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*These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.


12
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E-Z Mg™
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3935
Mixed Berry Flavored
with other natural flavors

Each package holds 30 individual stick packs for on-the-go convenience. Mix with water, blend into a smoothie or even sprinkle on foods.


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BY BEAU PIERCE, DC

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TRENDS AND SURVEY ISSUE

I’m not a huge golf fan, or player, but like many casual fans, when Tiger Woods is in the running on a Sunday — I’ll watch. In terms of holding up a sport, and almost an entire industry, Tiger Woods is “it” for golf. His stardom makes for opportunities — for media, publicity, sales of gear, for pushing the sport and industry forward, and golf will capitalize on it.

Chiropractic is currently seeing a similar opportunity, but can it capitalize without the industry coming together for a concerted public relations push?

Chiropractic in the news

Woods won the Masters in April, but Aussie Jason Day was the leader after day two. Day was suffering from back pain to the point where he almost withdrew from the tournament the previous day. He received chiropractic care on the course — after the first hole, then after he played the fourth hole — and was able to finish the round.

Woods, Day, legendary NFL quarterback Tom Brady and numerous other athletes are outspoken about chiropractic care and how it has helped maintain and extend their careers. Now we’re in the midst of a national recovery from an opioid crisis where the U.S. government and individual states are diverting funding and legislation toward chiropractic care as a drug-free alternative.

It’s arguably the best opportunity for a chiropractic PR campaign since 1955-69 when, with the industry’s reputation flagging, it started the “World Posture Contest” and crowned various “Miss Perfect Posture” winners from pageants held in concert with large chiropractic conferences and other events.1 “At the height of its popularity, winners visited presidents, were interviewed on television shows and were featured in newspapers, Time and Life magazines and other publications,” wrote the Union-Bulletin newspaper on the brainchild of Logan University alum Dr. Clair O’Dell and his wife Martha, who oversaw the pageants.

While the popularity of beauty pageants has justifiably waned, the time is ripe for again touting the health care benefits of chiropractic on a large scale.

Trending statistics

We hope you enjoy this year’s Chiropractic Economics Salary & Expense Survey, our large annual undertaking to delve into the numbers that show the trends and financials of an ever-growing industry. The popularity of CBD and wellness/weight loss services, as well as movement in Medicare services, laser treatments and gross billings are just some of the takeaways. This is your data, so thank you to all the DCs who participated. We hope it assists you in your planning as you chart your course for the remainder of 2019 and into 2020.

To your practice’s success,

Richard Vach
EDITOR-IN-CHIEF
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CBD public hearing announced by U.S. Food and Drug Administration

CBD oils and products will be under the spotlight when the U.S. Food and Drug Administration (FDA) holds its first public hearing on legalizing CBD in food and drinks on May 31, according to CNBC. The FDA is specifically looking toward regulating manufacturing, marketing and labeling.

“It’s critical that we address these unanswered questions about CBD and other cannabis and cannabis-derived products to help inform the FDA’s regulatory oversight of these products — especially as the agency considers whether it could be appropriate to exercise its authority to allow the use of CBD in dietary supplements and other foods,” outgoing FDA Commissioner Scott Gottlieb said in a statement.

ChiroEco.com/cbdpublichearing

DC Sherry McAllister of F4CP named one of PR News’ Top Women in Healthcare for 2019

Foundation for Chiropractic Progress (F4CP) Executive Vice President Sherry McAllister, DC, has been named to PR News’ inaugural list of the Top Women in Healthcare for 2019. The award recognizes the most innovative women leaders in the health care sector from agencies, corporations and nonprofits.

McAllister was one of the first to call attention to the opioid crisis in the U.S. As head of a nonprofit with limited financial resources, she recognized the power of public relations to raise awareness of a health care issue. Under her direction, F4CP launched a PR campaign three years ago focused on educating the public about the dangers of opioids and the benefits of non-drug approaches to manage pain, including chiropractic care.

ChiroEco.com/smcallister

Just an hour of weekly walking staves off disability

Just one hour a week of brisk walking — as if you are late to an appointment or trying to make a train — staves off disability in older adults with arthritis pain, or aching or stiffness in a knee, hip, ankle or foot, reports a new Northwestern Medicine study published in the American Journal of Preventive Medicine.

“This is less than 10 minutes a day for people to maintain their independence. It’s very doable,” said lead author Dorothy Dunlop, professor of preventive medicine at Northwestern University Feinberg School of Medicine. “This minimum threshold may motivate inactive older adults to begin their path toward a physically active lifestyle with the wide range of health benefits promoted by physical activity.”

ChiroEco.com/walkforanhour

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SOCIAL MARKETING

Trending toward Instagram

When you offer a new service in your practice, such as one of the many chiropractic trends discussed in this issue, you may automatically turn to Facebook to market it — but don’t overlook Instagram, Facebook’s image-focused social network.

According to recent statistics from Hootsuite, a social content scheduling tool, 1 billion people use Instagram every month, including 300 million who use it every day. Further, 38% of users check Instagram multiple times per day, which can translate into multiple opportunities to get your marketing message seen and acted upon.

To succeed on Instagram, according to Hootsuite, post consistently, choose high-quality photos and apply filters to get them looking their best. Then craft engaging captions. You can add up to 30 hashtags per post, but Hootsuite suggests only including the two to three most important in the caption, then adding the rest in a comment. Don’t forget to tag your business location!

FACEBOOK QUESTION

In your opinion, what is the most exciting current trend in the chiropractic industry?

Each month we’ll ask a new question on our Facebook page.

Join the conversation at facebook.com/ChiroEcoMag

TWITTER DISCUSSION

Tweet us about a trend you’ve successfully adopted in your practice this year.

Use the hashtag #CE65 for the chance to be featured on our Twitter @ChiroEcoMag

MISSED THE LAST ISSUE?

Sleep Science

Wake up to wellness opportunities

ChiroEco.com/magazine
IT'S 2019.
DID YOU MEET YOUR GOALS FOR THE LAST QUARTER?

Stop trying to be all things to all people, get specific on your treatment goals, just like you get specific on your financial goals. Break into the knee pain niche market and discover a new patient base while taking care of the knee pain patients you already have in your own clinic.

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**Top Instagram Posts**

- **Tag #ChiroEcoMag for your chance to be featured**

**doctortonychiroclinic**

We’ve taken a poll throughout Austin and the results are in!!! As you can see, the answer is overwhelmingly a yes.

**handsomewellness**

**FlipTuesday** Get outside today! Eat your lunch outside, take the kiddos to the park this afternoon, or go on a walk. The absence of sun we’ve had for the last few months can lower our vitamin D levels, which can lead to fatigue, tiredness, and lowered immune function, making it harder for us to get through the day. Now that the sun is back, it’s the perfect time to soak up some rays and get your vitamin D levels back up! Just don’t forget your SPF!

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1 WestGroup Research, August, 2019 Patients Survey  |  2 The Joint Corp. System Wide Database 2018 actuals
“PEOPLE DON’T BUY WHAT YOU DO, THEY BUY WHY YOU DO IT.”
— AUTHOR SIMON SINEK ON CHASING THE LATEST INDUSTRY TRENDS

DON’T MISS

CONFERENCES
Tools & Techniques for a Sports Chiropractic Practice
June 1-2
Rochester, N.Y.
Led by Kurt Juergens, DC, participants will learn how to develop relationships of trust with other health care professionals, understand their role as a member of a sports medicine team, gain an understanding of health issues affecting the young athlete, become familiar with special considerations regarding the female athlete, learn how and when to co-manage common and uncommon lower extremity conditions/injuries, and more.

CEAS I Ergonomics Assessment Certification Workshop
June 6-7
Atlanta, Ga.
The CEAS I course certifies that you can perform basic ergonomics analyses on multiple task jobs in the office, industrial/manufacturing and health care environments using OSHA ergonomics assessment tools – W-1, D-2 and WAC. This skills-based training program allows attendees to practice performing office and non-office ergonomics assessments with a focus on identifying risk factors and determining solutions and opportunities for improvements.

WEBINARS
The Power of Stabilizing the Lower Extremities (1 CEU)
May 30 @ 2-3 p.m.
This one-hour course covers the essentials of aligning the feet, knees, hips and pelvis. Adjusting, rehab exercises and use of custom functional orthotics will be discussed in the webinar, organized by Foot Levelers.

Learn more at chiroeco.com/events

CHIROPRACTIC NEWS

New on-site health partnership benefits Iowans

The Iowa Chiropractic Society and WorkSiteRight at Northwestern Health Sciences University have announced a partnership that will provide education, training and support to Iowa chiropractors so they can establish on-site health programs at corporations, factories, farms and other workplaces statewide.

The partnership comes as health officials, community leaders, health care providers and legislators in Iowa and nationwide seek solutions to issues including addiction to opioid drugs prescribed for pain, record hospital emergency-room visits and rising health care costs.

The innovative partnership is designed to help chiropractors and local employers open on-site clinics at a wide variety of businesses and bring direct health care under the WorkSiteRight model to companies and their employees.

Since 2015, WorkSiteRight has partnered with local chiropractors and employers to open on-site clinics at businesses nationwide. The clinics, which are free to employees, enhance health, treat injuries, provide education about ergonomics and other workplace best practices, reduce health costs and boost employee morale. WorkSiteRight began through efforts of researchers and educators at Northwestern Health Sciences University in Bloomington, Minn. Since 2015, the program has partnered with companies and their employees to start and operate on-site health clinics and programs that prevent and treat injuries caused by strain and overuse. Work by the program’s experienced team of health care providers reduces long-term health risks and motivates employees to better health.

In the WorkSiteRight model, a local chiropractor establishes a clinic at the employer’s place of business. Employees at the business consult with the chiropractor, and perhaps other health care providers, free of charge during working hours for aches and pains often related to neuromuscular and skeletal issues. Chiropractors also educate employees about how to properly lift, perform repetitive motions, sit and do office work — all with the goal of preventing injuries.

Studies conducted by WorkSiteRight have shown that employers typically can save at least $4 for every $1 invested in on-site care. The savings come from reduced employee injuries, less employee absenteeism and lower employee health insurance premiums.

“This opportunity to work with doctors of chiropractic across Iowa will help us reach more of the people of Iowa,” said Chad Henriksen, DC, director of WorkSiteRight and a chiropractor. “Our clinics have proven important and valuable to employers and employees across the country. Our model has become the industry leader for small and mid-sized businesses, and we’re pleased to bring it to Iowa. The best way for us to build relationships is to provide support for chiropractors. They know their communities and are trusted by local employers and employees. We can offer chiropractors a model that works, allowing them to start clinics and begin sharing the benefits of WorkSiteRight almost immediately.”

The society and WorkSiteRight announced the partnership at the start of the society’s annual convention in Des Moines in April, attended by hundreds of Iowa chiropractors. More than 1,200 licensed, active chiropractors practice in Iowa, and more than half are society members, said Molly Lopez, the society’s executive director.

— Iowa Chiropractic Society, iowadcs.org
Read more: ChiroEco.com/worksiteright
Diets that replaced red meat with healthy plant proteins led to decreases in risk factors for cardiovascular disease (CVD), according to a new study from Harvard T.H. Chan School of Public Health and Purdue University.

The study is the first meta-analysis of randomized controlled trials examining the health effects of red meat by substituting it for other specific types of foods. The study was published in the journal Circulation.

“Previous findings from randomized controlled trials evaluating the effects of red meat on cardiovascular disease risk factors have been inconsistent,” said Marta Guasch-Ferré, research scientist in the Department of Nutrition and lead author of the study. “But our new study, which makes specific comparisons between diets high in red meat versus diets high in other types of foods, shows that substituting red meat with high-quality protein sources lead to more favorable changes in cardiovascular risk factors.”

The study included data from 36 randomized controlled trials involving 1,803 participants. The researchers compared people who ate diets with red meat with people who ate more of other types of foods (i.e. chicken, fish, carbohydrates or plant proteins such as legumes, soy or nuts), looking at blood concentrations of cholesterol, triglycerides, lipoproteins and blood pressure — all risk factors for CVD.

—Science Daily, sciencedaily.com

Read more: ChiroEco.com/plantproteins
NCMIC Foundation announced Cynthia English is the 2019 recipient of the Jerome F. McAndrews, DC, Memorial Research Fund Award. The presentation of the award was made on March 15, 2019, at the Association of Chiropractic Colleges Educational Conference and Research Agenda Conference (ACC-RAC).

English was recommended for the award for:

• Advancing the exchange of information;
• Promoting high ethical standards in the Gallup organization;
• Researching the practical application of chiropractic;
• Advancing the information available to the public and the chiropractic profession.

English was part of the three-year Gallup organization study, 2018 Gallup-Palmer College of Chiropractic Annual Report: Managing Neck and Back Pain in America. As a result of English’s involvement, the chiropractic profession was able to glean meaningful data about consumers’ perceptions of chiropractic care.

