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Working with top athletes or sports teams can be tricky for DCs. Oftentimes a chance encounter or one-time (free) treatment leads to a relationship that should be beneficial to both parties, but is often one-sided for the athlete or sports team.

Baron, quoted above, told *Chiropractic Economics* earlier this year that offering services free of charge can ultimately hurt your business more than help, and can create hard feelings if you’re giving an athlete free medical services that advance their careers, yet you see them out and about and spending major amounts of money on lavish items.

“DO NOT DO ANYTHING FOR NOTHING. PERIOD.”

—Spencer Baron, DC and founder of Doctors of Chiropractic: Sports (DoCS)

According to *The Telegraph*, Koepka was charged $50. The newspaper commented, “It is fair to say that was a wise investment.” Hopefully the unnamed horse chiropractor received additional compensation or dispensation, but it illustrates the sometimes-chasm between expert care from a doctor of chiropractic and compensation.

DCs in sports

In this issue we depart from our usual main-feature and supporting-articles stricture to feature three sports and athletes articles on orthotics in pro baseball, kinesiology taping of athletes, and a profile of the DC for the U.S. national soccer team.

It wasn’t until last year that legislation was passed protecting chiropractors who travel with sports teams across state lines. Until then, treating athletes “on the road” put sports DCs under legal and financial risk. DCs find great personal rewards in treating athletes, be they K-8, high school, college or pro, but as illustrated, there are a number of issues to be aware of. To learn more, look for the Sports Track session at The National by FCA this August in Orlando.

“IT IS FAIR TO SAY THAT WAS A WISE INVESTMENT.”

Fair compensation?

PGA golf pro Brooks Koepka’s career was in an injury spiral in 2018. A wrist problem caused him to miss the 2018 Masters, and a procession of medical specialists could provide no cure.

“Brooks was anxious because nobody could tell him what was causing it,” Pete Cowen, his short-game coach, told *The Telegraph*. “He went to all these fancy consultants, charging him fortunes, but not giving him any answers. It was a very worrying time for him. But then he went to see a horse chiropractor — God knows where he found him — who immediately said, ‘I know what’s wrong with that,’ and after a bit of crunching, Brooks was fixed.”

Koepka went on to win three of the next five majors and rank No. 1 in the world, accumulating millions in prize money and endorsements.

To your practice’s success,

Richard Vach
EDITOR-IN-CHIEF

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Thanks!
Manual therapy providers to meet at Interprofessional Spine Conference

Members of the chiropractic, physical therapy and osteopathic professions will meet later this year in the wake of the ongoing U.S. opioid crisis to discuss manual therapy procedures and other non-drug approaches for back pain, as well as to identify opportunities for greater interprofessional research and cooperation.

The Interprofessional Spine Conference will take place Nov. 8-9 in Pittsburgh, Pa., and is a collaborative effort of the American Chiropractic Association (ACA), the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT) and the Academy of Orthopaedic Physical Therapy (AOPT).

ChiroEco.com/spine-conference

Long work hours increase risk of stroke

People who work long hours have a higher risk of stroke, especially if they work those hours for 10+ years, according to research in the American Heart Association’s journal Stroke.

Researchers reviewed data on age (18-69), sex, smoking and work hours derived from questionnaires from 142,992 participants. Cardiovascular risk factors and previous stroke occurrences were noted from separate medical interviews. Researchers found:

• 1.2% of participants suffered strokes;
• 29%, or 42,542, worked long hours;
• 10%, or 14,481, had worked long hours for 10 years or more; and
• those working long hours had a 29% greater risk of stroke, and those working long hours for 10 years or more had a 45% greater risk of stroke.

ChiroEco.com/longworkhours

FCA to host world’s largest chiropractic convention

For more than a decade, thousands of chiropractors, CCPAs, CAs, LMTs and other industry professionals have gathered in Orlando, Fla., for the largest chiropractic convention and expo in the world — The National by the Florida Chiropractic Association. This year’s event takes place Aug. 22-25, 2019.

For 2019, The National will continue its focus on relevant issues and solutions in the industry, with more than 60 internationally distinguished speakers with years of firsthand experience. Attendees can choose from intimate breakout sessions and large panel learning, including The Active Female: Clinical Benefits of Proper Sleep, The Relationship between Chronic Pain & Addiction, Chiropractic Care for Veterans; and more.

ChiroEco.com/national2019

Target athletes with photos (and don’t forget the hashtags)

Social media is a great place to market your practice to athletes, as many will post about their competitive or personal athletic accomplishments, especially on image-based services like Instagram. So if your practice doesn’t have an Instagram account, start one. Then encourage your patients who are athletes to follow you, and tag your business name when they upload relevant photos. (You may even want to make a sign to hang in your office showing a specific hashtag and your account handle, to make this information super-easy to find.)

Of course, having an Instagram means you have to post, too. Find eye-catching images and add short, interesting info about what chiropractic can do for athletes. Or participate in another trend on Instagram: posting motivational photos and quotes with hashtags such as #MotivationMonday.

If you can, place your practice name or logo on images so it’s clear who first posted them as they are shared across the site.

What are the most common athletic injuries you see in your patients?

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“I PROBABLY WOULDN’T EVEN BE HERE NOW IF IT WEREN’T FOR CHIROPRACTIC.”

— DEREK PARRA, FORMER OLYMPIC GOLD MEDALIST, MEN’S 1,500 METERS SPEED SKATING

CHIROPRACTIC NEWS

F4CP applauds World Health Organization highlighting spinal manipulation for low-back pain

In June, the Foundation for Chiropractic Progress (F4CP) applauded the recommendations published by the World Health Organization (WHO) to manage low-back pain initially with non-pharmaceutical interventions, such as spinal manipulation, while avoiding opioids, injections or surgery.

In the Bulletin of the World Health Organization article, “Care for low-back pain: can health systems deliver?” authors review six sets of updated international guidelines for managing low-back pain, pointing out that all recommend avoiding medication, if possible, as a first step. They also highlight that after educating patients about low-back pain and urging them to remain active, the second-step care options generally include: therapies such as spinal manipulation, most often performed by a doctor of chiropractic (DC), as well as massage and exercise.

International guidelines also prioritize psychological and complementary therapies, such as mindfulness-based stress reduction, yoga, acupuncture and tai chi, over medical and surgical interventions.

“This report confirms what doctors of chiropractic around the world continue to witness in their practices on a daily basis: non-pharmaceutical, non-surgical care approaches to managing general low-back pain, such as spinal manipulation and exercise, are vastly superior methods,” said Sherry McAllister, DC, executive vice president of F4CP. “This is an important study that we hope will help continue to expand the worldwide consensus toward managing low back pain patients with safer, more effective and longer-lasting pain relief methods that drive increased mobility.”

Authors point out, however, that reaching a worldwide low-back pain consensus among all health care providers and payers will require a system-wide change involving governments, employers, consumers, professional organizations and other stakeholders. F4CP recommends helping usher in this cultural change by implementing the following steps:

1. Reduce co-pays for evidence-based, effective treatments such as chiropractic care, acupuncture and occupational therapy
2. Decrease unnecessary administrative obstacles, such as medical necessity reviews for these conservative, cost-effective treatments
3. Refine visit limits to encourage members to make such therapies part of their long-term, chronic pain management strategy, preventing the need for pharmacologic intervention
4. As authors also note, attempts to reduce opioid prescriptions should be accompanied by adequate access to substance-use disorder services, social programs and evidence-based non-pharmacological approaches to relieve psychological and physical pain.

As patients experience better outcomes, cultural expectations and beliefs around pharmacological interventions will change.

—Fdn. for Chiropractic Progress, f4cp.org

Read more: ChiroEco.com/f4cp-applause
Logan University has unveiled a new Simulation Lab featuring a Force Sensing Technology Table, which incorporates technology to aid in development of motor skills used to deliver spinal manipulation.

