WELLNESS CLINICS

Moving Chiropractic into 2020

CBD for Inflammation and Anxiety  New DME Rules on Horizon  Point-Counterpoint: Pediatric Chiropractic
We focus on achieving wholistic health through nutrition. From our organic, regenerative farming practices to our Nutrition Innovation Center, we are committed to clinical science that advances health and changes lives.

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NEW POLL SHOWS THE LANDSCAPE HAS CHANGED?

We are in the midst of an integrated medicine revolution where MD slander and attacks on chiropractic, for the most part, are being cast aside in the best interests of patients. We’re increasingly seeing MDs, DCs, PTs, etc., working side by side in facilities that have broken down the walls of health care.

MD attack dogs still remain

The AMA for years waged a coordinated campaign to destroy chiropractic, “a plan of containment and elimination by the American Medical Association” that became embedded in its MD membership.¹

This coordinated effort and mis-education is largely aging out of the profession, but is unfortunately continued today by a handful of MDs through coordinated websites such as ScienceBasedMedicine.org and PainScience.com. In a review of the book The Medical War Against Chiropractors, ScienceBasedMedicine.org itself admitted, “The AMA did some very regrettable things. They used inappropriate language, referring to chiropractors as rabid dogs. They attacked chiropractors as killers without any supporting evidence. Their intent was to destroy chiropractic. They tried to conceal what they were doing. Their biggest mistake was to prohibit MDs from associating with chiropractors … The AMA distributed ‘Quack Packs’ and 10,000 copies of an anti-chiropractic book…”²

The remaining modern attacks by these websites end up in publications such as Forbes, the Washington Post and Wired, and on television on CNN and Dr. Oz. The industry’s Foundation for Chiropractic Progress (F4CP) responded to all these outlets’ attacks in 2019, refuting false claims with facts.

The good news … and more good news

In 2019 we saw the U.S. government recommend opioid patients referred to DCs for pain management, and a crackdown on opioid manufacturers who recruited and encouraged some MDs to up their prescriptions to further hook consumers.

As Fortune reported last year, “In 2012, as the death toll from the nation’s opioid crisis mounted, drug companies shipped out enough of the powerful and addictive painkillers for every man, woman and child in the U.S. to have nearly a 20-day supply. The reason: doctors were prescribing — and the industry was supplying — stronger pills.”³

Also introduced last year was The Chiropractic Medicare Coverage Modernization Act of 2019, which could align Medicare’s coverage of chiropractic services with other federal health care providers.

New poll shows changing attitudes

But perhaps the best news for integrated medicine and chiropractic emerged last month when a study published in the Journal of Alternative and Complementary Medicine revealed that U.S. physicians were recommending CHAs (complementary health approaches) to their patients at a significantly-increased rate.

The 2012 Physician Induction Interview of the National Ambulatory Medical Care Survey was used to assess whether U.S. physicians recommend CHAs to their patients, and showed that among general and family practice physicians, the top most-commonly-recommended CHA was chiropractic or osteopathic manipulation (54%). “These findings may enable consumers, physicians, and medical schools to better understand potential differences in use of CHAs with patients,” the authors write. And surely the numbers have advanced additionally over the last eight years since the survey.

These findings may also indicate that a new generation of doctors, like their patients, are ready and willing to embrace an integrated care and wellness approach that is patient-centered. We’re 33 years removed from United States District Judge Susan Getzendanner ruling that the AMA and its codefendants were guilty of violating the Sherman Antitrust Act and that in the ruling “the AMA decided to contain and eliminate chiropractic as a profession” and “to destroy a competitor.”

As all health care entities in 2020 deal with a difficult, ever-changing landscape, statistics show we’re moving on from turf battles to find ideal multidisciplinary solutions for patient care.

To your practice’s success,

Richard Vach
EDITOR-IN-CHIEF

References available at chiroeco.com.
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¹ JAHA, Bon Hiller et al., 2017
² www.designsforhealth.com/seed-to-oil-process
Foundation for Chiropractic Progress wins gold at 2019 PR World Awards

In October the Foundation for Chiropractic Progress, a not-for-profit organization dedicated to educating the public about chiropractic care, was named a PR World Award® Gold Winner in the health care category for its campaign, “Save Lives, Stop Opioid Abuse, Choose Chiropractic,” to educate consumers about the benefits of drug-free chiropractic care.

“Our team worked hard on this wide-reaching awareness campaign about... how chiropractic care is a safe, effective, drug-free solution for people with neuro-musculoskeletal pain,” said Kent S. Greenawalt, founder and chairman of F4CP and CEO of Foot Levelers. “That is why it is gratifying and an honor to be awarded for our efforts and success.”

ChiroEco.com/f4cp-gold-award

LIFE University launches College of Online Education

Life University announced the launch of the College of Online Education, offering undergraduate and graduate students from across the U.S. and around the world a unique, personalized educational experience.

“Our mission and vision to change the way the world thinks about health, performance and well-being is too expansive to contain to a single physical location,” Life University President Rob Scott, PhD, DC, said in a video message to prospective students. Offered for the past two years, Life’s online courses have the same academic rigor and learning outcomes as on-campus classes.

For more information, visit lifeedu.online.

ChiroEco.com/life-online-ed

Tendon stem cells could revolutionize injury recovery

Once tendons are injured they rarely fully recover, which can result in limited mobility and require long-term pain management or even surgery. The culprit is fibrous scar, which disrupt the tendon’s tissue structure.

Working with Carnegie Institution for Science’s Tyler Harvey and Sara Flamenco, Chen-Ming Fan led recent research that revealed previously undefined tendon stem cells in the patellar tendon; these could potentially be harnessed to improve tendon healing. The results were published in Nature Cell Biology.

“Because tendon injuries rarely heal completely, it was thought that tendon stem cells might not exist,” said Harvey. “Many searched for them to no avail, but our work defined them for the first time.”

ChiroEco.com/tendon-stem-cells

SOCIAL MARKETING

Be known as a one-stop shop for whole-body wellness

Many people think of chiropractors as spine specialists only — so if you are expanding your practice with other therapies, use social media marketing to position yourself not only as a spine doctor, but also as a practitioner of a whole-body wellness approach.

Consider all the services your practice currently offers besides adjustments. This may include nutrition counseling, weight loss, massage therapy, assisted stretching, chronic pain interventions, headache help, muscle and joint injury or disorder treatments, laser therapy, TENS therapy or custom orthotics, just to name a few. You probably also carry a range of dietary supplements and other retail products.

Instead of cramming all your products and services into one ad, consider creating specific marketing materials for each service you offer, then promote them individually using your social media networks. Patients may be coming to your practice for an adjustment and a massage, for example, but may not know you can provide them with help losing weight or managing headache pain.

Use your Twitter, Facebook, Instagram and other social channels for promoting your ancillary services, via photos and video clips with appropriate hashtags. Any one of your services could bring new patients on the value of chiropractic care?

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

FACEBOOK QUESTION

What services do you offer patients besides adjustments? What are your most popular of these services?

Each month we’ll ask a new question on our Facebook page. Join the conversation at facebook.com/ChiroEcoMag

MISSED THE LAST ISSUE?

2020 BUYERS GUIDE

The best in chiropractic products, services and companies serving the industry

ChiroEco.com/magazine

For more information on social media marketing, visit the Business Tips section of ChiroEco.com.
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chiroecomag
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dc.macphee
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palmercollege
Are chiropractors real doctors? It’s a question our profession is asked often so we want to be a part of the solution in educating the public. The answer is “Yes!”

chamberlainchiro
I don’t know about who your chiropractor is but I sure know that the doctors at our office are totally awesome!

menidian_chiropractic_mn
Bookmark this shoulder stretch for later!

drbraglia
When things change inside you, things change around you too.

dc.macphee
"MOST PEOPLE HAVE NO IDEA HOW GOOD THEIR BODY IS DESIGNED TO FEEL."

- Kevin Trudeau

letschalkaboutchiropractic
Get adjusted and then TACO 'BOUT it with someone!

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When things change inside you, things change around you too.
Yes, I’m a DC and My Toughest Cases Will Give You
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Cancers go into remission, pet scans clear, cancer markers drop, diseases disappear - these are just a small sample of the results that SBN trained doctors are getting:

- PSA: 30.0 down to 0.02 in 18 months
- Breast CA 27.29 drops from 185 to 22 in weeks
- Hepatitis C viral load drops to negative
- Reversed symptoms of MS (no longer uses wheel chair)
- Male testosterone: 158 (low) to 301 in just 2 weeks!
- Male RA: less than 2 months, she is off all drugs: Embrel, Methotrexate, Celebrex, Darvacet, Percadan, Vicadin, Norflex, Lasix
- Type 1 diabetes: 250 units to zero insulin in 4 months
- Cholesterol 1,090, down to 194 and Triglycerides from 4,920 down to 82 in 2 weeks
- In 3 weeks: Her hot flashes, night sweats, toe fungus and headaches are gone!

