Olympic Effort Results in Chiropractic Ads During 2020 Tokyo TV Coverage

Your Marketing Guide

New CBD Delivery
4X Effective

Does Chiropractic Need New Branding?
Advancing Wholistic Health Care. It Matters.

WholisticMatters is dedicated to advancing the latest insights available in clinical nutrition by presenting the most balanced, credible, and reliable science available. Key topics include:

- Immune and inflammation management and control
- Epigenetics, nutrigenomics, and precision medicine
- Cardiometabolic control
- Digestive health and the microbiome
- Lifestyle health and wellness

Join the conversation at WholisticMatters.com

Check out season 2 of the WholisticMatters Podcast Series, “Building a Healthy Lifestyle” on Spotify, Apple Podcasts and Google Podcasts
Do You Get Results Like This? Would you like to?

I’m Dr. Van D. Merkle. I’ve treated patients with serious problems for over 30 years. I have more documented cases with objective laboratory results than any chiropractor. No one I have heard or seen comes close. That’s a bold statement; I don’t make it lightly or frivolously.

**Saving Lives**

I routinely help patients with cancers, lupus, MS, IBS, Psoriasis, CFS, severe pain, CF, Diabetes, kidney and liver disease. The results are objective third-party laboratory proof. Lives are truly being saved and families and communities are saving thousands of dollars because of the work we do. Your patients have these problems, in fact, you might, too. I can train you to help them, and they will respond even better to their adjustments.

**You can wait for symptoms: however, you can only have 20% liver, kidney or pancreatic function left and have no signs or symptoms of disease! Do you think that some of your patients might have cancer or other serious problems? Remember: diseases and conditions will show in the blood long before symptoms occur.**

One of the things I tell doctors and all patients is that “even serious problems sometimes have simple, safe, natural, and inexpensive solutions.”

**DON’T BE SCARED— I don’t treat cancer, lupus, MS or any other diseases but I’m a health expert. SBN nutrition and vitamin therapies optimize health and assist the body’s natural ability to fight cancer and other disease.**

“If a person gets healthy enough, does it really matter the name of the disease”

**Testimonial from an SBN member:**

“In 2015 your Science Based Nutrition program saved my life AND my practice. I became a chiropractor in 2005 due to adjusting and haven taken antibiotics for 15 straight years; my SC joints were surgically removed in 2009. I suffered a severe whiplash injury in 2008 which led to 7 years of pain meds: oxycodin, percocets, cymbalta, valium, neurontin, etc. All at the same time, 18 neck injections, visits to Cleveland Clinic, 9 neck MRIs, and failed NK surgery in 2014. I was questioning life. Finally in 2015 I received a SBN flyer, didn’t think it would help. I attended one of your seminars in Chicago, half alive taking many many meds. After the initial report I WAS 100% PAIN FREE IN 2 WEEKS!!! So within 6 months I was able to completely get off ALL of my pain medications and today I am 100% medication free. I have taken many patients through SBN reporting but my case was truly a miracle. Your program and supplements, I believe, literally saved my life. THANK YOU, THANK YOU.” DM, 2018

“These are the stories that can happen. I never thought I would have stories like Dr. Merkle … but now I have them every single day.” DK

“Prevented 11-year-old female from a lifetime of needing insulin. C-Peptide improved from 0.50 to 0.90 in 2 weeks!!! She is feeling great!! Dr. Corrine W., North Carolina

“Male, age 68 with low testosterone. Medical doctor measured his levels at 158. After only two weeks his testosterone nearly doubled to 301, with 480 being the goal. 11/16/2018: UPDATE: Total Testosterone is 501 (7 months total).” Dr. Andrew D., Ohio

“Dr. no longer wants to do liver transplant (after just 2 months). Since starting SBN (October 2018), his quality of life has increased significantly...MD is happy about that.” Dr. Paul K., California

“Last year I got tested and my iron was 706!! Yikes!! I was just tested yesterday and my level was 63!! Liver enzymes were also down. What can I say except thanks for saving me!! All my thanks come from the heart.” Dr. Gary L., New Jersey

“My office manager had high Eosinophils (11 and 0.6) at her first test. Her report suggested Parasites. After just two weeks, her Eosinophils have dropped to 6 and 0.4.” Dr. Joe W., Michigan

“A blood glucose of 600 to 98 in 3 months. AIC from over 15.5 down to 5.90 in 5 months. Medical doctor told her she wouldn’t make it to Christmas. After meeting with me she got her life back!” D.K., Nevada

“History of TBI, symptoms getting progressively worse. However, the symptoms I was attributing to my TBI turned out to be from Herpetic Meningitis. Now that I’ve dealt with that, I feel like a million buels!” Dr. Cindy R., Colorado

“110-year-old female; not growing, not gaining weight. Pus has stomach ulcers. After implementing SBN plan, she gained 3 lbs. Over 2 weeks and stomach ulcers are GONE.” Dr. Steven H., Arizona

“Improvements in liver, kidney, and thyroid function. After 3 weeks, hot flashes and night sweats are gone, too! Toxins gone, lost weight, no more headaches, and grey hairs are darkening again. No bioidentical hormones used!” Dr. Natalie Y., Ohio

“Reversed ovarian cancer; CA 125 down 285 points and CEA down 111 points. After 2 weeks, ascites is gone and no longer needs fluid drained from abdomen and after 2 months down 75-80 lbs.” Dr. Andy D., Ohio

“Metastatic Prostate cancer case: PSA 30 down to .01 in one year and all signs of metastasis are gone.”

“Crom’s disease: no bleeding for 4 years and gastroenterologist said that there are no signs of the disease.” Dr., Arizona

“250 units of insulin: off insulin after just 3 days! Started with a C-peptide 0.5.” D.K., Nevada
Patented Reporting System

SBN members use a patented computerized system that I developed. This proven system provides the most comprehensive medical and nutritional analysis; light years ahead of anything else. Blood, hair and urine testing, a patient symptom survey, medications, vitamins, medication side effects, and nutrient deficiencies caused by those medications are all incorporated into the SBN report. This SBN analysis provides the most comprehensive, beautiful color-coded report that is patient ready. The report generates specific diet and customized vitamin recommendations based directly on that patient’s lab results and other patient factors.

BTW- I’m not tied to a particular vitamin company. I use products from about 15 different companies because no one has the best of everything. My allegiance is to my patients and doctors I work with, not a vitamin company. Results are more important than the label on a bottle and I’ll tell you what I recommend but you are welcome to use whatever you want.

Why use the SBN computerized system?

Nobody can remember everything about all of the labs: the ranges, interactions, associated symptoms and other factors. Plus, no one can remember all of the side effects or nutrient deficiencies of medications, which is why we have computers. If you want the best, you need Science Based Nutrition. There are no other worthy comparisons.

The SBN computerized system will save you considerable time and provide significant additional income. My clinic is 100% cash. I have 3 Associates all doing far better than the average DC. I’ll show you my patented system after the lecture on Saturday.

SBN Lectures

After lecturing and teaching advanced laboratory analysis and nutrition for 15 plus years, there are now several hundred DC’s using our proven SBN system, obtaining amazing results.

Real doctors use laboratory testing. We can help you get the best discount lab pricing for LabCorp and Quest. I’ll teach you how to become a better doctor by testing thoroughly, analyzing properly and providing proven diet and nutrition protocols for many conditions.

This lecture will be the most useful nutrition lecture you have ever attended and becoming a member of SBN will be the best investment for you, your patients, practice, and future. Plus, it can aid you with your own health problems and lead you to optimal health like it has many other SBN members.

There are millions of people with serious health problems looking for help. I’ve lectured for the ACA as well as many state conferences and other associations. Every state allows DC’s to do what I’m teaching. It works, it is proven. Don’t wait, your patients need this now.

Member Advantages

You will receive a lot more than just laboratory testing and analysis by attending an SBN lecture. You will be provided with patient management, marketing, and many other tools to help build your nutrition practice. Don’t be hesitant about taking on the tough cases; if you are an SBN member you have support when you need it, but often times the solution is simple once proper testing is completed. I will teach you that testing at the SBN lecture.

You can do this, too. If you really want to help people, save lives, and make an impact then I’d be honored to have you join me at an SBN lecture. We have a system that makes this fairly easy, but you still have to work at it. The most successful SBN members work hard to be the best doctor. We will provide you with the tools to help you succeed, but it’s up to you to learn and use the SBN systems, marketing and patient management guidelines.

