic exams available to chiropractors and affordable for patients. Accountability is essential in healthcare; it is vital for chiropractors to produce, document, and publish significant health improvements with objective results.

Acknowledgements
The ISHP acknowledges the Foundation for Vertebral Subluxation (Kennesaw, GA) for their contributions in funding laboratory costs for this case study and Chiropractic BioPhysics NonProfit for their support.

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References

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Modern technology is truly amazing. In the palm of your hand is a device that has the ability to bring you information and entertainment in an instant. On any given day, you can look around in public places and see people engrossed in their mobile devices. Smart phones have taken over daily life and, although they bring some useful benefits, there are physical problems that can come from their use as well.

“Text neck” (or tech neck) is a trending topic these days. It has become increasingly common for health care providers to observe it in their patients. Text neck can be explained as an overuse syndrome involving the head, neck and shoulders, usually resulting from excessive strain on the spine from looking in a forward and downward position at a handheld mobile device (mobile phone, video game unit, computer, e-reader, etc.). This can cause headaches, neck pain, tension headaches, shoulder and arm pain, and even breathing issues.

You have likely witnessed this phenomenon and have started to deal with it to some degree in your practice. The visual is already forming in your mind of someone holding their phone with their neck craning down to look at it. This could be your patient, your child—or even you at any given time when you are checking your device.

So from a chiropractic standpoint, you want to understand how this clinically affects your patients and then ultimately the treatment and recommendations you give them.

A weighty problem
At 0 degrees of head tilt (neutral neck), your head weighs about 12 pounds. As you can imagine, the further forward the head tilts and the neck bends, the heavier the head becomes. By 30 degrees of head tilt, your head weighs 40 pounds. By the time your head is at 60 degrees, it weighs about 60 pounds. It’s just like holding a small child on your shoulders.

Another way to see this is the more you look down, the more your head moves forward, shifting the center of gravity. Then the upper spine shifts backward to counteract the forward head shift. Furthermore, the hips then tilt forward to compensate for the upper spine. You can see how one area of the body under stress affects adjacent areas.
Imagine the prolonged effect all of this pressure has on the muscles, ligaments, vertebrae and discs in the neck and upper thoracic regions. Smartphone users spend an average of two to four hours a day hunched over, reading emails, sending texts and checking social media sites. That adds up to about 700 to 1,400 hours a year of extra stress people are putting on their spines. And high school students may be at most risk. They conceivably spend an additional 5,000 hours in this position.

Educating your patients on the dangers of text neck is fairly straightforward. There are plenty of posters with pictures and graphics about text neck and the dangers it presents. But as with other vices or habits, even if people know it’s bad, that may not completely stop them from doing it.

**Tips to reduce text neck**

Any or all of the following strategies can mitigate the risks posed by excess use of electronic devices:

- Hold the device at eye level as this negates the need to crane your neck.
- Look down with your eyes and not your head.
- Take a three-minute break for every 15 to 20 minutes spent on your device (you can set auto reminders for this). The more typing you do, the more frequent you should take breaks.
- Use a phone or tablet holder so your arms and shoulders can relax.
- Be mindful of your posture. Your head should be in a neutral position, your wrists straight and your shoulders as relaxed as possible. Tensing muscles in the neck and shoulders will lead to chronic muscle issues and pain.

**Adjustments**

Be mindful of the forces being placed on the cervical and upper thoracic vertebrae in the forward translation directions. It is important to evaluate the C/T transition area and the upper thoracics.

Supine or standing anterior thoracic moves work well for these areas. If you pre-stress the C/T region properly, you can get the lower cervicals to shift comfortably with an anterior thoracic. Prone C/T moves as well as supine modified rotary break (MRB) or seated RB moves can work as well, but that will take out rotation more so than anteriority. Use your hands and they will tell you what you need to move and how to do it.

Notice occiput/C1/C2 involvement. Keep in mind that both suboccipitals do not have to be involved. It may be one or the other. Whichever occiput is inferior, look for atlas laterality on the ipsilateral side. Additionally, look for C2 to be involved on the contralateral side.

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devices instead of your hands can work when appropriate. These devices are also helpful in breaking up some of the muscle tightness.

**Elastic sports taping**

Another approach is to place two pieces of 2-inch tape beginning below the hairline on each side of the neck. These continue down along the spine and end up around the mid to lower scapulae. It may seem counterintuitive, but have the person bend their neck forward comfortably as you place the tape down from the neck down the spine to the thoracic area. The pre-stress gives the tape the “elastic snap-back effect” for good support.

You can also teach basic exercises for patients to perform as self-care:

- Neck extensions: moving the head backward.
- Neck side bends.
- Neck rotation to both sides.

Repeat each of the above exercises while pushing your head into your hand for some resistance.

**Custom foot orthotics**

The relationship that the feet have with posture and head position might not be obvious. But it is now well-known that a collapse in the three arches of the foot is a major factor in determining posture and spinal alignment.

Excessively pronated or flat feet have a biomechanical effect that moves through the lower extremities, the spine and up to the head. The more pronated the feet, the more forward the head carriage. This can naturally predispose someone with text neck to have greater stress on their spine even with lesser angles of forward head motion.

Every patient who comes into my office steps on a digital foot scanner so they can have their feet evaluated. From this scan, we can see how flat their arches are, the degree of their text neck and other postural data. Then we can have custom, flexible orthotics made to help the patient’s body stay more stable and balanced from toes to nose.

Like it or not, text neck is here to stay. Mobile devices are becoming more popular, not less. Patients will likely be coming to you because their pain is becoming worse. Now it is your turn to spread the word and help those patients heal.

KEVIN WONG, DC, is an expert on foot analysis, walking and standing postures, and orthotics. He discusses spinal and extremity adjusting at speaking engagements. He can be contacted through orindachiropractic.com.
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The brain can heal
New discoveries in neuroplasticity present exciting opportunities for chiropractors.

BY DAVID CHRISTENSON

TIME TO READ: 5-7 MIN.

FAIRLY RECENTLY, RESEARCHERS HAVE DISCOVERED THAT THE human brain has the ability to form new neural pathways. This opens the door to an expansive new treatment opportunity for chiropractors—the brain-injured patient.

The brain is the most complex and mysterious organ in the human body. Historically, neuroscientists believed that the human brain's structure and functions were essentially “fixed” or unchangeable by the ages of 17 to 19.

In addition, it was believed that the brain was incapable of generating new cells. Therefore, it was concluded that the brain was incapable of healing once it had been damaged, either by injury or by disease. Brain injuries caused by concussions and blows to the head as well as the cognitive degeneration caused by Alzheimer's, strokes, or tumors, were considered irreversible conditions that no amount of treatment would ever be able to fully repair.

But discoveries since the 1970s—many in just the last two decades—have caused the scientific world to change its thinking about the capabilities of the human brain, about how it works and, even more important, about how it heals. This new view of the brain can be encapsulated into one word: neuroplasticity.