The report highlighted the extent that neck and back pain affect American adults. Nearly two-thirds (65%) of consumers reported seeing a health care professional for significant neck or back pain at some point in their lives. The report also detailed Americans’ preferences for neck and back pain care providers and the prevalence of various treatments. According to the report, roughly one-fourth of U.S. adults said they saw a chiropractor within the past five years.

The Jerome F. McAndrews, DC, Memorial Research Fund was created by the NCMIC Foundation to honor McAndrews’ longtime support of the scientific and practical advancement of the study of chiropractic by recognizing a worthy researcher or research group.

Past recipients of this award are: Brent David Leininger, DC, MS (2018); William Weeks, DC, MS (2016); North Carolina Employee Health Plan Research Study Group (2015); Robert Mootz, DC (2014); James Whedon, DC, MS (2013); Pierre Côté, DC, PhD (2011); Deborah Kopansky-Giles, DC (2010); Sidney Rubinstein, DC, PhD (2009); and Simon Dagenais, DC, PhD (2008).

— NCMIC Foundation, ncmicfoundation.org
Read more: ChiroEco.com/2019mcandrews
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New opportunities ahead

The growth of integrative practices suggests that today’s patients aren’t just looking for a chiropractor, but a total wellness provider.

BY ALLISON M. PAYNE
TIME TO READ: 10-12 MIN.

THE RESULTS OF THIS YEAR’S SURVEY BUCKED SEVERAL TRENDS THAT HAVE HELD TRUE FOR THE PAST FEW YEARS — but we received a record-breaking 800+ responses, so the data better reflects the current state of the industry, rather than indicating decline.

Slightly more than 56% of chiropractors reported gross billings are increasing compared to last year, while 27% have remained the same, so overall the industry is reportedly doing well.

Multidisciplinary and integrated practices are achieving success, and new products and supplements, such as CBD, are opening the door to increased retail sales.

Chiropractors who have been in the industry longer are earning the larger paychecks that come with more experience, showing that hard work and dedication do pay off. Although the gender gap in chiropractic is still approximately 80% males and 20% females, the demographics in chiropractic colleges are more evenly balanced. With the passage of time, this gap is likely to narrow.

There is strength in numbers, as chiropractors have been increasingly joining forces with other health care providers to bolster patient satisfaction as well as manage cost savings. Approximately 39% of DCs said they have employed a massage therapist as part of their practice, followed by 11% of chiropractors who have employed an acupuncturist.

Our 22nd Annual Salary and Expense Survey shows there is reason to be hopeful in entering and remaining in the chiropractic field. The results are from more than 800 responses, a more than 50% increase over DCs responding to the survey in 2018.

The opioid epidemic

Over the past few years the opioid crisis has been increasingly devastating individuals and families across the United States. Data released by the Centers for Disease Control and Prevention revealed that opioid overdose killed more than 47,500 people in 2017; opioids are involved in nearly 68% of drug overdose deaths. As a result, legislators have been forced to take a deeper look at this crisis.

We are now seeing a number of states pass legislation that looks favorably upon more conservative approaches to pain management. Specifically, an increasing number of lawmakers are passing legislation to regulate the use of opioids, and to

better fund and promote alternative pain solutions, including chiropractic. For example, in March the Arizona state Senate passed a bill that would cover 20 chiropractic visits per year under Medicaid, or more at a physician’s discretion, following the lead of several other states seeking to decrease opioid abuse.

Measures like this appear to have had some success in helping curb the epidemic; research released earlier this year from the Yale School of Medicine found that patients who sought chiropractic care for their musculoskeletal pain were almost 50% less likely to receive an opioid prescription than those visiting other health care providers.2

Emerging research and legislation are pointing to something chiropractors have known for years: non-invasive and non-addictive methods of treatment can be an excellent first option against pain to avoid the use or overuse of opioids.

Making the case for chiropractic
DCs across the country are facing a once-in-a-generation opportunity to make the case for chiropractic care. DCs across the country are seeing an average of 129 patients per week. Evidently, greater numbers of people are seeing the value of chiropractic care, especially in an integrative setting. The millennial generation, for its part, strongly values health and fitness, indicating that the patient of the future will be predisposed to the wellness message.

The industry is moving in a positive direction with support from government officials and health care organizations who view chiropractic as an effective option for musculoskeletal pain management.

Meet the respondents

With more than 800 practices responding, our salary and expense survey attracted a wide range of doctors across the nation. We heard from practitioners between the ages of 24-87 years old, and from those who have been in practice for less than a year to 30 years or more.

By averaging the responses to many of this year’s questions, we can see what the average respondent might look like:
- male (only 23% of respondents were female),
- 47 years old,
- a solo practitioner (55%),
- licensed in one state (77%).

Our average respondent:
- owns one clinic (90%),
- prefers to practice in the suburbs (53%),
- employs no one else in the clinic (19%) or one other person (15%),
- sees 129 patients each week, has a patient-visit average (PVA) of 51,
- attracts seven new patients each week,
- and sees patients about 31-40 hours a week.

The average respondent has:
- average billings of $423,150 and collections of $304,300 for a reimbursement rate of 72%;
- sells products to patients for 7% of gross revenues;
- pays CAs $28,300 and himself $97,500;
- and enjoys average total compensation of $123,400.

Finally, this typical respondent spends roughly $25,700 on office leases or mortgages, $11,600 on advertising, and $2,950 on malpractice insurance.

Overview of 2019 Respondents

<table>
<thead>
<tr>
<th>Personal Characteristics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>47.7</td>
</tr>
<tr>
<td>Male</td>
<td>76.7%</td>
</tr>
<tr>
<td>Female</td>
<td>23.3%</td>
</tr>
<tr>
<td>Years in Practice</td>
<td>17.5</td>
</tr>
<tr>
<td>Solo DC</td>
<td>55%</td>
</tr>
<tr>
<td>In a Group or Partnership</td>
<td>22%</td>
</tr>
<tr>
<td>Associate</td>
<td>12.0%</td>
</tr>
<tr>
<td>Independent Contractor</td>
<td>7.6%</td>
</tr>
<tr>
<td>Franchise Owner</td>
<td>3.5%</td>
</tr>
<tr>
<td>No. of State Licenses</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinic Characteristics</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Clinics</td>
<td>1.2</td>
</tr>
<tr>
<td>Urban</td>
<td>28.1%</td>
</tr>
<tr>
<td>Suburban</td>
<td>53.3%</td>
</tr>
<tr>
<td>Rural Employees</td>
<td>18.6%</td>
</tr>
<tr>
<td>Employees</td>
<td>0-1</td>
</tr>
<tr>
<td>Average PVA</td>
<td>51.3</td>
</tr>
<tr>
<td>Average Patients/Week</td>
<td>129</td>
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<tr>
<td>Average New Patients/Week</td>
<td>7.5</td>
</tr>
<tr>
<td>Cash Only</td>
<td>16.90%</td>
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</table>

<table>
<thead>
<tr>
<th>Specialty</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>General</td>
<td>56.2%</td>
</tr>
<tr>
<td>Family</td>
<td>20.6%</td>
</tr>
<tr>
<td>Sports/Rehab</td>
<td>12.6%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2.3%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>0.7%</td>
</tr>
<tr>
<td>Other</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialists In Clinic</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LMT</td>
<td>38.8%</td>
</tr>
<tr>
<td>Acupuncturist</td>
<td>11.3%</td>
</tr>
<tr>
<td>MD/DO</td>
<td>8.5%</td>
</tr>
<tr>
<td>Nutritionist</td>
<td>7.3%</td>
</tr>
<tr>
<td>PT</td>
<td>6.7%</td>
</tr>
<tr>
<td>Fitness Trainer</td>
<td>5.6%</td>
</tr>
<tr>
<td>Other</td>
<td>8.1%</td>
</tr>
<tr>
<td>None</td>
<td>48.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Billings</td>
<td>$546,489</td>
</tr>
<tr>
<td>Range</td>
<td>0-$5M</td>
</tr>
<tr>
<td>Average Collections</td>
<td>$304,315</td>
</tr>
<tr>
<td>Range</td>
<td>$0-$1M</td>
</tr>
<tr>
<td>% Income From Retail</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average Salaries</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total DC Comp</td>
<td>$140,051</td>
</tr>
<tr>
<td>Average DC</td>
<td>$97,495</td>
</tr>
<tr>
<td>Average Associate</td>
<td>$49,151</td>
</tr>
<tr>
<td>Average PT</td>
<td>$17,164</td>
</tr>
<tr>
<td>Average Nutritionist</td>
<td>$3,392</td>
</tr>
<tr>
<td>Average Fitness Trainer</td>
<td>$7,742</td>
</tr>
<tr>
<td>Average CA</td>
<td>$28,208</td>
</tr>
<tr>
<td>Average LMT</td>
<td>$21,735</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>0.7%</td>
</tr>
<tr>
<td>Other</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>$11,617</td>
</tr>
<tr>
<td>Malpractice Insurance</td>
<td>$2,950</td>
</tr>
<tr>
<td>Office Lease/Mortgage (yr)</td>
<td>$25,692</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Modalities Provided</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic</td>
<td>98.6%</td>
</tr>
<tr>
<td>Instrument Adjusting</td>
<td>61.5%</td>
</tr>
<tr>
<td>Electrotherapy</td>
<td>61.1%</td>
</tr>
<tr>
<td>Exercise Programs</td>
<td>56.3%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>52.2%</td>
</tr>
<tr>
<td>Kinesiology Tape</td>
<td>49.1%</td>
</tr>
<tr>
<td>PT/Rehab</td>
<td>48.2%</td>
</tr>
<tr>
<td>Massage</td>
<td>42.3%</td>
</tr>
<tr>
<td>Laser Therapy</td>
<td>31.6%</td>
</tr>
<tr>
<td>IASTM</td>
<td>30.40%</td>
</tr>
<tr>
<td>Decompression</td>
<td>29.0%</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>21.6%</td>
</tr>
<tr>
<td>Weight-Loss Programs</td>
<td>21.6%</td>
</tr>
<tr>
<td>Homeopathy</td>
<td>9.7%</td>
</tr>
<tr>
<td>Medical Services</td>
<td>8.8%</td>
</tr>
<tr>
<td>Other</td>
<td>7.8%</td>
</tr>
<tr>
<td>None</td>
<td>0.2%</td>
</tr>
</tbody>
</table>
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Money talks

Average collections decreased compared to last year’s numbers, and average billings dipped, too — a result of a more accurate accounting due to a larger survey sample size.

Average gross billings were reported at $546,500, which is a decrease from last year’s $620,000. Collections were reported at $395,500, which is a decrease from $449,000 in 2018 and $443,100 in 2017.

This year’s billings and collections numbers equal an average reimbursement rate of almost 72.5%, the same as 2018. Up until 2017, the average reimbursement rate had been slowly increasing over time, as shown by the 17% increase from 2016 and the 11% increase from 2015. While many DCs may be billing for less overall, it appears they are receiving the same percentage of that money back as in previous years.

It is also likely that the 2019 survey’s larger sample size — a more than 50% increase in respondents — has reported more accurate numbers, which could further explain the difference.

Don’t MinD me

As chiropractors assess their own earnings and expenses, familiarity with their financial environment in the health care industry can provide valuable context to their conclusions.

Some DCs team up with MDs to create a more comprehensive practice; others consult regularly with general practitioners in their community. As such, this year we compared our salary survey to the data collected by Medical Economics.

In Medical Economics’ 89th Annual Physician Report, published in April 2018, respondents indicated that the average salary for a family care physician was $205,000. This is sharply contrasted with specialist physicians who top out at upwards of $400,000.

Comparatively, the average total compensation reported for DCs in this year’s survey was $123,400; this is down from $140,051 in 2018.

Medical Economics also reported that the highest median income came from the Western and Midwest regions ($252,000 and $249,000). Salaries were also higher in urban areas, with an average of $253,000, followed by suburban at $249,000.

The average number of patients seen by general physicians was 83 per week. In addition, they found that the median earnings were higher for men ($268,000) than women ($207,000) with a gap of $61,000, down from $66,000 in the previous year.

To compare more statistics between chiropractors and primary care doctors, visit Medical Economics at medicaledconomics.com.

How patients pay

While your true specialty lies in your ability to provide successful chiropractic care, you likely have several other income sources, such as retail, diagnostics and consulting.

DCs still report that their major source of income remains in patient care, highlighting the dedication and commitment DCs have to their patients. More than 76% reported patient treatment as their major source of income, which is down from 90% in 2018.

Other sources of income include physical therapy at 13%, massage therapy and retail products at 7% each; diagnostic testing at 6%; and consulting at less than 1%.

We also asked what percent of your treatment is paid for by the following: cash from patients, individual or group health insurance, Medicare, auto insurance, Medicaid, personal injury coverage, Workers’ Compensation, barter or trade, and other.