Our upcoming SBN lecture schedule:

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
July 25-26 Phoenix, AZ
August 1-2 Bridgeport, CT
August 8-9 Pittsburgh, PA

Doctors $89, Staff and Students $40
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More lecture dates, registration, sample report, and more testimonials at www.ScienceBasedNutrition.com

Brand new lecture material for SBN: Oral Chelation covered, Hepatitis B&C, cardio panel, cancer panel, thyroid and auto immune disease and testing and lots more in this jammed packed SBN 2.0 lecture.
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LETTER FROM THE EDITOR

INDUSTRY NEWSMAKERS

If you’re among the 3,200+ doctors of chiropractic, chiropractic assistants, students of chiropractic or office staff reading this at the Parker Las Vegas conference, welcome to Vegas and please stop by the Chiropractic Economics booth during the weekend to say hello. Otherwise enjoy this issue featuring a review of a number of exciting events in 2020 that will put chiropractic in the national spotlight.

“OUR COMMERCIAL IS EXPECTED TO REACH WELL OVER 23.7 MILLION HOUSEHOLDS DURING THE OLYMPICS, NOT TO MENTION THE SOCIAL MEDIA REACH IT WILL HAVE.”

Davenport, Iowa. Palmer College will hold a celebration, and has designed a commemorative logo in honor of the 125th anniversary, available on their website for use on chiropractic websites and promotional materials.

“We invite you to join us in Davenport, Iowa, from Sept. 17-19, 2020, where we’ll host a chiropractic-wide weekend of special events to learn from each other, celebrate our shared past, and embrace the future of our profession,” said Palmer College officials in a release. “More details will follow, along with opportunities to get involved in the festivities.”

To download the logo or keep up with the latest celebratory news, go to: palmer.edu/alumni/palmer-brand-chiropractic-125.

Point-Counterpoint

We want to feature you in our issue #4 with your opinion: Insurance or cash-only practice? Which works better for you and why?

Chiropractic Economics’ Point-Counterpoint is where doctors of chiropractic and health care industry professionals debate the industry’s hottest topics. Weigh in with 300 words at facebook.com/ChiroEcoMag.

Marketing magic inside

Whether you’re a single shop or an integrated practice, if you have a say in any of the marketing and communications functions, then this issue is for you.

Marketing articles and tips in this issue include the changing face of marketing in 2020, both new and tried-and-true patient communication outreach, “hitting base hits instead of home runs” in marketing efforts, partnering with F4CP and their vast marketing resources, and niche local marketing for small practices with small budgets.

Make this your month to try out a new marketing tactic or form of community outreach.

To your practice’s success,

Richard Vach
EDITOR-IN-CHIEF

Olympics commercial and 125th anniversary

In this issue you’ll read how a TV commercial touting chiropractic care and education came together that will air during this year’s Tokyo Olympics.

“Our commercial is expected to reach well over 23.7 million households during the Olympics, not to mention the social media reach it will have,” said Sherry McAllister, executive vice-president of the Foundation for Chiropractic Progress (F4CP), which pitched the original idea. “I can honestly say that we have never done something on this scale before.”

The chiropractic commercial will air five times during Olympic coverage in the time span of Monday-Friday from noon-5 p.m. EST. The commercial will drive viewers to find a chiropractor in their area, and you can list your practice on the F4CP “Find a Doctor” page at F4CP.org.

Also later this year, chiropractors worldwide will mark the 125th anniversary of the founding of the profession, which began in 1895 when D.D. Palmer adjusted Harvey Lillard in downtown Davenport, Iowa. Palmer College will hold a celebration, and has designed a commemorative logo in honor of the 125th anniversary, available on their website for use on chiropractic websites and promotional materials.

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Celluma wins prestigious award in London
Celluma beat eight finalists to take home the DeGTX Award for Product Innovation of the Year at the renowned Aesthetics Awards 2019 on Dec. 7. The trophy was presented to the team in front of more than 700 guests in the ballroom of the Park Plaza Westminster Bridge hotel in central London.

With products in more than 70 countries worldwide, Celluma is proud of its developments and recent launch in the UK. Judges praised its CE and FDA approvals, noting it is a very affordable and innovative device, particularly for its benefits in conditions such as acne and rosacea.

“This was a very important year for Celluma. I believe we have the most innovative light device in the world,” said Denise Ryan, vice president of brand management.

ChiroEco.com/celluma-award

Spinal implants could restore standing, walking
A scientist at the University of Alberta, Vivian Mushawar, has developed an electrical spinal implant in her laboratory that could restore standing and walking for people with severe spinal cord injuries. The device allows hair-like electrical wires to plunge deep into the spinal grey matter, sending electrical signals to trigger the networks that already know how to do the hard work of movement.

The development is discussed in a recent paper in Scientific Reports, in which Mushawar’s team also showcases a map to identify which parts of the spinal cord trigger the hip, knees, ankles and toes, and the areas that put movements together. The maps have been consistent in animal subjects, but further work is required before moving to human trials.

ChiroEco.com/spinal-implant

Chiropractic may help treat colic
A review of evidence on the use of complementary and alternative (CAM) therapies to treat babies with colic has shown that some treatments — including spinal manipulation — appear to help with the condition.

Researchers from the National Institute for Health Research (NIHR) at the University of Bristol and the University of Manchester reviewed published systematic reviews on the use of CAM therapies to treat babies with colic. They found that while probiotics, fennel extract and spinal manipulation all showed promise as treatments, these results should be treated with caution because of issues with the studies, including small sample sizes and the measurement of outcomes through parent diaries, which are highly subjective.

ChiroEco.com/chiro-and-colic

Social Media Marketing

Top 8 social media mistakes
Social media is a potentially very effective way to bring in new patients — but as with any marketing medium, it’s possible to misuse it and turn people off instead of converting them to try your services.

Here are eight common blunders to avoid as you market on social media:

1. Finishing your profile. Fill it out with photos, keywords and posts to get the best results.

2. Not updating often. Frequent updates give you better algorithm standing and help users find you.

3. Not engaging. Responding to comments, negative and positive, builds engagement with your page.

4. Not valuing your account enough to set the priorities yourself. No offense to interns, but social media isn’t something to leave to an intern — at least not entirely. At the very least, set the priorities yourself and get others to help you carry out your plans.

5. Focusing strictly on ads to boost traffic. You don’t have to rely on advertising to drive social media engagement. It costs money. Keep your cash and focus on building better social media SEO (search engine optimization). Build organic traffic that doesn’t end when you stop buying ads.

6. Asking users to share your info without providing relevant motivation. If your users don’t have good reasons to share your content, why should they?

7. Not inviting engagement. Ask users to participate and give them fun ways to do it.

8. Not being willing to experiment. Find out what works for you on your profile — it’s worth it.

— Katlin Morrison
For more information on social media marketing, visit the Business Tips section of ChiroEco.com.

Twitter Discussion

What’s your No. 1 marketing tip for new chiropractors?
Use the hashtag #CE for the chance to be featured on our Twitter @ChiroEcoMag

Facebook Question

Do you use Facebook’s paid advertising services? Has doing so helped your practice?

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

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American Chiropractic Association launches new website to educate public

The American Chiropractic Association (ACA) has launched a new website to educate the public about non-drug pain relief and the chiropractic profession’s holistic approach to health and improved function.

HandsDownBetter.org is a resource for those who seek alternatives to pain medications and surgery for common musculoskeletal conditions such as back pain, neck pain, joint pain and headaches. In addition to information on the chiropractic profession, the site offers ergonomic and injury-prevention tips to help people avoid aches and pains while doing everyday activities such as gardening, shopping, working at a desk, sports and more. Visitors also can learn about important federal legislative initiatives to increase patient access to chiropractic services and can search for an ACA chiropractor in their area.

“People need to know they have options in health care, particularly when it comes to pain relief and non-drug alternatives such as chiropractic services,” said ACA President Robert C. Jones, DC. “HandsDownBetter.org is a reliable source for information from the American Chiropractic Association, an organization that supports evidence-based care and collaboration with other health care providers.”