Associate Professor Daryl Ridgeway said the force sensing technology provides instantaneous data on loads transmitted by manual adjustment, and offers students immediate objective feedback about their performance, through a display of their force-time profile.

“The skills of the student can then be directly quantified and compared to expert force-time profiles, and the students can then use this objective feedback to model the desired behavior, rather than relying on observation and intrinsic feedback alone,” he said.

The table was developed by Logan graduate John Triano, DC (1973), PhD, and researchers at Canadian Memorial Chiropractic College. Triano is a leading expert in spine care research and chiropractic procedures. He serves as co-director of conservative medicine and director for the chiropractic division at The Texas Back Institute, a multidisciplinary spine facility.

—Logan University, logan.edu

Read more: ChiroEco.com/force-sensing

“Chiropractic is essential for running. If I could put a percentage value on it, I would say that I compete 8-10% better from regular chiropractic.”

— Dan O’Brien, Olympic gold medalist

9 of 10
World-class athletes who utilize chiropractic to prevent injuries and increase performance.
Source: Doctors of Chiropractic Sports (DocS)

15%
Rise in employment for high school and college coaches and scouts predicted from 2016-22.
Source: ACA News

30-50
Year the first chiropractor was added to the United States Olympic medical team.
Source: thejoint.com

1980
Treatments rendered by the average pro football chiropractor per week during the NFL season.
Source: DocS

30+ million
Children participating in organized sports in the United States — 775,000 of which are treated in hospital emergency rooms for sports-related injuries each year.
Source: Journal of Neurological Science
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BACKLOG

Spending at least two hours a week in nature may be a crucial threshold for promoting health and well-being, according to a new large-scale study.

Research led by the University of Exeter, published in 2019 in Scientific Reports and funded by the U.K.’s National Institute for Health Research (NIHR), found that people who spend at least 120 minutes in nature a week are significantly more likely to report good health and higher psychological well-being than those who don’t visit nature at all during an average week. However, no such benefits were found for people who visited natural settings such as town parks, woodlands, country parks and beaches for less than 120 minutes a week.

The study used data from nearly 20,000 people in England and found that it didn’t matter whether the 120 minutes was achieved in a single visit or over several shorter visits. It also found the 120-minute threshold applied to both men and women, to older and younger adults, across different occupational and ethnic groups, among those living in both rich and poor areas, and even among people with long-term illnesses or disabilities.

Mat White, PhD, of Exeter’s medical school, who led the study, said: “It’s well-known that getting outdoors in nature can be good for people’s health and well-being but until now we’ve not been able to say how much is enough. The majority of nature visits...took place within just two miles of home so even visiting local urban greenspaces seems to be a good thing. Two hours a week is hopefully a realistic target for many people, especially given that it can be spread over an entire week.”

There is growing evidence that merely living in a greener neighborhood can be good for health, for instance by reducing air pollution. The data for the current research came from Natural England’s Monitor of Engagement with the Natural Environment Survey, the world’s largest study collecting data on people’s weekly contact with the natural world.

—Science Daily, sciencedaily.com

Read more: ChiroEco.com/digitalmeditation
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WINNING OVER ATHLETES

For pro sports chiropractor George Billauer, the soccer stars have aligned

BY KEVIN BAXTER
TIME TO READ: 6-8.

THE TAKEAWAY
Approaching 30 years working with the U.S. national soccer team and other pro sports organizations, George Billauer has become a U.S. diplomat of sorts for chiropractic among national teams at home and abroad. He has made a career of winning over doubters.

GEORGE BILLAUER’S LIFE WAS FOREVER ALTERED BY ANOTHER MAN’S BAD BACK.
That happened 27 years ago, when Billauer was a high school soccer coach and chiropractor, two professions then considered just a step above cult leader. The U.S. national team was playing in Southern California and John Doyle’s sore spine was not responding to traditional treatment.

Two teammates who had been patients of Billauer offered his phone number.

“I had known the skepticism of medical doctors to what I do,” Billauer remembers of his first meeting with Bert Mandelbaum, the team orthopedist. “So I started to explain myself and he right away stopped me and says, ‘Look, our medical staff is a team. We need you as part of the team. I know what you can do. Let’s get to work.’”
After twice-daily chiropractic treatments, Reyna played more minutes than all but one American midfielder in the tournament. A handshake and a career

Billauer has been on the job ever since, traveling to seven World Cups, more than 80 countries and six continents with nothing more binding than a handshake for a contract. “I’ve never had a written agreement,” said Billauer, wearing a blue U.S. Soccer track suit and sitting in the sun-splashed lobby of the team’s resort hotel in Orlando. “It’s all verbal agreements. And for all those years, it was assumed that I would be at a game.”

Those assumptions have generally proven correct with Billauer, who turns 68 this month, outlasting five coaches and three federation presidents. Only Mandelbaum has been with the team longer. The chiropractor has been around so long, in fact, he’s become a father figure to many players, who still seek him out for more than just spinal adjustments.

“When you’re with them long enough, they will confide in you. And if they know that you then won’t blow the whistle on them, they’ll continue to do that,” he said. “I’ve sat with players in rooms, you know, listening to them bemoan the fact that they’re not playing. There’s a role to be played as a listener. You don’t always need to give them an answer. It’s just to be a good listener.”

Learning trust
Before the 2002 World Cup in South Korea, Billauer said the U.S. staff was about to send Claudio Reyna to see a French doctor about a hamstring problem when Mandelbaum stepped in and overruled them, insisting Billauer should do the work. After twice-daily chiropractic treatments, Reyna played more minutes than all but one American midfielder in the tournament, helping the U.S. reach the quarterfinals for the only time in the modern era.

“The first time I saw George working, he walked around the table like he was Fred Astaire,” said former national team coach Dave Sarachan. “The way he moves and the way he manipulates people, he was so easy and so comfortable.”

Sarachan remembers watching Billauer work on Clint Mathis, who had an unusual muscular injury during that same World Cup. After some routine manipulation, Billauer started tapping Mathis on the forehead, then had the player stick his thumb under the roof of his mouth.

“He was doing things that were almost witch-doctor-like,” Sarachan said. “And so [Mathis] gets off the table and he feels great. I said to George, where the hell has this been the whole time? He goes, ‘Yeah, I come up with this stuff.’ I don’t know if he made it up, if it was real or just psychological, but Clint was a new man.”

Pro-team chiropractors become the standard

As stories like that have become commonplace, chiropractors have become ubiquitous parts of medical staffs in every sport. Billauer, who grew up playing basketball, has worked not just for the U.S. national soccer team but for both the Galaxy and LAF, the Philippine soccer federation, Colombian club Atletico Nacional, heavyweight boxers Vitali and Wladimir Klitschko, both the Dodgers and the NHL’s Kings, and, after the U.S. was eliminated from the last World Cup, he went to Russia with the Mexican team.

Billauer said many of the Mexicans who played for domestic teams, where chiropractors are rare, didn’t know what to make of the tall gringo and his pidgin Spanish. When European-based players such as Chicharito Hernandez came in for daily adjustments, Billauer could see the younger men watching from outside the training room.

“When I was done, they would grab Chicharito and pull him aside and ask, ‘What was that? Was it good?’ By the last game against Brazil, I was so busy, it was insane.”

Billauer has made a career out of winning over doubters. Many former players, now long retired, still look him up for a chat or, more commonly, an adjustment at the Marina del Rey apartment where he occasionally does work. Billauer has gathered more than just friends and patients over the years, though. LAFC coach Bob Bradley, who is both of those things, says the chiropractor collects everything that isn’t tied down.

“He’s got jerseys from everywhere,” Bradley said. “So when the coach, who has kept few mementos from his own career, was invited to Billauer’s 60th birthday party, he knew just what to bring.