2020 SBN Lecture Schedule
Advanced laboratory foundational baseline testing, analysis, and suggested protocols

January 18-19 Seattle, WA
February 22-23 Louisville, KY
February 29-March 1 Boulder, CO
March 21-22 Miami, FL
March 28-29 Durham, NC
April 4-5 Flushing, NY
April 18-19 Los Angeles, CA
May 9-10 Atlanta, GA
May 16-17 Ann Arbor, MI
June 6-7 Little Rock, AR
July 18-19 Las Vegas, NV

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CHANGES IS EDUCATION. IT IS OUR
RESPONSIBILITY TO INTERPRET
CURRENT HEALTH INFORMATION,
EVALUATE THAT INFORMATION AND
PROVIDE OUR PATIENTS THE HIGHEST
QUALITY CARE...NO MATTER WHAT
THE LEVEL OF AN INDIVIDUAL’S
HEALTH, WE CAN IMPROVE UPON IT.”
— SHANE SILVER, DC,
ON CHIROPRACTIC AND WELLNESS

DON’T MISS
CONFERENCES
Parker Seminars Las Vegas
February 6-8 • Las Vegas, NV
The Expo Hall at Parker Seminars in
Las Vegas will showcase more than
200 industry-leading companies
displaying the latest advancements and
technology that will allow chiropractors
to stay ahead of the competition.
This year the theme is Mastery, so
join industry movers and shakers for
a weekend of education, networking,
entertainment and much more.

Activator Methods International:
Hawaii Seminar
February 22-23 • Honolulu, HI
The Hyatt Regency Waikiki Beach
Resort & Spa hosts the seminar,
featuring clinical topics such as Internal
& External Rotation of the Proximal
Tibia; Anterior, and Posterior Proximal
Tibia; Inferior, Lateral & Medial Patella;
Inferior First Metatarsal and Inferior
Medial First Cuneiform, Inferior
Metatarsal Heads; About the Shoulder,
Frozen Shoulder Syndrome, Rotator Cuff
Involvement; and more.

WEBINAR
CBD to Support Pain and
Inflammation, Adrenal
Fatigue, and Anxiety
On Demand
Dr. Chris Meletis helps separate the
hype from the science, helping DCs
thrive with insights into how the
endocannabinoid system functions.
Watch now at ChiroEco.com/cbdpain.
Learn more at ChiroEco.com/events.

CHIROPRACTIC NEWS
New UnitedHealthcare benefit for low-back pain
reduces invasive procedures, addresses opioid epidemic

On Oct. 29, UnitedHealthcare announced a
new benefit for people with acute low-back
pain that makes it more affordable to access
physical therapy and chiropractic care,
helping to improve health outcomes, reduce
costs and avoid often unnecessary invasive
treatments and opioid prescriptions.

With this new benefit design, plan
participants enrolled in certain employer-
sponsored health plans can pay $0 out-
of-pocket (waived deductible or copay) if
they select physical therapy or chiropractic
care for the treatment of low-back pain,
helping encourage people to choose these
noninvasive options.*

Based on a UnitedHealthcare analysis, by
2021 this benefit design has the potential to
reduce the number of spinal imaging tests
by 22%, spinal surgeries by 21%, opioid use
by 19%, and lower the total cost of care for
eligible plan participants and employers.¹

“This new benefit design may help
encourage people with low-back pain (to) get
the right care at the right time and in the right
setting, helping expand access to evidence-
based and more affordable treatments,” said
Anne Docimo, MD, UnitedHealthcare chief
medical officer. “With millions of Americans
experiencing low-back pain currently or
at some point during their lifetimes, we
believe this benefit design will help make a
meaningful difference by improving health
outcomes while reducing costs.”

The benefit covers, at no additional out-
of-pocket cost, three physical therapy or
chiropractic visits, along with additional
visits normally covered under the plan, to
a qualified care provider. This design helps
make it more affordable for people with
low-back pain to obtain treatment from
chiropractors and physical therapists in
UnitedHealthcare’s network.

The benefit design was informed by a
recent analysis by OptumLabs and the
Boston University School of Public Health
that showed higher out-of-pocket costs
made it less likely for patients with low-back
pain to choose clinically-recommended
noninvasive treatments such as physical
therapy and chiropractic care. For example,
people with a co-pay of more than $30 were
29% less likely to see a physical therapist
than patients whose co-pay was $0. There
was a similar correlation between deductible
and choice of physical therapy as the care
option for low-back pain, according to a
recent study published in The American
Journal of Managed Care.

Nearly 70% of people experience low-
back pain at least once in their lifetime, and
about one-quarter of adults in the United
States report experiencing the condition in
the past three months.²,³ Despite clinical
recommendations against it, opioids are
prescribed for nearly 9% of new back-
pain cases, with this condition ranking as
the most common reason for an opioid
prescription.⁴

To treat low-back pain, the American
College of Physicians (ACP) recommends
exercise and the use of non-pharmacologic
and non-surgical approaches including
physical therapy, chiropractic care,
acupuncture and nonsteroidal anti-
inflammatory drugs.⁵

* Eligible plan participants must have
remaining physical therapy or chiropractic
visits under their plan; the new benefit design
does not increase the maximum number of
covered physical therapy or chiropractic visits
per year.

Read more: ChiroEco.com/new-uhc-benefit

References can be found online at chiroeco.com
More than 160 members of the chiropractic, physical therapy and osteopathic professions forged a new spirit of cooperation and understanding during the Interprofessional Collaborative Spine Conference (ICSC), which took place Nov. 8-9 in Pittsburgh, Pa.

Organizers of this event hope to enhance patient outcomes as well as increase integration of manual therapies for back pain in the wake of the ongoing opioid crisis.

ICSC was organized and hosted by the American Chiropractic Association, with the support of the American Academy of Orthopaedic Manual Physical Therapists and the Academy of Orthopaedic Physical Therapy, which represent three of the major provider groups of non-drug manual therapies for pain.

Manual therapies such as spinal manipulation, physical therapy modalities, massage and acupuncture have received increased attention and support in recent years from the Centers for Disease Control and Prevention and the American College of Family Physicians for their ability to effectively manage many cases of back pain and in some cases reduce or alleviate the need for prescription opioids.

“The chiropractic profession was honored to take part in the Interprofessional Collaborative Spine Conference,” said Michele Maiers, DC, MPH, PhD, vice president of the ACA. “We are committed to working together with our colleagues in physical therapy and osteopathy to raise awareness and promote integration of non-drug manual approaches.”

Read more: ChiroEco.com/icsc

FOR THE LAST THREE YEARS, LIFE EXPECTANCY IN THE UNITED STATES, THE Richest nation on Earth, has declined. THIS decline in life expectancy is being driven by rising death rates in young and middle-aged Americans.”

— The Washington Post

AMERICANS WHO SEE SLEEP AS A “Luxury” AND NOT A Necessity

SOURCE: National Sleep Foundation

PEOPLE WHO DIE EACH YEAR DUE TO AN UNHEALTHY DIET

SOURCE: The Center for Science in the Public Interest

APPROXIMATE HEALTH CARE COSTS PER U.S. EMPLOYEE ANNUALLY

SOURCE: National Business Group on Health

EMPLOYERS WHO SAY HEALTH CARE APPS HAVE INCREASED THEIR EMPLOYEE PARTICIPATION

SOURCE: National Business Group on Health

INCREASE IN INTERNET SEARCHES FOR CBD INFORMATION IN 2019

SOURCE: Gear Hungry
PROFITABLE PRACTICE

Requesting IASTM ASAP

From foot and shoulder injuries to tennis elbow, IASTM (instrument-assisted soft tissue mobilization) is the trending therapy helping athletes and non-athletes alike overcome difficult-to-heal conditions via myofascial release of locked or tight tendons and connective tissue.

IASTM provides multiple benefits, some of which include “an increase in blood flow, reduction in tissue viscosity, myofascial release, interruption of pain receptors, and improvements of flexibility of underlying tissue,” according to a systematic review published in Physical Therapy Reviews in 2017.

Studies such as these highlight the effectiveness of IASTM for tennis elbow and other chronic injuries, mainly by breaking down scar tissue, adhesions and fascial restrictions that might not otherwise heal, even with rest, stimulating tissue remodeling and repair.

“Every practitioner wants to improve the overall health and function of their patients,” says IASTM practitioner Shannon Turek, DC. “IASTM alone, or better yet in conjunction with other therapies such as spinal adjustments, can help achieve that mission.”

To learn more, go to Chiropractic Economics’ Sports Chiropractic resource center at chiroeco.com/sports-chiropractic-guide.

STAFF PICK

CBD SUPPLEMENT

HEMP Gummies Watermelon Slices

Why we love it
These sweet, tangy watermelon slices deliver 10 milligrams of cannabidiol (CBD) in each tasty candy. The CBD in CBD Fusion’s products is 99% sourced from Colorado and extracted in a cGMP (current good manufacturing practices) facility. Each of the company’s products is third-party lab tested, with testing results readily available on their website.

Why you should choose this product
The company claims its products are responsibly sourced and high-quality — and offers the testing information to back it up, making it easy to compare products. The 10-milligram dose of CBD in each gummy makes it simple for you to start with a small dose and build to the appropriate dosage for your body. If watermelon isn’t your flavor, the company also offers gummies in sour bear or little-sour varieties.

For more information, visit cbdfusionbrands.com.

SCHOOL NEWS

Palmer College of Chiropractic opens new student clinic

On the heels of Palmer College of Chiropractic’s announcement that it will invest nearly $20 million in capital projects at its main campus in the Quad Cities, the school announced the opening of a new student clinic on Nov. 8.

The $3.4 million expansion of the existing student clinic will serve as an asset to students, clinicians and community patients.

“We’ve been quietly working on this project for the past year, creating a student clinic that leverages cutting-edge technology with the traditional strengths of our program,” said Dennis Marchiori, DC, PhD, chancellor and CEO. “The Palmer Chiropractic Student Clinic is the first place our students begin to deliver care to student patients, and eventually, our broader Quad Cities community.”

The clinic will be located on the renovated third floor of the Palmer outpatient clinic, offering 25 treatment rooms. It will also be home to a renovated radiology suite, where students will gain experience in diagnostic imaging interpretation. One-hundred-inch monitors with interactive tablets will allow for an immersive experience.