According to a Gallup survey, over 35 million Americans visit a chiropractor each year. For more information, go to HandsDownBetter.org.
Sherman College of Chiropractic recently honored Carolyn Best, BA, MT (ASCP) SH (above, left), and Amy Carlson, BS (right), in appreciation of their contributions, time and commitment to the college.

Best, a laboratory instructor of basic sciences, was named Faculty Member of the Year. She joined the college in 2003 as a lab assistant and through the years has taught courses and tutored students in histology, microbiology and laboratory diagnosis.

“I love my students,” she says. “They have such good energy and they keep me young.”

Vice President for Academic Affairs Joe Donofrio, DC, ACP, says the honor is well-deserved.

“Mrs. Best is one of those teachers who is always willing to do whatever it takes to give our students the best learning experience,” Donofrio says.

Best graduated from Lycoming College in Williamsport, Penn., and completed her clinical training at Williamsport Hospital.

A teaching and learning specialist, Carlson was named Staff Member of the Year. She joined the college in September 2018 and has made an impressive impact in a short period of time. She provides functional and technical support for programs directly related to classroom instruction, including the college’s Sherman Initiative and more.

“In her time at Sherman, Amy has become an invaluable addition to the Teaching and Learning Center,” says Director of Teaching and Learning Billie Harrington, PhD.

SOURCE: Sherman College, sherman.edu

SCHOOL NEWS

Sherman College names faculty, staff member of the year

Carolyn Best (left) and Amy Carlson

BY THE NUMBERS:
MARKETING & COMMUNICATIONS

“The best marketing doesn’t feel like marketing.”
— Tom Fishburne

95%

Percent of services sold annually to people who already use your services
Source: Summit Marketing Strategies

2.5 hours

Time spent each day by employees looking for the information they need to do their jobs
Source: McKinsey & Company

31%

Percent of organizational internal communicators in North America who admitted they do not employ any formal planning
Source: Gatehouse State of the Sector

8 in 10

Readers who only read headlines before they will read an article
Source: Summit Marketing Strategies

60–90 days

The largest period in which customers take action after seeing an advertisement
Source: drbryanhawley.com
Life Chiropractic College West offers new radiology master's degree in chiropractic

This fall, Life Chiropractic College West in San Francisco's East Bay began working with the first radiology resident in a new degree program, the Master of Science in Diagnostic Imaging (MSDI) program. The training in the program also prepares the resident for a series of board exams to earn a Diplomate of American Chiropractic Board of Radiology, or DACBR.

The MSDI program has been in the works for a while but gained new traction when Life West received accreditation approval for the radiology residency program from the Western Association of Schools and Colleges in July 2018.

The new program will qualify the radiology resident to sit for DACBR Board exams. Training will emphasize radiographic interpretation aimed at supporting chiropractors and the subluxation-based, vitalistic care they provide for their patients.

“The Master’s of Science in Diagnostic Imaging program continues to build on Life West’s mission in an effort to offer additional programs that are in alignment with the Doctor of Chiropractic degree,” said Pardeep Kullar, EdD, vice president of Academic Affairs. “Having the ability to extensively train a resident in diagnostic imaging adds value to both the profession and the college as it demonstrates expansion in the field.”

The application process is stringent, and only one resident is admitted per year to work directly with program director Jamie Motley, DC, DACBR. Motley, who went through similar training to earn her MSDI and DACBR in 2012, notes that Life West’s program is unique to the radiology world. Of the current diplomate training programs, only three also offer a master of science degree in diagnostic imaging along with imaging interpretation training. Life West’s program will be the fourth such program.

When Life West began courting the idea of starting a radiology program, it was important that the program went with a curriculum that offered a master’s degree, Motley said.

Motley, who has been teaching at Life West since 2013, said most colleges want to offer more than one degree, and MSDI with diplomate training was a realistic choice.

The thesis required for the master’s degree will be the real meat and potatoes of the program, Motley added. This research-based project will ultimately culminate in a research study, and the hope is that it will be published and contribute to a greater body of chiropractic analysis.

SOURCE: Life Chiropractic College West, lifewest.edu

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AN OLYMPIC EFFORT FOR CHIROPRACTIC

A TV commercial promoting chiropractic will be broadcast during the 2020 Tokyo Games

BY RICK VACH
TIME TO READ: 8-10 MIN.

THE TAKEAWAY
Chiropractic will take its largest media stage ever when commercials touting chiropractic care are broadcast later this year to U.S. audiences during the Tokyo Olympics. How the campaign came together is a tale of industry cooperation and a new outlook on collaboration.

A COMMERCIAL DURING THE SUPER BOWL IS THE PINNACLE OF ADVERTISING REACH, drawing more than 100 million viewers in the U.S. alone and then multiplying in perpetuity on digital platforms — but for millions of dollars for 30 seconds of air time, the price tag is out of reach for many nonprofits and foundations.

Sherry McAllister, DC, executive vice-president of the Foundation for Chiropractic Progress (F4CP), was used to seeing the Super Bowl deadline, and opportunity, pass.

“Each year without fail, the foundation receives inquiries about producing and airing a commercial to appear during the Super Bowl,” she said.
Last year another Super Bowl came and went before another opportunity for what McAllister describes as a “never-before-seen” big event came into view — commercials promoting chiropractic during another premier sporting event, the 2020 Summer Olympics in Tokyo. Coinciding with this year’s 125th anniversary of chiropractic, the Olympics seemed the perfect event to globally promote chiropractic to a sports-minded audience.

“The time frame couldn’t have aligned more perfectly,” said McAllister, who now needed a funding partner.

Increase visibility, promote chiropractic enrollment
The concept was a commercial focusing not only on educating the public about chiropractic, “but also grabbing the attention of individuals who may be considering a career in a health care field like chiropractic,” McAllister said. “The future of this profession lies in the hands of its current students and those who are considering a career in health care.”

Supporting funding came from numerous sources, but primary funding eventually came in the form of the National Board of Chiropractic Examiners. The NBCE administers standardized written and practical examinations for candidates seeking chiropractic licensure throughout the U.S. and in several foreign countries. The NBCE funds organizations, events and research grants throughout the chiropractic industry, but had never OKed funding for anything of this scope.

“Originally I was contacted by a member of the F4CP and I invited them to come and do their presentation as part of our board meeting agenda,” says NBCE President Daniel Cote. “They gave us a presentation and explained their case. It was so well received that we gave them quite a bit more than what they were asking for because we really believed in the project. After the presentation they took a campus tour, and we had approved the project before they came back. It was a great idea and an excellent opportunity for the profession in general.”

The gift that will keep giving
McAllister is astounded when she thinks of the reach of an Olympic audience and the campaign’s potential.

“I can honestly say that we have never done something on this scale before,” she said. “The 30-second chiropractic commercial is set to air five times during the 2020 Summer Olympics and is expected to reach 204 million individuals. Let that sink in. This doesn’t include all of the views the commercial will receive from our individual members sharing the file to their practice websites or social media pages.”

Cote says the commercial will be available for free following the Olympics broadcast.

“One of the things we made sure of in the agreement was that the commercial will be available to all different kinds of chiropractic practitioners,” Cote said.

125th anniversary of chiropractic, the Olympics seemed the perfect event to globally promote chiropractic to a sports-minded audience.
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— Dr. Terry M. Glasson D.C.
TheFatLossExpert.com, Chico, CA
The National Board of Chiropractic Examiners Board of Directors, from left to right: John McGinnis, DC; Steven Conway, DC; Daniel Cote, DC; Karlos Boghosian, DC; Farrel Grossman, DC; Kimberly Driggers, JD; Carol Winkler, DC; Cynthia Tays, DC; LeRoy Otto, DC; John Nab, DC; Norman Ouzts, DC & CEO; Michael Fedorczyk, DC.
“We’ll pay for this commercial, but it has to be available. Chiropractors and universities can use this commercial to showcase the benefits of chiropractic and a career in chiropractic.”

of chiropractic groups and chiropractors for free after the Olympics,” he said. “We said, ‘We’ll pay for this commercial, but it has to be available.’ Chiropractors and universities can use this commercial to showcase the benefits of chiropractic and a career in chiropractic on social media, websites, newsletters, practice reception rooms, etc.”

Sports chiropractic in focus
The F4CP has quickly become the spokes-organization for the industry, growing from roughly 8,000 members three years ago to more than 28,000 today, offering a wide variety of media and marketing materials, “Find a Doctor” services, videos, webinars, PowerPoint presentations, podcasts, tip sheets, white papers, brochures and Opioid Toolkits for doctors of chiropractic.