“At the end of the year, I had received [the] Commissioner’s Award,” Bradley said. “Everybody was going to bring a gift. On the commissioner’s award it just says ‘Commissioner’s Award.’ It doesn’t say the names. At George’s 60th birthday, I gave him the Commissioner’s Award. And so, in his apartment, with all his memorabilia, George proudly displays the 2010 Commissioner’s Award.”

Consider it a lifetime achievement award.

This article was originally published in the Los Angeles Times, and is excerpted with permission from the author.

KEVIN BAXTER writes about baseball, soccer and anything else he can get a press pass for at the Los Angeles Times. He has covered three Summer Olympics, two Pan American Games, three World Cups, a Women’s World Cup, a Super Bowl and seven World Series. An essay he wrote in the fifth grade was voted best in the class. He has a cool dog.
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TIME TO READ: 5-7 MIN.

THE TAKEAWAY
Whether hitting, throwing or catching, performance begins at your base — your feet. Imbalances can hinder performance and lead to injuries. Here’s how custom orthotics have helped Tampa Bay Rays players.
It starts with the feet
Whether a baseball player is swinging a bat, throwing a ball, running a base or reacting in the field, his power, control, propulsion and ability to react in the field all originate from his lower extremities. Imbalances due to pronation or supination of the feet can make the difference in hitting the ball, making the play, or even being able to take the field.

If the foot is excessively pronated, then the knees will have excessive valgus stress, the Q-angle will be increased and the hips will be internally rotated. This provides a less than optimal position to be explosively powerful and can lead to injuries.

An unbalanced stance due to pronation or supination of the feet places a lot of stress on the body and increases the risk of injury. Players with excessive pronation of the feet are more prone to injuries of the knee, hip and even the lower back, while players with excessive foot supination are more prone to inversion ankle sprains. Players’ risk of injury increases based upon the playing surface and the shoe types they wear. Artificial turf is a harder surface and provides an uneven playing field due to the unevenness of the substrate, and with the lack of support that is common in baseball cleats, players who have collapsed or high arches have a higher probability of sustaining an injury to a foot, ankle, knee, thigh, hip or back.

Custom orthotics and performance
To address imbalances in players’ feet to help prevent injuries, the Tampa Bay Rays have used custom orthotics with almost 100% positive results. Custom orthotics correct imbalances in the feet and provide the proper stability for the body with multi-arch support. Custom orthotics help align the body, including the foot and ankle, which is essential for a player’s balance and kinetic chain efficiency. They include materials that help with shock absorption and propulsion, which is critical when considering the lack of support baseball cleats typically have.

Many people think about custom orthotics for prevention of injuries or to help prevent re-injury once an injury has occurred. However, the role of custom orthotics in increasing everyday performance is just as important to a professional baseball player. The average batter swings in 140 milliseconds while trying to connect with an 85-plus mile-per-hour ball. That is less than the 400 milliseconds it takes to blink your eye. Imbalances in a player’s feet can affect the stability of how a batter distributes his weight through his swing and be the difference in making great contact with the ball or missing it completely.

Fancy footwork
Good fielders make fielding look easy, and it is their footwork that leads to the process of good fielding. The better their footwork, the better their glove work. When a player has a 100-plus mile-per-hour ball coming at them, the ability to react quickly and get their body in position is critical. When a player’s feet
2019 SBN Lecture Schedule

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Power, control, propulsion and ability to react in the field all originate from the lower extremities.

don’t work, the rest of the body follows. This can put a player out of proper position to make the play.

Imbalances in the feet also impact a player’s speed and accuracy when throwing a ball. Pitching is all about balance and mechanics. If a pitcher does not have the proper balance, his mechanics can be thrown off, leading to an errant throw due to a lack of power and control.

Baseball players stand around a lot, but need to be able to have explosive bursts and movements when running bases or reacting in the field. Players that are flat-footed are less capable of generating the explosive power to propel the body forward quickly. This can be the difference in beating the throw or being in position and making the play.

Reducing stress, improving results

Imbalances in the feet due to pronation or supination can greatly impact a player’s swing, throw, movement and reaction time. Having the proper balance and support helps prevent injury and improve performance. Custom orthotics provide proper balance and support for the whole body, help correct imbalances in the feet, and include advanced materials that support shock absorption at heel strike and propulsion at toe-off during the gait cycle.

With our team, we have used custom orthotics to make sure our players have the proper support and balance, which has resulted in reduced stress on their bodies, fewer injuries, and improvement in performance. Almost every player or staff member who has custom orthotics has ordered additional pairs so they can have the proper balance and support in all their shoes, on and off the field.

PAUL HARKER is the former assistant athletic trainer for the MLB Tampa Bay Rays; he currently serves as the team’s medical coordinator. He has served with the Rays organization for 23 years and represents footlevels.com.
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CARTILAGE TEARS AND KINESIOLOGY TAPING

Taping as part of a conservative treatment approach to TFCC injuries

BY SHANNON M. HAUSCHILDT, MS, PA-C
TIME TO READ: 4-6 MIN.

THE TAKEAWAY
While there are a number of non-operative methods to address triangular fibrocartilage complex (TFCC) tears, kinesiology taping can also reduce pain and improve neurosensory feedback to heighten body awareness and motor control during the healing/rehab phase.

TRIANGULAR FIBROCARTILAGE COMPLEX (TFCC) TEARS are a common source of ulnar-sided wrist pain. The TFCC is composed of the triangular fibrocartilage, the ulnar collateral ligament, the radioulnar ligament and the sheath of the extensor carpi ulnaris. It plays an important role in load bearing across the wrist as well as in distal radioulnar joint (DRUJ) stabilization.

A traumatic tear can occur from a fall forward onto an outstretched hand, such as in athletic activities, or a degenerative tear may develop with repetitive workloads.
Examination and diagnosis
A patient with a TFCC injury typically presents with ulnar-sided wrist pain that increases with supination/pronation of the forearm and ulnar deviation of the wrist. Examination reveals tenderness to palpation along the ulnar side of the distal radioulnar joint. A large joint effusion is not typical. A provocative test performed by the examiner involves applying an axial load to the wrist in an ulnar-deviated position. Although often normal, a radiographic finding of a widened space between the distal ulna and radius may suggest a TFCC tear. An MRI is needed to definitively diagnose a structural tear.

Non-operative methods
A number of unstable and chronic tears will require arthroscopic debridement or reconstruction. However, stable and acute tears may benefit from common non-operative treatment methods including:

Activity modification: Avoiding aggravating activities, such as loaded wrist extension and rotational movements, will help to remove strain on the ligamentous complex.

Immobilization: In one study, more than 50% of patients with a clinical diagnosis of a TFCC tear had complete pain relief with immobilization provided by a short-arm cast or a wrist brace.

Nonsteroidal anti-inflammatories (NSAIDS): NSAIDs are among the most common pain relief medicines. They can help mitigate both pain and swelling but can carry unwanted side effects.

Steroid injections: An intra-articular radiocarpal joint injection can provide local pain relief but requires a skilled practitioner to assure proper placement and desired outcome. Corticosteroid injections do not come without risk, though.

Physical rehabilitation: Exercises and modalities aimed at reducing pain and inflammation as well as increasing function may be helpful to some patients.

TFCC taping
Another option for conservative treatment of a TFCC injury is elastic therapeutic taping. When applied appropriately, this modality can reduce pain and improve neurosensory feedback to heighten body awareness and motor control.

It is believed that by stimulating the mechanoreceptors in local tissue, nociception (the nervous system’s response to harmful stimuli) can be reduced. Studies have shown that this type of treatment provides superior pain relief when compared to minimal intervention. Elastic therapeutic taping has also been shown to improve joint position and proprioception in multiple joints of the body. Simply put, tape applied to the skin increases the conversation between the brain and the affected region of the body, resulting in more desirable movement patterns and body awareness.
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Surgical alternatives
In his book *Fascial Manipulation for Musculoskeletal Pain*, Stecco proposes that there is a helical pattern to the fascial network in the human extremities. This fascial pattern helps us understand rotational movements of the forearm.⁹ Therefore, it is possible that a similar helical pattern of taping application can cue the patient to stay within a desired range of motion to allow for healing of a TFCC injury.