This discovery means that the brain is resilient, able to reorganize itself both structurally and functionally by forming new neural connections. Neural networks come and go. Synapses (the connections between neurons) and neural pathways are continually altered and fine-tuned, especially in response to new information generated by learning, life experiences, practicing a skill, exercising, and environmental changes.

Neuroplasticity can also be triggered by physical trauma and injury. It is an adaptive mechanism that allows the nerve cells in the brain to compensate for damage and loss of function by “reorganizing and forming new connections between intact neurons. For example, although each brain hemisphere has its own tasks, if one brain hemisphere is damaged, the intact hemisphere can sometimes...
RESEARCH RESULTS

take over some of the functions of the damaged one."2

In essence, neuroscience now views the brain and its neural circuits as malleable and capable of changing throughout the course of a lifetime. This new understanding of the brain offers real hope for anyone with any type of brain injury—and brings exciting new opportunities for the chiropractic community.

Helping the brain heal

Of course, healing the brain involves a bit more than healing a broken bone. In addition to the physical component of healing, there are also emotional, psychological, and lifestyle components to be addressed. And not all patients respond equally to every aspect of a brain treatment program.

But overall, a multidisciplinary approach seems to be the best way to assist the brain to perform its own internal healing. And a multidisciplinary approach is well-suited to the chiropractic industry, many aspects of which, such as nutritional, dietary and exercise counseling, are already incorporated as standard protocols in many clinics.

At present, the most commonly used modalities to repair the brain are: medications, injections, hyperbaric treatment, cognitive therapy, and physical therapy to relearn motor and language skills. But new treatment options are also proving effective. Recent studies have found that light therapy for patients suffering from traumatic brain injuries (TBIs), strokes, or concussions can help the brain regain normal blood flow, improving cognitive function.

Neurofeedback (a type of biofeedback) has also shown promise in the treatment of brain damage from stroke, TBIs, and other physical injuries as well as other brain conditions like epilepsy, Asperger syndrome and ADHD. And when these technologies are combined with other healing modalities, as well as a healthy diet, nutritional support, and physical exercise, amazing recoveries can happen. Thus, offering brain support and recovery treatment options for patients with brain injuries can potentially help improve patient results, expand their client base, and consequently increase income.

A win-win

The direct correlation between quality of life and brain function seems indisputable. A healthy and well-functioning brain supports a well-balanced, productive and happy life. Whenever a chiropractor can help a patient's brain heal from an injury, disease, or disorder, they also heal and fix a life, which in many cases extends to fixing a family unit, because a loved one has psychologically come back and is functional once again.

As new discoveries and advances in treatment for brain injuries continue to be made, the chiropractic community, in its dedication to the optimization of patient health and unwavering belief in the body's innate recuperative powers, will naturally embrace the opportunity to help patients with brain injuries of all types. It's a win-win for both patient and chiropractor, because the brain can heal. 🌟

DAVID CHRISTENSON is a health care consultant and the founder of Advanced Neurocare Systems, bringing state-of-the-art, medical grade LED light therapy equipment to medical practices. He has also formulated his own product line of natural adaptogenic and neurological support formulations. He can be contacted at 800-900-4045 or through advancedneurocaresystems.com.

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HAVE YOU EVER READ A STORY OR A BOOK, ONLY TO COME TO THE END AND FEEL LIKE IT HAD NO ENDING; NO CLIFF HANGER, NO IDEA IF THERE WILL BE A SEQUEL—JUST NOTHING? SIMILARLY, THE DOCUMENTATION STORY OF YOUR PATIENT’S ACTIVE TREATMENT DESERVES AN ENDING, TOO.

All too often, the story of a long-standing patient in your office is simply a run-on accounting of every time they’ve been to see you over the past 10 years. Unlike a good book, there are no chapters with great beginnings, middles and ends.

Certainly, it’s your intention as a provider to strive toward the end of crisis care and into wellness or supportive care. One of the easiest ways to make a major improvement in the story of your patient’s experience with you is to include a written discharge summary at the end of each active episode of care.

The final plateau

The term “discharge,” in this context, does not mean to kick the patient out of your office for good or to tell them they are done with chiropractic care. It only means that they have come to the end of this active episode of care, and are ready for pro re nata (PRN) care, to return as needed, or to begin a course of wellness or supportive care.

Most of the time, discharging a case is straightforward. Either the patient responded well to treatment and met all their treatment goals, or they improved but still have some residual symptomology present, or the patient did not respond positively to treatment and is being referred to another health care professional.

It can be as simple as conducting a final examination and documenting in the record that the patient has been discharged from this episode of care and what next steps have been recommended and why.

The Council on Chiropractic Guidelines and Practice Parameters offers treatment algorithms for neck and back pain that include the concept of maximum therapeutic benefit, also known as “final plateau.” Essentially, this means that the patient has reached a final degree of improvement and a complete or partial resolution of the condition has been achieved, such that the patient is unlikely to improve further.

The final exam or visit includes an assessment with the statement: “The patient has reached maximum therapeutic benefit and is discharged from this active episode of care. The patient is instructed to...” Here is where you outline the next steps, e.g., “return as needed,” “follow a maintenance schedule” or something else. Putting a “pin” into this episode allows you to show that this patient’s episode is over,
so that you can effectively document a new episode should one exist in the future. This could be the same condition, a new condition, an exacerbation or a reoccurrence. Either way, it will be a clear, new beginning, like a new chapter in your patient’s story.

**Continuing the story**

Your patient may not be ready for full discharge. There could be new co-morbidities, new injury or reinjury. Maybe they’ve had a work condition change. At this point, you should reassess the patient, set new treatment goals within a treatment plan and include the following statement: “The patient has not reached maximum therapeutic benefit at this time because...” This is the segue that outlines why the patient is receiving more active care at this time, rather than being discharged from further treatment.

### Self-dismissal and documentation

Then there are the patients who may have dismissed themselves from care prior to the completion of your recommendations for any number of reasons. They may or may not tell you about this. There may be financial or personal issues that preclude them from completing care. Or they may simply stop showing up.

What about discharging the patients who dismiss themselves? Very often, the process of self-dismissal slips through the documentation cracks. Self-dismissals can leave a gaping hole in your records, like a chapter in a good book that doesn’t just end, but leaves you hanging. The good news is that this issue is easily rectified.

The system is two-fold. First, it is critical to have a system in place to manage missed appointments. Attempting to contact the patient and documenting those attempts to reach him or her is key. For example, if the patient misses an appointment, the first phone call should be made within 15 minutes of their appointment time. If the patient provided more than one contact number, preferably call all listed numbers.

It is recommended to make a total of three phone calls in an attempt to reschedule the patient’s missed appointment.

If the patient does not return any phone calls or does not respond to messages left by team members, the next step is to get involved yourself. Your call can be as simple as stating, “I’m concerned you’re not following your prescription of care, because you missed your appointments. We’ve tried to get in touch with you and have not heard back from you as of yet. For full correction of your condition, it is critical we maintain...”
your prescription of care. Please call us so we can get you rescheduled immediately.