Read more: ChiroEco.com/new-palmer-clinic

At Palmer’s new clinic dedication (l-r): Vickie Anne Palmer, HCD (Hon.), FPAC; Trevor V. Ireland, DC, chairperson of Board of Trustees; Jeff Bittner, JD; and Dennis Marchiori, DC, PhD, chancellor & CEO.
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POSITIONING CHIROPRACTIC FOR WELLNESS IN 2020

The industry needs to shore itself up on several fronts to enter the mainstream

BY TIMOTHY J. BURKHART, DC, BCIM, AND RYAN M. BURKHART, BS, DC

TIME TO READ: 10-12 MIN.

THE TAKEAWAY
DCs adopting new technologies and techniques to expand practices into wellness can further propel chiropractic into the mainstream. Every DC should be open to utilizing advanced therapies as well as educating patients and the public as to the benefits of regular chiropractic treatment.

AS AN ALTERNATIVE TO TRADITIONAL MEDICINE, AN INCREASING NUMBER OF PEOPLE ARE SEEKING CHIROPRACTIC CARE CENTERED AROUND WELLNESS AS WELL AS SPINAL-RELATED COMPLAINTS.

Chiropractic wellness care can foster lasting value through improved bodily function, a welcome change from drugs, surgery, basic biometric screening and late intervention offered by allopathic counterparts. Standard medical recommendations for back pain, such as bed rest and medication, have been shown to be ineffective. Incorporating chiropractic care and other conservative options allows for improved outcomes that last.

Growing public awareness and compelling research are creating multiple opportunities in the health care marketplace for doctors of chiropractic.
A bigger pond to fish in
Governing agencies and insurance companies are helping to create a larger marketplace for chiropractors in the field of pain management. Data collected by large health systems across the United States confirm the benefits of a natural approach compared to drugs and surgery. Research presented by the American Academy of Pain Medicine suggests that chiropractors can play an important role combating the opioid epidemic in America, and one recent study found a 50% reduction in filled opioid prescriptions for patients who utilized chiropractic services for pain management. This echoes many previous studies, which show how utilizing chiropractors as primary care providers reduces the likelihood of undergoing spinal surgery and incurring additional health care costs.

Becoming the leading force
From a wellness standpoint, the understated power of the body to heal itself and the lack of long-term outcomes noted with allopathic interventions is the strength of chiropractic. A greater role of non-invasive care for chiropractors will allow for patients to avoid devastating outcomes associated with medicine and spinal surgery.

Chiropractic should be a leading force for non-surgical and drug-free approaches. The profession is poised to fill this niche through both traditional manual treatment and utilizing state-of-the-art equipment. Optimizing each individual practice for excellence might mean updating equipment, adding a new technique, or utilizing advanced therapies. Reading trade magazines or attending conventions can assist doctors in determining which protocol or device could be the best fit for

Most individuals seeking chiropractic care will require management rather than a singular intervention. Working together with you, patients who are informed, committed to their care plan, and want to avoid the dangers of drugs and surgery are those chiropractic care serves best.
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his or her practice. Every doctor of chiropractic should be open to adopting new technologies and techniques to provide better measurable outcomes and proven results. Providing a better way for our communities begins with excellent care through great results and building relationships.

Technology will lead the way
Great strides are already being made in chiropractic to provide the best outcomes with repeatable treatment protocols. Many clinics are now adopting and utilizing app-based software or smart devices.

This disruptive technology, applied with adjusting or traditional manual care, allows for treatment to become more potent and efficient. Enhanced technology also shapes our knowledge and understanding of the conditions commonly treated in practice. Advanced imaging provides clarity for soft tissue evaluation; detecting spondylolysis before displacement, improved understanding of tendinopathy and arthropathy, and visualization of disc bulging or herniation. Neurological evaluation is also boosted through ever-advancing imaging techniques and evaluation. As health care technology continues to advance, chiropractors should also be adapting clinical practice to keep pace.

Barriers to advancement
Despite the advancement seen in the chiropractic profession, there are still barriers that limit practice to the fullest. The most common barrier is misconceptions. Often due to a lack of education, many patients perceive chiropractors as the doctor who “cracks bones back into place.”

Furthermore, we are sometimes labeled as quasi-scientific, unessential, expensive or outright scammers despite little basis for these accusations. As a profession, doctors of chiropractic should avoid making concessions in patient education that support these views or devalue our services. It is our job as providers to tell both existing and new patients the benefits of treatment.

Whether improved bodily function, reduction in frequency and severity of a symptom, or better health, there should be an aim or goal to care. These objectives should be reviewed every few visits. This may be accomplished with outcome assessments. Regular re-evaluations will create an opportunity to reiterate the progression of care. The outcome of care should be focused on the measurable rather than the nebulous results. This creates a purpose behind care, and effort should be made in separating visits with purpose from a redundant appointment without a clear intention. Doctors and patients both benefit from this consistency in communication and goal-setting.

The validity and value of treatment is not determined by the patient, insurance company or even Medicare policy. Value and the care plan are determined by the clinician.
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The reimbursement barrier

Another source of compromise common to practice surrounds reimbursement. Third-party payers, such as governmental agencies or insurances, limit chiropractic care. This is done through the number of allowed visits, high out-of-pocket costs, and low per diem rates. Fee schedules also limit access to the full chiropractic scope of practice, barring some services from reimbursement altogether.

Chiropractic organizations work against these policies on a large scale, but that doesn’t exclude providers and case managers from discussing these topics in-office with patients. Regrettably, some doctors over-exaggerate the extent of an injury to attain active status for the sole sake of reimbursement. Interventions may also be intentionally prescribed based on the allowed visits rather than objective measures. Some providers may write off fees that should be charged to induce additional visits. This creates distrust and can bring the entire profession down. Trying to game the reimbursement system is a losing battle. The validity and value of treatment is not determined by the patient, insurance company or even Medicare policy. Value and the care plan are determined by the clinician.

Communication remains the key

Regardless of technique or practice style, patient communication must be dynamic and evolving. Avoid the pitfall of “simple” analogies to describe chiropractic care. For example, many chiropractors compare their care with dentistry. There are similarities on a surface level. Unfortunately, a
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Instead of relying on the same few [chiropractic] analogies, challenge patients to reassess their views on health care. Many patients are misinformed.

Follow-up management and wellness
Advancements in technology and practice, with improved clinical research, allow for care to be cutting-edge. Symptoms are often not homogeneous in etiology, and patients are more than a label or diagnosis.

Most individuals seeking chiropractic care will require management rather than a singular intervention. Working together with you, patients who are informed, committed to their care plan, and want to avoid the dangers of drugs and surgery are those chiropractic care serves best.

Follow-up management will build better long-term relationships between the patient and the provider for a lasting outcome that will foster further referrals and improved practice image. This will serve the profession well for 2020 and in the future. CE

RYAN M. BURKHART, BS, DC, is committed to delivering innovative health care solutions to maximizing patient quality of life through chiropractic care. He is accomplishing this mission through the integration of the latest technologies and rehabilitation protocols into his family practice, Burkhart & Chapp Chiropractic PLC. He graduated Summa Cum Laude from Sherman College of Chiropractic and is a member of the Michigan Association of Chiropractors. He can be contacted through burkhartchappchiropractic.com.

TIMOTHY J. BURKHART, DC, BCIM, has successfully treated thousands of patients with acute to chronic neck and back pain since 1984. He is an authority on the integration of NSSD into clinical practice. He is a member of the ACA and MAC, and serves on the Davenport University Health Professionals Advisory Board. He also developed the Hill DT Solutions certification program. He can be contacted through hilldtsolutions.com.

References can be found online at chiroeco.com.
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LOWER EXTREMITIES AND WHOLE-BODY WELLNESS

Even a neck or upper-back issue can start at the feet

BY KEVIN WONG, DC
TIME TO READ: 9-10 MIN.

THE TAKEAWAY
Foot issues impact the entire axial kinematic chain, creating muscle issues and general biomechanical instability and stress. The feet, ankles, knees, hips and lower back are the first things to check and are intimately related to the upper body parts.

THE ROOTS OF THE CHIROPRACTIC PROFESSION COME FROM AND FOCUS ON THE SPINE. It is something we learn very early on in our training and we carry this proudly into practice. The power the spine has in helping or hindering the nerve impulses coming from our spinal cord to innervate every part of the body is significant. We have all had the chance in practice to see how effective adjusting the spine is on biomechanical and symptomatic relief. In practice, we often find our patients presenting to us with specific pain. Of course we want to address this pain and show the patient we are listening to them. However, let’s not chase the pain at the expense of finding and fixing the actual cause.

Whole-body wellness
Let’s take an average patient who presents to our clinic with lower-back pain. It is the most common reason a patient seeks chiropractic care. In fact, we are pigeonholed and stereotyped as “back doctors.” That means we are known for treating mostly that area, but that does not mean we treat “only” that. Lower-back pain can be caused by or have a significant
contributing factor from multiple areas of the lower extremity. Let’s take a look and break this down so it makes more sense. Visualize a patient standing with their back toward you, barefoot and in anatomical position (Fig. 1).

You are an artist and the human body is your canvas. A patient can present with pain in the lower back, pelvis, hips, knees, ankles, feet — we never know how they will present. Will it be one area? Will it be all of them? It doesn’t matter how many parts are painful. It matters that you understand why they are all painful.

Because we tend to learn about the body in pieces as we go through school, we tend to treat the body in pieces in practice. But I want you to think of the body parts as they all relate to each other. That’s the key to whole-body wellness.