A taping application provides a few benefits over traditional casting, including a lower risk of stiffness and atrophy following immobilization, improved cleanliness and greater comfort for the patient. Elastic therapeutic tape offers pain relief that is non-invasive and generally well-tolerated. Likewise, it will not limit the ability to perform physical rehabilitation.

While many patients with TFCC injuries may require surgical intervention for full resolution of their symptoms, conservative treatment still remains a viable option. Elastic therapeutic tape applied in a helical pattern may be an alternative to traditional non-operative treatment of TFCC injuries. CE

SHANNON M. HAUSCHILDT, MS, PA-C, is an assistant professor and academic coordinator in the Missouri State University Physician Assistant Program. She has 15 years of experience in orthopedics and currently works at Mercy Hand Surgery in Springfield, Mo.

References can be found online at chiroeco.com.

HELICAL PATTERN TAPING
The patient is positioned with the elbow flexed at 90 degrees and the wrist in neutral.

The first piece of tape (yellow) should start on the base of the 5th metacarpal on the dorsal side of the hand. Wrap the tape toward the radial side, being certain to cover the region of the TFCC. Continue to wrap in a helical pattern, avoiding the antecubital space, and finish on the medial upper arm.

The second piece of tape (red) should begin on the thenar eminence and wrap in the opposite direction, ending on the lateral upper arm.

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THE 6 REASONS YOUR PRACTICE WON’T SELL
Avoid these pitfalls for a smooth, successful transaction

BY CRYSTAL MISENHEIMER
TIME TO READ: 7-9 MIN.

THE TAKEAWAY
Pricing, financials, buyer trust, marketing efforts, general organization and working with the right bank all come together to paint a picture for potential buyers of chiropractic practices. An industry expert points out pitfalls to avoid and tips to create a most attractive opportunity for buyers.

SELLING A PRACTICE CAN FEEL LIKE CLIMBING A MOUNTAIN.
There are records to organize, marketing and sales materials to create, and logistical details to take care of. And the statistics on selling a business aren’t great; according to SCORE.org, only about 30% of businesses listed for sale ever actually sell. The rest are doomed to close their doors.

What can you do to put yourself in the 30%? Avoid these six pitfalls and you’ll be well on your way.
So I can give more to them

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**1 Your pricing doesn’t add up**
The chiropractic market is crowded. Baby boomers are retiring, and today’s population is more willing to pick up and move. This means prospective buyers have more options than ever. And a well-established marketplace for chiropractic clinics makes it easier for buyers to compare the various options.

As a result, aligning with market expectations is more important than ever. Some clinics priced above the norm may still sell, but it will likely take longer. Historically, spending a long time on the market damages the reputation of clinics for sale. This could lead to a final sale price lower than one you could have gotten if you had priced appropriately from the get-go.

**What You Can Do:**
Even if you are selling without a broker’s assistance, get a professional valuation. This will allow you to price your clinic at the maximum that stays within market expectations.

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**2 Your financials are a mess**
Buyers are looking for certainty just as much as you are. And rest assured, they will do their homework. Financial records hold a great deal of important information: what the overhead is, what the cash flow is, and the fluctuations the buyer might expect in both categories. Further complications come from addbacks, the adjustments made to remove tax strategy and show true profit to prospective buyers.

If a buyer looks through your financial statements and can’t untangle where income originates or what the true profit is, they’ll lose interest. Outright errors or omissions are even worse.

This is especially a problem area for doctors who try to sell their clinics themselves. Sadly, we hear countless stories of buyers spending months trying to unwind “for sale by owner” financials and stats, or even trying to get a loan based on amateur-prepared financials.

**What You Can Do:**
Prepare an informational package that won’t confuse potential buyers. Your financials need to be so clear that even a new graduate could understand them at a glance. Clear information not only builds trust, it gets a buyer excited about your clinic. Have an expert like a broker or CPA advise you about what addbacks are reasonable and customary.
Your marketing needs to be as clear as your sales materials. Buyers need to understand what’s for sale, what the cash flow is, and where it’s located.

3 Your buyer doesn’t trust you
Most salespeople have heard the saying “Time kills all deals.” What makes deals take longer? A lack of trust.

From the beginning, it’s important that your buyer feels you’re being completely transparent with them. If they don’t — if they get the impression that information is unclear, misleading or withheld — they will get cold feet. Ideally, every buyer who requests information from you gets a clear, thorough and comprehensive information package to help assess what’s for sale.

What You Can Do:
If you’re listing with a brokerage, review any sales materials to ensure that they’re clean, comprehensive and up-to-date. If you’re listing your clinic yourself, assemble all information about your practice into one sales package. That includes financials, clinic statistics, practice history and management details.

4 Your clinic is a mess
If you were buying a house but the pictures showed tacky curtains, water damage and desks overflowing with paperwork — would you be excited? Chiropractic buyers are the same way, but worse. For many practitioners, this is the biggest purchase of their lives. You don’t want to give buyers any reason to say no.

We hear this story often. A buyer looks at a clinic; it’s in a nice town, and the financials seem to be in good shape. Then they see it in person. Maybe it’s cluttered, or filled with bugs or leaks, or the treatment room is dark and dreary. So they move on.

With so many options on the market, you want to do everything possible to make your clinic stand out. Patients may not mind a little mess if they’ve been seeing you for a while, but buyers will be seeing your clinic for the very first time.

What You Can Do:
It’s human nature to become immune to clutter in our daily environments. To see with fresh eyes, walk through your clinic and take pictures of every room from multiple angles. Address anything that makes you cringe.
Your marketing is invisible
Think back to the major purchases you’ve made in your life. What marketing worked on you? When you shop for a car, do you shop blurry photos in classifieds? Or do you check online for up-to-date information and pictures from every angle? If your marketing is low-budget, outdated or doesn’t feel upscale, it will devalue your practice.

First, your marketing needs to be as clear as your sales materials. Buyers need to understand what’s for sale, what the cash flow is, and where it’s located. Much has been written about the millennials, who are becoming a larger segment of chiropractic practice buyers every day. So we know they care about lifestyle more than any previous generation — they want to know what they’ll be doing when they’re not working. And we know where to find them: online.

That means your marketing needs a message, too. It needs to highlight recreational activities and the positive aspects of living in your area. That includes attractions like lakes or skiing, but also good schools, a low cost of living and a high quality of life.

What You Can Do:
Create marketing with a strong online focus, ideally with a dedicated landing page for your clinic. Having a dedicated page lets you show up in searches instead of competing in the classifieds. Update your marketing frequently.

You’re at the wrong bank
We’ve talked a lot about buyers, but there’s another party you need to impress: the bank.

This is another good reason to have your financials in order. If a bank isn’t confident about your numbers or the outlook of your clinic, your deal goes to the bottom of the stack. When that happens, you’re stuck carrying a note or letting a buyer walk.

However, even with strong financials, some banks won’t lend on chiropractic acquisitions thanks to a higher rate of default associated with the chiropractic NAICS code. Your local banker may not know this if they’re not the decision maker. You might not find out right away, in part because banks benefit from having deals in the pipeline (even if they’re deals that will never close). In a worst-case scenario, a buyer might work with a bank for months only to be declined because the deal was never going to meet the bank’s internal criteria.
What You Can Do:
Assuming you already have a detailed and clear sales prospectus, your next step is to connect with a reputable loan broker. Ideally, work with a brokerage with established connections for chiropractic lending. Emphasis here is on reputable. Business loan brokerage is an unregulated industry, and we’ve seen buyers lose significant funds to dishonest brokers.