Your reaching out to the patient accomplishes several things: It increases your awareness of the situation, it reinforces to the patient that their care and health goals are important to your practice, and it allows you to document ongoing attempts to reschedule the missed appointment.

Following up
In the second part of the process, once you've left a message, make a note in the tickler file for two weeks out from the date of the call. If the patient has not followed up in the two-week time period, this would be considered self-dismissal. You then initiate the process of administrative discharge. Note in the medical record that the patient dismissed him- or herself from treatment.

In addition to your previous phone calls to your patients, you can mail a follow-up letter. This extra step officially notifies the patient of their status in your practice, while at the same time it lets them know they are still a member of your practice and are welcome to return at any point or seek a referral if needed.

Documenting missed appointments and consistently attempting to follow up with patients is a good business practice; however, if the patient never responds to the follow-up calls to reschedule their missed appointment, this process also prevents that gaping hole in your patient's record.

A win-win
“The best defense is a good offense” is an adage that applies to many fields of endeavor—military, games and business. Strong documentation can be a game-changer for any practice. It can save you time, money and possible administrative headaches.

Be sure you have a robust discharge process to confidently document the end of each episode of care for each patient. It is a win-win, creating closure for each case and providing the proper ending to the patient's chapter or entire story.

KATHY MILLS CHANG is a Certified Medical Compliance Specialist (MCS-P), Certified Chiropractic Professional Coder (CCPC), and Certified Clinical Chiropractic Assistant (CCCA). Since 1983, she has been providing chiropractors with compliance training, advice, and tools to improve the financial performance of their practices. She leads a team of 30 at KMC University and is known as a foremost expert on Medicare, documentation and CA development. She can be contacted through kmcuniversity.com.

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Chiropractic on the job

Worksite clinics attract more chiropractors.

BY JAMES F. SWEENEY

TIME TO READ: 10-12 MIN.

The workplace stereotype is that all employees dream of becoming their own boss, of striking out on their own to open their own business and call their own shots. Not William Updyke, DC. The California chiropractor had his own practice for 10 years and taught at Palmer College of Chiropractic West, but now he’s an employee at a worksite health clinic for a tech company in San Jose, and he couldn’t be happier. “It’s been better than I expected it to be,” he says.

Updyke is one of a growing number of chiropractors choosing to work in company health care clinics located at or near worksites. It’s a career path that offers attractive benefits, but one that also requires tradeoffs and a loss of autonomy.

A growing industry

In an effort to control health care costs, improve care and attract workers, more employers are opening health care clinics, either at worksites or nearby, to provide primary care for employees and their beneficiaries.

These clinics don’t replace outside health care coverage or provider networks, but are designed to provide more accessible and less expensive care, says Larry Boress, executive director of the National Association of Worksite Health Centers (NAWHC), an industry group.

“The more care that can be provided for employees onsite, the better, because it’s in everyone’s interest,” Boress says.

There is no formal definition of what constitutes a worksite clinic, which can range in size and capabilities from a nurse-staffed first aid station to a 25,000-square-foot building equipped with everything from gyms and massage tables to imaging equipment.

NAWHC estimates that 30 percent of all employers have some sort of onsite or near-site clinic. According to a 2017 study by benefits research firm Benfield, 42 percent of large employers will offer worksite-based health clinics by 2019, with another 26 percent offering near-site health clinics.¹

Their ranks include private employers, such as Northrop Grumman, Honda, Coca-Cola and MillerCoors, as well as government entities like school districts, the city of Chicago, and the state of Montana.

These types of clinics are particularly popular with Wall Street and tech firms that regard them as another benefit to recruit and retain employees in a highly competitive marketplace, Boress says. Workers value the easy access to everything from nutrition counseling and mental health services to acupuncture and chronic disease management.

How they’re making it work

According to the Benfield study, 44 percent of clinics are run by third-party vendors, while 31 percent are run by company employees and 17 percent by a community health facility, such as a hospital. Another 8 percent use a hybrid approach in which the employer contracts with local health care providers to provide medical services, but manages the business operations itself. Some clinics are shared by several companies that can’t afford their own.

The services offered vary by employer, but can include primary care, physical therapy, optometry, mental health, acupuncture, dermatology, nutrition, wellness coaching and chiropractic. According to Benfield, nearly 90 percent will offer treatment for workplace injuries by 2019 and close to 75 percent will offer physical and occupational therapy.

While only 5 to 10 percent of clinics currently offer chiropractic services, Boress says that number is growing.

The Foundation for Chiropractic Progress (F4CP) and software company ChiroTouch last year commissioned a survey from NAWHC to learn more about chiropractic on the job. The association surveyed 10 worksite clinic vendors that operate more than 970 clinics, as well as employers.

The survey found ample evidence for chiropractic having a robust future in clinics. Key findings were:

► Eighty percent of employers indicated that musculoskeletal issues are among their top cost drivers, a primary reason for offering chiropractic services.
► Fifty-five percent of employers said their employees have expressed
interest in chiropractic services at their clinics.

Employers who have DCs on staff have found that the visits and costs are lower for chiropractors than for other health providers who treat the same condition.

Patient satisfaction with chiropractic care offered at worksite clinics is high.

The study also identified areas that need to be addressed for more employers and clinic vendors to offer chiropractic:

- Reviewing and understanding the different training, skills, treatments and clinical experiences offered by the various chiropractic colleges and what can be applied to worksite clinics.
- Identifying a qualified DC who has the willingness, training and clinical experience to be part of a worksite center.
- Ensuring only necessary chiropractic services are provided.
- Adapting a DC’s practice to fit into an integrated clinical team, and how chiropractic care can complement physical therapy services.
- Having space for the unique equipment used by DCs.
- Evaluating the need for a DC and the anticipated performance and cost-impact.

The pros of clinic practice

The best part of being a clinic DC is being free to concentrate solely on chiropractic, says Sherry McAllister, MS(ed), DC, CCSP, executive vice president of the Foundation for Chiropractic Progress in Georgetown, Calif.

“All they have to worry about is the care,” she says.

All the responsibilities and headaches of running a practice, such as marketing, purchasing, payroll, scheduling, and paying for continuing
Education are taken care of by the clinic operator.

"Running a practice doesn’t even compare to this," says Updyke, who works for Premise Health, a Tennessee firm that operates more than 600 clinics.

After a decade of running his own practice, Updyke relishes the benefits of being an employee: a salary, flexible schedule, paid vacation, health insurance, 401(k) and other benefits. Arrangements vary, but clinic DCs usually don’t have to bill insurance or third-party providers.

Daniel Lord, DC, CCSP, began as a clinic chiropractor for Crossover Health, a California vendor that operates about 30 clinics. Eventually, he rose to become physical medicine senior program manager for the company. Being salaried and not having to worry about insurance and collections leads to better care, he says.

“We’re incentivized to help the patients as efficiently as possible. It could be three visits, it could be 10 visits, whatever the patient needs," he says.

“I could not care less if something is billable or not,” he says, adding that he can offer such services as lifestyle counseling without worrying whether he’ll be compensated for it.