Founded in November 2003 by Kent S. Greenawalt, CEO of Foot Levelers Inc., the not-for-profit F4CP’s mission is to educate the public about chiropractic care through positive press.

“We’re really opening up where we show we appreciate the profession and all its depth,” he says. “We have a chiropractic social responsibility that we’re understanding a lot more now in the past year, and we’re really changing the culture. We have this wave that we’re riding right now, and we have to push that further. We just want to promote chiropractic, and 10 of 11 of us around the [board] table are chiropractors. The profession has been good to all of us, and we want to perpetuate that.”

NBCE in transition
Changes are also in store at the NCBE, where Cote says the Olympics campaign is the beginning of the organization making a culture shift toward greater collaboration.

“The F4CP has done a fantastic job in the past years bringing to the forefront chiropractic as a first-line approach to opioids,” Cote said. “I have a ton of patients that come to my office for pain, but then they also realize they can come in for the 10K they’re going to run. Or that their kids could come here and they’re high school athletes and they can perform better. This is a great opportunity to show that athletes, not only people that are in terrible back or neck pain, can use chiropractic in an efficient and beneficial manner.”

In addition to fighting the opioid epidemic, F4CP in 2020 will roll out their “Optimizing Performance” campaign, featuring high-profile athletes touting the benefits of chiropractic care in videos, on social media and more.

“We are also working on building-out new material for our monthly PR and marketing themes,” McAllister says. “They include but are not limited to chiropractic care and falls prevention, pediatrics, efficacy of chiropractic, veterans and military care, and as always, drug-free pain management awareness, among others.”

[See next page for how to become a part of the campaign]

RICK VACH is editor-in-chief of Chiropractic Economics magazine.
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In addition to fighting the opioids epidemic, F4CP in 2020 will roll out their “Optimizing Performance” campaign, featuring high-profile athletes touting the benefits of chiropractic care in videos, on social media and more.

How to Become Involved

“The opportunities that stem from this commercial can be endless,” says Foundation for Chiropractic Progress (F4CP) Executive Vice President Sherry McAllister, DC.

The chiropractic commercial will air five times during Olympic coverage in the time span of Monday-Friday from noon-5 p.m. EST. Daniel Cote, president of the National Board of Chiropractic Examiners, the primary funder of the commercials, notes that additional donations to the cause can assist chiropractic schools in customizing and airing commercials locally.

“Our commercial is expected to reach well over 23.7 million households during the Olympics, not to mention the social media reach it will have,” McAllister adds.

To join the F4CP and become part of their “Find a Doctor” database on their custom Olympics landing page, or for more information or to donate to the effort, go to f4cp.org.

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MODERN MARKETING AND COMMUNICATIONS

How to think about the future of promotion

BY CLAUDIO GORMAZ

TIME TO READ: 7-9 MIN.

THE TAKEAWAY
What differentiates your practice or communications from the competition? While everyone needs a good website or platform for their information and services, new technologies offer DCs the ability to find the best vehicle(s) for their marketing and communications efforts.

I MUST ADMIT, I’M A BIT OF A MARKETING NERD. As such, I get really excited thinking about the future of marketing and promotional efforts — specifically, which platforms will perform best, or simply fade out. Contextually, though, the efficiency of a given platform is directly tied to patients’ specific needs and demographics.

Merely because a promotional platform no longer receives mass attention (i.e., the Yellow Pages or flyers) doesn’t mean those promotional vehicles have no value. I have worked with several doctors who, because of geographic realities, have great success with these types of publicity instruments.
What marketing is and isn't

The colloquial understanding is that marketing equals sales; too often, sales and marketing are seen as being interchangeable. Though the ultimate goal of all promotional efforts is to garner additional clients and sales, marketing is the study of how and why people buy — what is their motivation?

Historically, the world has been trying to motivate folks to choose their services over someone else’s for eons. In Pompeii, Italy, archeologists found ancient advertising painted on walls. Around 1450, print advertising appeared, and in 1741, the first American magazine was published in Philadelphia. By 1867, we have the earliest recorded billboard advertising.

By the time we arrive in the mid-20th century, we have radio, television and telephone advertising [telemarketing]; the Sears catalog is all the rage. The digital age emerges by the early ’80s. In 1984, Apple launched its hugely-successful Macintosh ad during the Super Bowl, reaching 46.4% of American households. By the mid ’90s, we are receiving “spam” advertising and messaging on our computers, blogging emerges, and we’re concerned with search engine optimization (SEO).

By the mid-2000s social media enters the conversation. Around 2010, we have email marketing, smartphones [mobile internet users], tablets, online video and e-commerce; and Facebook begins its dominance (in fact, in 2012, 90% of social network users were using Facebook).

What do I get from using you?

New technology is popping up and changing the landscape at breakneck speed. What this means to you is that you have to find your particular niche and platform to tell your story the best way possible.

To stand out from your competitors, you must incorporate your message within the available technology. Hence, the future boils down to your ability to communicate. Think of it this way: The new technology is a Ferrari; the information you provide (your content) is the gasoline. It behooves you to focus on and promote your value proposition. If you’re confused, don’t be. Mounds of marketing research point to the fact that we all buy things to satisfy our self-interests. Therefore, approach the delivery of your value proposition from the patient’s point of view, i.e., “What do I get for using you?”

The “problem/solution” philosophy of marketing acknowledges the following promotional premise: “Your patients have a problem they don’t want, and they know that somewhere out there is a solution they want, but don’t have.” It’s your task to address the problem and deliver a solution.
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Author Ted Rubin nailed it when he wrote, “What the modern buyer wants from you is value and information he can trust when making a decision. He wants you to know where he’s coming from.”

Interestingly, when you sit back and analyze the medium, you discover that social media selling isn’t really about selling at all. It’s about being social, connecting, interacting, engaging and building relationships. The technology just allows us to have access to more options.

Help your patients find you
Technology provides your patients larger amounts of data and treatment options at their fingertips. If you wish to be your patients’ choice in medical care (rather than your competitor), you need to find out “What interests or concerns them?”

Engage with your patients if you plan to be “fully connected and plugged-in.”

In a connected world it helps not to just talk to people, but to listen. Use technology as a tool to listen and add value, to study and understand who patients really are.

If you are also the practice owner, the knowledge gained from the available technology is priceless and should determine your promotional messaging, which has a direct impact on your marketing’s return on investment (ROI).

Quality content and keywords
Social media creates bridges between potential patients and your practice. To boost ROI, your content [messaging] must be “Useful and Useable, Desirable and Accessible.” The new technology is wonderful and fantastic; but it’s worthless if people
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can’t find you. Consumers find you, and differentiate you from the competition, based on their online inquiries and searches (often using keywords).

If you don’t have treatment-oriented content available, you will not be found on the Internet. The more you write, the more you increase your visibility. That visibility equals rankings by search engines; the higher your ranking, the more qualified traffic chances you have to convert new patients.

Good user experience (UX)
Perform periodic website audits; make tweaks to improve UX. Your goal is to convince users to explore your pages long enough to read your treatment philosophies. Improve your site speed and page load times. Reduce annoying distractions like interstitials and ads. Revamp your page navigation, so it’s clear, easy to find and logical.

Recently an article cited several chief information officers, and a full 75% of them were concerned that their work cannot be differentiated from that of their competitors — yikes. As stated at the onset, the decision as to which advertising vehicle is “best” and makes you stand out is tied to your practice’s demographics — this was true yesterday, it is correct today, and it will be valid tomorrow.

Rest assured, though, that as your technical skills become more proficient, you will be able to explore and employ many more “cutting edge” marketing options.

The bottom line is: You must still create platforms of visibility; make sure your content sticks to the minds and hearts of your readers; and encourage those readers to share your information. You must devote yourself to delivering superior and trustworthy content.

You will need to add to your team. You need to develop an alliance with someone who can tell your unique story, your treatment philosophy, and your ideas about injury prevention. Moreover, that person needs to be able to create a bridge of security, all the while letting your patients know that “you get where they are coming from.”