If all those steps sound like a headache, consider the alternative: waiting for months, slowly dropping your asking price, hoping a serious buyer will materialize. Putting in the work up front gives you the best odds at a smooth, quick and profitable sale. Alternatively, skip the headache. Brokerages exist to handle the analysis, data and marketing with the necessary care, so that you can focus on keeping your practice numbers up and planning for your next move.

CRYSTAL MISENHEIMER is the co-founder of Progressive Practice Sales. Their team harnesses the power of today’s technology to help doctors sell and acquire clinics, and save them time, money and effort along the way. She can be contacted at 512-523-9110, crystal@progressivepracticesales.com or through progressivepracticesales.com.

QUICK TIP: Walking to keep lower-extremity arthritis at bay
A study has found that taking a brisk walk for less than 10 minutes per day is associated with a decrease in the risk of developing a disability for those with osteoarthritis in a lower-extremity joint. More than 30 million adults in the United States alone suffer from osteoarthritis, typically starting after age 40. The study, which took place at the Northwestern University Feinberg School of Medicine in Chicago, Ill., is based on an investigation that included more than 1,500 men and women between the ages of 45-79 and residing around Baltimore, Md.; Columbus, Ohio; Pawtucket, R.I.; and Pittsburgh, Pa. All the subjects had been diagnosed with osteoarthritis in the knee, hip, ankle or foot, and experienced some level of pain or stiffness but were not limited in mobility or disabled in any way as the trial began. They were tracked for four years, with their physical activity recorded on a wearable electronic device. Those who had been doing a minimum of an hour a week of exercise had an 85% lower risk of being unable to cross a street alone due to the need to walk slowly. — Baseline of Health Foundation, jonbarron.org

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According to the CDC, at least one-fifth of all Americans report dealing with chronic pain, and the National Institutes of Health report that millions of Americans suffer acute pain. Whatever the causes — acute pain from physically-demanding jobs, chronic inflammation due to rheumatoid arthritis, muscle recovery from intensive workouts, or for any other reason — effective, safe and holistic solutions are within reach.

The Takeaway
Curcumin, omega-3 and Boswellia are some of the hot supplements providing anti-inflammatory relief, as are topicals combining these ingredients. Help your patients begin to heal with the right nutrients and botanical medicines that support the efforts of regular chiropractic adjustments.

Anti-Inflammatory Nutrition for Patients
A safe, effective and holistic pain protocol

By Jacob Teitelbaum, MD

Time to read: 4-6 min.
Curcumin for chronic pain
Chronic pain may be a primary driver behind most of your patients’ initial visits. And because it becomes so hard to ignore, it may also drive patients to taking unhealthy levels of over-the-counder or prescription pain medications.

For situations like this, a clinically-studied curcumin blended with turmeric essential oil (BCM-95) may be the best choice. Curcumin fights COX-2 inflammation, and modulates every other inflammatory pathway as well. This particular curcumin has been used in numerous clinical studies, including a rheumatoid arthritis trial where it performed better than the prescription drug diclofenac sodium, reducing joint pain and swelling with no side effects.³

Turmeric essential oil is a component in this curcumin to help it absorb and remain in the bloodstream longer. It also provides turmerones (specifically ar-turmerone) with actions similar to curcumin as well.⁴,⁵

Omega-3 for joint pain
For joint discomfort, omega-3 consumption is consistently linked with lower incidence of rheumatoid arthritis, and can certainly benefit patients dealing with pain due to other causes.⁶-¹²

One way to bolster this is to build DHA and EPA levels in patients with daily supplementation. It can go a long way to stopping acute and long-term joint inflammation.

An omega-3 supplement that is bound to phospholipids (beneficial in their own right) provides peptides that krill and fish oil supplements can’t offer. Just a couple of tablets each day help balance levels of omega-3s. A phospholipid form is more stable too, and virtually guarantees compliance, because it requires fewer dosages than fish oil and doesn’t cause fishy-tasting burps. Because the absorption of omega-3s is much better with phospholipids than with triglyceride-bound oils, it is a more natural fit for the body, as well.

Acute pain and muscle recovery
Some of the best results for acute pain and muscle recovery can be seen with the clinically-studied curcumin mentioned earlier along with 5-LOX.
fighting boswellia, DLPA to boost natural endorphins, and nattokinase to efficiently shepherd these ingredients through the bloodstream. This pain reliever is fast-working and can easily take the place of over-the-counter NSAIDs your patients may be using. It has been a pain relief miracle for the people I treat, even helping when narcotics cannot.

Curcumin has been clinically studied for its effects on delayed onset muscle soreness, and was found to reduce pain, inflammatory markers, and muscle damage and improve performance. 13,14 The boswellia in this combination has been studied along with curcumin in a clinical trial of patients with osteoarthritis, although its 5-LOX balancing ability makes it a good choice for patients with rheumatoid arthritis, too.

In the osteoarthritis study, the two botanicals were compared to a generic celecoxib. One group received celecoxib, 100 mg, twice daily while the second group received a 500-mg blend of the high-absorption curcumin and the high-AKBA boswellia extract twice daily. For pain relief, 64% of those taking the herbal ingredients versus 29% in the drug group improved from "moderate to severe arthritis" to "mild to moderate arthritis." 15

**Topical combinations**

Additionally, a topical cream for dealing with sprains, strains and abrasions may be one of the best all-purpose recommendations. A recommended one is made from the flowers, stems and leaves of a specialized comfrey (*Symphytum x uplandicum NYMAN*) that is free of pyrrolizidine alkaloids (PAs). Aside from soothing inflammation and muscle pain, this comfrey cream relieves knee and ankle sprains and strains, and the scrapes and abrasions that are common with an active life or occasional stumbles. 16-22

The right nutrients and botanical medicines complement and support regular adjustments for a holistic approach to pain relief. Whatever the reason for the pain, these interventions do more than mask symptoms — they can stop damaging inflammation and help your patients begin to heal.
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PHOTOMODULATION AND HEALING THE BRAIN

Light therapy offers help to a wide range of brain-injured patients

BY DAVID CHRISTENSON

TIME TO READ: 7-9 MIN.

THE TAKEAWAY

The human brain, we’ve discovered, can form new neural pathways for self-healing. This opens the door to an expansive new treatment opportunity for chiropractors and patients with brain injuries through light therapy to produce positive cellular change.

SCIENCE NOW KNOWS THAT THE HUMAN BRAIN is amazingly resilient and can reorganize and form new neural connections and pathways between intact neurons to compensate for damage and function loss. This adaptive mechanism is termed “neuroplasticity.”

Because of their firm belief in the body’s innate recuperative power, chiropractors are poised to lead the way in treating patients suffering from brain injuries, diseases or disorders that were previously thought of as untreatable. To this end, light therapy is one of the most effective and clinically proven treatment modalities that can help support the brain’s own newly-discovered self-healing ability.

Light therapy (photobiomodulation)

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The photons of near infrared and red light produced by laser or LED diodes administered to the patient’s head will penetrate the skull (provided they are powerful enough) and stimulate the release of nitric oxide, the body’s natural vasodilator, greatly increasing circulation to the brain while reducing inflammation.

method (a proven effective alternative to drugs and surgery) is also known as "photobiomodulation" (PBM) — meaning that light placed on the human body will produce positive cellular change.

The photons of near infrared and red light produced by laser or LED diodes administered to the patient’s head will penetrate the skull (provided they are powerful enough) and stimulate the release of nitric oxide, the body’s natural vasodilator, greatly increasing circulation to the brain while reducing inflammation. As blood flow is increased to brain tissues, improved tissue oxygenation occurs. The release of nitric oxide also stimulates new capillary growth (angiogenesis), plus nitric oxide regulates adenosine triphosphate (ATP) production (according to the research done by British pharmacologist Sir Salvador Moncada). As these photons of red and near-infrared light stimulate the high numbers of mitochondria in the neurons of brain cells (the average human brain contains about one hundred billion neurons), they boost the production of adenosine triphosphate (ATP), causing an increase in cellular energy.