Many clinic DCs also welcome the chance to work closely with specialists and other health care professionals under a single roof. That naturally leads to collaboration and a team approach to health care delivery, says Lord.

“You can pull a doctor into the room for consultations on difficult cases; you can consult on so many different things,” he says.

Working closely together also builds trust between caregivers and helps eliminate the skepticism some medical doctors feel toward chiropractors, Lord says, adding, “As soon as [MDs] see how you manage to relieve their patients’ back pain, pretty soon they’re sending them right over.”

The cons of clinic practice

Along with the benefits of being a company employee, there are certain drawbacks as well.

For example, clinic DCs report to the clinic medical director, who is usually an MD, but sometimes a nurse-practitioner or physician's assistant. The director can set hours for clinic chiropractors, supervise their work and establish policy and procedures. That might not sit well with chiropractors who value the autonomy that comes with being their own boss and owning their own practices.

“There definitely is a loss of independence. If you’re being told what to do and when to do it, that definitely can be a rub," McAllister says.

She also notes that clinic chiropractors are employed at the discretion of the employer and can be dismissed for cause or laid off for other reasons. Dismissal can mean starting over and having to build a practice from scratch.

Clinic DCs are restricted in the services they offer. Most clinics limit procedures to evidence-based care. Those who want to do more than treat neck and low-back pain, or who want to employ a holistic approach could be frustrated, Lord says.

They also must be comfortable working as part of a team, consulting and, in some cases, deferring to other health care providers.

“It’s a whole different type of practice than private practice would be. You have to want that," Boress says.

And while clinic DCs don’t have to worry about billing and collections, they do have to report data. Clinic operators examine such things as utilization, patient satisfaction, net promoter scores, claims data and treatment efficacy, Lord says. The information is used to evaluate the effectiveness of the DC and the role of.
Finding the right fit

Lord, who recruits chiropractors for Crossover Health, says the popularity of the jobs lets him be choosy with applicants. He looks for DCs with three to five years’ of clinical experience who want to provide evidence-based care and who are expert in spinal manipulation.

Lord says he avoids applicants who want to treat conditions other than neck and back pain and the occasional sports injury, as well as those who want to offer holistic services or sell supplements.

“I’m not going to give a lot of nutrition advice if there’s a nutritionist down the hall,” he says.

Candidates also must be willing to be part of a health care delivery team and be comfortable with the culture of the company whose employees they are treating, he says. For example, an older, conservative DC might not be a good match with a tech company with a lot of younger, progressive employees.

Getting started

As most worksite clinics are operated by third-party vendors, it makes the most sense to apply to them rather than to the employers who contract their services. Companies like Crossover Health, Premise Health, Concentra, Paladina Health, QuadMed, Optum and others routinely post openings on their websites as well as on LinkedIn and other job sites.

Most employers are looking for chiropractors who have at least a few years’ experience and good patient ratings. Networking also helps, as vendors in the NAWHC study cited recruiting in the local community and recommendations from DC employees as the most common ways to find job candidates. McAllister recommends uploading a résumé at the beginning of a job search so the vendors will have it on file if an opening appears.

The decision whether to work at a clinic requires careful deliberation, McAllister says. She recommends that chiropractors first work in an onsite clinic on a part-time basis to see if they like it before committing to anything. Shadowing a clinic DC on the job can be another option, she says.

Updyke says he recommends DCs who are tired of the hassles of running a business consider taking a job at a worksite clinic: “There is nothing I don’t like about this job.”

Reference

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In your practice, the supplement regimens of your patients tend to be pain-relieving or joint-strengthening formulas. For many other health concerns, however, there is a botanical being rediscovered by leading research and perched on the edge of a renaissance: grape seed extract.

That may sound surprising. After all, grape seed extract’s popularity seemed to peak about 20 years ago. But this burst of fame was short-lived. Grape seed suddenly fell by the wayside, and often out of favor with practitioners. It was as though it had stopped being effective.

The problem was that many of the supplements were not really grape seed extract at all—even though they were labeled as such. As it happens, grape seed extract is one of the most adulterated supplements on the market. And for those extracts that really were from grape seed, many of them from China were so riddled through with tannins that they couldn’t be effectively absorbed and used by the body. But they flooded stores with poor quality products at a low price to gain market share. So it’s not surprising that even though your patients may have tried grape seed extracts in the past, those particular supplements were not effective.

Quality control
Consider this study, published in the journal Food Chemistry: After testing 21 commercially available grape seed extracts, it found that 50 percent of them were either subpotent, or contained no grape seed extract at all. And six of those supplements were entirely peanut skin extract; considering the potential for allergic reactions, this isn’t just cost-cutting—it’s dangerous.1

Disturbing as this news is, it doesn’t mean you have to rule out recommending grape seed extract altogether. Grape seed extract—as long as it is a source of absorbable oligomeric proanthocyanidins (OPCs)—is quite valuable and potentially life-saving.

Along with guidance from practitioners, patients with rheumatoid arthritis (RA), may find additional relief with grape seed extract. Grape seed proanthocyanidins have been shown in a variety of studies to quell the processes that set up joint-destroying inflammation.2

All-around champion
It’s time to rediscover grape seed extract.

BY TERRY LEMEROND
TIME TO READ: 6-8 MIN.
For example, a Saudi Arabian study found that grape seed OPCs moderated the activity of certain immune-regulating T-cells to stop inflammatory markers associated with RA.\(^3\)

Laboratory study also has shown that grape seed OPCs stop the bone-damaging effects of autoimmune arthritis, promote osteoblast differentiation, and suppress osteoclast differentiation to get the natural process of building bone back on track.\(^4\)

The mechanisms of action noted in RA research show some overlap and some differences, but nonetheless, grape seed extract appears to reduce autoimmune-related inflammation in ways that could be especially useful to patients and practitioners to treat this hard-to-control condition. Aside from assisting your patients who struggle with acute and chronic pain issues, grape seed extract may help individuals with cardiovascular concerns and other serious threats to their health.

**Dosing protocols**

An Italian clinical study showed that grape seed extract improved blood pressure at both lower and higher dosages (150 mg and 300 mg, respectively). At the higher dosage level, it normalized blood pressure numbers in 93 percent of participants.\(^5\)

Aside from reducing blood pressure, grape seed extract protects blood vessel walls from free-radical damage and prevents low-density lipoprotein (LDL) cholesterol oxidation that leads to blocked arteries.\(^6\) Another placebo-controlled clinical study showed that grape seed extract improved lipid profiles and reduced oxidized LDL cholesterol in just eight weeks, which may be great news for patients who are taking prescription statins and dealing with their side effects.\(^7\)

In the case of preventing tumors, a tannin-free, low molecular weight French grape seed extract is at the forefront of research at Baylor University in Texas. Their scientific research found that it eliminated cancer stem cells—the “seeds” left behind that can lead to cancer recurrence, even after chemotherapy.\(^8\)

Additionally, this extract reduced the number of live cancer cells by 70 to 80 percent. There are more cancer-related studies underway on this particular grape seed, and the results are sure to be equally exciting.