The majority of treatments are paid in cash (42%) or by individual or group health insurance (35%). Personal injury coverage paid for 15% of treatments, followed by Medicare (12.5%), Medicaid (5%), Workers’ Compensation (4%), and barter or trade (1.6%).

### Sources of Income

<table>
<thead>
<tr>
<th>Source</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Treatment</td>
<td>76.0%</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>13.0%</td>
</tr>
<tr>
<td>Retail</td>
<td>7.0%</td>
</tr>
<tr>
<td>Massage Therapy</td>
<td>7.0%</td>
</tr>
<tr>
<td>Diagnostics</td>
<td>6.0%</td>
</tr>
<tr>
<td>Other</td>
<td>3.0%</td>
</tr>
<tr>
<td>Consulting</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

### Patient Treatment

<table>
<thead>
<tr>
<th>Source</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>42.0%</td>
</tr>
<tr>
<td>Insurance</td>
<td>35.0%</td>
</tr>
<tr>
<td>Personal Injury</td>
<td>15.0%</td>
</tr>
<tr>
<td>Medicare</td>
<td>12.0%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>5.0%</td>
</tr>
<tr>
<td>Workers’ Comp</td>
<td>4.0%</td>
</tr>
<tr>
<td>Barter/trade</td>
<td>2.0%</td>
</tr>
<tr>
<td>Other</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

### Major Practice Expenses

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Lease / Mortgage</td>
<td>$25,692</td>
</tr>
<tr>
<td>Advertising</td>
<td>$11,617</td>
</tr>
<tr>
<td>Malpractice Insurance</td>
<td>$2,951</td>
</tr>
</tbody>
</table>
Beat Inflammation with Colostrum-LD®

Regenerate. Revitalize.

- Enhance treatment results
- Accelerate healing
- Increase Bone & Lean Muscle Mass
- Calms inflammation & pain
- Protect and Maintain the G.I. tract
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These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.
Solo vs. groups

This year’s survey showed a decrease in the number of DCs practicing in groups (or partnerships) at 22%; this represents a 5% dip from last year’s 27%. However, since 2013, the number has hovered between 25-30%, showing that a fair number of DCs have found success in joining forces.

The 55% of doctors reporting as solo practitioners remained the same as last year’s 55% and was a slight decrease from 2017’s 59%. Those indicating they were working as an associate held steady this year at 12%, the same as last year; while the number of franchisees ticked up to 3.5% from last year’s 2%.

When it comes to billings and collections, solo practices saw a decrease in both amounts this year, reversing the trend our 2018 results suggested. Solo DCs reported average billings of $356,200 and collections of $267,700, compared to average billings of $490,570 and collections of $381,525 last year, again attributed to a larger and more accurate sample size.

The solo reimbursement rate dipped slightly (75% compared to 77% last year).

Group practice billings and collections fared better over solo DCs across the board, in keeping with the established trend, but reimbursement rates were relatively similar this year. This year’s group billings were $847,000 (compared to $927,400 last year) and collections came in at $592,200 compared to $660,625 in 2018. The group practice reimbursement rate dipped slightly from last year, coming in at 70% from last year’s 71% and 69% in 2017.

The average total compensation for solo DCs this year was $111,100 compared to $132,000 last year. The average total compensation for a DC practicing in a group setting decreased from $190,750 last year to $148,570 this year. Salaries for solo DCs averaged $99,500, an increase from $96,850 last year, and those participating in a group practice averaged $106,500. (Note: Total compensation for unincorporated DCs is defined as earnings after tax-deductible expenses, but before income tax. For DCs in a professional corporation, it is the sum of salary, bonuses and retirement/profit-sharing contributions made on their behalf)

Solo practices spent $2,430 on insurance (an increase from last year’s $2,220), and $7,075 on advertising. Group practices spent less on insurance than last year ($3,960 compared to $4,540 in 2018). They also spent $22,550 on advertising, a small decrease from $24,860 in 2018.

Group practices are spending slightly more this year on office space, too, at $35,900 compared to $34,480 last year. Solo practices also spent more this year at $22,800, compared with last year’s $18,070.

### Comparison of Solo & Group Practices

<table>
<thead>
<tr>
<th>Clinic Label</th>
<th>Solo</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic</td>
<td>69.1%</td>
<td>64.3%</td>
</tr>
<tr>
<td>Wellness Center</td>
<td>25.6%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Medical Spa</td>
<td>0.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Rehab Center</td>
<td>5.0%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Franchise</td>
<td>0.0%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

### Clinic Statistics

<table>
<thead>
<tr>
<th></th>
<th>Solo</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Employees</td>
<td>2.73</td>
<td>6.92</td>
</tr>
<tr>
<td>No. of FT Employees</td>
<td>1.97</td>
<td>4.66</td>
</tr>
<tr>
<td>PVA</td>
<td>43.1</td>
<td>62.54</td>
</tr>
<tr>
<td>No. Patients/Week</td>
<td>105.2</td>
<td>161.77</td>
</tr>
<tr>
<td>New Patients/Week</td>
<td>5.63</td>
<td>10.15</td>
</tr>
<tr>
<td>Cash Only</td>
<td>17%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Avg Billings</td>
<td>$356,208</td>
<td>$846,960</td>
</tr>
<tr>
<td>Avg Collections</td>
<td>$267,729</td>
<td>$592,192</td>
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</table>

### Compensation and Benefits

<table>
<thead>
<tr>
<th>Benefits Type</th>
<th>Solo</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement</td>
<td>14.6%</td>
<td>18.7%</td>
</tr>
<tr>
<td>Health Care Benefits</td>
<td>9.4%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Incentives or Bonuses</td>
<td>27.7%</td>
<td>32.2%</td>
</tr>
<tr>
<td>Profit Sharing</td>
<td>4.4%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Paid Time Off</td>
<td>58.7%</td>
<td>68.2%</td>
</tr>
<tr>
<td>Avg CA</td>
<td>$28,970.24</td>
<td>$33,424.17</td>
</tr>
<tr>
<td>Avg LMT</td>
<td>$30,346.67</td>
<td>$34,760.95</td>
</tr>
<tr>
<td>Avg DC</td>
<td>$99,505</td>
<td>$106,507</td>
</tr>
<tr>
<td>Avg Total DC Comp.</td>
<td>$111,089</td>
<td>$148,568</td>
</tr>
</tbody>
</table>

### Specialists Provided

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Solo</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>LMT</td>
<td>24%</td>
<td>29%</td>
</tr>
<tr>
<td>Acupuncturist</td>
<td>4%</td>
<td>12%</td>
</tr>
<tr>
<td>Nutritionist</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>PT</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>Fitness Trainer</td>
<td>2%</td>
<td>7%</td>
</tr>
<tr>
<td>MD/DO</td>
<td>2%</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>None</td>
<td>39%</td>
<td>24%</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Solo</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Lease or Mortgage (yr)</td>
<td>$22,775.85</td>
<td>$35,936.16</td>
</tr>
<tr>
<td>Advertising</td>
<td>$7,075.78</td>
<td>$22,554.12</td>
</tr>
<tr>
<td>Malpractice Insurance</td>
<td>$2,432.91</td>
<td>$3,961.39</td>
</tr>
</tbody>
</table>
My chiropractor uses Sombra products.

Whether my chiro applies Sombra’s natural warming gel or their cooling gel, I always feel better. He sells it too, so I can buy a jar to use at home.
Integrative care on the rise

In response to reader requests years ago, Chiropractic Economics expanded its “integrated clinics/DCs only” breakdown to provide a more comprehensive look at the profession.

We continued that trend this year by asking respondents to indicate if they were practicing as a DC only, in an integrated clinic, or in a multidisciplinary clinic. An integrated clinic includes those practices with both a DC and a medical doctor on staff. A multidisciplinary clinic is defined as having a practicing DC and any other complementary medicine practitioner on staff (e.g., acupuncturist, PT, LMT).

This year 64% reported offering chiropractic care only, up from 55% last year; 27% said they operated as a multidisciplinary clinic, down from 30% last year; and 8% responded as an integrated clinic, the same as last year.

Integrated health care and multidisciplinary clinics saw an increase in billings and collections compared to last year, while DC-only practices took in and collected less than they did in 2018. Here is further breakdown of the numbers:

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RIBOSE-ATP RENEW
Ribose-ATP Renew is a convenient and tasty chewable that contains a high-powered substrate (ribose) for energy, along with synergistic nutrients, that can fuel the demands of high-energy consuming organs such as the brain, heart and gut.

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Billings — Integrated health care practices reported the highest billings ($1,299,500), while multidisciplinary practices reported billings of $708,150 and DC-only practices came in at $429,400.

Collections — Likewise, integrated practices saw the highest collections ($900,200) while multidisciplinary clinics reported collections of $535,400, and DC-only practices had collections of $302,800.

Salaries and total compensation — Multidisciplinary clinics and integrated clinics fared better salary-wise than DC-only clinics. Integrated DCs had an average salary of $117,900 annually, compared to $146,000 in 2018, with the discrepancy attributed to this year’s significantly-larger sample size. Multidisciplinary clinics had an average of $128,500, followed by DC-only clinics at $89,300.

Total compensation for unincorporated DCs is defined as earnings after tax-deductible expenses, but before income taxes. For DCs in a professional corporation, it is the sum of salary, bonuses, and retirement/profit-sharing contributions made on their behalf.

With regard to total compensation, integrated DCs averaged $182,160 while DC-only clinics came in at $118,900. Multidisciplinary clinics came in at $133,200.
Practices and specialties

- **Practice label** — Fewer integrated practices identified as “rehab centers” again this year (8%) than last year (11%). However, those clinics labeled as “wellness centers” showed a significant uptick, rising from 11% last year to 24% this year. The term “medical spa” appears to have largely disappeared across all three practice types, as less than 1% reported that designation.

- **Specialties** — All three types of clinics reported “general” as their main specialty. Sports/rehab was the second-most popular emphasis for integrated clinics again this year, and “family” for DC-only and multidisciplinary practices.

### DC vs. Integrated and Multi-clinics: Significant Comparisons

<table>
<thead>
<tr>
<th>Practice Type</th>
<th>Multi</th>
<th>Integrated</th>
<th>DC Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo</td>
<td>46.9%</td>
<td>15.7%</td>
<td>63.0%</td>
</tr>
<tr>
<td>Group/Partnership</td>
<td>28.5%</td>
<td>50.0%</td>
<td>15.9%</td>
</tr>
<tr>
<td>Franchisee</td>
<td>3.5%</td>
<td>1.4%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

### Clinic Label

- **Clinic** | 46.9% | 47.6% | 75.0%
- **Wellness Center** | 28.5% | 20.6% | 19.4%
- **Medical Spa** | 0.0% | 0.0% | 0.2%
- **Rehab Center** | 10.7% | 31.8% | 4.3%
- **Franchise** | 0.0% | 0.0% | 1.2%

### Location

- Urban | 28.1% | 37.3% | 27.1%
- Suburban | 55.0% | 52.9% | 52.6%
- Rural | 17.0% | 9.8% | 20.4%

### Specialty

- **General** | 36% | 35% | 67%
- **Family** | 30% | 9% | 18%
- **Sports/Rehab** | 15% | 21% | 11%
- **Nutrition** | 4% | 5% | 1%
- **Pediatrics** | 1% | 0% | 1%
- **Other** | 14% | 30% | 4%

### Clinic Statistics

- **No. of Employees** | 5.66 | 9.57 | 3.44
- **No. of FT Employees** | 3.61 | 6.17 | 2.64
- **PVA** | 67.85 | 56.13 | 44.06
- **Patients/Week** | 131.61 | 174.68 | 123.47
- **New Patients/Week** | 9.3 | 12.1 | 6.39
- **Cash Only** | 18.4% | 9.1% | 17.2%

### Expenses

- **Office Lease/Mortgage (yr)** | $35,421.65 | $47,428.57 | $22,440.87
- **Advertising** | $12,833.48 | $68,591.43 | $8,972.25
- **Malpractice Insurance** | $3,795.24 | $4,957.88 | $2,530.31

### Compensation and Benefits

- **Offers Retirement Plan** | 21% | 22% | 17%
- **Health Care Benefits** | 22% | 24% | 14%
- **Offers Incentives or Bonuses** | 32% | 30% | 29%
- **Profit Sharing** | 5% | 6% | 6%
- **Paid Time Off** | 68% | 77% | 59%
- **Average CA** | $35,500.89 | $34,926.32 | $28,352.80
- **Average LMT** | $35,358.70 | $42,662.22 | $25,471.88
- **Average DC** | $128,480 | $117,938 | $89,327
- **Average Total DC Comp.** | $133,187 | $182,165 | $118,892
- **Average Total Billings** | $798,155 | $1,299,538 | $429,407
- **Average Total Collections** | $535,352 | $900,162 | $302,771

---

**A Look at Average DC Compensation**

**DC vs. Integrated Healthcare vs. Multidisciplinary Clinics: Comparison of Financials**
A closing gender gap

Our annual survey consistently illustrates the approximate 80/20 male-to-female split that makes up the chiropractic industry, and this ratio has been relatively consistent for the past few years. As expected, this year’s results did not reveal any drastic changes in gender demographics — a bit surprising to our staff, as the male-to-female split in chiropractic schools these days is closer to 50/50.