CLAUDIO GORMAZ is a medical marketing strategist and freelance writer for the last two decades. He develops robust branding platforms, enhances reputation campaigns, and cultivates fruitful and predictable advertising messages. He can be contacted at 951-294-2274, at summitmarketingstrategies.com, or at info@summitmarketingstrategies.com.
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243 MILLION POTENTIAL PATIENTS

Social media is a patient gold mine — put yourself out there

BY AMANDA BLEDSOE, DC
TIME TO READ: 7-9 MIN.

THE TAKEAWAY
Are you failing to take advantage of social media marketing and communications opportunities, or even worse, turning patients away with your social media and digital presence?

243 MILLION AMERICANS ARE ACTIVE ON SOCIAL MEDIA, according to a September 2019 article on Statista.com. If you do the math, that’s roughly 240 million Americans who use social media, but who do not use chiropractic. In other words, social media is a patient gold mine.

But what does it take to run successful campaigns on social media? Get over your fear or dislike of social media, be persistent and consistent, be creative, incentivize engagement, and let your patients do the talking.
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When folks go to check you out and there’s not a recent post, the page seems old or irrelevant or they even wonder if you are still open. We have to recognize that most people are going to look at our Facebook page before they visit the office. They may even use social media to find our phone number, so the page needs to have up-to-date, professional information. That means updated pictures and updated hours. People are judging us and developing first impressions before they even walk through our doors.

Be responsive
Never let a comment or message, particularly a negative one, sit for too long without some kind of response. Of course each situation will require a different message, but be sure to follow up. Maybe that means empowering someone you trust to have access to the accounts, or even using an outside marketing group.

A lack of response to a negative comment can do serious damage to your reputation (how much do you care?), while a response to something positive shows how much you appreciate your patients.

Another good idea is to join community groups on social media. There are many pages that are set up for people to ask for recommendations. Be sure someone on your staff is responding to chiropractic recommendations. Ideally, your
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Don’t forget about paid advertising, too. That can expand your reach. When you do run social media ads, be sure you have a way to track their success.

patients will respond to these posts about their positive experiences. You can even use your networking partners, such as Business Network International (BNI), to be an extended salesforce for you by responding to those questions.

Encourage your patients to “tag” you in their social media posts about the great treatment they received. When the friends/followers of that patient see your name associated with great care, your credibility increases, as does the likelihood that they’ll become new patients. And great social media posts can go “viral,” meaning many, many people will see them. We’ll explore incentivizing your patients later.

Be creative and incentivize

Be creative and encourage activity on your social media channels. We all know when we buy a new car, the salesperson is going to ask to take a picture of you in the car. Do the same in your office. When a new pair of stabilizing orthotics comes in, ask the patient if you can take a picture and post on Facebook. Let them know they’ll be helping others by doing so.

Use your creativity to ID and capture little “moments” in your office and then post to social media. Give the world a glimpse of what goes on in your office on a daily basis. By demystifying your chiropractic office, you’re helping “leads” be more comfortable in reaching out to you for help. In so many cases, chiropractic is new and unique compared to anything they’ve tried before, so putting them at ease with fun yet professional moments can be very valuable in converting them to new patients.

Incentivize patients to be active on your social media channels. A few times a year, run a contest that revolves around some kind of social media interaction (posting, sharing, likes, etc.). Have patients post selfies, share your content, or like a post and by doing so become eligible to win. This behavior on a regular basis creates buzz and keeps...
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Patients can be your best marketers

Let your patients do the talking. Listen to your patients. When they share a great story with you about how much they love their new pillow, or how great their stabilizing orthotics are, or how they can play golf again, ask them to share that story on your social media channels. Tell them others need to hear their great story. Growing your practice at the grassroots level can be hugely successful when patients tell their story to the world. The patient can tell the story better than you can, and it’s more genuine coming from them.

Remember, these are programs you can run for free on your social media accounts. Don’t forget about paid advertising, too. That can expand your reach. When you do run social media ads, be sure you have a way to track their success. If something doesn’t work, don’t give up, and don’t think social ads are useless. Try a new angle. Experiment. Try something new.

With very little investment, social media can help transform your practice. Don’t underestimate the return on investment social media can provide, and don’t forget there are lots of hurting people out there who need your help. Using social media consistently and creatively will help you reach an entirely new customer base. Social media is a great way to tell your story.

AMANDA BLEDSOE, DC, owns Bledsoe Chiropractic in Conway, Ark. She is a graduate of Cleveland Chiropractic College. One of her ultimate goals is to make chiropractic care affordable for all patients.
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BASE HITS OVER HOME RUNS

When it comes to marketing a practice, doing all the ‘little things’ adds up to success

BY JAMES R. FEDICH, DC

TIME TO READ: 5-7 MIN.

THE TAKEAWAY
Relying on one source for new patients is a dangerous game. “Swinging for the fences” rarely ever produces the same results as a multifaceted marketing plan that concentrates on bringing in new patients on a monthly basis.

WHEN CHIROPRACTORS ARE TALKING IN THE HALLWAYS AT A SEMINAR, or over a beer, they often talk about the big home-run idea, the big marketing idea that will change everything.

Maybe it’s Facebook leads, some trick in marketing, SEO, Google Ads — whatever it is, they are always looking for the next home run. It would be nice if we could have the big home-run marketing thing, but in reality, it just isn’t there. As Dan Kennedy recently said, “Run from anybody telling you that just one thing, one easy button, one magic formula will work magic in your business or your life. Run!”

Avoid swinging for the fences
It’s wishful thinking to think one big marketing event or medium such as Facebook will get you 80 new patients a month. The truth is, successful practices don’t have one home-run marketing idea or plan; they have lots of base hits.
READ THIS OR GO BROKE!
Most Doctors Are Too Busy Earning a Living To Make Any Money...Don’t Let This Happen To You!

This is Dr. Mark. He hasn’t been sleeping too well lately. He can’t. He lies in bed awake, trying to solve the many problems that he just can’t get on top of.

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

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

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

Where did he go wrong?

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

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

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

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

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

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

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

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

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

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

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

If you’re tired of...

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

If you’re ready to...

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• Have a practice full of raving fans...
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“The Ultimate Guide to Adding Weight Loss To Your Practice In 5 Easy Steps!”

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

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Do you want Facebook’s ever-changing whims to have control of your practice? Google just banned stem cell advertising — what if Facebook decides to ban chiropractic ads?

The phrase has been around for a long time, and it’s true: There isn’t one way to get you 100 new patients a month, but there are 100 ways to get you one new patient a month. This is hard work — setting up a marketing calendar, implementing marketing every month, running promotions on Facebook, Google, direct mail, newsletters, etc. Having all these poles in the water is how you get to the new patient numbers that chiropractors really need. 

See, they are swinging for the fences all the time, when all we really need to do is keep getting base hits. Hit them every month, in multiple categories, and that is how you build a multimillion-dollar practice. It would be very easy to tell someone, “Hey, run Facebook lead ads that will bring you 40 new patients a month.” That is an easy sell, but the truth is, it’s not the truth. Maybe for a month, or a few months, but consistently? No way. Even if it was true, do you want Facebook’s ever-changing whims to have control of your practice? Google just banned stem cell advertising — what if Facebook decides to ban chiropractic ads?
Don’t depend on one source
So, not only is it untrue that chiropractors can get one big source of new clients, it’s dangerous. It happens in chiropractic and every other industry — especially now with the internet and increased regulations and anti-trust concerns. One day Facebook lead ads are here, the next day they are gone!

The real secret to consistent growth, and new patient generation, is having base hits. Multiple hits and just keep going. Run internal and external promotions monthly, follow a marketing plan, and have many poles in the water, so to

100

“There isn’t one way to get you 100 new patients a month; there are 100 ways to get you one new patient a month.”

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speak. It’s another analogy often told at seminars: If someone is going fishing, do you want them to have one pole catching a bunch of fish, or lots of poles catching fish with different bait? They would always want more poles, because they don’t know which bait works when, and what if the pole breaks and they only have one pole left? The same applies to marketing.

Oftentimes the medium or even the message can run its course. Many chiropractors rely on one source of new patients for too long and then it runs its course. It’s never good to rely on one source to keep your practice growing. Diversify your marketing plan

So let’s think differently about your practice. Think of installing evergreen marketing poles. What does that mean? It means they keep working month after month, and year after year. It’s a marketing plan that keeps working, and you keep adding to it, thus growing new patients and the practice monthly. Stop looking for the home-run marketing idea; it’s not out there, but there are hundreds of base-hit ideas. If you add up all these base hits, the practice will continue to grow for years.