**Aging gracefully**

Grape extracts and grape seeds are being investigated as part of a new frontier of natural medicines and brain health. Due to their own natural inflammation-fighting and free-radical scavenging effects, along with...
their interaction with gut microflora, they may help older patients preserve their memory and prevent age-related cognitive impairment. By reducing tau protein and amyloid-beta plaque aggregation, grape seed OPCs could be one of the next important botanicals, along with curcumin, to protect the delicate circuitry of the brain.9-11

If your patients search for grape seed extract on their own, they may be challenged to find an effective one—even after reading the labels. That’s because technically, tannins and low molecular weight OPCs are both proanthocyanidins and can be labeled as such. But grape seed tannins are not well absorbed. They can’t provide the full potential of the extract. This is a great opportunity to steer them in the right direction. After all, grape seed extract has astounding value—provided the OPCs are properly absorbed. Recommending a tannin-free, French grape seed extract with low molecular weight OPCs can help your patients rediscover its true potential for vibrant health in body and mind. ☞

TERRY LEMEROND is a natural health expert with over 45 years of experience. He has owned health food stores, founding 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.

References
8 Toden S, Goel, A. Oligomeric proanthocyanidins inhibit Hippo-YAP pathway and prevent colorectal cancer stem cell formation. Poster presented at: The American Association for Cancer research (AACR) meeting; April 16-20, 2016; New Orleans.

To view the rest of the references to this article, visit ChiroEco.com/grapeseed

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Today’s interest rates are some of the lowest in living memory. But many people can’t take advantage of these low rates because they don’t know how to maximize their credit score. Or even worse, they may have an error on their credit report that’s dragging their score down.

So here are some tips for transforming your credit and defending yourself from errors.

A common problem
It’s been reported that about 80 percent of people have an error on their credit report, and a recent study by the FTC found that even after disputing errors, almost 70 percent of consumers still find inaccuracies. As a result, some 25 percent of these people get denied a loan for which they would otherwise be approved.

That’s just not acceptable when an error—that you didn’t make—can be the difference between being approved or denied for a loan (or getting a high or low interest rate). A maximized credit score is the key to restructuring loans to free up cash flow, getting lower interest rates, paying less on insurance and more. So it’s crucial to find out your credit score and improve it as much as possible.

Not too long ago, if you had a pulse, you could get a loan—and a credit score of 680 qualified you for the best rates. Then they went to a higher standard of 720. But now, you’ll need a score of around 760 to 780 to ensure you get the lowest rates possible.

Once you hit 800, you have nothing to worry about, so that’s the goal.

The good news is there are concrete steps you can take to transform your credit score. In fact, once while interviewing a credit score expert on the radio, I texted my wife a few things to try to improve her credit score. And even though she had good credit, her...
If you haven’t checked any of your credit reports in years, you might want to pay the extra money to check them all for errors now.
all three credit reports and scores up front to see what’s really happening. Most people will find an error of some sort. Maybe it’s just a misspelled name or an incorrect address.

For example, lenders often want to know how long you’ve been at your current address, so you want to make sure that information is correct. More serious errors will hurt your credit score, and these are common as well.

Sometimes it’s because the same account is showing up twice, which is especially harmful if that account has missed payments or a bad utilization rate (i.e., your debt-to-limit ratio).

Other times, an account you closed may be shown as being open, or vice versa. If this is the case, you’ll want to contact the credit bureau directly at Experian.com, Equifax.com, or Transunion.com. They have directions on their websites for how to dispute errors.

Although, if the error is for an account more than two years old, and that account has any negative marks, it may be better just to leave it alone. Any changes made to an account with negative marks will make those negative marks seem more recent, and that will hurt your score. It’s best to let sleeping dogs lie in most such cases.

Another common error is when a credit card doesn’t report your credit limit, which is the same as reporting a limit of zero. To the credit bureaus, this looks like your card is maxed out without your having spent a dollar, and you’ll be flagged as being over your limit as soon as you use it.

If this is the case, you’ll want to call your credit card company and ask them to report the limit. If they won’t, then it’s time to contact the credit bureau. But don’t dispute more than three errors at a time with any single credit bureau, or they’re likely to mark the disputes as frivolous.

Instead, file three disputes and wait until you get a resolution. Then they have 30 days to investigate the dispute. Once these are resolved, you can dispute three more.

Most people don’t think about their credit score until they need a loan. But at that point, if their score is too low or there are errors, it’s too late. You’ll either be denied or pay more in interest than you should. It’s best to always be in the know when it comes to your credit—it can save you money and headaches in the long run.

GARRETT B. GUNDERSON, a lifelong entrepreneur, engages in a vitalistic financial philosophy to assist DCs in creating sustainable wealth. His company, Wealth Factory, helps entrepreneurs navigate personal finances and investing. He wrote the New York Times best-selling book Killing Sacred Cows, and can be contacted through wealthfactory.com.
Joining forces
Picking the right type of partnership can maximize tax savings.

BY MARK E. BATTERSBY
TIME TO READ: 8-10 MIN.

Whether it’s two professionals working to run a more profitable enterprise, chiropractors in a joint venture, or a group or pool with others, partnerships are an increasingly popular type of business entity. In fact, they rank just behind S corporations as the most common. Unfortunately, while partnerships aren’t usually required to pay taxes, they and other pass-through practice entities were caught up in the recently passed tax reform rate controversy.

The basic concept of a partnership is that all profits and losses flow through to the partners, who are then responsible for paying taxes. In essence, partnerships are unincorporated businesses or joint ventures with two or more partners. Because partnerships are unincorporated, the IRS does not tax them directly. Instead, profits that flow to the partners are taxed as their income.

Although a partnership does not pay taxes on its profits, it is required to report its operating losses or profits to the IRS on Form 1065, U.S. Return of Partnership Income. The partnership must also send Schedule K-1 forms to partners, alerting each to their share of profits or losses, to be reported on their tax returns.

Typecasting partnerships
There are three general types of partnership arrangements:

- **General partnerships**, where profits, liability and management duties are divided equally among all partners. If an unequal distribution is made, the percentages assigned to each partner must be documented in the partnership agreement.

- **Limited partnerships** allow partners to have limited liability as well as limited input in management decisions. These limits depend on the extent of each partner’s investment percentage. Although more complex than general partnerships, limited partnerships are attractive to investors in short-term projects.

- **Joint ventures** are usually classed as general partnerships, but for only a limited period of time or for a single project. Partners in a joint venture can be recognized as an ongoing partnership if they continue the venture, but they must file as such.

Partnership taxes
A chiropractic partnership must register with the IRS as well as with state and local revenue agencies to obtain a tax ID number or permit. Once formed, a partnership “passes through” any profits or losses to its partners.