We’ve seen a slight increase in female respondents over the last few surveys, and this year continues that trend. This year, 23.3% of respondents were female as opposed to 22.6% in 2018 and 20.2% in 2017. These results allude to a positive trend we’ve seen regarding closing the gender gap. While male respondents are still making more, the salaries and total compensation of female DCs increased this year.

This year’s female DCs reported earning an average annual salary of $75,000 compared to $68,300 last year. Total compensation is $100,600 this year compared to $98,540 last year. While these numbers represent an increase, overall they have decreased since 2015.

Male respondents also saw a decrease in annual salary with an average of $111,300, down from $122,540 in 2018. Total compensation also decreased for men, with an average of $134,100 compared to $155,730 last year, attributed again to a much larger sample size.

Other statistics:

- **Patient hours** — Almost 40% of female DCs reported working 21-30 hours in patient care per week, which is where the majority of women averaged; 35% reported working 31-40 hours. On the other hand, 50 percent of males reported working 31-40 hours, with 24% working 21-30 hours.

- **Groups or partnerships** — The number of women participating in a group setting was slightly less than 21%, a decrease from 25% last year. Men participating in a group setting decreased from 27% last year to 23% this year.

- **Marketing efforts** — This year’s survey indicated that women spent less money on advertising than men ($5,840 compared to $14,700, respectively). In addition, women spent less on office leases than men ($21,800 compared to $29,000, respectively), but more on malpractice insurance ($3,300 compared to $2,900, respectively).
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- An innovative nutrient delivery process that improves absorption and delivery of important fat soluble nutrients, such as CoQ10, that are otherwise difficult to absorb
- Uses naturally-sourced ingredients, including vitamin E, MCTs and sunflower lecithin without any potentially harmful emulsifiers or surfactants

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✓ Reduced absorption times
✓ Greater effects with lower dosages

CoQ10 is one of the body’s most critical antioxidants, and is especially important for generating energy in the mitochondria.*

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- Energy Levels*
- Mitochondrial Health*
- Cardiovascular Health*
- Neurological Function*

*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.
From sea to shining sea

Following the trend from last year’s survey, DCs across the nation have continued to balance out financially, though most compensation figures decreased compared to 2018’s numbers, attributed to our more than 50% increase in respondents.

Reported regional DC compensations were:

- **Midwest** — $134,200
- **West** — $123,900
- **South** — $123,000
- **East** — $122,500 this year.

The West saw the largest reimbursement rate this year, with an average of 80%. The Midwest, South and East followed closely behind, at 72%, 69% and 66%, respectively.

### Comparing the Regions

#### Personal Characteristics

<table>
<thead>
<tr>
<th>Regional Comparison</th>
<th>West</th>
<th>South</th>
<th>Midwest</th>
<th>East</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>47.4</td>
<td>47.9</td>
<td>45.76</td>
<td>50.75</td>
</tr>
<tr>
<td>Male</td>
<td>82.9%</td>
<td>78.2%</td>
<td>71.4%</td>
<td>82.5%</td>
</tr>
<tr>
<td>Female</td>
<td>17.1%</td>
<td>21.8%</td>
<td>28.7%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Solo</td>
<td>53.1%</td>
<td>63.2%</td>
<td>55.7%</td>
<td>55.2%</td>
</tr>
<tr>
<td>Group/Partnership</td>
<td>24.5%</td>
<td>20.1%</td>
<td>20.8%</td>
<td>26.4%</td>
</tr>
<tr>
<td>Associate</td>
<td>10.9%</td>
<td>10.9%</td>
<td>9.4%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Franchisee</td>
<td>2.7%</td>
<td>1.2%</td>
<td>5.2%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Years in Practice</td>
<td>17.1</td>
<td>17</td>
<td>16.1</td>
<td>21</td>
</tr>
<tr>
<td>Licenses</td>
<td>1.3</td>
<td>1.4</td>
<td>1.3</td>
<td>1.6</td>
</tr>
<tr>
<td>Clinics Owned</td>
<td>1.1</td>
<td>1.1</td>
<td>1.2</td>
<td>1.6</td>
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#### Location

<table>
<thead>
<tr>
<th>Regional Comparison</th>
<th>Urban</th>
<th>Suburban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>West</td>
<td>46.2%</td>
<td>28.9%</td>
<td>22.5%</td>
</tr>
<tr>
<td>South</td>
<td>42.0%</td>
<td>56.7%</td>
<td>51.8%</td>
</tr>
<tr>
<td>Midwest</td>
<td>45.7%</td>
<td>51.8%</td>
<td>69.1%</td>
</tr>
<tr>
<td>East</td>
<td>50.75</td>
<td>69.1%</td>
<td>15.9%</td>
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#### Clinic Stats

<table>
<thead>
<tr>
<th>Regional Comparison</th>
<th>Number of Employees</th>
<th>Number of FT Employees</th>
<th>PVA</th>
<th>Patients/Week</th>
<th>New Patients/Week</th>
<th>Cash Only</th>
<th>Average Billings</th>
<th>Average Collections</th>
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</thead>
<tbody>
<tr>
<td>West</td>
<td>4.59</td>
<td>2.94</td>
<td>59.74</td>
<td>110</td>
<td>8.9</td>
<td>17.7%</td>
<td>$562,228</td>
<td>$449,175</td>
</tr>
<tr>
<td>South</td>
<td>4.34</td>
<td>3.26</td>
<td>45.68</td>
<td>135.9</td>
<td>7.7</td>
<td>24.3%</td>
<td>$567,415</td>
<td>$392,345</td>
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<tr>
<td>Midwest</td>
<td>4.5</td>
<td>3.3</td>
<td>48.59</td>
<td>129.58</td>
<td>7</td>
<td>12.8%</td>
<td>$547,439</td>
<td>$392,382</td>
</tr>
<tr>
<td>East</td>
<td>4.51</td>
<td>3.3</td>
<td>52.6</td>
<td>142.48</td>
<td>6.7</td>
<td>11.6%</td>
<td>$569,125</td>
<td>$378,166</td>
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#### Expenses

<table>
<thead>
<tr>
<th>Regional Comparison</th>
<th>Office Lease/Mortgage (yr)</th>
<th>Advertising</th>
<th>Malpractice Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>West</td>
<td>$27,895</td>
<td>$17,320</td>
<td>$2,871</td>
</tr>
<tr>
<td>South</td>
<td>$30,215</td>
<td>$15,090</td>
<td>$2,563</td>
</tr>
<tr>
<td>Midwest</td>
<td>$26,300</td>
<td>$9,411</td>
<td>$3,314</td>
</tr>
<tr>
<td>East</td>
<td>$24,520</td>
<td>$10,235</td>
<td>$3,270</td>
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</table>

#### Salaries

<table>
<thead>
<tr>
<th>Regional Comparison</th>
<th>Average Associate</th>
<th>Average CA</th>
<th>Average LMT</th>
<th>Average DC</th>
<th>Average DC Total Comp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>West</td>
<td>$76,868</td>
<td>$28,775</td>
<td>$31,273</td>
<td>$118,123</td>
<td>$123,912</td>
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<tr>
<td>South</td>
<td>$67,760</td>
<td>$29,300</td>
<td>$27,607</td>
<td>$87,832</td>
<td>$123,068</td>
</tr>
<tr>
<td>Midwest</td>
<td>$70,467</td>
<td>$34,866</td>
<td>$39,467</td>
<td>$95,382</td>
<td>$134,203</td>
</tr>
<tr>
<td>East</td>
<td>$77,250</td>
<td>$29,119</td>
<td>$25,111</td>
<td>$109,113</td>
<td>$122,507</td>
</tr>
</tbody>
</table>

### QUICK TIP: DMAE, A BRAIN-BOOSTING ANTI-AGING WONDER?

DMAE is short for dimethylaminoethanol, a naturally-occurring nutrient that enhances acetylcholine (ACh) synthesis. Adequate levels of ACh are important for proper memory function. Normally found in small amounts in our brains, DMAE has been shown to remarkably enhance brain function when used as a supplement in clinical studies.

DMAE reinforces carnosine’s own anti-aging properties and provides a whole series of complementary benefits of its own. DMAE flushes accumulated lipofuscin from your body, the pigment commonly found in aging brains and in other tissue such as the skin (think liver spots).

It is also an important nutrient for mental health. Studies have shown that DMAE can provide numerous brain health benefits, including increased mental activity, attention span, alertness, intelligence (especially in children), learning and memory, and energy levels; it also helps sleep issues.

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Aging gracefully

As you grow older, your salary as a DC should increase also. The results of this year’s survey showed that experience and age still reign — mostly — when it comes to earning larger paychecks. DCs aged 51-60 earned the most with $150,000, but those 61 and older only earned an average of $98,500. The younger DCs (up to age 30) earned $115,700, a sizeable increase from last year’s average (we attribute this big jump to having a larger sample size of younger DCs participate in our survey).

Paychecks decreased for DCs aged 31-40, who reported an average total compensation of $109,000, which is down from last year’s $127,200 and 2017’s $132,400 average. Historically, DCs aged 41-50 have made the most money, but that did not hold true for this year; chiropractors in this age group earned an average of $147,500 annually.

In this year’s survey, DCs in all age groups averaged 31-40 hours per week in patient care, with the number of hours decreasing with age, from 56% of those under 30 to 43% of those 61 or older. Of DCs under 30 — and those over 61 — 22% reported working 41-50 hours a week.

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Location matters

With more space, a developing infrastructure and a large range of potential patients, it shouldn’t be a surprise that many DCs choose to set up their practice in the suburbs. Over the course of many surveys, the majority have responded that the suburbs are the ideal location for their practice.

This year was no different, with a little more than half of DCs reporting the suburbs as their location preference.

Although the numbers were similar to last year’s, there was a slight decrease in suburban DCs at 53% compared to 54% last year. The number of urban practices dropped slightly from 30% last year to 28% this year. The number of rural practices remained about the same from last year at nearly 19%.

Urban chiropractors reported the lowest average salary at $77,600, with their suburban counterparts reporting an average of $107,900. Rural practices increased to an average salary of $113,140, versus $84,560 last year.

Suburban practices had average billings of $603,240 and collections of $420,900 for a reimbursement rate of almost 70%. Rural practices reported a reimbursement rate of 77%, with $548,243 for billings and $422,200 for collections. Urban DCs had average billings of $403,300 and collections of $306,300 for a reimbursement rate of 76%.

Get Better Results for Your Patients with a PURELIFE PL-3000 PEMF Therapy Mat

Pulsed Electromagnetic Field (PEMF) Therapy is a revolutionary advancement in the field of healthcare, offering new solutions to patient care! You too can utilize this cutting-edge technology in your practice.

The PL-3000 is specially designed to be more user-friendly than any other device on the market and requires little to no training to operate. The PL-3000 can be used as a standalone tool or integrated into your current procedures allowing you to help more people.

Primary Benefits of PEMF Therapy:

- Decreased pain
- Increased micro-circulation within minutes
- Enhanced uptake of nutrients
- Reduction of stress in the body
- Improved sleep patterns
- Faster healing of soft tissue
- Reduced inflammation & swelling
- Acceleration of nerve regeneration
- Faster functional recovery
- Enhanced capillary formation
- Increased cellular energy levels
- Improved ability to rejuvenate cells
- Improved immune response

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For More Info on the PL-3000 PEMF Mat,
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Who’s working for you?

Chiropractors want to provide the best possible care to their patients. But are you providing that same kind of care to your employees?

By offering your employees benefits such as health care, paid time off and retirement plans, you are investing in the success of your business and the performance of your employees (in addition to their happiness).

Overall, many employees’ benefits have decreased this year compared to previous surveys. According to our 2019 survey, almost 25% of respondents reported that they provided health care to their employees, which is a decrease from last year’s 31%. Those who provide some type of retirement plan also decreased from 33% last year to 25% this year.

Paid time off, which could include vacation or sick days, dipped slightly to 66% this year, down from 70% last year. Those offering bonuses decreased from 53% to 52% — but profit sharing remained steady at 10%.

We asked respondents for salary information on full-time employees only — not part-timers. We defined “full time” as employees who work 30 hours or more a week. Almost 19% of DCs in our survey do not have any employees; approximately 30% employ one or two full-time people, while 14% have three employees.

The average salary paid to full-time employees was: DC: $97,500; associate: $49,150; PT: $17,200; CA: $28,300; and LMT: $21,700.