Fill in your marketing calendar, add events that work, have a lot of poles in the water, and increase new patients. There are a lot of practice problems, but the first one to solve is new patients. It’s also the key to adding associates, which can grow the practice and allow for freedom. Stop swinging for the fences, or buying into those ideas, and keep hitting singles.

James R. Fedich, DC, runs a multimillion-dollar-a-year chiropractic, physical therapy and acupuncture practice in New Jersey. He is the author of two chiropractic practice books, Secrets of a Million Dollar Practice and Secrets of the World’s Top Chiropractors. He also hosts the Dr. J’s Path to Success podcast. For more information, visit drjamesfedich.com.
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STUDY REVEALS NEW SYSTEM FOR VASTLY-IMPROVED CBD ABSORPTION

Self-emulsifying drug delivery system sees faster absorption and increased bioavailability

BY CHRIS D. MELETIS, ND

THE TAKEAWAY
The self-emulsifying drug delivery system (SEDDS) makes it easier for CBD to be absorbed, and results in a more than four-fold increase in blood plasma levels of CBD compared to a control CBD formula.

CANNABIDIOL (CBD) IS INCREASINGLY BEING USED TO SUPPORT MANY AREAS OF HEALTH including mood, joints, healthy sleep, and a normal inflammatory response. However, CBD is known to have limited oral bioavailability.¹

That’s why a recent study published in the journal Molecules sought to determine whether the absorption of CBD could be improved by using a more effective delivery system.² The novel self-emulsifying drug delivery system (SEDDS) used in the study makes it easier for CBD to be absorbed without the addition of oils. This SEDDS VESIsorb® formulation technology incorporates CBD as hemp extract and allows it to be absorbed through a lymphatic absorption pathway rather than through the gastrointestinal tract.
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Here’s what the *Molecules* study found:

- Single oral administration of SEDDS-CBD led to greater blood plasma levels of CBD and increased bioavailability compared with the control CBD.

- Faster absorption occurred with SEDDS-CBD compared to a control formulation of CBD.

- Normally, CBD is better absorbed in women compared to men. However, the SEDDS-CBD significantly reduced this gender difference.

CBD bioavailability

CBD is lipophilic, which means it dissolves in fats. That’s why blood plasma concentrations and bioavailability are higher when taken with food. CBD also undergoes first-pass metabolism, which means its concentrations are greatly reduced after it is metabolized by the liver and before it is able to reach the systemic circulation. Furthermore, CBD is absorbed differently in different people and its absorption can even vary within the same person.

Researchers have been trying to improve the delivery system of CBD for more consistent and effective results. Their research has led to the development of SEDDS, a mixture of oils and surfactants that improves gastrointestinal absorption of CBD. Past studies have shown that VESIsorb®, a type of SEDDS technology, boosts oral bioavailability of other lipophilic molecules such as coenzyme Q10 (ubiquinone). In the current study, researchers investigated whether this same technology could improve oral absorption of CBD.

Normally, CBD is absorbed more easily in women compared to men. However, this gender difference was considerably less pronounced with the SEDDS CBD.
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CASE STUDY

The same hemp extract diluted with MCT (medium-chain triglycerides) oil served as a control. The study was a randomized, double-blind, cross-over study, meaning the subjects received one formulation (SEDDS CBD or the control MCT CBD) on one day, then were switched over to the opposite formulation after a 14-day break. The participants took the CBD on an empty stomach after 10 hours of overnight fasting to prevent any effect food may have had on absorption.

Single oral administration of the SEDDS CBD led to 4.4-fold higher blood plasma levels of CBD compared to the control CBD formula. The SEDDS CBD also resulted in improved bioavailability. Additionally, the SEDDS CBD was absorbed faster, with 87.5% of subjects showing peak levels in one hour after taking the SEDDS CBD compared to a median of three hours for the MCT-CBD control formula. Normally, CBD is absorbed more easily in women compared to men. However, this gender difference was considerably less pronounced with the SEDDS CBD.

According to the researchers, “To conclude, SEDDS-CBD based on VESIsorb® formulation technology offers a novel, good, tolerable, and effective oral cannabinoid delivery system. CBD has a number of potential health benefits; however, our data demonstrated that unless the SEDDS formulation is used, there is relatively poor bioavailability of the standard CBD formulations (e.g., hemp extract diluted with MCT oil) and could lead to diminished benefits (or no benefit) for this natural product.” [see insert at page 66 for full clinical trial results]

CHRIS D. MELETIS, ND, is an educator, international author and lecturer. His personal mission is “Changing World’s Health, One Person at a Time.” He is widely recognized as a world-renowned expert on the science of CBD and has authored 16 books and more than 200 national scientific articles. He can be contacted at drmeletis.com.

References can be found online at chiroeco.com

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hemp extract.2 The same hemp extract diluted with MCT (medium-chain triglycerides) oil served as a control.

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ARE A LACK OF ONLINE REVIEWS COSTING YOU MONEY?
What are patients seeing when they search locally for a chiropractor?

By Brad Plothow

Time to Read: 6-8 Min.

The takeaway
Studies show that for chiropractic businesses there is a linear correlation between more reviews and higher revenue. Potential patients use reviews as a signal for where they’ll take their business.

When looking for a restaurant, plumber, auto mechanic or hair salon nearby, what do potential customers do? Chances are they just pull out their smartphone and do a quick “near me” search, then make a choice based on what people write in online reviews.

The local search boom has forever changed how people find local businesses when they’re looking to spend money, and chiropractic practices are no exception. More people use Google Maps to find local health care and medical businesses than ever before, which presents an incredible opportunity to
attract more customers by simply taking control of an office’s online presence.

But what aspects of an online presence are most important? When would-be patients are searching online, what are they looking for? And how do you know if investing time and effort into making your business look good online will translate into more patients and increased profits?

To find these answers, let’s dive into the key findings from a comprehensive report, *How Online Reviews Impact Small Business Revenue*, including health care providers like chiropractors.

**Chiropractors who have never responded to any online patient reviews**

Chiropractors with more reviews make more money

The most striking finding in the analysis of chiropractic businesses is that there’s a linear correlation between more reviews and higher revenue. The average chiropractor in a national sample had about 35 reviews across all sites, such as Google, Yelp and Facebook. Practices whose reviews exceed this average make 48% more, while those with fewer reviews make 17% less, on average.

To really illustrate the point — practices with 0-5 reviews make just $112,000 annually on average. At the higher end, practices with more than 150 reviews make almost $350,000 per year. That’s more than a 200% increase in revenue.

It’s important to note this looks at correlation, not necessarily causation.
This gap in revenue could be caused by more established or popular practices just happening to have more reviews. But it could also be true that potential patients use reviews as a signal for where they’ll take their business. Whatever the reason, it’s objectively clear that businesses with more reviews tend to make a lot more money.

Recent reviews matter
So, if you encourage a bunch of patients to post reviews, you’re set for life, right? Wrong.

It turns out that reviews have a shelf life, and the fresher the better for patients deciding where to take their bad backs and achy joints. The research reveals that the average chiropractor receives about four new reviews every three months. That’s not a huge number, but there are huge consequences for not getting there.

Practices that fall below the “fresh reviews” threshold of four per quarter make 5% less than average, whereas above-average review-getters make 41% more. At the extremes, practices with no reviews in the past three months make just $136,000 annually compared to $263,000 for those with more than 15 — or double the sales.

This makes sense when you think about it from the consumer’s standpoint. When someone’s creaky back sends them onto Google to look for relief, they first look at what options are out there and then evaluate which one to choose. If a chiropractor has good reviews but none are recent, the patient is left to wonder if they are getting a current view of the experience. They are more likely to choose an alternative with fresher information.

Online reviewers are very kind to chiropractors
The big practical takeaway is that chiropractors need to get a steady stream of authentic reviews from real patients. Some worry that this opens up the business to the scrutiny of unfair negative reviews, but chiropractors need not worry.

In general, American consumers are far more likely to post positive feedback than negative in their online reviews, according to the data. This is especially true for chiropractic businesses, which are one of the highest-reviewed business categories. In fact, 97% of chiropractors have star
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ratings of four and above, and 49% have five-star ratings. In addition, nearly nine in 10 chiropractors have 90% positive reviews. Happy patients post happy reviews.