According to James Carroll, a recognized authority on PBM, “…when we put light of the right wavelength and intensity into people for the right amount of time, the right intervals…this light basically tips the balance in favor of more ATP and less oxidative stress. And under those circumstances, people get better more quickly.”

This increase in circulation plus ATP production makes light therapy a rather unique and valuable treatment option — not only has light therapy proven to be effective as a stand-alone healing modality, but in addition, light therapy may actually accelerate the healing process produced by other therapies used in conjunction with it. Light therapy has a high level of safety; no known negative side effects; is easy to administer; and is comfortable and non-invasive — making it a perfect treatment modality for the homeopathic community.

Lighting the brain
When it comes to the brain, light therapy has to be effective across the board in all of the many diverse conditions, from physical to psychological, that are categorized as brain injuries. As Michael Hamblin, PhD, associate professor at Harvard Medical School, notes: “The brain suffers from many different disorders that can be classified into three
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broad groupings: traumatic events (stroke, traumatic brain injury and global ischemia), degenerative diseases (dementia, Alzheimer’s and Parkinson’s), and psychiatric disorders (depression, anxiety, post-traumatic stress disorder).” Can light therapy help in all of these distinct areas?

Advanced research being done by Hamblin, and also by Margaret A. Naeser, PhD, at Boston University, is continuing to prove that light therapy can have a positive effect on the brain in relation to trauma and degenerative diseases.

“At first used mainly for wound healing and pain relief, the medical applications of LLLT [low level light therapy] have broadened to include diseases such as stroke, myocardial infarction, and degenerative or traumatic brain disorders.” This joint study by Hamblin and Naeser in 2010 concluded that “We believe that the high benefit risk-ratio of LLLT should be better appreciated by medical professionals in the rehabilitation and physical medicine specialties...the particular benefits of LLLT to both the central and peripheral nervous systems suggest that much wider use of LLLT could or should be made in cases of both brain diseases and injuries.”

Treating anxiety and depression
Studies are suggesting that light therapy is also effective in the treatment of psychological disorders, such as anxiety and depression, even up to the point of suicidal ideation. Sleep issues, too, are improved.

A study on insomnia/sleep disturbance conducted by the China Institute of Sports Science in Beijing concluded that “Transcranial PBM (658 nm) has been demonstrated to improve sleep quality in Chinese female basketball players.” And a small feasibility study published in 2009 concluded: “We gave one eight-minute treatment with NIR-PBM to 10 patients with major depression, including seven with a history of substance abuse (six with a past history of opiate abuse and one with a past history of alcoholism), and nine with an anxiety disorder, including three with PTSD. We found significant reductions in both mean HAM-D and HAM-A rating [Hamilton Depression Rating Scales] at two and four weeks following treatment. At two weeks post treatment, six of 10 of patients had a remission (a score ≤10) on the HAM-D and seven of 10 on the HAM-A. We observed no side effects.”

Light therapy appears to be a safe and reliable treatment for every type of brain issue, be it traumatic, degenerative or psychiatric. So, if neuroplasticity is the mechanism whereby the brain repairs and heals itself, then light therapy is the safe, effective and easy means to kick this process into gear. CE

DAVID CHRISTENSON is a health care consultant and the founder/CEO of Neurocare Systems, bringing advanced state-of-the-art medical-grade LED light therapy equipment to medical practices for the treatment of neurological disorders. A lifelong advocate for pharmaceutical alternatives, over the last decade he has formulated numerous lines of award-winning advanced apoptogenic natural neurological supplements and is currently developing an advanced brain support program for clinical implementation. He can be contacted at 800-900-4045, or through neurocaresystems.com.

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HOW DIFFERENT TOPICAL INGREDIENTS HIT THEIR TARGETS

Analgesics and the gate-control theory of pain

BY DAN SANDWEISS

THE TAKEAWAY

The chill of menthol, the heat of capsaicin, the physiological temperatures of camphor, and citrus oils all activate different transient receptor potentials, channels for pain transmission, to dull the pain of arthritis or other aches. All regulate the flow of ions such as calcium and sodium into and out of the nerve cells, allowing the transmission of sensory signals, including pain.

THE SCIENCE BEHIND TOPICALS is a function of the theories underlying pain transmission.

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Gate theory posits that topical analgesics contain active ingredients that interfere with such transmission and modulate the degree of pain experienced by the user.

Gate-control theory
In the mid-1960s, Melzack and Wall published a paper describing the gate-control theory of pain. While it has undergone modification over the years, the theory’s premise is that there are two types of nerve fibers that transmit pain: A fibers and C fibers. The former transmits acute pain such as that from a knife wound or breaking a bone. These nerve signals travel rapidly to the spine because humans must be quickly notified that their injury is serious and has to be addressed immediately. C fibers transmit pain signals more slowly and tend to communicate chronic pain, such as that from arthritis. Melzack and Wall posited that there are a number of cognitive, physical, electrical and chemical factors that can determine how and whether the pain signals reach the spine and brain.

The swinging gate
In essence, these factors will open or close “gates,” allowing or preventing pain signals from reaching the brain. It is well-known that patients suffering from depression experience pain more acutely. Other patients have been taught to use mindfulness techniques to reduce awareness of pain. Still others use TENS units to interfere with the electrical impulses that move from the site of pain to the spine. The theory asserts that the above behaviors/technology impact the gates that control transmission of pain to the dorsal horn in the spine and, in turn, to the brain. Gate theory posits that topical analgesics contain active ingredients that interfere with such transmission and modulate the degree of pain experienced by the user.
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Transient receptor potentials

For a few decades, the above explanation was sufficient for explaining the science behind pain and its relief. Starting about 20 years ago, researchers discovered further detail on pain transmission in A and C nerve fibers. Residing on the membranes of nerve cells in these fibers are ion channels called transient receptor potentials (TRPs). These channels come in several “flavors,” but all of them regulate the flow of ions such as calcium and sodium into and out of the nerve cells, allowing the transmission of sensory signals, including pain.

There is a subset of TRPs that are sensitive to temperature, a fact that is relevant to the ingredients in topical analgesics:

- TRPM8 is sensitive to the cold caused by menthol;
- TRPV1 is activated by the heat of capsaicin;
- TRPV3 is activated at physiological temperatures between 22 and 40 degrees centigrade, which results from camphor;
- TRPA1 is sensitive to citrus oils.

Most of these channels sit on C nerve fibers, which means they regulate perception of chronic pain. When you administer a topical analgesic containing one or more of the above ingredients, you cause an influx of ions to the TRP channel, which results in an immediate strong perception of pain. As ions flood the channel, it shuts down, stopping the travel of nerve impulses on that nerve fiber. Your patient quickly notices that her arthritis pain is reduced.

TRP modulating

Depending on the number of TRP modulating ingredients and the number of channels reached, your patient’s pain may get a little better, or a lot better. You will find that a topical containing menthol, camphor, capsaicin and, perhaps, a citrus oil, will be particularly effective for relieving chronic pain because all the TRP channels for these ingredients reside on C nerve fibers, which transmit the slow, persistent, chronic pain signals.

After a few hours, TRPs will reset themselves as the ions leave the channel due to the sloughing of ingredients and the body’s tendency toward equilibrium. Your patient will need to reapply her topical analgesic to return to freedom from pain. For this reason, it is a good idea to sell your patient a topical to take home.