Changes in Employee Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement</td>
<td>10%</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>Health Care</td>
<td>80%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Incentives/Bonuses</td>
<td>50%</td>
<td>60%</td>
<td>70%</td>
</tr>
<tr>
<td>Profit Sharing</td>
<td>40%</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Paid Time Off</td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Define your niche

Attracting the type of patients you want often means differentiating yourself and the type of services you provide. For instance, DCs who want to work with athletes might add “sports and rehab” to their practice name. Those who want to work with children may want to indicate that with a “family practice” designation, while a “wellness center” strives to attract patients who aim to live a healthier, more balanced lifestyle.

In this year’s survey we asked respondents if the primary emphasis of their practice was general, family, nutrition, pediatrics or sports/rehab. There was a slight increase in the number of sports/rehab practices with nearly 13% this year compared to 12% in 2018 and 10% in 2017.

Family practices climbed, coming in at almost 21%. The “general” classification dipped a little from last year’s 62%, but was still the most popular choice at 56% this year.

“Clinic” was still the most popular label this year at 67%. The wellness center label increased in popularity to nearly 24% compared to about 18% last year. Rehab centers dropped slightly to 8%, down from 10% last year. Medical spa and franchisee rounded out the bottom, with figures similar to previous years.

Open for business

While you may not think of yourself as a “businessperson,” it is invariably a huge part of being a DC. And as the business world continues to change and evolve, so do the expenses involved in running a chiropractic practice.

We’ve highlighted three standard spending areas in the profession; namely, malpractice insurance, advertising, and an office lease or mortgage.

- **Office lease or mortgage** — Average costs were $25,700, an increase from $22,800 last year.
- **Advertising** — Average costs in this year’s survey were $11,600, which is a decrease from last year’s $13,450.
- **Malpractice insurance** — Respondents reported an average expense of $2,950, which represents a slight increase from last year’s costs of $2,715.
Product sales savvy

Our survey shows approximately 91% of chiropractors sell at least one product in their practice. As this number has consistently remained high over the years, it’s clear that DCs across the board find success through the integration of quality care and providing patients with the best products available.

A commitment to retailing top-industry products benefits the DC financially, but doing so also creates an important relationship between patients and the products they need to achieve wellness.

So which products do respondents offer? Are you selling the same products as other DCs? The top five include:

- Nutritional products/supplements — 59%.
- Hot/cold compresses — 49%.
- Pillows — 48%.
- Topical creams/ointments — 47%.
- Durable medical equipment — 46%.

A notable newcomer to the survey is cannabidiol (CBD) products, those topicals and supplements made from the non-psychoactive component of the cannabis plant. Of chiropractors surveyed, 23.5% sell these products to patients.

Today’s special(ist)

Your skill in treating patients with regular adjustments and issues related to the musculoskeletal system can undoubtedly position you well for a comfortable career. But if you face stagnation and are looking for new paths to explore, year after year our survey demonstrates that joining forces with complementary specialists is a surefire way to expand your practice, boost your bottom line, and perhaps revive your passion.

In 2019, slightly more than half of DCs reported having other specialists working in or consulting with their practice. Those specialists include LMTs, PTs, acupuncturists, fitness trainers and nutritionists, in addition to MDs and DOs.

The specialists who become part of your health care team allow you to offer a wider range of treatment options and programs. When evaluating how this benefits you, the numbers speak for themselves: Clinics employing specialists see more patients per week (141, compared to 139 patients per week in nonspecialist clinics); bill more (average of $774,050 versus $612,725); and collect more (average of $552,890 versus $448,850).

As a result, clinics employing specialists averaged a higher total compensation than those practices without specialists ($146,800 and $104,300, respectively).

Practices employing specialists also attract a higher number of new patients per week (11) compared to nonspecialist clinics (9).

Modalities offered

While almost 52% of respondents have at least one specialist on staff, the most common specialist was an LMT (39%). Other popular specialists include:

- Acupuncturist, 11%;
- Nutritionist, 7%;
- MD/DO, 8.5%;
- PT, 7%; and
- Fitness trainer, 6%.

And 7% of respondents indicated “other” specialists for their clinic.

Respondents (both clinics with specialists and clinics without) also reported that they offer a wide range of modalities, even if they do not have specialists who provide them. These modalities include:

- Chiropractic, 99%
- Instrument adjusting, 61.5%
- Electrotherapy, 61%
- Exercise programs, 56%
- Nutrition, 52%
- Massage therapy, 42%
- Kinesiology tape, 49%
- PT/rehab, 48%
- Laser therapy, 32%
- Decompression, 29%
- IASTM, 30%
- Acupuncture, 22%
- Weight-loss programs, 22%
- Homeopathy, 10%
- Medical services, 9%
- Other, 8%
- None, <0.1%

How Specialists Boost Your Income

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Specialists</th>
<th>No Specialists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Lease/Mortgage (yr)</td>
<td>$30,484</td>
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</tr>
<tr>
<td>Advertising</td>
<td>$17,758</td>
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<td>Malpractice Insurance</td>
<td>$3,531</td>
<td>$2,412</td>
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</table>

<table>
<thead>
<tr>
<th>Salary</th>
<th>Specialists</th>
<th>No Specialists</th>
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</thead>
<tbody>
<tr>
<td>DC</td>
<td>$118,832</td>
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</tr>
<tr>
<td>Associate</td>
<td>$74,448</td>
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<tr>
<td>PT</td>
<td>$65,947</td>
<td>$-</td>
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<tr>
<td>CA</td>
<td>$32,207</td>
<td>$28,584</td>
</tr>
<tr>
<td>LMT</td>
<td>$32,953</td>
<td>$22,625</td>
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</table>

Which Products Are Offered to Patients?

- Nutritional products/supplements — 59%
- Hot/cold compresses — 49%
- Pillows — 48%
- Topical creams/ointments — 47%
- Durable medical equipment — 46%
- CBD (cannabidiol) products — 23.2%
- Rehab — 22.6%
- Laser — 18.6%
- Weight mgmt. — 17.5%
- Homeopathic — 10.0%
- Anti-aging — 9.5%
- None — 6.8%
- Massage chairs — 6.4%
- Mattresses — 4.2%
- PEMF — 3.3%
- Skin care — 2.6%
- Other — 1.5%

CHIROECO.COM

MAY 21, 2019 • CHIROPRACTIC ECONOMICS

35
CONSIDER THE FRANCHISE

Chiropractors can focus on delivering quality care versus day-to-day business operations

BY PETER HOLT
TIME TO READ: 8-10 MIN.

THE TAKEAWAY

Operational support, marketing assistance and no regulation or compliance concerns are just some of the advantages of joining a chiropractic franchise. A franchise is provided with well-established systems, along with branding and messaging to effectively communicate their service offerings.

CONSIDERING THE FAVORABLE ECONOMIC STATE OF OUR INDUSTRY, CHIROPRACTIC CARE IS RIPE FOR MONUMENTAL GROWTH. Think about this: American consumers are increasingly turning to chiropractic to relieve pain — 35.5 million adults annually, according to the well-documented Gallup study commissioned by Palmer College of Chiropractic, which was recently referenced in an American Chiropractic Association industry outlook article. An entire generation of Americans is utilizing chiropractic care for regular health and wellness benefits. According to the same Gallup/Palmer College of Chiropractic study, “roughly one-fourth of U.S. adults say they have seen a chiropractor in the past five years.”

To further this point, the U.S. Bureau of Labor Statistics reports that we are in a remarkable period in the chiropractic profession, with 12% annual growth in the number of chiropractors entering the workforce. Subsequently, the industry offers a unique value proposition for inspired chiropractors seeking to leverage this wave of demand.

The franchise consideration

While these conditions have created significant opportunity, it’s understandable that increased competition underscores a new reality. Proven business models, effective operational processes and systems, innovative marketing programs and pathways to navigating regulatory issues all become required to survive and thrive amid this new landscape.

By joining a chiropractic franchise, practice owners and chiropractors can focus on delivering quality care versus the day-to-day operations of a business. A franchise model provides a well-established path for solidifying new business launches and reinforcing sustainable growth. Additionally, the scalable nature and reliable support it offers are the most attractive aspects of franchising.

For franchises, developing a winning recipe centers on empowering chiropractors, as well as others who are entrepreneurially-minded and passionate about business, to bring exceptional and affordable chiropractic care to their communities.

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1 Key Facts and Figures About the Chiropractic Profession (https://www.acatoday.org/Patients/Why-Choose-Chiropractic/Key-Facts)

2 One in Four Adults Sought Care for Neck/Back Pain Last Year (https://news.gallup.com/poll/194984/one-four-adults-sought-care-neck-back-pain-last-year.aspx?g_source=WBI&g_medium= Besides&g_campaign=adult)

Many franchises are offering a compelling, distinctive model, introducing chiropractic services to people who have never tried them. What does it take to boost your business to a franchise? What elements need to be in place? What qualifications should you consider of the franchisor? Here are three points for you to examine, beyond the business opportunity itself.

**Regulations and compliance**
Chiropractic care is licensed and regulated in all 50 U.S. states. As a result, it’s imperative that practice owners and chiropractors adhere to local and federal regulations. Often a moving target from state to state, the regulations and ensuing compliance can present barriers to launching a chiropractic business and sustaining it. These complexities impact ownership, employment and practice services.

With the backing of a franchise system, practice owners and chiropractors have a support mechanism to maneuver through initial and ongoing regulations, and the associated compliance. It is critical for franchises to have a systematic approach to address, assess and support implementation of these operations and modifications. Through regular assessments, franchisors support practice owners, and their chiropractors understand what is required of them. By doing so, chiropractic franchisors instill a sense of confidence in the business model and help create a scalable enterprise for franchisees to develop.

In the end, consistent and conscientious programs that offer compliance support provide the groundwork practice owners and chiropractors seek in order to focus on serving their patients, maximizing profitability and preserving resources.

**Operational support**
Franchisors put time, money and energy into research and development to create the processes that make their brands successful. When a prospect signs on to join a franchise system, they believe these systems and procedures can guide them to success, as well. As a franchisor, your franchisees depend on you to provide them with the training and ongoing support necessary to properly execute their entrepreneurial endeavor.

One of these foundational processes is a robust training program. In general, this includes a multi-day instructional event at the franchisor’s home office, subsequent on-site training ahead of the official opening, as well as ongoing support post-opening. The educational component provides the framework for franchisees to learn how to operate effectively and increase the chances of reaching profitability in a reasonable timeframe.

Additionally, field operations representatives offer valuable supervision of a franchise system. The field support team, including regional developers, generally help franchisees run and improve their business. This not only ensures a franchisee is receiving the benefit of the franchise system infrastructure, but it also protects and maintains a franchisor’s commitment to its proven methods and the brand equity it has established.

As franchisees launch and grow their practices, a benefit of franchising is seeking out and finding operational support within the franchise system from other franchisees. This knowledge sharing and collaboration on best practices allow franchisees to create a network of support within the organization.

**Strategic marketing efforts**
The advantages of providing effective marketing programs are an often-overlooked part of a franchise system. Frequently, the marketing expertise contained within franchise systems is exactly why franchising becomes a viable option.

When franchisees pay into an advertising fund and commit to their local advertising marketing spend, they in return expect strong marketing support to drive business. It’s important to note that franchise systems have a distinct appeal when it comes to leveraging marketing buying power versus independents and small chains. Accordingly, franchisors typically go deep into the marketing funnel. As a result, franchisees are provided with multiple facets of the marketing mix — from print and broadcast options to digital solutions — meaning franchisees do not have to create their own strategic marketing efforts.

As such, franchisors can play an important role in creating local marketing approaches for franchisees to drive trial, patient acquisition and awareness-building. Beyond traditional marketing channels, franchisors arm franchisees with tactics to embed local practices and chiropractors into the communities they serve. From event-based activities such as booths to open house programs that invite the neighboring population into the practice, sharing franchisor-designed grassroots programs that have been effective strategies often helps solidify the local presence.

**To franchise, or not to franchise?**
There are endless opportunities to replicate successes from within a franchise system, especially through the implementation of process and procedure programs, ongoing training and knowledge sharing, and providing cost-effective marketing strategies. Together, these points set the stage for chiropractors to grow their practice through franchising.

With operational and ongoing franchisor-initiated marketing support, a franchisee is provided with well-established systems, along with branding and messaging to effectively communicate their service offerings. As a result of these undeniably attractive elements, individuals, chiropractors, investment teams, private equity companies and others have opened and operate several chiropractic franchise locations, and increasingly, have ambitions to add more locations — thus fostering the growth of chiropractic.