Start with the foundation
The feet are the foundation of our whole body. You know there is not just one arch under each foot, as the general population

Figure 1
believes. There are three functional foot arches (medial longitudinal, lateral longitudinal, and transverse) and their main jobs are to maintain balance and proper weight-bearing properties of the feet. In up to 87% of the population, the three arches are falling, collapsing or over-pronating. This results in their feet flattening.

Now think about this: Approximately nine out of 10 people in the world have feet that are flat to some degree. The pronation ranges from mild to severe and usually involves both feet, with one being worse than the other. Flat feet have consequences biomechanically on the rest of the body. It’s impossible for them not to.

Look at the picture (Fig. 2) and notice this individual who has a left foot that is pronating worse than the right. Follow the pathway from the over-pronating left foot as it moves up the axial kinematic chain. Let me explain further.

Over-pronation of the foot
The three functional arches collapse and cause the foot to over-pronate. This process happens slowly and silently most of the time. Yes, we do get cases of plantar fasciitis, metatarsalgia, neuromas and heel pain, but many of our patients never have any pain in their feet. They have no idea this foot flattening is occurring. If they feel no pain, they pay it no mind. Once the feet flatten out enough, the force of the pronation begins to internally rotate the tibia bone.

The knee cap now feels an inward pull, so it starts to track medially within the patello-femoral groove. The inward rotation of the tibia continues to get stronger and stresses the femur bone right along with it. As the femur bone experiences medial rotational stress, the medial knee is now compromised. ACL, MCL, patello-femoral tracking, meniscus and arthritis conditions are often seen here.

The fun doesn’t stop there, folks! As the feet get flatter and worsen with time, the medial rotational force on the femur worsens. We now observe stress at the hip, sacroiliac joint and pelvis. Go back up and reference the picture I showed you earlier. Notice that the hips tilt inferior on the side of the flatter foot. You can even feel and observe slight to moderate lateral lumbar spine curvature that will be worse according to how over-pronated the foot is. We began at the bottom of the feet and we have traveled up to the lumbar spine, following the wave of negative effects the excessively-pronated foot inflicts upon the body.

The axial kinematic chain
When you see this picture, realize that to some degree this represents 80-90% of the patients who walk through your clinic door. You can see the pattern of what the feet do to the rest of the body. You and your patients are living proof of this. You are likely an over-pronator yourself and are no different than your patients. If you take 10 chiropractors, 8-9 of us will be over-pronating.

To finish referencing the overall picture, note what is happening above the lumbar area. There is rotational stress on the spine (which happens to cause the misalignments and subluxations you keep finding). The shoulders become unlevel, then round forward, and the neck translates forward. Shoulder pain, neck pain and headaches are just a few of the symptoms we hear patients complain of.

Don’t forget that while this process of excessive foot pronation is happening and we see the effects on the entire axial kinematic chain, muscles throughout the body are reacting as well. Patients love telling us about tight muscles, muscle spasms and pulled muscles. You and I both know...
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tight muscles are indicators of bones that are out of place. Biomechanical instability and stress will create muscle problems as well.

**PERCENTAGE OF THE POPULATION AFFLICTED BY ARCH ISSUES RESULTING IN FEET FLATTENING**

87%

**Start low**
When you have a patient who has pain in different parts of the body, you should always check the lower extremities. Once the feet, ankles, knees, hips and lower back are addressed, they have a positive effect on the thoracic and cervical spine and shoulders.

I know checking the feet and lower extremity is not the most obvious thing to do — especially if someone is presenting with only neck pain, headaches or shoulder pain. But take one last look at the picture of the pronating person and now see how much sense it makes. You really don’t have to memorize anything because you understand it.

Once you know how the lower extremity body parts are intimately related to the upper body parts, you see the patterns of subluxation and misalignment that emerge. Once you know the patterns it’s harder to miss the big picture of what is actually the cause of patients’ pain when they come in to you for care. Please remember: The lower extremities have a profound effect on the entire spine and on whole-body wellness.

KEVIN WONG, DC, is an expert on foot analysis, walking and standing postures, and orthotics. He discusses spinal and extremity adjusting at speaking engagements and writes for Foot Levelers. He can be contacted through orindachiropractic.com.

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CHIROPRACTORS BEWARE
Employment laws that formerly exempted small offices are changing

BY KEITH GUTSTEIN AND KAITLIN SILLETTI
TIME TO READ: 10-11 MIN.

THE TAKEAWAY
An increased number of sexual harassment cases and abuse of independent contractors is resulting in employment law changes that now include all medical offices, not just large clinics and hospitals. Chiropractors need to keep abreast of not just national changes but their own state laws.

EMPLOYMENT LAWS THROUGHOUT THE UNITED STATES CONTINUE TO BROADEN, not only in what conduct is prohibited, but in the number of companies now covered by the laws.

While many small chiropractic offices may believe these laws do not apply to them, the elimination of many thresholds which formerly limited these statutes to larger employers make chiropractors now take notice. Though not an extensive list, below is a discussion of some of the laws that should be on a chiropractor’s radar.

Sexual harassment protection
In recent years, worldwide movements such as #MeToo have been founded to help survivors of sexual violence and harassment. With the support of celebrities and politicians, the #MeToo movement has led to a renewed focus on sexual harassment laws.

Due to the heightened awareness of sexual harassment, local governments have sought to broaden employment protection and prevent workplace harassment regardless of the size of the employer. As such, employers are encouraged, and in some states mandated, to adopt a sexual harassment policy that includes a complaint procedure for employees wishing to report alleged incidents of sexual harassment.

In New York, for example, employers of any size must provide a written sexual harassment policy that includes a detailed complaint protocol for allegations of sexual harassment. The law also requires a complaint form be provided to employees with space for employees to report, among other things, the date of the alleged sexual harassment, whether the sexual harassment is still occurring, and personal information of the accused perpetrator.

Sexual harassment staff training
In addition to a standard complaint form, states like New York mandate that employers provide annual sexual harassment training for their employees. The training must be interactive, meaning employees are given the opportunity to engage in conversation and answer or ask questions. The training must also include an explanation of sexual harassment, examples of conduct that would
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For chiropractors in states where such training is not yet mandated, training is still highly recommended as it could serve to clarify the type of conduct that is not accepted in the workplace and guide employees on ways to avoid it.

Constitute unlawful sexual harassment, information concerning employees’ right of redress, and information addressing a supervisor’s responsibilities for when an employee alleges sexual harassment.

For states that require sexual harassment training procedures, an employer should abide by the state’s controlling law. For chiropractors in states where such training is not yet mandated, training is still highly recommended as it could serve to clarify the type of conduct that is not accepted in the workplace and guide employees on ways to avoid it. The training of all employees of a chiropractic office not only serves to prevent sexual harassment, but it also may be used under federal law to establish that the chiropractic office took steps to prevent harassment and perhaps avoid liability if a claim is later filed.

Wage, hour and overtime pay
The obligation to comply with the provisions of the Fair Labor Standards Act (FLSA) also extends to most chiropractic offices. Rather than relying on the number of employees to determine if the law applies to an employer, the FLSA relies on gross receipts. Specifically, if a business generates more than $500,000 in gross receipts per year, the provisions of the FLSA apply.

Overtime Pay — Generally, the FLSA requires that employers pay employees overtime wages of one-and-one-half times the regular rate of pay if the employee works over 40 hours per work week. However, an employer will not be required to pay an employee overtime if the employee is deemed “exempt.” To be exempt, one must consider:

- (a) whether the employee is paid by salary and if it surpasses the minimum weekly threshold; and
- (b) the duties of the employee.

Effective January 2020, under federal law, an exempt employee must be paid a salary of at least $684 per week in addition to performing exempt job duties, such as a professional, executive or administrator. In other words, simply paying an employee a weekly fixed
salary does not mean the employee is necessarily exempt.

Chiropractors, for example, may qualify as exempt under the professional exemption, and therefore are not entitled to mandatory overtime pay. However, a chiropractor’s assistant or receptionist may not be deemed a “professional,” and therefore must be paid overtime. Of course, the individual’s job title is not enough to determine an exemption. An analysis of the individual’s duties is critically important.

Minimum Wage — The FLSA also requires employers to pay employees at least the federal minimum wage. Currently, the federal minimum wage is $7.25 per hour. However, most states also have minimum wage laws that establish a minimum wage that may be higher than the federal standard. For example, the minimum wage in New York is currently $15 per hour. In addition, the salary threshold for exemptions in each state may be considerably higher than the FLSA threshold.

Time-keeping Requirements — The FLSA also requires that employers maintain certain records of non-exempt employees, meaning employees who are required to receive overtime pay. The FLSA specifically requires that the records include identifying information about the employee, and data about the hours worked and the wages earned.

Among other things, an employer must make record of the employee’s full name, social security number, address, sex and occupation, time and day of the beginning of the employee’s work week, total hours worked each work week and total wages paid each pay period. Under federal law, records should be preserved for at least three years. Notably, however, many states require that records be maintained for a period longer than three years, sometimes for as long as six years.

Independent contractors vs. employees
Many chiropractic offices hire independent contractors in order to reduce employment taxes, save on benefits...
Effective January 2020, under federal law, an exempt employee must be paid a salary of at least $684 per week in addition to performing exempt job duties.

and protect against liability. However, it is pivotal that employers are aware of the differences between independent contractors and employees. The failure to properly classify an independent contractor may result in significant penalties and the imposition of back taxes demanded by the IRS.