DAN SANDWEISS is COO of Sombra Professional Therapy Products, manufacturer of Sombra brand natural topical analgesics and massage lotions and creams. You can reach him at dan@sombrausa.com and learn more about Sombra at sombrausa.com.
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THERE ARE CURRENTLY MORE THAN 600 CBD OILS available for purchase, and consumers are in need of education. The range in efficacy is startling, as evidenced by a recent report that showed test results of 100 CBD oils. Twenty-three (23%) of those oils tested had zero CBD. That’s right, zero. While most supporters of CBD are happy it can be sold legally across the country, the downside of having CBD oils sold as a dietary supplement is that many companies do not accurately describe what is in their bottle.

WATER-SOLUBLE CBD FOR ABSORPTION

Should your marketing include CBD with immediate bioavailability in addition to oil-based?

TIME TO READ: 3-5 MIN.

THE TAKEAWAY

Oil and water, the saying goes, don’t mix. But for patients looking for immediate pain relief with CBD products, water-soluble CBD provides better bioavailability, efficacy and cost.

THERE ARE CURRENTLY MORE THAN 600 CBD OILS available for purchase, and consumers are in need of education.

The range in efficacy is startling, as evidenced by a recent report that showed test results of 100 CBD oils.

Twenty-three (23%) of those oils tested had zero CBD. That’s right, zero. While most supporters of CBD are happy it can be sold legally across the country, the downside of having CBD oils sold as a dietary supplement is that many companies do not accurately describe what is in their bottle.
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Any products that use purified water will not be processed through the digestive tract, but rather, when sprayed directly into the mouth, will enter the bloodstream very quickly through the soft tissues in the cheeks called buccal mucosa.

Water vs. oil
What we know for certain is that almost all CBD oil products available have one thing in common: They all use a carrier oil that is mixed with the unlimited variety of cannabidiol products. This creates tremendous confusion for the consumer because many companies do not even identify what kind of carrier oil is being used.

While consumers may be perfectly comfortable consuming an oil that is not identified, we have found that health care professionals are looking for three things: efficacy, easy method of dosing, and good taste. Those criteria can be met with a new type of delivery system that comes with proof of bioavailability.

Bioavailability
It's critical to understand what bioavailability is and what it means to you if you use CBD.

Bioavailability is the proportion of a drug or other substance which enters the circulation when introduced into the body, and so is able to have an active effect. It is a critical element in supporting both efficacy and cost to the user.

There are a number of really good CBD oils available and information is out there to help people make the right decision. But things get very confusing, very fast. Some companies label their product with what the total liquid volume is. For example, they might offer you 2 oz. of CBD oil without telling you how much CBD is in that 2 oz. If they don’t tell you right away how much actual CBD they are selling in the product, stop and find another product right away. The explosive CBD market is loaded with bad products. It will take a few years to clean these bad companies out, but it will happen. In the meantime, responsible companies will continue to help educate and inform consumers.

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and they are offering published proof of superior bioavailability, the industry will ultimately gravitate to the superior delivery system. That seems to be the case with the introduction of CBD products that will use purified water instead of a carrier oil.

This is where things start to get very interesting. Any product that uses a carrier oil will need to be processed through the digestive tract when it is swallowed. Any products that use purified water will not be processed through the digestive tract, but rather, when sprayed directly into the mouth, will enter the bloodstream very quickly through the soft tissues in the cheeks called buccal mucosa.

Cost and efficacy
Cost is always an important consideration. When comparing an oil-based product to a product that uses purified water as a delivery system, when both products are of the same efficacy, the results are astounding. The Physician’s Desk Reference shows that a CBD user would need to buy two bottles of oil that contained 200 mg of CBD to get the same benefit of one 200-mg. tube of CBD that uses purified water to deliver the CBD.

This important development in the CBD marketplace will be gaining a lot of attention as awareness of this type of delivery system gains traction.  

JOHN THOMPSON is the CEO of myonatural.com, a company dedicated to serving chiropractors and the first company to introduce a CBD spray that uses purified water and zero carrier oils.
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<td>972-480-0678</td>
<td>positivetouch.org</td>
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<td>Posture Perfect Solutions Ltd.</td>
<td>604-985-0634</td>
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<td>Prince of Peace Enterprises Inc.</td>
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<td>Promassagers.com</td>
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<td>Proper Pillow</td>
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<td>properpillow.com</td>
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<td>realbodywork.com</td>
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<td>800-323-9653</td>
<td>richard-wolf.com</td>
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<td>Richard Mar</td>
<td>888-549-4945</td>
<td>richmarweb.com</td>
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<td>408-912-7625</td>
<td>rocktape.com</td>
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<td>Roscoe Medical</td>
<td>800-871-7858</td>
<td>roscoemedical.com</td>
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<td>Scriphessco</td>
<td>800-747-3488</td>
<td>scriphessco.com</td>
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<td>Sigma Instrument Methods</td>
<td>888-860-9492</td>
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<td>800-552-0418</td>
<td>silhouettone.com</td>
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<td>Somatherapy Institute</td>
<td>760-328-8009</td>
<td>somatherapy.com</td>
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<td>866-SKY-SCAP</td>
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<td>800-289-5487</td>
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<td>410-827-4281</td>
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<td>813-835-7900</td>
<td>massagesupplies.com</td>
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<td>770-888-9796</td>
<td>mastercare.se</td>
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<td>Techniques Tables</td>
<td>866-618-2253</td>
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- benefit high blood pressure and cardiovascular disease
- increase the population of beneficial intestinal flora

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- benefit all intestinal inflammatory conditions
- restore the structure and function of the intestinal lining
- increase the population of beneficial intestinal flora
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### SEPTEMBER

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<td><strong>BACK IN BALANCE: DEALING WITH AMERICA’S HEALTH EPIDEMIC FROM A NEUROLOGICAL POINT OF VIEW</strong></td>
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<td>Erchonia</td>
<td>888-242-0571</td>
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<td><strong>POSTURE, BALANCE, ASSESSMENT, REHABILITATION &amp; MOTOR CONTROL EXERCISES</strong></td>
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<td>888-242-0571</td>
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<td>SEPT. 12-13</td>
<td><strong>CEAS I: ERGONOMICS ASSESSMENT CERTIFICATION WORKSHOP</strong></td>
<td>Indianapolis</td>
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<td>SEPT. 13-15</td>
<td><strong>PUMPED: ENHANCE YOUR STRUCTURAL &amp; FUNCTIONAL EXAMINATION SKILLS</strong></td>
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<td>SEPT. 14-15</td>
<td><strong>FAKTR REHAB SYSTEM</strong></td>
<td>New York</td>
<td>Southeast Sports Seminars</td>
<td>877-489-4949</td>
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<td><strong>FAKTR REHAB SYSTEM</strong></td>
<td>West Palm Beach, FL</td>
<td>Southeast Sports Seminars</td>
<td>877-489-4949</td>
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<td><strong>REHAB TO FITNESS: PROGRAMMING FOR OPTIMAL FUNCTION AND PERFORMANCE</strong></td>
<td>Chicago</td>
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<td>877-489-4949</td>
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<td><strong>MASTERY: AN INTEGRATIVE APPROACH TO FUNCTIONAL HEALTH</strong></td>
<td>Portland, OR</td>
<td>Erchonia</td>
<td>888-242-0571</td>
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<td><strong>MASTERY: AN INTEGRATIVE APPROACH TO FUNCTIONAL HEALTH</strong></td>
<td>Las Vegas</td>
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<td><strong>POSTURE, BALANCE, ASSESSMENT, REHABILITATION &amp; MOTOR CONTROL EXERCISES</strong></td>
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<td>Edmonton Chiropractic Society</td>
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### OCTOBER