Whether or not each partner actually receives the amount stated on the Schedule K-1 filed by a partnership is irrelevant. The IRS levies taxes based on a partner’s “distributive share,” which is the percentage of the practice’s profits distributed to the partner. If, for example, the partnership agreement states that a certain percentage of the profits should stay within the partnership (e.g., to pay for expansion or overhead), it doesn’t matter to the
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IRS. Their focus is on what each partner’s share ought to be. Otherwise, partnerships could retain profits to avoid paying taxes.

The Tax Cuts and Jobs Act
While the income of an incorporated practice (or business) will be taxed at a flat 21-percent tax rate under the Tax Cuts and Jobs Act (TCJA), the pass-through income of a partnership may be taxed at the reduced, but still higher, individual income tax rates.

Beginning in 2018, the TCJA created a 20-percent deduction that applies to the first $315,000 (one-half that amount for single filers) of income passed through to the practice’s partners. For practices with pass-through income above this level, the new law contains strong safeguards to ensure that wage income does not receive the lower marginal effective tax rates of business income.

Thus, that 20-percent deduction applies only to the passed-through income of a practice that has been reduced by the amount of “reasonable compensation” paid to the owner. “Reasonable” compensation has not been defined as yet.

Other partnership taxes
Partners are considered to be self-employed, not employees, and required to file a Schedule SE with their Form 1040 and pay self-employment taxes. This amount is the “reasonable compensation” required of profitable pass-through entities.

Because of this self-employed status, each partner is also responsible for paying his or her share of Social Security taxes and Medicare. Partners are responsible for paying double what a normal employee would pay (because employers normally match employees’ contributions). Of course, the partners’ tax burden is reduced by an allowance for one-half of the self-employment tax that can be deducted from taxable income.

Partnership advantages
Before venturing into a partnership arrangement of any type, have a clear understanding of the advantages offered by this corporate structure.

Easy and inexpensive: Partnerships are generally an inexpensive and easily formed business structure.

Shared financial commitment: In a partnership, each partner is equally invested in the success of the practice. Partnerships have the advantage of pooling resources to obtain capital, often beneficial when seeking credit.

Complementary skills. A good partnership will usually benefit by capitalizing on the strengths, resources and expertise of each partner.

Partnership incentives for employees. Offering employees the opportunity to become a partner can be an advantage in attracting highly motivated and qualified employees to any chiropractic practice.

Disadvantages of a partnership
Most business decisions have pros and cons, and the choice to form a partnership is no exception. The following are some drawbacks or features of partnering that should be weighed carefully.

Joint and individual liability. Partners are not only liable for their own actions but also for the debts and decisions of the other partners. What’s more, the personal assets of all partners can be used to satisfy partnership debt.

Disagreements among partners. Especially when there are multiple partners, disagreements are common. Partners should consult each other on all decisions, make compromises, and resolve disputes as amicably as possible.
Shared profits. Because partnerships are jointly owned, each partner must share the successes and profits of the practice or venture with the other partner(s). Unequal contributions of time, effort or resources often results in discord among partners.

Partnerships and audits
The Bipartisan Budget Act of 2015 (BBA) repealed the old rules governing partnership audits, replacing them with a new, centralized partnership audit regime. The IRS now assesses and collects tax at the partnership level. In fact, the IRS recently proposed regulations addressing how partners with pass-through income account for adjustments such as underpayments that have been corrected at the partnership level.

Not only can the IRS now conduct audits of large partnerships at the partnership level rather than at the individual partner level, they can assess and collect tax at the partnership level. Interest and penalties will also be applied at the partnership level because of the BBA.

Limited liability partnerships
A limited liability partnership, or LLP, is a fairly new entity for operating a practice that provides increased liability protection for partners. Technically, an LLP is not a different practice structure than a standard partnership. In general, an LLP can be a general or limited partnership and is treated similarly for tax purposes.

A LLP extends the liability protection of a limited partner to that of a general partner. Typically, a general partner in an LLP is not liable for debts and obligations stemming from errors, negligence or misconduct committed by another partner, employee or agent of the practice unless the general partner had knowledge of it. But a general partner is still liable for other partnership debts as well as for his or her own actions.

Despite the similarity in name, an LLP is not a limited liability company (LLC). A general or limited partnership needs to register with the state, but the registration does not change the entity of the partnership.

An LLP does not have the structure of an LLC, and does not have the tax flexibility enjoyed by an LLC when choosing whether to be taxed as either partnership or a corporation. That choice can offer tax advantages to a LLC, depending on the practice’s specific circumstances. An LLP, however, can only be taxed as a partnership.

Changing your mind
Fortunately, application of the partnership tax rules can be avoided in some cases where the income of the partners can be adequately determined without partnership-level computations and in the case of certain husband-wife partnerships. What’s more, many entities that qualify for partnership treatment may qualify for opting out of that status under the so-called “check-the-box” regulations.

An entity with two or more members can be classified either as a partnership or as an “association” taxed as a corporation. In fact, any entity not required to be taxed as a corporation for federal tax purposes may choose its own classification. Naturally, professional assistance may be required to take full advantage of a chiropractic practice partnership or joint venture—and avoid the many potential pitfalls.

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Disclaimer: The author is not engaged in rendering tax, legal, or accounting advice. Consult your professional adviser about issues related to your practice.
Dear Doctor

Hi, I'm Dr. Couture founding doctor at my clinic in Southern CA. We're a small one, doctor clinic specializing in family practice. Like you, I'm always trying to find the best ways to improve my patients' care. However, I must admit, with increasing government regulation and overly restrictive insurance companies squeezing margins and crushing so many doctors as well as sucking the life out of health care, I was looking for ways to help my patients and provide a profitable income stream for my practice. Naturally, patient care comes first. But the reality is, if we can't make money, our practice is simply not sustainable. And if you've been a doctor for a while, you know it's not as easy as it once was. That's why I became interested in weight loss technologies. I knew that...

1. Obesity is a huge community issue. According to the Centers for Disease Control and Prevention, across the United States, more than one in three adults are obese, ranging from a high of 37.7% in Louisiana to a low of 22.3% in Colorado. And levels have soared in recent years, as you can see from the chart on the above.
2. Many of my patients could live happier, healthier lives if they could just lose some of their excess fat
3. And I knew the weight-loss industry is a lucrative market (estimated to be worth more than $36 billion by Marketdata LLC)

I saw this as an opportunity to recoup some of the money insurance companies had taken from my practice. At the same time, I wanted to make 100% certain any weight-loss service I introduced to my clients really worked.

Why I Decided Against CoolSculpting

I'd seen lots of advertising for CoolSculpting and fat freezing, so that's where my research began. While these treatments seemed to offer some legitimate fat loss benefits, I was concerned about a number of potential side effects including...
- Burns and scars, redness, itching, tenderness and swelling
- Tingling that can last for weeks
- Strange out-of-proportion lumps and bumps that can appear around the hips, thighs, elbows, knees, and shoulders
- Step-off deformity and transition lines along the perimeter of treatment areas

Although I liked the concept behind these treatments, I felt these side effects were too risky and certainly not things I wanted my patients to experience. On top of that, the cost of the equipment at $150,000 PLUS paying every time you turn the machine on further encouraged me to look at other alternatives.