**Peter Holt** has served as the president and CEO of The Joint Chiropractic since 2016. He has more than 30 years of experience in the franchise community, including managing franchise systems in domestic and international markets and serving on the board of directors for the International Franchise Association (IFA), where he worked earlier in his career. To learn more about The Joint Chiropractic’s franchise opportunities, visit thejointfranchise.com, and for more info or to contact the author go to thejoint.com.
TRENDS, ‘TRENDENCIES,’ AND A CALL TO ACTION

Current trends are opportunities that chiropractors must pursue

BY JEFFREY TUCKER, DC
TIME TO READ: 13-15 MIN.

THE TAKEAWAY
American Chiropractors Association Rehab Council President and industry vanguard Jeffrey Tucker discusses current trends impacting chiropractic, takes out his crystal ball to look at how they will play out, and challenges DCs to take advantage of current industry momentum.

A HYPER-WELLNESS MOVEMENT THEME CONTINUES TO TREND THIS YEAR. People want information that will help them avoid chronic illness and diseases like Alzheimer’s and dementia because they want to preserve their memory and alertness.

They want to maintain mobility and avoid arthritis and diabetes. Baby boomers want a better quality of life than their parents, so they embrace the thought of a healthy lifestyle for a longer lifespan. I liken it to wealth management or financial security; I call it “health security.”

Once again, chiropractors are not going to be on anyone’s top 10 list of trends, but overall the future of chiropractic health care is optimistic. Chiropractic college enrollment is up across the nation. Predictability in our business is stability. I’ve been writing about trends since 2011 and I’m certain that staying with the trends adds revenue sources. The good news is that we are popular — the bad news is that we are in a very competitive market.
Eating and therapy fads
Defined by the dictionary as “a fashion that is taken up with great enthusiasm for a brief period,” fads such as the modified fasting diet emerged in 2018. I think modified fasting diets are a fad, not a trend, but will remain strong in 2019. We have seen other food and diet fad changes this year, evidenced by the paleo diet losing ground to the keto diet, and bone broth losing ground to collagen. Eating insects is now a fad, but it could become normal to eat crickets mixed with organic pumpkin as a protein-based energy bar in the future. Patients will start asking you about it!

On the therapy scene, cupping is more a fad than dry needling; however, acupuncture, as the parent of these, will remain a treatment trend.

Health ‘trendencies’
These are long-term and will not be replaced by a fad “something.” Currently if you are doing things that promote and support healthy skin, healthy digestive function, healthy joints, brain function, better sleep, weight loss and decreased stress, then you are in the “trend” because these are the top health “trendencies” for the year.

Other specific health trends and fads that appear today include genetic testing, cryotherapy (especially chambers), hyperbaric- and infrared- and oxygen- and cannabis-“whatevers,” along with stem cells, virtual reality and IV drip therapies. If it helps your skin, hair, nails, digestion, stress levels, mental alertness or weight loss, or relieves pain, it’ll be competing to be a fad or trend.

Recently I had a trends “research” weekend where I did cryotherapy and a vibration plate workout, ate at a “beyond fresh” juice bar, had Thai/shiatsu massage, took an ELDOA class and got stretched at a stretch center. One thing missing was the compression recovery chair session and magnet therapy session. I could have tried (or needed) an “immune drip” right afterward.

Conveniences trending
Massage house calls are on the rise as online app companies do to the massage business what Uber did to the taxi business. If this works with massage, it’ll bring back mobile chiropractic, too.

In addition to massage therapy (which about 50 percent of chiropractic offices currently offer), patients need a periodic cleanse for digestion, kidney and liver detoxification, and the elimination of waste. All this helps skin, hair, nails and weight loss, and relieves pain — you can see how cleansing remains a trend.

I see a lot of products that have merged traditional therapies with innovation in marketing, such as oxygen therapy, which doesn’t make sense to me for our patient population. Buy a pulse oximeter for $40-50 and use it in your office; it should be right at 98% of saturation. Do you really think you can change that? Call it what it is if you charge for it — relaxation time.

I think I’m the first chiropractor in the country to use virtual reality in my practice. I can have patients sitting in a chair while they are swimming and breathing with dolphins, or feel like they are sitting in a garden, and by breathing more deeply they help leaves grow on a tree. VR can be very helpful for relaxation and breathing enhancement. This will be a slow-moving trend over the next several years.

Wellness trending
We will see more consumers turning to affordable online DNA and blood analysis companies (23andMe, Ancestry, National Geographic’s Geno Project) to get answers about genetics and identify potential health concerns. It would be smart to offer custom health, diet and nutrition plans in your office. The functional medicine trend will continue because people want practitioners who can analyze data from multiple tests to provide them with a more comprehensive wellness report — past, present and potential future health.

High Intensity Interval Training (HIIT), teaching older adults how to exercise, body weight exercises, yoga and Pilates will continue to be popular. The new rehab “kid” on the block is ELDOA method, exercises and myofascial stretches.

The overall trend and direction for our profession is to continue to do what we do best. We take care of patients through manual therapy, chiropractic adjustments and mobilization — but be smart and offer other natural, non-invasive and less-expensive therapy for musculoskeletal complaints. If about 50% of offices across the country offer massage in their offices, then why aren’t you? About 25% of offices use rehab protocols or exercise as therapy, which can add value to your office, create better outcomes and generate revenue. Recently, one doctor added $5,000 worth of services in the first month after taking one rehab class.

I bet some vendors find it way more challenging than anticipated to break into the chiropractic market, so please support vendors that support our conferences, our students and post-grad courses. Vendors should be used to help you be successful.
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Health care system trends

Another trend to get proactively involved with as the health care reform debate continues is interacting with hospitals and larger health care systems. We have spoken out about being in the Veterans Administration (VA) system and have done a great job of accomplishing this goal thanks to the American Chiropractors Association and doctors like Tim Novelli and Anthony Lesi. Our professional stance on the matter of helping our nation’s vets will continue. Continue to think of ways to get into hospitals and health systems while the ongoing health care cost debate is still hot.

Recently I was invited to the RAND Corporation to hear a panel of expert speakers including John Scaringe, DC, and Ian Coulter, PhD, along with three MDs talking about what “alternative” health care will look like in the future. Scaringe and Coulter did an excellent job on our behalf. The most frustrating part of the alternative health care debate is that the parts that have the greatest effects on people’s health and well-being — getting people to be more physically active, quit smoking, control food portions and diet, improve sleep, decrease stress — are not well implemented...yet.

A call to action

I hear a lot of talk on the radio, the internet and elsewhere about these topics; so sure, they are talked about, but what are you really doing in your practice to create change? This is truly what people want, so make this year the year to help our patients lose weight, feel good about themselves, decrease loneliness and make positive mental change.

I strongly acknowledge that chiropractors help create health gains by being experts on musculoskeletal conditions, and we as health care providers must stand out as leaders. We must remain vigilant in our commitment to provide care to those in need and preserve our mission to improve the health of our communities.

I want to see the ACA and other state associations take a broad approach to work on future health reform that includes what we do, and that means each practicing doctor must become active by attending group meetings like NCLC in Washington, D.C., becoming a member of the ACA and their state associations, and joining local societies.

While I know we are thankful more patients are utilizing our services, I want people to have additional access to chiropractic health and wellness services in every community. The chiropractic profession as a movement needs to band together like a CrossFit gym, clean up our old messes and abuses, and educate medical doctors and health system leaders. The medical profession and government are doing it with opioids, and this is what continued research and evidence-based chiropractic care will do for us.

‘Don’t wait for Washington’

The health system leaders are aware of areas that need attention, such as the insurance market’s rising health care premiums and high out-of-pocket costs. I don’t have answers for these way-too-long-lasting trends, but they will remain for a long time. At the same time, we can’t wait for hospitals to open doors for us; we need the practitioners who have already created access and “done it” to help the profession as a whole.

Don’t wait for an answer from Washington to do this. Chiropractors should be taking the lead on health care expansion. We should all embrace principles of being more consumer-focused; continuing to create a unified message that what we do is safe and effective; providing more affordable health care through operational efficiencies; and sharing methods so we can better coordinate care.

We also need to advocate for the needy. Every city I’ve travelled into this past year has a homeless issue. These are folks who are disadvantaged in our society. The Santa Monica Chiropractic Society used to do a city-wide food drive for shelters, but I have not heard of a group food drive in years. Maybe that’s one way we can help, and we need the ACA’s voice to take care of being responsible for doing that.

We must work together, resist the influence of conflicting technique bashing and political ideologies, and enlist the expertise of researchers and providers when working on health care law. Health care is truly complicated and personal. If we hope to get this right for the country, we should be working together across party and technique lines.

Let’s build on what we’ve achieved

The final trend is focusing on improving access to chiropractic health care services for the underserved. We’ll protect the coverage we’ve gained and achieved through the opioid crisis. But we need to be sure whatever is put in its place continues to enhance the health and well-being of Americans.

Again, get involved or continue to play an active role in your local chiropractic society. Efficiency, effectiveness and cost elements are trends for 2019 and beyond. Personal health and well-being concerns will continue. My hope is to see every DC continue to do their best to improve the American health care system through chiropractic care.
QUICK WEIGHT LOSS
Patient Take-Home Kits

FINALLY! Weight Loss Kits that Align Perfectly With Your Chiropractic Philosophy!

Statistically, 68.6% of your adult patients are overweight. They ask you for help, but odds are you are so busy treating patients you can’t take the time to stop and figure out what each patient needs. Your patients want quick results, with an easy and simple-to-use system. But you have been afraid to cut corners with diet schemes that compromise patients’ health. These breakthrough products — Quick Start Cleanse, Quick Start Weight Loss, and Nutritional Shake — are the answer. Simple-to-follow instructions are included in the box. Your patients will get great results and you will increase your bottom line using the easiest kits on the market!

You Don’t Have to Compromise Your High Nutritional Standards to Get Quick Results

- Highest Quality Herbal Formulations
- Organically and Responsibly Grown
- No Pressed Tablets
- No Effort Required by the Doctor
- Doctors-Only Product Line
- Recurring Monthly Revenue
- Simple for Patients to Follow
- Patients Love the Taste
- Rids the Body of Toxins
- Suppresses Appetite
- Increases Fat-Burning Hormones
- Over 17 Essential Vitamins & Minerals
- Probiotics and Digestive Enzymes
- Omega-3 Fatty Acids
- Shake Made with Grass-Fed Whey From New Zealand
- Gluten-Free
- Lactose-Free
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*Available to licensed professionals with an existing practice. These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease. Individual results may vary.
WHAT IF WE COULD GO BACK IN TIME TO THE ‘50S AND ‘60S when television commercials were just starting to understand their audiences and a new age of marketing was being born? Coke, Nabisco and other giants built their empires with TV commercials.

Today, if the average person tried to get a primetime spot, it would cost them an arm and a leg. We are in that golden era once again — the only difference is that this time it is the internet and social media channels that are now the new TV, and marketing on them is dirt cheap.

THE TAKEAWAY
Low-cost marketing strategies using social media and the web are gold mines akin to cheap TV commercial opportunities in the 1950s-60s — if you know how to use them. If you’re a one- or two-person shop, here are some strategies to get more patients in the door.
Get educated and motivated for the year!

+ Choose from approximately 150 hours of CE in various settings; from rapid fire panels to intimate breakout sessions
+ Obtain hours in specialized diplomate programs, (ACBN, ACNB, CPEP and more) while attaining your CE
+ 16 hours of Business & Success will get your practice back on track
+ Bring your staff at discounted pricing
+ The Ultimate CA Track - all chiropractic assistants who attend get a certificate of completion on site
+ Medicare training from experts in the field
+ 18 ‘live in-class’ hours for LMTs including required topics and hands-on hours
+ A complimentary track just for students and new DCs

430 booths featuring the latest technology, products, and services

1 FREE ROOM STAY or 1 OF 10 1/2 PRICE STAYS*
Pre-register by JULY 26 to be entered to win * up to 3 nights

DISCOUNTS FOR ATTRACTIONS
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COMPLIMENTARY I-RIDE TROLLEY
included for those who book a room at the Hyatt Regency Orlando

ALUMNI FUNCTIONS
Free! Reconnect while attending

HUNGRY OR THIRSTY?
Daily coffee, evening receptions and free lunch options

MASSAGE OASIS ROOM
Complimentary for all attendees

CE’S APPROVED
in 45 states*
Approval is anticipated in all but AZ, CA, OK, TN, WI

SHOPPING DISCOUNTS
$10,000 IN CASH PRIZES!!

HOTEL PERKS
Enjoy discounts on spa, rooms, parking & free wi-fi

the national chiro.com
INFORMATION, REGISTRATION, DISCOUNTS & GIVEAWAYS
Here are some fresh 2019 stats from MerchDope:
- The very first YouTube video was uploaded on April 23, 2005.
- The total number of people who use YouTube — 1.3 billion.
- 300 hours of video are uploaded to YouTube every minute.
- Almost 5 billion videos are watched on YouTube every day.
- YouTube gets over 30 million visitors per day. 1

The other advantage to internet advertising is that you can fine-tune your audience and retarget them with different ads. You can’t do that with TV. So, if TV created some big companies, wouldn’t it make sense to learn a little about social media? Think of social media as the TV and YouTube, Facebook, Instagram and LinkedIn as the channels — NBC, CBS, ABC, etc., to hone in on your ideal audience.