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<td>OCT. 4-6</td>
<td><strong>PARKER SEMINARS</strong></td>
<td>Dallas</td>
<td>Parker Seminars</td>
<td>888-727-5338</td>
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<td>OCT. 5</td>
<td><strong>CLINICAL POSTURE ASSESSMENT: THERAPY &amp; EXERCISE IS ROCKET FUEL FOR POSTURE REHAB</strong></td>
<td>Marietta, GA</td>
<td>Life University</td>
<td>770-426-2674</td>
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<td>OCT. 5-6</td>
<td><strong>REHAB TO FITNESS: PROGRAMMING FOR OPTIMAL FUNCTION AND PERFORMANCE</strong></td>
<td>Kansas City, KS</td>
<td>Southeast Sports Seminars</td>
<td>877-489-4949</td>
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<td>OCT. 5-6</td>
<td><strong>BACK IN BALANCE: DEALING WITH AMERICA’S HEALTH EPIDEMIC FROM A NEUROLOGICAL POINT OF VIEW</strong></td>
<td>Asheville, NC</td>
<td>Erchonia</td>
<td>888-242-0571</td>
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<td>OCT. 10-11</td>
<td><strong>CEAS I: ERGONOMICS ASSESSMENT CERTIFICATION WORKSHOP</strong></td>
<td>Orlando</td>
<td>The Back School</td>
<td>800-783-7536</td>
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POSTURE & BALANCE WITH MOTOR CONTROL EXERCISE
Bridgeport, CT
American College of Chiropractic Orthopedists
781-665-1497

OCT. 12-13
FAKTR REHAB SYSTEM
Buffalo
Southeast Sports Seminars
877-489-4949

OCT. 13-14
LIMITLESS
Charleston, SC
Erchonia
888-242-0571

OCT. 17-18
CEAS I ERGONOMICS ASSESSMENT CERTIFICATION WORKSHOP
Atlanta
The Back School
800-783-7536

OCT. 19-20
FAKTR REHAB SYSTEM
Houston
Southeast Sports Seminars
877-489-4949

OCT. 19-20
TAKE AIM AT CHRONIC PAIN
Ann Arbor, MI
Erchonia
888-242-0571

OCT. 25
ERCHONIA’S 18TH ANNUAL GOLF TOURNEY
Orlando
Erchonia
888-242-0571

OCT. 26-27
LIMITLESS WITH ADVANCED SESSION
Orlando
Erchonia
888-242-0571

OCT. 31-NOV. 3
SOUTHWEST REGIONAL CONVENTION & EXPO
Naples, FL
Florida Chiropractic Association
407-654-3225

OCT. 31-NOV. 3
2K19 INTERNATIONAL CONGRESS FOR INTEGRATIVE REHABILITATION
Los Angeles
Southeast Sports Seminars
877-489-4949

NOVEMBER

NOV. 1-3
CHIROSYMPOSIUM
Orlando
ChiroSymposium Breakthrough Coaching
800-723-8423

NOV. 2-3
REHAB TO FITNESS: PROGRAMMING FOR OPTIMAL FUNCTION AND PERFORMANCE
Orlando
Southeast Sports Seminars
877-489-4949

NOV. 2-3
MASTERY: AN INTEGRATIVE APPROACH TO FUNCTIONAL HEALTH
Cedar Rapids, IA
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NOV. (CONTINUED)

NOV. 2-3
ACTIVATE: REMAPPING THE BODY FOR ATHLETIC PERFORMANCE
Portland, ME
Erchonia
888-242-0571

NOV. 2-3
POSTURE, BALANCE, ASSESSMENT, REHABILITATION & MOTOR CONTROL EXERCISE
Sydney, Australia
Australia Chiropractors Association
800-075-003

NOV. 9-10
FAKTR REHAB SYSTEM
Atlanta
Southeast Sports Seminars
877-489-4949

NOV. 9-10
BACK IN BALANCE: DEALING WITH AMERICA’S HEALTH EPIDEMIC FROM A NEUROLOGICAL POINT OF VIEW
Atlanta
Erchonia
888-242-0571

NOV. 16-17
LIMITLESS WITH ADVANCED SESSION
Irvine, CA
Erchonia
888-242-0571

NOV. 16-17
POSTURE, BALANCE, ASSESSMENT, REHABILITATION & MOTOR CONTROL EXERCISE
Gold Coast, Queensland, Australia
Australia Chiropractors Association
800-075-003

NOV. 23-24
LIMITLESS
Louisville, KY
Erchonia
888-242-0571

DECEMBER

DEC. 7-8
BACK IN BALANCE: DEALING WITH AMERICA’S HEALTH EPIDEMIC FROM A NEUROLOGICAL POINT OF VIEW
Seattle
Erchonia
888-242-0571

DEC. 7-8
LIMITLESS
Arlington, VA
Erchonia
888-242-0571

DEC. 7-8
MASTERY: AN INTEGRATIVE APPROACH TO FUNCTIONAL HEALTH
The Woodlands, TX
Erchonia
888-242-0571

DEC. 14-15
BACK IN BALANCE: DEALING WITH AMERICA’S HEALTH EPIDEMIC FROM A NEUROLOGICAL POINT OF VIEW
Denver
Erchonia
888-242-0571

DEC. 14-15
LIMITLESS
Cleveland
Erchonia
888-242-0571

DEC. 14-15
MASTERY: AN INTEGRATIVE APPROACH TO FUNCTIONAL HEALTH
New Brunswick, NJ
Erchonia
888-242-0571

2020

JAN. 16-17, 2020
CEAS I: ERGONOMICS ASSESSMENT CERTIFICATION WORKSHOP
Santa Rosa, CA
The Back School of Atlanta
800-783-7536

JAN. 23-24, 2020
CEAS I ERGONOMICS ASSESSMENT CERTIFICATION WORKSHOP
San Bernardino, CA
The Back School
800-783-7536

FEB. 6-8, 2020
PARKER SEMINARS
Las Vegas
Parker Seminars
888-727-5338

APRIL 1-3, 2020
CEAS I: ERGONOMICS – PRACTICAL APPLICATIONS CERTIFICATION PRACTICUM WORKSHOP
St. Augustine, FL
The Back School of Atlanta
800-783-7536

APRIL 24-25, 2020
CEAS I ERGONOMICS ASSESSMENT CERTIFICATION WORKSHOP
Milwaukee (Big Bend), WI
The Back School of Atlanta
800-783-7536

AUG. 27-28, 2020
CEAS I: ERGONOMICS ASSESSMENT CERTIFICATION
Honolulu
The Back School of Atlanta
800-783-7536

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AIRFLEX II

Reimagined and refined, our best-seller made even better.

Add OPTIONAL AUTO-FLEXION AND OR AUTO-DISTRACTION

Add one-touch control for depth, speed, hold-time, and number of flexion cycles. Accurately controls the rest, pull, pull-percentage, time and cycles from the touchscreen.
One-Touch Control.
Powerful New Features.

The AIRFLEX II features all of the ground-breaking air-powered innovations of its predecessor plus, dynamic new features that truly place the AIRFLEX II in a class by itself. The stunning new touchscreen is the virtual command center for nearly all of the table's advanced functionality.

Check out these features:

- **Target Touch™**
  Delivers nearly instant flexion balancing and easy patient set-up.

- **Smart Lock**
  Completely eliminates any need for manual flexion locking handles.

- **Sleep Mode**
  Automatically resets and replenishes all air functions between each patient.

- **Air-Powered Auto-Flexion**
  With motor-free, AI-monitoring and dynamic control of auto-flexion functions.

- **Self-Diagnostic**
  Provides automatic airflow testing and real-time status reports of all table systems.

- **High-Capacity Air Supply**
  The AIRFLEX II has a 100% more efficient compressor (110V, base) and a 100% larger air tank (Auto-Functions).

- **New Smart-Valve Manifold**
  New AIRFLEX II valves are rated at 10 million cycles with no rewiring needed if replacement is ever necessary.

- **Modular Components**
  AIRFLEX II base is easy to service and can be upgraded to auto-functions, any time.

- **Programmable Logic Controller**
  In place of a static circuit board, the PLC offers dynamic control of all table systems.

**Starts at $5495**
(Shown with added options)
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