Respond to online reviews
Oddly, 71% of chiropractors have never responded to any online patient reviews. This is a huge missed opportunity, since practices that respond to at least half of their reviews make 40% more than those who never respond.

It’s understandable that health care practitioners like chiropractors might be cautious about engaging with patients in public forums, given HIPAA considerations. But there are some very simple steps you can take to stay HIPAA-compliant while responding to online reviews, such as:

▶ Don’t use language that indicates the patient even visited your local business premises;

▶ Don’t use any details or specifics, even if the patient mentions them in their own review;

▶ Don’t argue with negative reviews or egg on further online discussion;

▶ Do respond. Full stop. For the sake of your reputation and revenue, take the first step and write a professional, cordial response;

▶ Do keep things general and policy-based;

▶ Do offer to take the conversation offline.

Local search has made it easier than ever for patients to find and patronize local chiropractic providers. Make it easier for them to find and choose you when they search by getting more reviews and responding to those you already have.

BRAD PLOTHOW is vice president of brand & communications at Womply, a CRM and marketing software company serving hundreds of thousands of small businesses. Learn more at womply.com.
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F4CP HAS SET YOUR 2020 MARKETING ROADMAP

You have a partner in maximizing exposure and branding

BY SHERRY MCALLISTER, DC, MS(ED), CCSP

TIME TO READ: 7 - 9 MIN.

THE TAKEAWAY

From marketing toolkits to Social Media Accelerators™ to tip sheets and web directories, F4CP is ready to be your marketing partner, rolling out a host of new services in 2020 to increase your visibility and bring new patients in the door.

THE FURTHER WE GET INTO JANUARY-FEBRUARY, the more we can expect to hear, “New Year, New Me,” right? It goes without saying that when one year wraps up and another begins, we all have an innate desire to reflect on our last 12 months and brainstorm about how we can be better — in both life and business — in the year ahead.

The Foundation for Chiropractic Progress (F4CP), a not-for-profit organization comprising more than 28,000 members dedicated to educating the public about chiropractic care, is here to help you as a doctor of chiropractic to solidify a clear vision to market your practice effectively in 2020.

Celebrating 125 years of chiropractic in 2020

This new year is especially important for all DCs, as the profession will be celebrating 125 years of chiropractic excellence on Sept. 18, 2020. What better way to celebrate 125 years of success than by effectively inspiring more patients about the positive effects of chiropractic on their health and helping to secure a bright future for the profession?

The fundamentals? You must maximize exposure and branding for your practice. If you haven’t already, ask yourself if you are doing the following:

• Implementing an annual marketing plan in your office
To celebrate chiropractic’s 125 years of success in 2020, a portion of membership dues will go toward the development of the F4CP’s brand-new, 30-second chiropractic commercial that will air five times during the 2020 Summer Olympics.

- Organizing annual educational workshops for your community
- Populating social media channels daily for your office
- Asking your CA to assist in hosting monthly educational webinars for patients
- Distributing monthly newsletters to your patients
- Delivering/coordinating community outreach presentations to key community leaders
- Building relationships with local media contacts

If you already are, great! If not, the F4CP has done all of the heavy lifting for its members when it comes to developing the material needed to be successful in marketing your practice in 2020.

Each month the F4CP distributes an online Monthly Marketing Roadmap directly to its members’ inboxes that serves to provide a month-at-a-glance, week-by-week guide of turnkey practice-building materials suitable for delegation to your staff for implementation. Each roadmap is centered around the theme of the month; for example, December 2019’s theme was Low-Back Pain.

To complement the Monthly Marketing Roadmaps, Monday Marketing Memos are sent directly to members’ inboxes each week, which not only serve as a great reminder to reference the roadmap for marketing guidance, but also offer practice-building action steps in easy-to-implement sound bites.

Breaking down the roadmap and setting your plan in motion

Social Media Accelerators™ — The F4CP’s Social Media Accelerators™ are easy-to-use, click-to-share social media postings delivered right to your inbox. All you have to do is log in to your Facebook, Twitter or Instagram accounts, open the email, follow the prompts and post. In 2020 members will also receive LinkedIn

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- WEBSITE: www.chirowealth.com
Articulator posts, which will be similar to Social Media Accelerators™, but will instead provide information for a professional audience versus the consumer network. The best part — additional social media postings are provided in each Monthly Marketing Roadmap so you can stay consistently active on your channels each week, boosting visibility and engagement online.

**White Papers, e-Books, Tip Sheets** — The F4CP continues to provide its members with brand-new educational resources, including white papers, e-books, tip sheets, etc., to inspire patients, build practices and advance the profession. These resources include the latest and greatest research in support of chiropractic. The handouts can be printed and used as patient reading material in your practice reception room or brought as collateral to community networking events.

**Marketing Implementation Toolkit Packets** — A new benefit, the F4CP’s Marketing Implementation Toolkit Packets serve as guides to help DCs connect with their local community: other health care providers, key leadership, attorneys, future patients and more. Designed to instruct on a handful of topics, these resources guide DCs on how to make genuine connections in their local area, whether it’s through a holiday toy drive or a “Dinner with the Doc” to educate patients about what it is you do as a DC. In addition, the F4CP creates Monthly Progress PowerPoint presentations that can be used in conjunction with these community outreach events for effective communication.

**Enhance Your Visibility** — When you are a member of the F4CP, you are provided a number of opportunities to maximize exposure for your practice, ultimately growing your patient base. Through the F4CP’s very own National Find-A-Doctor Directory, you are provided a listing which includes your practice contact information, and in addition, you are granted a complimentary listing in WebMD, Vitals.com and the American Academy of Spine Physicians’ Doctor.
Align Yourself
With a Growing Movement

The Joint Chiropractic is seeking qualified doctors and franchisees to become part of the growing movement to redefine the chiropractic experience — making quality healthcare affordable and convenient for patients, while simplifying operations for doctors.

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• Convenient locations with extended business hours.

• Patient care focused on pain relief and ongoing wellness promoting healthy, active lifestyles.

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1 WestGroup Research, August, 2019 Patients Survey | 2 The Joint Corp. System Wide Database 2018 actuals
Directories. It is key that your directory listings are accurate and up-to-date, as millions of searches are conducted each month and you want to be sure patients can easily find your practice.

**Let us do the heavy lifting**

When you sign up as a member of the F4CP you are joining more than 28,000 other DCs all committed to educating the public about the benefits of chiropractic care. The F4CP has already handled all of the heavy lifting when it comes to creating and developing the marketing resources you need to brand yourself and your practice as an expert thought leader in your community.

All membership dollars go directly back into marketing the profession and allowing the F4CP to create and develop the resources you need to brand yourself and your practice as an expert thought leader in your community.

To celebrate chiropractic’s 125 years of success in 2020, a portion of membership dues will go toward the development of the F4CP’s brand-new, 30-second chiropractic commercial that will air five times during the 2020 Summer Olympics on July 24 – Aug. 9, 2020, in Tokyo, Japan. The commercial is expected to reach more than 204 million individuals.

To join F4CP or upgrade your membership, visit [f4cp.org/package](http://f4cp.org/package).

**SHERRY MCALLISTER, DC, MS(Ed), CCSP, serves as the executive vice president for the Foundation for Chiropractic Progress (f4cp.org), the national not-for-profit organization educating the public about the benefits of chiropractic care. She earned her master’s degree in education from the University of California East Bay and is a graduate of Palmer College of Chiropractic West, where she served as an associate professor. She has served as a qualified medical examiner, has been an expert chiropractic witness for the State of California, and has been in private practice in San Jose since 1996. She can be contacted at mcallisterchiro.com.**
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Keiser University College of Chiropractic Medicine in West Palm Beach, Fla., in December 2019 graduated its first matriculated cohort. As a member of the first graduating class from Keiser, Casey Rogers passes on his tips to “assist and support young chiropractic students in their arduous journey of achieving their DC degree, all the while finding the greatest success they can as a student.”

Prepare for a challenging process, mentally and physically
Most chiropractic educational institutions require three years or more of coursework. Typically, through the first several semesters or trimesters, a lecture-based curriculum demands students are on campus Monday-Friday and attend lectures starting first thing in the morning through late afternoon.