In order to determine whether an individual is an independent contractor or an employee, it is important to consider factors set forth by the “economic reality” test set forth by the U.S. Supreme Court, which includes:

- The degree of control exercised by the alleged employer;
- The extent of the relative investments of the alleged employee and employer;
- The degree to which the “employee’s” opportunity for profit and loss is determined by the “employer;”
- The skill and initiative required in performing the job, and;
- The permanency of the relationship.

Generally, an independent contractor performs services that cannot be controlled by an employer. In other words, an independent contractor has freedom to conduct their services as they wish. On the other hand, employees are subject to the control of their employer. In sum, simply calling a worker an independent contractor is not enough. An independent contractor relationship must be able to withstand the scrutiny of review by the United States Department of Labor or other agency. Moreover, some states may have an even stricter standard, thus compelling chiropractors to analyze their existing relationships to ensure they can withstand scrutiny.

Size doesn’t matter
It is crucial that all chiropractic practices, often regardless of size, ensure compliance with applicable federal and state labor and employment laws.

As addressed above, compliance is achievable as long as attention is properly paid to the applicable regulations. The failure to comply with same can spell trouble for even the best-intended chiropractor.

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HOW CBD SUPPORTS HEALTH DURING PAIN, INFLAMMATION, ANXIETY AND MORE

An endocannabinoid deficiency can result in a host of patient afflictions

BY CHRIS D. MELETIS, ND (TRANSCRIBED FROM CHIROPRACTIC ECONOMICS WEBINAR AND EDITED BY AUTHOR)
TIME TO READ: 12-13 MIN.

THE TAKEAWAY
All mammals, including humans, naturally have an endocannabinoid system, with CB1 and CB2 receptors; an endocannabinoid deficiency can result in fatigue, anxiety, pain, inflammation or other symptoms. Taking CBD can help bring the body back into homeostasis.

ALL CANNABIDIOL (CBD) IS NOT CREATED EQUAL IN CLINICAL PRACTICE IN TERMS OF IMPLEMENTATION. The most frustrating thing for clinicians and also for patients is when an intended protocol doesn’t work. As I discuss later under the “With treatment, start low” section of this article, there are ways to use CBD most effectively.

You probably weren’t taught this in medical school, but CBD works on the endocannabinoid system (ECS). The ECS contains CB1 and CB2 receptors, in addition to other receptors that are activated by the naturally occurring endocannabinoids made in our bodies, called anandamide and 2-AG. We all have CB1 or CB2 receptors within our body — if you have a cat or dog, they have these receptors too. All mammals do. How could it be that we did not even know of the predominance of the ECS until 1992?

What the endocannabinoid system can do
Patients coming in worn out can be a sign of endocannabinoid deficiency and the inability to support their pathways optimally, much like adrenal fatigue. Phytocannabinoids like CBD obtained from hemp products can act on the same receptors as endocannabinoids made in the body. CBD receptors, much like opioid receptors, control pain, but via a different mechanism.

Patients arrive at our clinical practices fatigued, anxious, in pain, inflamed, and lots reach a point of adrenal burnout, adrenal fatigue. Indeed, that is often the case because they are suffering from an endocannabinoid deficiency. We see people who have low adrenal function at noon, and in the evening, they are tired, dragging, eat lunch, get a little spike, and then they start free falling again.
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She first discovered NCMIC 14 years ago when she purchased malpractice insurance. From starting her practice, to receiving guidance from the claims advice hotline, to benefiting from NCMIC’s financial products and business insurance, Nina appreciates the support NCMIC has provided through all the stages of her career.

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They’re flat-lining. How is it that we wake up each morning anticipating with trepidation and run with go, go, go pace and finish the day glad to have survived another day? Life is meant for more than that; it is time to shift our goals from merely surviving to thriving mode!

Researchers observed approximately six years ago that people were more anxious and depressed in the middle of the summer than ever before, a new phenomenon. This goes against what we previously believed, that depression spiked mostly in the holiday season and Thanksgiving and after the winter solstice. But now we’re seeing people are worn out even in summer. Indeed, the endocannabinoid system plays a role here. Anandamide is one of our endocannabinoids. When it becomes lower, patients are more anxious. There is less healing of the brain, less neurogenesis, and the hypothalamic-pituitary axis is triggered, causing a whole cascade of events to occur. What we now know is that the endocannabinoid system naturally, or with the use of CBD, alters our microbiome in our gut, beneficially affecting the gut-brain axis. The GI tract is the site of many receptors. We make about 70% of our serotonin, the happy-brain chemical, in the GI tract. About 70-80% of our immune system is in our GI tract, so is it any surprise that we have CB1, CB2 regulatory pathways in our GI tract that work via the endocannabinoid system to control inflammation? These same pathways can be regulated using CBD.

Migraines and the endocannabinoid system
With endocannabinoid deficiency symptoms patients can get migraines. We thought migraines were just triggered by tyramine-rich foods, such as cheese, fermented foods, and salami and other such foods; along with other triggers as well. However, the endocannabinoid pathway is designed to control pain and inflammation and also regulate the immune system to a large degree. I have found in my clinical practice that CBD can be useful in supporting the health of migraine sufferers.

Treat the brain, treat the pain
The body is designed with innate intelligence to sustain optimal performance. People ask, “Well, how is CBD metabolized?” It’s primarily metabolized through the liver, and as a result, it goes through the cytochrome 450 and other pathways.

Wellness is ultimately about homeostasis. We all know the term entropy, the tendency for the universe to move toward chaos. But our body exerts a phenomenal amount of energy to maintain order and wellness. However, if the endocannabinoid system becomes deficient, this will adversely affect wellness. This endocannabinoid deficiency, in turn, affects the microbiome, contributing to a less healthy endocannabinoidome.

CBD can conserve anandamide that is made by the body, and CBD can support anandamide conservation in an attempt to bring the body back into homeostasis.

Phytocannabinoids like CBD obtained from hemp products can act on the same receptors as endocannabinoids made in the body.
Endocannabinoid deficiency issues

If a patient has brain inflammation, neuroplasticity is not going to be as healthy or robust. And the fact is, on a typical day, we lose about 86,400 brain cells. CBD is an anti-inflammatory application. And from a neuropathic perspective, activation of cannabinoid receptors is essential. I've looked at research involving the endocannabinoid system relative to cancer medications and so forth. Not being an oncologist, I am not suggesting this is a treatment for cancer, but there are pain, stress and immune challenges that often need to be associated with this disease state, so visiting with one's provider in this arena is vital.

With treatment, start low

The goal is to start low and go slow, as a little bit can go a long way for many patients. More is not always better, as each person responds differently based on genetics, biochemistry and individual need.

Just like if you're performing an adjustment, a little bit of a movement might get the job done. Work with gentle modulation of the endocannabinoid system. You're working within the innate ability of the body.

Fifteen to 25 milligrams per day is what I start my patients on. In a week or two, if I need to move them up to 25 mg two to three times a day, I will. Once again, if a little bit gets the job done, why more? It is of paramount importance to respect the innate delicate balance physiology of the body. Some patients will need much higher doses because of their endocannabinoid insufficiency or potential genetic polymorphisms. You're going to encounter genetic polymorphisms, or what I termed mutations of the CBD receptors and the CBD pathway. I never go to high-

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CHRIS D. MELETIS, ND, is an educator, international author and lecturer. His mission is “Changing World’s Health, One Person at a Time.” He believes that when people become educated about their bodies is the moment positive change begins. He is widely recognized as a world-renowned expert on the science of CBD and has authored 16 books and over 200 national scientific articles in such journals and magazines as Natural Health, Alternative and Complementary Therapies, Townsend Letter for Doctors and Patients, Life Extension and The Journal of Restorative Medicine. He served as dean of naturopathic medicine and chief medical officer for seven years at NUNM, the oldest naturopathic medical school in North America. He has received numerous awards, including the prestigious Physician of the Year Award by the American Association of Naturopathic Physicians; Excellence Award for his work in treating and advocating for the medically underserved; and most recently, the NUNM Hall of Fame Award. He represents TruGen3 and can be contacted at DrMeletis.com.

CBD, when dosed properly, can positively supplement a health-promoting diet and lifestyle. It’s not a substitute for these things. So, we want to ensure we’re taking steps to support the body at a foundational level. Additionally, we always want to ensure the THC levels in the CBD you are using are less than 0.3%, or that the CBD contains no THC, when targeting hemp-derived CBD.

We all get broken or get older

Endocannabinoid deficiency is associated with low cortisol, stress and milligram doses, especially on patients taking pharmaceutical drugs, without working with their pharmacists, because CBD can affect similar liver detoxification, as well as other biochemical pathways of how drugs are metabolized, much like grapefruit juice, can impact many of the same medications. We want to also support those drug-metabolizing pathways with diet and lifestyle.
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RETIRING ON YOUR OWN TERMS AND AVOIDING BURNOUT

Follow these tips to extend your career and take charge of retirement

BY JAMES R. FEDICH, DC

TIME TO READ: 6-7 MIN.

THE TAKEAWAY
Time off is difficult for the solo practitioner, but failing to plan ahead for breaks in your schedule can be a recipe for burnout. Anticipation can be as rewarding as the vacation itself, so follow these tips to schedule in some time to relax and recuperate.

BURNOUT IS ONE OF IF NOT THE LARGEST PROBLEMS IN THE AMERICAN HEALTH CARE SYSTEM. Chiropractors have only a fraction of the burnout issues that medical doctors have, and yet they are still in peril. The burnout and early exit of many MDs may end up crippling the health care system.