For the average small clinic out there trying to get a little exposure, I would recommend a couple of different approaches:
- Identify your target audience
- Type up 10-15 short but very educational emails
- Create a Facebook clinic page
- Create, or have someone create, an ad with a good call to action to your target audience
- Sign up for Aweber, Mailchimp or any other popular email newsletter servers/autoresponders.

You can turn your educational emails into an e-book easily with free online software, or you can create a “call to action ad” that presents an offer if they fill out a form or visit your clinic.

Playing the long game
Keep in mind with marketing on social media that the power is not in getting people to come right in after seeing your ad, like with a newspaper. The power is getting the people to come in 30-90 days from now with retargeting. You see, roughly 5% will come in based off your initial ad. The biggest portion will filter in after you send them the 10-15 emails educating them on why they need to come in. Most marketers aim only for the top 5%, and thus, it is the most expensive audience to market to.

Instead, go for the long game and shoot for the middle of the pyramid where it’s the most cost-effective and has the biggest audience (see image).

Think pre-frame, educate and build trust, in that order:
- Pre-frame — When you are setting up your marketing, pre-frame yourself as the “guru” or expert in that area. You can do this with social proof, awards, achievements, etc.
- Educate — If you are offering weight loss, you want to send those people who don’t come in instantly some literature (those 10-15 emails) with things that will actually help them. Subjects like top 10 diet hacks, menu items, exercises and other things that will actually help them lose a few pounds.
- Build trust — At the same time, your education of patients builds trust. When they lose a few pounds, they know firsthand you can help. If they hit a plateau, who do you think they will call? You have built trust, so they will be coming back to you.

Case study
Here is an example I call “The Tale of Two Marketers”:
Marketer One developed a couple of ads and ran them for a month. They had a great offer and really knew how to help their patients. They simply asked the patients to fill out a lead form and submit it with their information on it. The office would then call and get them scheduled.

However, this client expected all the leads to answer the phone and to come in right away. Staff members called the leads at random; they averaged 2-3 calls and that was it. No one came in, only a few leads answered the phone, and the ones who came in could not afford the high-payment service.

Marketer Two ran basically the same ad with the same offer, but in a different city for a month. The same mechanism was in place as Marketer One — leads came in, but they had one highly-trained staff member, working with a script, calling or emailing them back within an hour of submission.

They emailed them a free e-book educating them on their service and how it helps with their condition. They also put through a funnel with an auto-responder drip campaign of two emails a week for six weeks.

Halfway through, one of the emails said something to the effect of “Hi Mary! I see you have been opening my emails and hopefully you are using the tips and advice. If you have, by now you might be noticing things slowing down a bit. We see that all the time in our patients. Let’s schedule a time for you to come in and I will meet with you personally at no charge to help figure out what’s going on.”

Several took the doctor up on the offer. They scheduled them all in one afternoon for 15- to 20-minute sessions. Over half signed up for a weight loss plan on the spot. The rest went back into the education drip campaign.

Set sights on long term
The moral of the story is the first client was shortsighted and only wanted the top 5% of the pyramid. The second client had a broader vision and opted for the middle of the pyramid where most of the patients are.

So, when I get a phone call or email from a clinic looking for advice or wanting to talk about marketing, I always try to make sure they see the bigger picture and help them understand the right way to set up a long-term marketing program. CE

BRYAN HAWLEY, DC, had been in health care for more than 20 years before he decided to shift careers and help health and wellness professionals in growing their business. He is proficient in social media marketing, B2B and B2C marketing, and leading a web presence. He can be contacted at drbryanhawley.com.
This is Dr. Mark. He hasn’t been sleeping too well lately. He can’t. He lies in bed awake, trying to solve the many problems that he just can’t get on top of.

He’s worried about his practice because he barely makes his overhead, his employees keep giving him grief, he’s tired of working long days, and on top of all of that, he’s in pain from years of wear and tear of adjusting patient after patient, day after day after day.

Not to mention, he’s wondering how he’s going to grow his practice when insurance companies keep paying out less and less and every chiropractic consultant has been a let down... finding himself even more in debt.

This isn’t why Dr. Mark became a Chiropractor in the first place. He wanted to help people! He wanted to help patients get out of pain and truly make a difference, while providing a nice, comfortable life for his family.

Where did he go wrong?

Well, the sad truth is...it’s not his fault.

So many chiropractors start out like Dr. Mark, hoping to help people, only to realize they didn’t learn how to run and grow a business in school.

I’m Dr. Todd Singleton. I’m sure you’ve seen me around in the articles I’ve written for all of the chiropractic trade journals, or speaking at the main trade shows around the country. Over ten years ago, I pioneered the concept of running a weight loss program from a chiropractic office.

Read what some of our doctors have to say...

"I can see that within 3-6 months, we’ll be at our goal of $100,000 a month in our clinic. Everything is done for you, and it’s an easy program to get implemented."

"We increased our weight loss revenue from $30,000 to $80,000 per month in just 6 weeks!"

"I’ve used the program for one week and already made money. The amazing part is they are always there for me. It’s a turn-key system, and I am very pleased with them!"

"We are on track to make $40,000 this month, and my patients are getting fantastic results."

"In 26 years, this is the greatest value I have ever received."

"Thank you for creating such an awesome program! I am having more fun now than at any time in my 17-year career!"

Now, if you’re wondering how my program stands up to others in the industry, let me clue you in... Ever since opportunists in our industry realized they could sell weight loss to chiropractors, there’s been numerous copycats come and go. The big difference between my program and the rest? It works. Simple as that. Even though people have ripped off my program, they can’t ever duplicate it quite right, to get the results that our doctors get. So...

If you’re tired of...

- Getting reimbursed pennies on the dollar by Insurance Companies...
- The constant, futile search for new patients...
- Wondering how to meet your overhead...
- Patients whining over co-pays...
- Not seeing ideal results with patient care...

If you’re ready to...

- Have more money in your bank account...
- Have a practice full of raving fans...
- Get your EXCITEMENT for practicing back...
- Implement a SYSTEM that your STAFF can run for you...
- Change the lives of your patients, your staff, your family and YOU...
- Make an additional $25,000 to $200,000 per month

Then you need...

“The Ultimate Guide to Adding Weight Loss To Your Practice In 5 Easy Steps!”

I know you’re probably skeptical. After all, what I’m saying might be contrary to what your family, friends and colleagues talk about. But let me ask you one question...how many of them are financially stable?

A month from today, you can be nothing more than 30 days older, more tired, and still struggling - or you can be on your way to a life full of freedom and fulfillment!

You decide...

Text “WLGUD” to 385-474-4775
CALL 385-474-4775
or visit
WeightLoss4DC.com
WHAT ARE STEM CELLS, DO THEY REALLY WORK, how should they be used, are they regulated by the FDA, and what does this mean for DCs are common questions when chiropractors hear about stem cells in clinical use.

Organizations and physicians are using stem cells for a myriad of conditions. Stem cell treatments have been proven effective in bone and tissue healing for arthritis, cartilage degeneration, muscle tears, ligament tears and even in joint replacement prevention.

Other conditions have been reported to have been treated with stem cells, such as multiple sclerosis, Parkinson’s disease, autism and even cancer.

Do they really work?
Stem cells are used as a form of orthobiologic; orthobiologics are defined as “substances that doctors use to help injuries heal more quickly in bones and injured muscles, tendons, and ligaments. These products are made from substances that are naturally found in your body.”
FETCH PAYMENTS IN THE CLOUD
CLAIMS • ANALYTICS • UTILIZATION

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As the body grows and experiences insidious stressors or acute injuries, stem cells support our body’s intrinsic repair system, as they are able to divide into whatever cell is needed to replenish the system. When a stem cell divides it may become another stem cell or transform into a different type of cell with specialized function, like muscle cells or bone cells. Orthopedic technology now allows physicians to use these cells in concentration to help in the healing process.

Stem cells differ from other cell types in that they are:

- unspecialized cells;
- able to give rise to specialized cells;
- capable of dividing and replenishing themselves for long periods.

The two types of stem cells typically discussed are embryonic and adult. Embryonic stem cells are derived from embryos that have been fertilized in vitro. These types of cells are not used in regenerative medicine. Adult stem cells are unspecialized and undifferentiated cells living among specialized cells within a tissue or organ. The main function of the adult stem cell is to repair, maintain and replenish the tissues where they are found. Areas where adult stem cells are found in high concentration are bone marrow and adipose tissue.

How stem cells are applied as an orthobiologic substance:

- After a careful diagnosis of the musculoskeletal issue, a plan is made by a highly-trained physician.
- Bone marrow is aspirated from the patient’s bone.
- The extracted bone marrow is processed with minimal manipulation within a laboratory.
- The bone marrow is reinjected into the affected area with precision using ultrasonic guidance and/or live x-ray within the same day.
- See Figure 1 for an example of a supraspinatus injection under fluoroscopic guidance.

In this process, once the stem cells are reinjected, the stem cells behave like “espresso shots” to wake up the local area and incite an inflammatory cascade to the area of reinjection. The inflammation brings additional healing substrates and growth factors to the area and begins the process of healing.

The initial phase of healing after a stem cell procedure takes up to six weeks. The regenerative benefits will continue to evolve, taking six months to a year to fully actualize. In this time frame, patients usually report decreased pain, improved range of motion and improved function.

What can be treated?
The prevalence of stem cell use is rapidly growing and making waves in the realms of orthopedic medicine. Through the above-stated process, a regenerative medicine procedure can repair bone, muscle, cartilage and tendons throughout the body.

Note that physicians are required to have thousands of hours of
experience with injection-based treatment performed using image guidance for a range of body parts and injuries. There are a large number of unscrupulous and frankly illegal activities occurring in this field, which unfortunately taints anyone and everything associated with stem cell treatments. There are currently low levels of research and high concerns about safety when using stem cells for non-orthopedic conditions such as neurodegenerative, cardiac, pulmonary, renal conditions, etc.

Treatment of non-orthopedic conditions with stem cells lacks the large registry tracking outcomes and safety papers that the interventional orthopedic realm provides. Non-orthopedic uses of stem cells are not legitimate and not recommended.

In regard to orthopedic use, these are generally safe tissue targets when applied by highly skilled and trained physicians under precise image guidance in an outpatient setting equipped for resuscitation in case of emergency.

It is the referring chiropractic physician’s responsibility to understand what a legal, legitimate and good stem cell treatment entails, and what a chiropractor’s role in this regenerative medicine process should be.

What is legal?
The U.S. Food and Drug Administration regulates stem cell treatments as Human Cells, Tissues, and Cellular and Tissue Based Products (HCT/Ps) under Title 21 Part 1271, and the exceptions to the regulations are discussed in 21 CFR 1271.15(b).

The regulation has two parts that are relevant:
1. **Section 361**: regulates the use of body tissue and must be registered with the FDA (purpose is to prevent communicable diseases);
2. **Section 351**: regulates tissue that is manufactured and therefore regulated as a drug, device and/or biological product.

Section 361 also has an important exception component. The exception holds as long as that tissue is not more than “minimally manipulated” and is used for “homologous use.” Homologous refers to use of the tissue for the same purpose it already serves in the body.

The FDA argues that it has the authority to regulate anything beyond minimal manipulation and homologous use as a drug, device and/or biological product. Therefore, the tissue is not regulated at all by the FDA if it is used in the same patient during the same surgical procedure, is no more than minimally manipulated or is used for homologous use.

How the FDA views the following tissue products:

**Bone Marrow Concentrate**: Allowed.

This is not under FDA regulatory control, and is exempt from Section 361 and not regulated by Section 351 as long as it is minimally processed and placed back into the same patient during the same surgical procedure and has homologous use.

**Adipose-derived Stem Cells (Stromal Vascular Fraction)**: Not allowed.

This is regulated as a drug under Section 351 (currently no drug approvals exist for this). The act of breaking apart the fat to get the stem cells requires an external enzyme, and is therefore considered more than minimal manipulation.

**Culture Expanded Stem Cells from Bone Marrow or Adipose**: Not allowed.

This is regulated as a drug under Section 351, with more than minimal manipulation.
Fetal Stem Cells: Not allowed. Aside from potentially ethical issues, this is illegal to use in the U.S.

Amniotic, Placental or Umbilical Tissue Products: Allowed. Tissue products regulated under Section 361 are all sold in the U.S.; however, none of the products sold in the U.S. contain living stem cells.

Amniotic, Placental or Umbilical Stem Cells: Not Allowed. These are regulated under Section 351 as a drug. No commercial products in the U.S. contain stem cells, and they have been independently tested and do not contain living cells.