Why I Chose the Vevazz Slimline System

The Vevazz Slimline System offered all the benefits of CoolSculpting (and more), without any of the risky side effects, and at a third the price. Now, I'm a pretty analytical kind of a guy. So, I really did my homework before deciding to try Vevazz in my clinic. I spoke with the owner of the company (several times) and compared Vevazz to other options including CoolSculpting. Here's what I found...

As you can see, the decision to try Vevazz became obvious. So, I purchased the equipment with easy finance payments (knowing it came with a comprehensive income guarantee — so if I didn't work, I could send it back without risk). That was years ago. Last month my small clinic performed 298 Vevazz treatments totaling $39,425 in sales. Apart from a few hours of my time, modest staff costs, and a handful of inexpensive anorectals (like cloth pads etc.), most of the money we collect is pure profit. And that's just last month. Here are records of one doctor's Vevazz treatment sales over the past 6 months.

The Vevazz Slimline System Is...

- The quickest, safest, most natural way to lose fat quickly
- The easiest, most rewarding way to add money to your bank account.

 Naturally, results differ from person to person. And sales differ from clinic to clinic. That's why I urge you to check out Vevazz for yourself.

Dr. Coutur says introducing Vevazz into his practice literally changed his life. No longer does he worry about the restrictive insurance companies, shrinking margins, and growing bureaucracy that's crushing so many doctors. He now has a way to make more money while working less.

As you can see, Vevazz helped him generate an extra $311,705 in just 6 months. And best of all, Vevazz has been life-changing for his patients too. They are happier and healthier than ever. Many have lost as much as 23 inches of fat in just 6 weeks with...
- No special diet
- No vigorous exercise
- No invasive procedures
- No pain during or after treatment
- No waiting weeks for results (see a difference after your first treatment)
- No health risks
- No visual side effects (except a slimmer, more toned body)
- No step off deformity or transition lines indicating where treatment has taken place
- No concerns about unsightly lumps and bumps anywhere on your body if you gain weight in the future

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How To Find Out More

If you're looking for a way to help your patients more while adding a lucrative income stream of as much as $100,000 a month to your practice, I recommend you sign up for the webinar now and watch the Free Vevazz training webinar
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We will also send you some information snail mail, to hold and touch to find out more.

Alternatively, contact Vevazz on 773-620-9500

Sincerely,
Jamie Fettig, DC - Founder of Vevazz

P.S. By the way, Dr. Couture is not affiliated with Vevazz nor is he receiving anything from Vevazz for writing this letter. He just knew how hard the restrictive insurance companies, shrinking margins, and growing bureaucracy was getting for him and his practice, and the results of introducing Vevazz to his practice have been so good (for him and his patients). So, he wanted to help spread the word. Once again, he encourages you to check out Vevazz for yourself. Watch their webinar, download their white paper at Vevazz.com or call them on 773-620-9500.

www.Vevazz.com/chiroeco
HIPAA compliance is more important than ever, and it is not only because the HHS Office for Civil Rights (OCR) has launched phase 2 audits and stiff monetary penalties for non-compliance. The more important reason: Security breaches are occurring with greater frequency among small practices. Believe it or not, making an honest effort toward achieving HIPAA security compliance is potentially your best avenue to protecting patient data and your reputation.

You might be surprised, but the greatest threat to patient data is likely to be your staff. While malicious intent is possible, it’s uncommon. Careless actions on the part of staff, however, are quite common and often the root cause of a security breach. With good reason, the HIPAA Security Rule is riddled with references to staff training and makes mention of specific topics your training program must include.

It should be noted, though, that a well-documented security policies and procedures manual is a precursor to training. This is because training must be derived from the manual; therefore, without policies, you cannot be compliant with the training requirement. If you still need to create a policies and procedures manual, visit healthit.gov and download the Information Security Policy Template.

Annual training topics
The following subjects should be reviewed with your staff every year as part of an annual training program.

Sanction policy: Closely mirror your actual sanction policy document with the sample template mentioned above, and have all employees, contractors, and volunteers sign it upon hiring. A sanction policy contains examples of security violations and their associated disciplinary actions. The act of educating employees about violations and their consequences is arguably one of the most effective HIPAA safeguards to implement.

Breach notification: It’s perfectly reasonable to just read your practice’s breach notification policy to staff members; however, some content is relevant only to your privacy officer and practice owner(s), so feel free to skip material beyond definitions and the importance of reporting a possible breach to the privacy officer. With that said, outline the reporting process your practice must follow in the event patient data is compromised, to reinforce why security is serious.
**Password management:** HIPAA requires that staff be informed about their responsibilities regarding password management. If you have a password policy, this training session will be brief. Training must cover:
1. Number of unsuccessful login attempts before system is locked.
2. Passwords requirements regarding:
   a. Length
   b. Complexity
   c. Change
   d. Reuse
3. Avoid common words, names, initials, birthdays, or phone numbers.
4. Refuse offers by software and internet sites to automatically log in.
5. Password confidentiality.

**Emergency operations:** Discuss procedures for managing and documenting patient encounters if your EHR and practice management systems are inaccessible due to outages, and your plan for restoring those systems and recovering data following an emergency. Here, too, all you need do is review your written contingency plan, and data backup plan with staff to be compliant.

**Workstation use:** There are two learning objectives here, the first of which is employee responsibilities. These include challenging unrecognized personnel, workstation configuration (e.g., inhibit incidental screen viewing by non-employees), home use of practice assets, and a clear desk, clear screen policy. The second objective concerns prohibited employee activities, and software-use restrictions, such as crashing software, attempting to break in or inject code, browsing (accessing information for which there isn’t a “need-to-know” basis), personal use, and terms-of-use violations.

**Malware:** Considering the proliferation of ransomware—especially targeting health care providers—this topic is of great importance. Employees must be trained to avoid malware, to spot email phishing schemes, and know what to do if they suspect an infected workstation. Sufficient training here will greatly reduce the likelihood of a virus wreaking havoc on your system.

No discussion of HIPAA training would be complete without mentioning training documentation requirements. You’ve heard the saying, “If it wasn’t documented, it didn’t happen.” The same is true with HIPAA compliance. At a minimum, training records should include a date, the topics covered, and who was in attendance. It’s that simple.

Remember, required and regular staff training will do more to protect patient information than any other HIPAA safeguard. Plus, it’s free to implement.

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The chiropractic profession has grown exponentially. With that growth has come more practitioners and an ever-changing health care marketplace. From a public perspective, locating a doctor of chiropractic isn’t difficult. The problem finding one who is consistent in his or her delivery, shows up and, most importantly, stays in business.

The problem is not a lack of education; DCs today are better educated than ever. But education isn’t enough. Below are some common pitfalls related to today’s new chiropractic practice. If you can learn and avoid them, your chances of success will increase dramatically.

1. Too much month at the end of the money. You must keep your overhead within limits. Many new doctors start out with high equipment leases, excessive staff expenses, cable, unnecessary nutritional inventories, high rent, etc. Avoid this at all cost. These expenses, in addition to staggering student loan debt, can sink you within months of opening.