Poor care and early retirement
If a doctor is tired, stressed or worried about payroll, they will not or cannot give the best patient care available. Burnout also causes early retirement for many doctors, including chiropractors.
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This is a huge loss to patients, as there are fewer doctors, less appointments, longer wait times and more. It is even a larger problem to the doctor, as several studies have shown that doctors in general tie a lot of their worth into patient care. Which makes sense, as if someone is a doctor for the right reasons, they are in it to help patients. Generally all specialties have a hard time with retirement as they lose this connection and their sense of worth by not treating patients any longer. This can be a tremendous psychological loss to doctors.

Early retirement can also be devastating financially, as even a year of early retirement can dramatically affect a doctor’s net worth and ability to live a comfortable retirement.

How to avoid burnout
Especially in a chiropractic practice, time off can dramatically affect patient volume and income. In a solo doctor practice, a one-week vacation can take an estimated 12 weeks to build back up to original volume, and that is a tough pill to swallow.

If you are just starting out and trying to build your practice, take a three-day weekend every 90 days. Try to get out of town, out of the clinic and get a break. This might not sound like much, but it can be amazing.

What we don’t understand about time off and vacation is that anticipation is actually what’s most rewarding about time off. In fact, a 2010 study in the Journal of Applied Research in Quality of Life found that vacationers are actually most happy before the vacation. What does that mean? Our brains are hard-wired for anticipation, so it is naturally looking forward to something. But what makes it most important as a chiropractor is it gives us something to get through the tough days and weeks. If you are having a horrible day at the clinic, just knowing you have this day off in a few weeks or months makes it more tolerable.

So, step one, take a long weekend every 90 days. Get out of town, borrow a friend’s cabin — patients will be happy to lend you a place, or just get a cheap motel.

For the experienced DC
When you have grown the practice a little more, turn those three-day weekends into four-day weekends. So now we are taking eight days off in addition to holidays. Why not a whole week?
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As I mentioned earlier, a week off can set the practice back 12 weeks.
This can work until you add associates. Next step would be the four-day weekends and then the whole week off. Once you get multiple associates and have the practice running like a well-oiled machine, you will have more time off than you need.

Plan, then plan some more
There are many more details and ways to take a break. But, the key point to this article is two things:

1. Schedule in advance — The vacation schedule should be blocked in advance for the whole year. If you don’t schedule it, something will fill in — plus we talked about how the anticipation is the reward for days off.

2. Make it regular — Ninety days is going to go by very fast, and if you always have something to look forward to, it makes those tough days much more digestible.
Of course it would be nice to take a week off every month, but that will severely limit practice growth if a doctor doesn’t have multiple associates. There are many plans to avoid burnout, and this is one way to make sure we are refreshed and able to give our patients the care they deserve. Enjoy and make sure to take some breaks!

JAMES R. FEDICH, DC, owns a large multidisciplinary practice in northern New Jersey. He is also the author of Secrets of a Million Dollar Practice and host of a popular chiropractic podcast, Dr. J’s Path to Success. To find out more or to contact Dr. J, visit drjamesfedich.com.

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MODERN CHIROPRACTIC, LASER THERAPY HELPS POWERLIFTER TO RECORD YEAR

Formerly-debilitated patient returns to competition at age 72

BY JEROME RERUCHA, DC, BS, CSCS, CHPS

THE TAKEAWAY
Chronic, life-limiting musculoskeletal pain can be debilitating — but chiropractic care can potentially make a world of difference, as this case study demonstrates.

DEBILITATING NECK AND SHOULDERS PAIN ALONG WITH MIGRAINES kept Gale Williams from lifting weights, exercising and experiencing a normal life as a youth. A first post-college visit to a chiropractor eventually resulted in not only a pain-free life, but this year at 72 years of age winning the International Powerlifting Federation World Championship in the Masters Classic Division in Tokyo.

Behind every success there is a great story of perseverance and lessons along the way, and in the case of Gale, it’s a chiropractic story that has contributed to her achievements. We will review some of the clinical findings that led to her turnaround of life-limiting pain — a pain that never allowed her to exercise her upper body (and she was unable to put a bar on her back for squatting, etc.), let alone lift weights toward her maximum effort.
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CASE STUDY

When Gale was a young girl, age 8-14, she suffered debilitating migraines. Her parents tried every traditional medical opportunity locally and nationally that they knew of to help Gale overcome her migraines, with no success. At age 14 as Gale was suffering a debilitating migraine, one of her parents’ friends said, “Have you ever seen a chiropractor?” Almost immediately they were off to see a local chiropractor. Two adjustments later, and Gale is ecstatic to this day to tell people her migraines were gone and have never returned as of 50+ years later.

The migraines were gone, but Gale was still limited by chronic neck and shoulder pain. As a young woman she attempted to play sports and exercise, but her neck and shoulder pain made it impossible. A believer in chiropractic since the first adjustments that relieved her debilitating migraines, she underwent regular adjustments to manage her neck and shoulder pain, but anytime she would try to work out with weights or perform athletic activity, the pain remained excruciating.

Upper-body workouts as well as squatting or deadlifting were too painful. After college she became an accountant, and the excessive sitting also took its toll on her neck and shoulders. Numerous chiropractors at the time, in the 1970s, told her that her only option was to avoid any exercise and weight lifting that created pain or neck and shoulder symptoms.

A driven athlete, Gale decided to put weight lifting on hold and took up running to get her exercise fix, maintaining regular adjustments with her chiropractor.

Athletics was not the only area Gale was driven in. She achieved a high level of success in the business world as an accountant, and has never been one to accept limitations. At the age of 69, she decided, with the help of medical and chiropractic advancements, to take another shot at fulfilling her passion for weight lifting and competition.

A modern wellness exam

Gale explored modern treatments at her disposal, including physical therapy, injections, soft-tissue work and increased regular chiropractic adjustments to return to pain-free weight lifting — but without success.

One day a mutual friend brought her into my office, in pain with her arm pinned to her side, as if she was wearing a cast. First, I took a complete history and was a good listener. There was no reason to reinvent the wheel and recommend what had not worked in the past. Standard to all new patients in my clinic, I ordered an essential fatty acid ratio lab test to measure inflammation. The AA: EPA ratio came back at 17.2, with ideal normal being 1.5. Her vitamin D was 37 ng/ml, and my clinic baseline is 65 ng/ml. Supplementation was provided for correction and to maintain proper values for maximum health benefit.

On a first visit I take X-rays that are not symptom-based but system-based: two X-rays of the cervical/upper body and two X-rays of the lower body/pelvis. Upon examining her X-rays, there was structural asymmetry, but her degeneration was not to the point I would be concerned with her lifting weights.

I then began a strength and range-of-motion exam along with a toes-to-nose 3D brain and body evaluation — again, not just symptom-based. No matter the symptom, I examine and score “keystones” of the body (brain, neck, shoulder, low back, pelvis, sacrum and extremities) and cross-reference (known as two-pointing by my muscle testers) how each area can be involved with the symptom. The connections are generally very obvious to the patient.

Testing results

Gale’s myotome tests of the shoulder displayed weakness and created pain. Many tests were unable to be performed because her symptomatic arm was unable to be elevated from the side.
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She held her arm as if wearing a cast. I could do tricep, teres minor and C8. When I asked Gale to move her shoulder upon her own action, it created stabbing pain that would cause her to guard her whole body and cringe. I proceeded to progress through the brain-body map evaluation which involves neurological, structural and soft tissue asymmetry of every major axis. The findings are then referenced to normal vs. abnormal score, X-rays and specific chiropractic findings.

X-ray revealed a slight anatomical short leg, severe scapula misalignment and more. When I temporarily corrected the anatomical short leg using a shim, Gale noticed approximately a 20% decrease in pain and an increase in range of motion. She was surprised how that could have any effect on her shoulder, but it did.

When I placed a sacroiliac belt on Gale, she experienced a 90% increase in range of motion and a similar decrease in pain. Her expression was as if she saw a ghost — speechless, jaw dropped, awestruck, and eyes wide open, perplexed. I took the belt off, and immediately, her symptoms returned to stabbing and her shoulder immobilized. Her grimacing pain expression returned. I repeated the difference in results that the sacroiliac belt created a couple of times. Belt on and immediately belt off, to show Gale it was not a magic trick but an indicator that would help me correct her issue that had been overlooked for decades.

A brain-body plan
Gale and I knew her pelvis was involved with her shoulder symptom. I explained how I was going to create a brain-body program to help her shoulder by including the effect I had identified by her sacral-pelvic injury. I would use percussion on trigger points, and cold laser therapy to heal the chronic connective tissue injury of the pelvis, and to reduce or eliminate the inflammation in her symptomatic shoulder faster.

I created a specific clinical exercise program to help correct her long-term chiropractic imbalances and prepare her for competitive lifting.

On the day of her exam we signed up for a powerlifting meet she wanted to compete in which was in seven weeks’ time. Two weeks later she was 100% pain-free, training properly with elite supervision, and had a successful powerlifting meet — which she won — completely pain-free.

Gale is 72 years old now and has competed numerous times each year. She owns all of the Georgia state powerlifting records for the age division 55-75. Yes, she is so strong that she has out-lifted every 55-59, 60-64, 65-69 and 70-75 division woman in the history of Georgia at age 71.

She is at 20 state records currently, and has broken each of them three times. She has won the U.S. nationals and this year a world championship in Tokyo.

Gale is an inspiration to all who come in contact with her, and encourages everyone to “Realize Your Potential,” starting with getting proper chiropractic and muscular exams and commencing an integrated program of correction.
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2020 MEDICARE DME CHANGES AND CHIROPRACTIC

New competitive regional durable medical equipment (DME) provider bidding on patient care is coming — how to minimize the impact

BY CHIROPRACTIC ECONOMICS STAFF
TIME TO READ: 7-9 MIN.