Legitimate and proper treatments

Often patients with orthopedic conditions will fail a conservative trial and course of care. Then what should they seek? Surgery that can be overly invasive and cause other issues? Steroid injections that are catabolic rather than healing? What happens when they tell you they’ve sought stem cell therapy? Where should you send them if you think they may be a good candidate for stem cell therapy?

When evaluating stem cell therapy:

- Physicians should be performing the procedures and should be adequately trained
- Appropriate tissue sources should be used, based on current FDA regulations involving minimally manipulated bone marrow
- Appropriate image guidance should be used: ultrasound and/or fluoroscopic guidance (see Figure 2)
- Appropriate equipment and training for resuscitation should be available
- Patients should be tracked in a registry
- Published research should guide decision-making and support claims
- Marketing materials and claims must be accurate
- FDA actions should be monitored by state boards

The chiropractic role with stem cells

The chiropractor’s role is to diagnose and treat conditions within our scope of practice. We provide care for musculoskeletal conditions using tissue and joint manipulations, and appropriate holistic lifestyle counseling to support patient healing and wellness. Some state boards, like those of Oklahoma and Colorado, allow injectable therapies; however, most do not.

Some chiropractic marketing groups created programs offering chiropractors a lucrative model including NPs/PAs and loose physician oversight. This model includes a non-surgical orthopedic treatment scheme with regenerative medicine products marketed as stem cells, when it’s truly a non-living birth tissue product.

Chiropractors can play a significant role in this treatment process by practicing excellent case management for recalcitrant orthopedic cases, and by ordering imaging and advising patients to consider the best non-surgical options. Then, by understanding how these cases are best managed, we can advise the patients about things to look for or be wary of when pursuing a stem cell treatment.

Chiropractors can also play an integral role in the patient’s preparation for and recovery from stem cell procedures. We can form a clinical alliance with the physicians trained in performing these procedures and provide pre-habilitation and rehabilitation for patients. CE

Abby Perone, DC, CES, CF-L1, is a graduate of Parker University. In 2010 she was selected to be on the sports medicine team for the Colombian Olympic Committee in Bogota, Colombia, and served on the sports medicine team for an NASL soccer team, the San Antonio Scorpions. She served on the Airostti Athlete Services team for multiple CrossFit regional events and the CrossFit Games from 2013-16. She can be contacted through rocktape.com.
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Even so, a woman’s body undergoes tremendous changes during pregnancy and immediately afterward that may well be not-so-exciting or rewarding. A number of changes happen to a woman’s body that can result in pain, difficulty sleeping and even depression. Extensive research has shown that chiropractic care during both pregnancy and the postpartum period can alleviate many of these issues. However, it is extremely important to treat these patients carefully, so as not to harm either the mother or the fetus. This is why it is important to have proper equipment, such as tables and pillows, that are meant to accommodate both pregnant and postpartum women.

What are some of the unique needs of these women, and how can specialized equipment help you treat these women effectively and safely?

THE TAKEAWAY
From the weight of the fetus pressing against the sciatic nerve to edema or fetus positioning, women face a host of issues during pregnancy that can be alleviated by chiropractic care. Make sure your office is equipped with the correct table variables, special pillows, etc., to care for mothers-to-be.

TABLES AND SPECIALTY EQUIPMENT FOR PREGNANT PATIENTS
Prepare your office with the equipment tweaks to provide care for expecting mothers

BY TINA BEYCHOK
TIME TO READ: 6-8 MIN.
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Pregnancy and postpartum issues

Pregnant women dramatically change their posture during the second trimester to accommodate for the expanding abdomen and the weight of the fetus. As the fetus grows, the abdomen protrudes further forward, which makes the lumbar region of the back curve and the pelvis tilt.

Such changes may lead to lower back, pelvic, knee, and ankle pain. At the same time, the weight of the fetus may press against the sciatic nerve, causing pain down the back of the legs. Other issues may involve edema, or swelling in the feet and ankles, as well as the fetus not being in the proper position for delivery.

In the postpartum period, women may have stretched or torn ligaments and tendons in the pelvic region, particularly if they underwent a difficult, prolonged delivery, or required either a cesarean or an episiotomy. Their abdominal muscles may still be sore and overstretched as a result of not fully regaining their pre-pregnancy tone. These women may also have poor posture as a result of neck and shoulder pain related to breastfeeding or using infant carriers, as well as hip pain from carrying the baby on one hip. Finally, one of the biggest issues women face is postpartum depression.

Specialized tables and equipment

You would not have a patient lie in the prone position on a standard chiropractic treatment table once they have gotten to the

second trimester of pregnancy, as a prone position can even be difficult for a postpartum woman if she has recently delivered — particularly if she underwent either a cesarean or an episiotomy. If this is the case, you still have several options to treat these patients.

The easiest solution is to use a chiropractic chair. This will allow you to treat the back, hips, shoulders and neck, without placing any pressure on the abdominal area. The one drawback is that it can be difficult to perform adjustments along the buttocks, legs, knees or feet with a patient in a chair. Obviously, using a table will allow you to treat the lower extremities. A drop table is an excellent choice, as simply dropping the middle section is all that is required to accommodate the needs of your pregnant and postpartum patients. If you do not have a drop table, there are special cushions with cut-outs or depressions that can be placed over the table itself to provide proper support for the breasts and abdomen and provide relief.

Shawn Kelley, a Minnesota native, was experiencing a difficult pregnancy when she started having contractions at 22 weeks after experiencing severe back pain and was confined to bed rest and drugs to alleviate the discomfort. She decided to see her local chiropractor, who, with a few gentle sessions of manipulation, had her up and about again.

“It’s amazing,” Kelley told WebMD. “I’ll go in, she does some adjustments, and within an hour or two, everything opens up. The baby moves up, I don’t feel as much pressure, and the back pain goes away.”

As exciting as pregnancy and the postpartum period can be, they do not come without a physical cost in a number of ways. Fortunately, proper chiropractic care can help alleviate some of the pain and discomfort associated with both periods in a woman’s life. Having the proper chiropractic equipment allows you to treat these patients both effectively and safely.

TINA BEYCHOK is an editor and writer with expertise in technical, academic and scientific materials. She is a regular contributor to Chiropractic Economics and resides in Long Beach, Calif. Her online portfolio can be viewed at thatwordgrrl.com, and she can be contacted at tbeychok@gmail.com.
WHEN PEDIATRIC CHIROPRACTIC SAVES LIVES
Providing chiropractic care to newborn babies and children

BY BEAU PIERCE, DC
TIME TO READ: 8-10 MIN.

THE TAKEAWAY
News earlier this year out of Australia put chiropractic care for newborns and children under a microscope. But some of the latest research shows “a definite correlation between chiropractic and superior health” when children are treated early and regularly throughout their years.

IT’S 7:40 A.M. ON A FRIDAY MORNING, and as I walk up to the front door of my office I am met by a distraught mother holding a crying two-week-old baby girl, “Ana.” I kindly greet the new mother and can tell by the look in her tired eyes that she has been praying for this moment and the hope of some answers for her daughter.

After my staff helps her complete the usual pediatric intake forms she and the baby are brought into a room for consultation and examination. I am informed by the mother that she had a complicated delivery in which the baby was “stuck” in the birth canal and had to be quickly delivered via vacuum-assisted delivery. Baby Ana had a visible caput succedaneum, was in discomfort and instantly started to cry when anyone tried to touch her face or neck.

The mother states that the baby has been placed on medication for the past two weeks as she cries incessantly and only manages to sleep 20-30 minutes at a time, which usually happens only under heavy sedation.
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According to the American Chiropractic Association, pediatric chiropractic care is on the rise. The number of kids under chiropractic care has more than doubled to 68 million visits annually. From medication. The mother goes on to state that Ana seems to have no head control and can’t turn her head to the right without bloodcurdling, shrieking screams. The hospitalists are calling it “extreme torticollis” and are even suggesting surgery to cut the child’s sternocleidomastoid muscles so the baby can rotate her head. Lastly, the mother states that breastfeeding has been nearly impossible, and the baby does not latch.

As she hands me this precious little 8-pound baby she says, “Doctor Beau, you are our last hope.”

As I examine the screaming and crying baby, I gently palpate the upper cervical area and find a severely subluxated left lateral atlas, not to mention other cervical vertebral subluxations and a very hypertonic left sternocleidomastoid muscle. After informing and explaining my findings with the mother I ask to adjust the baby. Using a sustained contact with my middle finger on the left atlas I very gently adjust the atlas. Within just a few seconds I feel a major shift and the baby’s eyes widen.

As I look down upon the child’s face, I remove my hands and almost instantly the room falls silent. I look up to the locked eyes of the mother upon me and we both seem to be frozen in time. I can tell she is thinking, “What will happen next?” We both are motionless for what time a mother or father asks, “What can you do for our child?”

Within minutes, the baby falls into a tranquil sleep in her mother’s arms and I inform the mother that we will follow up in a few days for a checkup.

I telephone the mother that evening and the next day to check on her progress. The mother reports the baby slept 14 hours the night of the adjustment and the next day she reports little to no episodic crying throughout the day. She even notes the baby has been breastfeeding without incident.

To make a long story short, baby Ana did not need surgery. After a couple of adjustments over the course of the next few weeks she completely stopped all her medications, stopped having colic issues, regained full control of her head movement, her caput rescinded, and she is now a happy and growing little girl.

**Pediatric scrutiny**

Why do I find it so important to tell you this story? Because all across the world right now, especially in places like Australia, providing chiropractic care to newborn babies like Ana is under scrutiny. Some are calling chiropractic care unscientific and unneeded.

Some of the latest research follows so DCs can be better informed the next time a mother or father asks, “What can chiropractic do for my child?”

According to the American Chiropractic Association, pediatric chiropractic care is on the rise. The number of kids under chiropractic care has more than doubled to 68 million visits annually. Jeanne Ohm of the International Chiropractic Pediatric Association (ICPA) states, “Chiropractic care for children offers a family a solid foundation for wellness. Throughout pregnancy, birth and childhood, the chiropractic lifestyle offers choices and benefits for the child’s greater health and well-being.”

Research is also backing up what Ohm is saying. A survey study published in the Journal of Chiropractic Research compared 200 chiropractors’ and 200 pediatricians’ patients to uncover any differences in the health status of children raised, respectively, by chiropractors or pediatricians.¹

The analysis indicates there is “a definite correlation between chiropractic and superior health.” In fact, this study “has shown that children raised under chiropractic care are less prone to infectious processes such as otitis media and tonsillitis, and that their immune systems are better able to cope with allergens such as pollen, weeds, grasses, etc., compared to children raised under allopathic care.”

**Newborn babies and colic**

As discussed earlier, a baby with birth trauma or simply a baby with colic who cries several hours a day can make many new parents feel helpless. With nearly 15 percent of newborn babies being diagnosed with colic, the common condition is actually very treatable.²

Chiropractic is a safe and natural way to ease colic symptoms and reduce the amount of crying by 50 percent.³ The long-term benefits of chiropractic care to treat infant colic, such as fewer incidences of waking up at night and temper tantrums, were also documented. According to a study in MIDIRS Midwifery Digest, results show a correlation between chiropractic intervention at the infant stage and improvements in sleep, reduction in discomfort and pain, and improved feeding.

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¹ https://chiro.org/research/ABSTRACTS/Comparative_Study_of_the_Health_Status.shtml
² https://www.happiestbaby.com/blogs/baby/colic-q-a
³ https://chiro.org/research/ABSTRACTS/Costs_Of_Routine_Care_For_Infant_Colic.shtml
Decreased antibiotic usage

There is also a significantly decreased history of antibiotic use among “chiropractic” children, indicating a lower susceptibility to bacterial infections as a result of their greater immune system response. 4

But the benefits of chiropractic do not stop at allergies and ear infections. As a child continues to grow we see major health changes, for the positive, for those under chiropractic care:

Increase in sports performance — Any parent of a child who plays sports is always looking for a competitive edge to make their child a better athlete. A study published in the Journal of Chiropractic Research and Clinical Investigation reported that in just 12 weeks, athletes who were under chiropractic care improved their agility, balance, kinesthetic perception, power and reaction time by 30%. 5

Decreased anxiety, better learning retention — Many parents are now taking their children to a chiropractor as studies are also showing that children who are under chiropractic care have less anxiety and are more attentive in school. 6 There is also a growing body of evidence suggesting children with ADHD are showing a reduction in symptoms once under chiropractic care. 7

Long-term health benefits — Many parents are taking their children to the chiropractor because studies have shown that getting adjusted leads to increased quality of life and long-term spinal health benefits. 8

Childhood issues such as scoliosis, growing pains and asthma are all being reported as improved once a child is under chiropractic care.

So the next time anyone raises questions about chiropractic care for newborns and children, the above-mentioned research should help further the conversation and bring more clarity to the benefits of chiropractic care for children of all ages. CE

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