If you aren’t adequately funded, consider finding a doctor who has extra space and negotiate an agreement to practice in his or her office as an independent contractor. This arrangement allows you to contribute a percentage of your income toward overhead costs, while giving you access to the doctor’s equipment, staff, X-ray facilities, etc.

2. Being undercapitalized. It has been said that the simple things are put here for the wise to see. Be wise by being well-funded for the venture ahead. Perform due diligence and draft pro forma statements and double your estimates. Too many small business owners think they have enough money to get them to the break-even point only to discover they don’t. Nothing is more stressful than a stack of bills and no money.

3. A less-than-prominent location. There was a time when location wasn’t so much of an issue for doctors. During my early practice years, we marketed heavily and the public came to us. Today, marketing has drastically changed and encompasses online, social media and digital formats. Adding as much convenience to that equation as possible is imperative for success. The more visible you are, the more convenience you offer.

4. Lack of mentorship. Going it alone in today’s environment is insane. Most doctors who fail do so by thinking they know it all. Here is a piece of advice: You don’t. Be willing to learn and listen.

Find mentors for different areas of your professional life you can connect with and hug them tight. Have good procedures, policies and up-to-date compliance manuals. Run important decisions by your mentors before moving forward. If the answer is not what you want to hear, decide now to go with their advice.

Choices determine your circumstances. Decisions determine your destiny. Make wise decisions and good choices will follow.

5. No proven marketing strategies. Most new practices have little in the way of marketing plans. Saying you know a lot of people, your family will refer to you, or thinking you have it all figured out will be a ticket to your local bankruptcy court.

Spend your dollars wisely. Television, radio and print ads are dying in the chiropractic marketplace. We now live in a digital world. Your online presence and ability to communicate effectively are your lifeline to success.

How do you define good communication skills? If you can walk into a restaurant and leave with the names of several new patients, you are a good communicator.

Practice and hone your skills. Don’t be afraid to ask for referrals or speak up about the services you have to offer. You have an awesome gift. B.J. Palmer once said, “Early to bed, early to rise. Work like hell and advertise.”

Dallas D. Humble, DC, is an author, business consultant, and keynote speaker. He has penned numerous articles and books on preventive health, hope, and the power of restoration including his newest release, The Greatest Chiropractor in the World, available on Amazon. He can be contacted at info@dallashumble.com
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<tr>
<td>Sept 28</td>
<td>Biomechanical Approach to Managing Load</td>
<td>Pasadena, TX</td>
<td>Southeast Sports Seminars</td>
<td>877-489-4949</td>
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<td>Sept 28</td>
<td>Foot Levelers Practice Xcelerator</td>
<td>Minneapolis</td>
<td>Foot Levelers</td>
<td>800-553-4860</td>
</tr>
<tr>
<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>Pasadena, TX</td>
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<td>Activator Methods International Seminar: Houston</td>
<td>Houston</td>
<td>Activator Methods</td>
<td>800-452-5032</td>
</tr>
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<td>Sept 29-30</td>
<td>Take Aim at Chronic Pain – Conquering America's Health Epidemics</td>
<td>Houston</td>
<td>Erchonia</td>
<td>888-242-0571</td>
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<tr>
<td>Sept 29-30</td>
<td>The 3 Power Patterns of Health and Healing</td>
<td>Minneapolis</td>
<td>Foot Levelers</td>
<td>800-553-4860</td>
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<tr>
<td>Sept 29-30</td>
<td>Adjusting the Extremities and the Spine the WONG WAY</td>
<td>Salt Lake City</td>
<td>Foot Levelers</td>
<td>800-553-4860</td>
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<td>Sept 29-30</td>
<td>CEAS II: Expanded Ergonomics Assessment Skills Certification Workshop</td>
<td>Charleston, SC</td>
<td>Erchonia</td>
<td>888-242-0571</td>
</tr>
<tr>
<td>Oct 5-7</td>
<td>Parker Seminars Dallas</td>
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<td>Parker Seminars</td>
<td>888-727-5338</td>
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<tr>
<td>Oct 6</td>
<td>Activator Methods International Seminar</td>
<td>San Jose, CA</td>
<td>Activator Methods</td>
<td>800-452-5032</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>
<td>800-842-3234</td>
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<td>Oct 6-7</td>
<td>Performance Health Rehab Certificate - Session No. 3</td>
<td>Chesterfield, MO</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>
<td>Erchonia</td>
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<td>Oct 11</td>
<td>Foot Levelers Practice Xcelerator</td>
<td>Overland Park, KS</td>
<td>Foot Levelers</td>
<td>800-553-4860</td>
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<td>Oct 13</td>
<td>Activator Methods International Seminar</td>
<td>Atlanta</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>
</tr>
<tr>
<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>Lower Extremity Biomechanics and the Management of Common Injuries</td>
<td>Webinar</td>
<td>Foot Levelers</td>
<td>800-553-4860</td>
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<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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<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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<tr>
<td>Oct 20-21</td>
<td>Concussions and Cranial Nerve Exam</td>
<td>Phoenix</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>
<td>888-242-0571</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>
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<td>Oct 25</td>
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<td>800-553-4860</td>
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<td>Oct 26</td>
<td>Biomechanical Approach to Managing Load</td>
<td>Marietta, GA</td>
<td>Southeast Sports Seminars</td>
<td>877-489-4949</td>
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<td>Activator Methods International Seminar</td>
<td>St. Louis</td>
<td>Activator Methods</td>
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<td>Activator Methods International Seminar</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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<td>Oct 27-28</td>
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<td>Philadelphia</td>
<td>Foot Levelers</td>
<td>800-553-4860</td>
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<td>Oct 27-28</td>
<td>Motion Specific Release – Upper Body</td>
<td>Orlando</td>
<td>Southeast Sports Seminars</td>
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<td>Oct 27-28</td>
<td>5 Highly Effective Acupuncture Patterns – The Sunderlage Protocols</td>
<td>Chesterfield, MO</td>
<td>Logan University</td>
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<td>Nov 1-2</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>800-553-4860</td>
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<td>Indianapolis</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>
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<td>CEAS II: Expanded Ergonomics Assessment Skills Certification Workshop</td>
<td>Atlanta</td>
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<td>800-783-7536</td>
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<td>Nov 3-4</td>
<td>FAKTR Rehab System</td>
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<td>Southeast Sports Seminars</td>
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<td>Nov 3-4</td>
<td>VITALITY – Anti-Aging, Performance and Healthy Living</td>
<td>Troy, MI</td>
<td>Erchonia</td>
<td>888-242-0571</td>
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<tr>
<td>Nov 3-4</td>
<td>AMPED – Achieving Maximum Performance Every Day</td>
<td>Denver</td>
<td>Erchonia</td>
<td>888-242-0571</td>
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<tr>
<td>Nov 3-4</td>
<td>Take Aim at Chronic Pain – Conquering America’s Health Epidemics</td>
<td>New Orleans</td>
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