THE TAKEAWAY
Chiropractors who provide Medicare DME (durable medical equipment) and do not have at least a 5% ownership of their practice by an MD, DO, PA or nurse practitioner may lose their ability to provide braces and other DME services by the end of this year.

CHIROPRACTORS WORK TIRELESSLY TO PROMOTE NOT ONLY SPINE AND MUSCULOSKELETAL HEALTH, but overall health, well-being and quality of life for patients in their care. Chiropractors with a Medicare durable medical equipment (DME) PTAN number (which allows for supplying and reimbursement by Medicare DME) can currently deliver DME provider supplies such as lumbar and knee braces. But The Centers for Medicare & Medicaid Services (CMS) DMEPOS Competitive Bidding Round 2021 will drastically impact this business model.

‘Business as usual’ for some practices, but not all
Many chiropractic practices will be impacted by the CMS reimbursement changes resulting from Round 2021. In particular, braces that fall under Product Category OR03 will be subject to competitive bidding — and if a practice traditionally supplies these braces, one may no longer be able to supply under Product Category OR03.

The CMS defines Product Category OR03 as off-the-shelf (OTS) prefabricated items requiring minimal self-adjustment for appropriate use that do not require custom-fitting expertise.
“Unless you placed a bid by the Sept. 18, 2019, deadline, after Jan. 1, 2021, your billable options via CMS for supplying Product Category OR03 OTS prefabricated braces are limited and will end on Dec. 31, 2020,” says James C. Antos, DC, DABCO, owner of Antos & Associates LLC. Antos serves as a consultant in the areas of DME provider applications, documentation and clinical appropriateness, and has been licensed for chiropractic practice in Florida since 1978.

But there are options to mitigate the impact of Round 2021 on a chiropractic practice.

**Bid options**

Once CMS awards bids by competitive bid area (based on proposed fee, geographic region and patient volume capability), only bid-winning suppliers will be eligible for Medicare reimbursement for this specific subset of OTS braces. However, as Antos notes, there are two options that will allow practices that currently have Medicare DME provider status to continue doing so under Round 2021.

“Chiropractors whose practices have at least 5% ownership by an MD, DO, PA or nurse practitioner will be allowed to continue as exempt from the competitive bid process,” Antos says. “As long as the practice is listed as a medical (MD, DO, PA or nurse practitioner) ownership of at least 5%, those offices will continue to enjoy the privilege of being able to supply, bill for and be reimbursed at the approved values for DME supplies.”

Besides meeting the 5% ownership criteria using Product Category OR02, there is another pathway to consider to continue as a Medicare DME provider. The competitive bidding does not have to result in a service gap for non-exempt providers, and there is a significant opportunity to expand the...
Many chiropractic practices will be impacted by the CMS reimbursement changes resulting from Round 2021. In particular, braces that fall under Product Category OR03 will be subject to competitive bidding.

service a practice provides while enhancing its reputation for providing comprehensive patient care. A practice can provide items in CMS’s Product Category OR02, custom-fit prefabricated orthotic braces. This category is not impacted by competitive bidding, and chiropractors can easily obtain this accreditation.

CMS defines Product Category OR02 as prefabricated orthotics that all require custom-fitting and adjustment (for example, the item must be trimmed, bent, molded [with or without heat], or otherwise modified by an individual with expertise in customizing the fit for use by a specific patient). A custom-fitted orthotic requires modification of the item to provide an individualized fit.

A patient-centered solution and opportunity

Matthew Gruskin, MBA, BOCO, BOCPD, credentialing director at the Board of Certification/Accreditation (BOC), works with a large variety of DME suppliers and notes the opportunity to provide items in Product Category OR02 is attainable for any chiropractic office.

“By following a simple process, you can establish your business as an accredited supplier that is recognized by CMS; then you can continue delivering and fitting braces as a valued service to your Medicare beneficiaries,” Gruskin says of becoming or maintaining status as a DME provider.

Here are the parts of the process Gruskin references. He notes that they can be completed in any order (or simultaneously), but all are required to be reimbursed by CMS for items in Product Category OR02:

**Part 1: Apply for DMEPOS Accreditation** — In order to apply for Product Category OR02, a business must earn accreditation from a CMS-deemed accrediting organization. If a practice is not already accredited, review the CMS DMEPOS Supplier Standards and CMS DMEPOS Quality Standards and contact an accrediting organization to begin the process.

**Part 2: Employ or Contract with a Professional with Education and Training as an Orthotic Fitter** — In addition to DMEPOS Accreditation, to bill CMS under Product Category OR02, a practice’s staff must include at least one employee with verified education as an orthotic fitter, such as a certified orthotic fitter. A chiropractor can earn this designation, contract with a certified orthotic fitter professional, or hire an employee who holds this certification.

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Next steps
Once a DC or team member meets the prerequisites, the next step is to take and pass a certified orthotic fitter exam to earn the necessary credentials to satisfy the CMS billing requirement. Two national certification bodies offer this exam: BOC (Board of Certification/Accreditation) and ABC (American Board for Certification); only the BOC exam is nationally accredited.

By earning DMEPOS accreditation for a practice and enlisting a certified orthotic fitter, one can provide the full spectrum of specialized patient care, including OR02 custom-fit prefabricated braces.

Remainder: Patients will need a prescription for a custom-fit brace, and DCs can work directly with referring physicians, physician assistants or nurse practitioners. The accrediting organization or a consultant will guide DCs to additional resources about the documentation required to bill CMS, as well as states’ guidelines.

JAMES C. ANTOS, DC, DABCO, of Antos & Associates LLC, can be contacted at antosdmebrace.com, Antsjm@hotmail.com or 386-212-0007.

MATTHEW GRUSKIN, MBA, BOCO, BOCPD, Board of Certification/Accreditation (BOC), can be contacted at bocusa.org, matt.gruskin@bocusa.org or 410-753-8721.

References can be found online at chiroeco.com
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WHY DO THEY SAY THAT YOU ONLY LEARN FROM YOUR MISTAKES? Why not learn from the mistakes of others? A guiding hand that is transparent enough to share not just what made them successful, but what mistakes awakened them to the reality of being a business owner and not just a doctor, is one way a mentor is beneficial.

Getting out of your own circle
An effective mentor strives to help people discover what they can be, and then holds them accountable to become that person. Newly-graduated and even established doctors will continue to come face to face with life-changing decisions. Coming right out of the academic world of college and forced to establish a means of student loan payback, let alone starting a practice and possibly supporting a family, would rattle anybody’s thought process. Even the established doctor may experience moments of doubt and even the fear of possible failure from their choices. Life dictates change like new office hours, moving to a new location, adding new services, an increase in fees, and even bringing in a new doctor. When
one focuses so much on their individual actions and decisions they may unintentionally become unapproachable to a guiding interactive relationship. Living only in our own little circle, it is easy to turn a deaf ear to those closest to us, the people who know our strengths and our weaknesses. They can see the possible dangers awaiting us — we can become blinded.

Among our loneliest moments is the time of decision and the need for guidance. The weight of our future life clamps down upon our hearts. Then quickly second thoughts materialize — and third and fourth. Did I do the good and wise thing? Is it even what I wanted? Can I live with the consequences? Will others think of me as a fool? Who will stand with me if it becomes clear that I made the wrong choice?

While we are young, desire and impulse and personal associations may carry us through choices that would paralyze us in 10 years. In the bloom of youth, we just do what we must do or whatever turns us on. How simple it seems! Often, we are not even conscious of having chosen anything.

Informal mentoring
Mentoring is not a one-way street. The best mentoring relationships have a great balance of give and take, where both people are offering ideas and insights that energize the relationship.

Mentoring can also take on different forms, both short-term and long-term. Sometimes a simple lunch conversation can be all you need to get some key ideas that launch you in the right direction. It doesn’t always have to be a formal mentoring structure and relationship. In fact, sometimes your mentors can be long-distance.

A valued friend or relative is only a phone call away. If you can get ideas, encouragement and insight from the individual, they will have an influence on your life. Of course, you also need mentors in your everyday life who are close enough to direct you in areas of which you are not aware.
Engagement in thought and impulse
Hearing and seeking guidance is almost a universal human preoccupation. We see the need for accurate information because there is wisdom in counsel. We truly live at the mercy of our ideas. Those who operate on the wrong information aren’t likely to see their dreams come true. There are no tricks, mechanical formulas or gimmickry for making sure we are always right.

Obtaining guidance is but one facet many have used for success, but just doing what you are told to do is not the objective. Interacting in a partnership of acquired knowledge is priceless.

But confidence cannot totally be based on genuine understanding. When you can personally be engaged with a mentor in thought and impulse, the rhythm of your own heart will be at peace. As Rudolf Steiner said, “One can ascend to a higher development only by bringing rhythm and repetition into one’s life. Rhythm holds sway in all nature.” That rhythm drives your passion and thus your office.

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Hearing and seeking guidance is almost a universal human preoccupation.

Develop character, not direction
To find joy at your chosen vocation of doctor of chiropractic is something most people don’t understand. The development of character rather than direction must be the primary purpose that provides peace in the choices you must make.

Preceptorships and practice shadowing are two personal ways to be enriched when serving with a mentor. Understanding through immersion in their practice allows you to absorb their joy in serving. What valuable lessons can be learned as you observe the truth in their clinical art.

The art of individual care is chiropractic’s specialty. Some doctors’ “heart rhythm” for their practice is like a friendship or family tie that professes to teach and lead, rather than merely supply a service. As we strengthen our own confidence and understanding of our purpose as health care providers, we will naturally become a guiding hand to other health care providers, our patients, and hopefully to our profession.
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THE DR. SUCCESS SPOTLIGHT

By Perry Bard, DC

With excerpts from 20 chiropractic guests on his radio show, Bard shares the “secret sauce” from highly-successful DCs from different areas of practice success that provide a road map for readers and their personal practices or clinics. Uncut Q&A sessions provide “golden nuggets” applicable to any specialty physician or DC, and a blueprint to duplicate the efforts of DCs functioning at the highest levels. Each chapter also provides a Top 10 “Plug-n-Play” list of takeaways from each featured doctor. DCs interviewed include Chiropractic Economics regular contributors Fab Mancini, Eric Kaplan, Miles Bodzin, Marty Kotlar and more. “This is a first!” said Carey Girls, DC. “Ideas from so many successful doctors in one place that really work. I just wish this book had been there when I first graduated from school. This is the part we just didn’t learn there!”

STRETCHSMART: DYNAMIC STRETCHING TO IMPROVE THE WAY YOU FEEL AND MOVE

By Adam Weiss, DC

Developed by a chiropractor, “StretchSmart” can help you and your patients expand flexibility — regardless of age, fitness level or stiffness level, or however many past attempts to commit to a flexibility routine. “StretchSmart” takes you through a series of dynamic functional stretching movements, actively lengthening and relaxing major muscle groups while performing an easy-to-learn rhythmic series of exercises. Overcome structural limitations such as tight hamstrings or a stiff back, shoulder or knees, and conquer chronic “bad” posture while preventing injuries at the same time. Enhance body awareness and motion with no difficult positions to learn or get into, and no holding awkward positions for long periods of time to improve your flexibility. “StretchSmart” shows step-by-step methods for improving flexibility, even to those “born stiff,” providing a fuller range of motion in joints and muscles for a more enjoyable lifestyle.

JOURNEY TO HEALING: THE ART AND SCIENCE OF APPLIED KINESIOLOGY

By Eugene Charles, DC

In this age of rampant opioid addiction, generations are at risk of dying younger than their parents; conventional medicine is not curing people with low-back pain, diabetes, sports injuries or stress-related problems; and a doctor shortage is looming due to “physician burnout.” There is an obvious need for a more comprehensive approach to addressing health issues. “Journey to Healing” is about a healing specialty — applied kinesiology (AK) — the science of healing the total person and supporting true health through the study of movement and muscle function. AK gives hope and provides answers when patients are suffering from a health condition that appears to be senseless or hopeless. AK can often find the “hidden cause” by using a refined diagnostic test known as functional muscle testing. “Journey to Healing” includes real-life cases of patients’ experiences with doctors utilizing AK, with approximately 1,000,000 practitioners worldwide currently using some form of AK manual muscle testing.

THE CHIROPRACTOR’S PROTÉGÉ: THE UNTOLD STORY OF OAKLEY G. SMITH’S JOURNEY WITH D.D. PALMER IN CHIROPRACTIC’S FOUNDING YEARS

By Timothy J. Faulkner, DC

Based on Smith’s journals, letters, advertisements and other rare documents, Faulkner provides a new glimpse into the earliest moments of chiropractic’s formation. Through rare photographs and firsthand accounts, many of which have never been published before, Faulkner documents the life of one of the first chiropractors who spent more time with D.D. Palmer than any other student besides B.J. Palmer. The book includes photos of D.D. Palmer that were found along with Smith’s journal as well as stories and fascinating anecdotes about the founder of chiropractic. The teenage Oakley started as a patient of D.D. Palmer in 1898 for five months, and was so helped by chiropractic care that he stayed with Palmer in Davenport, Iowa, as a student. Oakley and B.J. Palmer were good friends as teens and considered themselves “Bro Kiros” through attending shows, sharing practice tips and opening their own offices. “The Chiropractor’s Protégé” provides a rare glimpse into the early years of chiropractic.
THE REMARKABLE PRACTICE: THE DEFINITIVE GUIDE TO BUILD A THRIVING CHIROPRACTIC BUSINESS
By Stephen Franson, DC

This book is the blueprint for chiropractors who want to create a remarkable practice as part of a remarkable life — not instead of one. It’s for the chiropractor who wants to make a bigger impact (and a bigger income) through leverage, not brute force. Too many doctors spend their careers dedicated to building a busy practice at the expense of their own health, happiness, marriage or children. What they don’t realize is that they’ve built a job instead of a business, and now, that job owns them. The book includes “proven Remarkable Systems” for the core four functions of the chiropractic business: Attraction (marketing), Conversion (sales), Retention (service) and Team Building. Franson is a champion of the chiropractic wellness lifestyle, the founder of The Remarkable Practice, a coaching and consulting company, and was named one of the Top 25 Most Influential Chiropractors in 2017. He opened Franson Family Chiropractic, which became one of the largest wellness clinics in the world.

SCIATICA: FOUNDATIONS OF DIAGNOSIS AND CONSERVATIVE TREATMENT
By Robert James Trager, DC

Summarizing research about sciatica for chiropractors, physical therapists, primary care providers, osteopaths and physiatrists, the book includes thousands of references, hundreds of images, original illustrations and case studies to review mechanisms of pain, examination techniques and treatment of sciatica. The focus is on non-pharmaceutical and minimally-invasive treatments, but also reviews the indications for more invasive procedures. Readers will learn: What is sciatica and does it always relate to the spine? What common features occur in most cases of sciatica? Has our concept of what causes sciatica changed over time? What does it mean when symptoms are above the knee or below the knee? Does sciatica mean you are just getting old? What mechanisms allow disc herniations to heal? What are the most effective non-pharmaceutical treatments for sciatica? What vitamins and natural substances are beneficial for sciatica? And more.

C IS FOR CHIROPRACTOR
By Kaleb R. Scroggin, DC

Great for the chiropractor’s reception area for patient education, engagement and table talk, this book helps patients young and old understand more about the benefits chiropractic can have for the entire family. “Oh, how I wish I had known about this when we had tiny people growing up in our home,” said reviewer Carolyn Williams. “Dr. Scroggin has a passion for helping people and chiropractic care. The format may be for the youngest of readers or listeners of books being read, but the content is valuable no matter the age or level of reading skill. Who knows how many littles will be inspired to be doctors, nurses or scientists because of having an interesting book like ‘C is for Chiropractor’ read to them.” Reviewer Lisa Galipeau adds, “Wonderful book for a chiropractor office reception area — or anyone trying to decide if they would like to give chiropractic a try. It relays simple but important information about the body function.”
**POINT**

**Chiropractic for age 2 and younger unsafe**

Australian Health Ministers have announced an independent expert review by Safer Care Victoria on spinal manipulation for infants and young children. The Chiropractic Board of Australia has set an interim policy — Spinal manipulation for infants and young children to protect the public until the outcomes of the expert review are known, and a final policy is developed on the issue. The board advises chiropractors to not use spinal manipulation to treat children under two years of age, pending the recommendations arising from the independent expert review.

For the purpose of this interim policy, “spinal manipulation” means moving the joints of the spine beyond the child’s usual physiological range of motion using a high-velocity, low-amplitude thrust.

When chiropractors do not have the clinical skills and knowledge to appropriately assess and/or manage a pediatric patient, the board expects them to refer the patient to another health care practitioner who has the appropriate skills, or to co-manage the patient with them. In all cases, the patient’s best interests must be the priority.

The board and the Australian Health Practitioner Regulation Agency look forward to the outcomes of the independent review. The board recognizes that the practice of spinal manipulation is not limited to the chiropractic profession, and the primary consideration for the evidence review is public safety.

**COUNTERPOINT**

**Chiropractic care of infants, children proven safe and effective**

For more than 100 years, doctors of chiropractic have been providing safe, effective care for infants and children. Sherman College of Chiropractic provides instruction in the care of infants and children in the regular curriculum, at the postgraduate level, and in advanced elective courses.

The sample four-year, full-time accredited chiropractic curriculum distributed by the World Health Organization includes pediatric care. There are published textbooks on pediatric chiropractic, clinical practice guidelines addressing best practices for the chiropractic care of children, and peer-reviewed research on pediatric chiropractic care. Such research is ongoing.

Misalignments in the spine may result from the birth process, falls, tumbles and stresses of childhood, resulting in interference with proper function of the nerve system. These are called vertebral subluxations. Doctors of chiropractic recognize the importance of locating and gently correcting vertebral subluxations so that the body may function at its best.

Sherman College of Chiropractic is committed to educating doctors of chiropractic who provide safe, effective, evidence-informed care for infants, children, adults, seniors and entire families. Furthermore, Sherman College of Chiropractic supports freedom of choice in health care, and the availability of chiropractic services for people of all ages.

**CHIROPRACTIC BOARD OF AUSTRALIA STATEMENT, 2019, edited for length**

**CHRISTOPHER KENT, DC, JD, Director of Evidence-Informed Curriculum and Practice, Sherman College of Chiropractic**

Weigh in with your Point-Counterpoint — see the latest topic, write a 300-word or less response and possibly have your opinion appear in the next issue of Chiropractic Economics — go to facebook.com/ChiroEcoMag.
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chirocare100.com

CHIRO BIO
In his book D.D. Palmer: A Biography of the First Chiropractor, author Simon Senzon concisely explores Palmer’s fascinating life — his early days as a schoolteacher in the Midwest, a beekeeper, and a grocery store owner; his years as a magnetic healer and spiritualist; and his career as the founder of chiropractic.
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