Lectures are composed of several separate subject matters with varying degrees of difficulty, yet each is as important as the next. These courses include general sciences such as anatomy, physiology, biochemistry, pathology, microbiology and neurology, to name a few. Additionally, there are courses focused on chiropractic history, theory and technique.

Intermixed with these lectures come lab courses focusing on physical subjects such as manipulation technique, motion palpation and orthopedics. The combination of lectures and lab series congested into a single semester commands that students always remain focused to the work at hand.

Find a balance
Often, subject matter requires what seems like countless hours of study time, review and physically-demanding activity. It is of the utmost importance for students at this stage to appropriately allocate time for:

- Study and research
- Personal relationships
- Physical rest

Constructing the greatest balance between study habits, personal time and proper rest can produce successful results for DC students. At this juncture, creating “weekly planners” and prioritizing can also assist in yielding the greatest results for a successful student.

Efficacious DC candidates will also employ:

- Proper diet
- Exercise
- Opportunities to “blow off steam”
My name is Dr. Jamie Fettig and I am a chiropractor. Like you, I wanted to help patients with as much as I could. But, I literally left practice in 2005, because I was tired of people not wanting to change their lifestyle to be healthy. I became a chiro to help people become well, like my chiro did for me starting when I was 4 years old.

Fast forward to me graduating chiro college at 23, going straight into my own practice, and six months after I had maxed out credit cards, was behind on bills and struggling to pay the rent, on the verge of filing bankruptcy.

Through some smart business advice I got things back on track before I walked away from a 7 figure a year practice out of frustration of people not wanting to change their lives to be healthy. Wanted me to do it all for them.

The problem with chiropractic is only 6% of people are ever likely to visit a chiropractor.

The Secret to making a LOT of money — is helping give people what THEY WANT. So what do people want??? All of the above, and more. $81 billion spent on weight loss, $67 billion spent on Natural Anti-Aging in 2018. That is what people want. Evidenced by how they spend their money on it. Insurance doesn’t pay. But they have trouble doing it, even when they diet and exercise. Even people who do all the right things still have a problem area and will pay almost anything to get rid of it safely and naturally. Same with Anti-Aging.

Then by a chance encounter, I came across a safe, natural and non-invasive fat loss and body contouring And went back into business with a friend.

While sceptical at first, I discovered the technology was backed up with numerous authoritative research papers and fully approved by the FDA.

Plus, it has been proven by over 1,000 scientific studies. And the best part was, I was able to Teach People to be Well, in a way that ALSO helps them lose weight! And they actually made the lifestyle changes!!! I couldn’t Believe it.

Following this, I developed a remarkable marketing system which quickly attracted 15-20 people into my practice every month... each paying an average of $2,000 cash in full up front.

And I teach you this and give you everything you need to do the same.

PLUS — 75% of them later became wellness chiropractic patients. It was a dream come true. Having people come in, pay you $2,000, then sign up for wellness chiropractic, and making healthy lifestyle changes (all be it to lose weight). This is not just weight loss, this is Laser Like Lipo for all the above. Because it is Laser like, and not actually laser, I could do it outside the scope of my chiropractic license and was able to use highly effective advertising techniques that made it easy to attract new clients.

Would you like to get your hands on EVERYTHING I used to make an extra $303,812 in the first year, including the marketing, office forms, scripts, procedural manuals, DVD’s for training, Audio CD’s etc... a virtual business in a box? Plus one year of hands on support?

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Would you like to stop missing out on the hidden profits in your practice and finally stop struggling to attract the next new patients?

... then you need this free report entitled “The Ultimate Patient Attraction System for Chiropractors” that reveals everything you need to know. For your free copy call 772-620-9500 or hop along to www.LaserFatLossBusiness.com.

Visit the website today to assure you get your copy and don’t miss out on this life changing opportunity.

$102,000 in sales in the first 3 weeks following Dr. Jamie’s step by step system... It was absolutely a smart investment.”

– Dr. Kmet
– Anchorage, AK

So What is PhotoBioModulation?

Photobiomodulation therapy is a form of light therapy that utilizes non-ionizing light sources, including lasers, light emitting diodes and/or broadband light, in the visible and near-infrared electromagnetic spectrum. And when you combine light therapy with other therapies like chiropractic, various therapeutic devices, lifestyle changes, detox programs, et al, the results can be close to miraculous.

How does light therapy do all of this? Light therapy is a photochemical effect, just as sunshine causes melatonin to be released. Other colors, frequencies and powers cause different photochemical responses in the body. You can use different color lights and different powers, at different times, and help all of the above-listed conditions heal and/or improve — based on scientific studies and real world results. For a long list of the studies, their results, and links to the full study, email me.

We all want to help patients heal, and Chiropractic is a great core system. So what is Laser Like Lipo?

It is a Machine using LED Laser like lipo lights applied to the skin that causes the fat cells to open up and release their “fat”, which is the same thing that happens after exercise. Clients consistently lose 7-23 inches of fat from their body after 42 days of treatments. With an AVERAGE of 12 inches or 2 dress or pant sizes gone in 42 days. Vevazz Delivers Body Contouring Treatments 2-3 Times Faster meaning 2-3 Times More Money.

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Guarantee #2: You’ll Make More Money than any other system. If you follow the Vevazz Business System and don’t generate at least double the amount you invested in 6 months... I’ll refund your money no fine print.

Guarantee #3: Vevazz is the Best Priced Machine on the Market. Price Match Guarantee plus 5% extra against any competitor’s written price quote comparing apples to apples machines.

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As the programs are frequently physically demanding, students must strive to keep their minds and bodies in physically sound condition to accomplish the greatest results. By utilizing “meal preps” and staying hydrated, students can save time and remain healthy and attentive throughout the long, strenuous days of chiropractic education.

Moreover, taking advantage of personal time is a necessity. Whether it is a trip to the beach, a walk in the park, or some casual reading, successful students always take time for themselves. This gives the mind and body an opportunity to decompress and rejuvenate for the difficult road ahead. As well, many student organizations will host social events providing a great occasion to meet fellow students, “blow off some steam,” and take a well-deserved break from studies.

Create a budget
There is no escaping the fact that higher education can be a costly venture. Aside from the chiropractic tuition, housing, transportation and general living expenses quickly add up.

Create a monthly budget to cover the cost of fundamental needs. Leave some extra funds for unexpected expenses. Throughout chiropractic education, there are a vast number of seminars and conferences for professional development. These events are a great opportunity to take advantage of student discounts, but still have associated costs, nonetheless.

While attending these events, take advantage of the free supplies and samples. These can typically be utilized when reaching clinic or in practice to help save costs. Furthermore, take advantage of free publications such as Chiropractic Economics to stay up to date with the profession and research in a cost-efficient way.

By determining regular monthly costs, students can budget accordingly and avoid acquiring increased student loan debt. Remember: Loan repayment begins six months after graduation.

Take a leadership role and be engaged
Within the many organizations affiliated with chiropractic education, there are numerous leadership roles available for students. Taking on a leadership role will help prepare students for life after graduation and remain engaged with current events related to the profession. These positions can also provide:

- Public speaking skills
- Increased personal confidence
- Networking opportunities
- Professional growth and development

Chiropractic will always need innovative leaders to rise and continue to drive the profession in a positive direction. Frequently, DC leaders began their journey as student leaders at their respective chiropractic alma maters.

Enjoy the ride
For DC candidates, the world that students once knew is surely bound for change. Personal growth and professional development are inevitable. Students are exposed to opportunities they may never have known to even exist prior to matriculation.

The most successful students will “roll with the punches” and adapt to change or any challenges they face during this unique process. Crucially, students must learn from these new experiences and endure the ebbs and flows associated with the extensive progression that is their chiropractic education.

It is normal for students to struggle, stammer and fatigue. It is through these challenges that personal growth can occur. With the right attitude and tactics, students can reach heights of success they never considered within their chiropractic education.

CASEY ROGERS was a member of the graduating class of December 2019 from Keiser University College of Chiropractic Medicine in West Palm Beach, Fla. He currently serves as a chiropractic clerk at the Miami VA Healthcare System in Florida.
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SETTING OUR SIGHTS TO THE FUTURE
EXPANDING OR SCALING A PRACTICE

Don’t stretch yourself too thin before you are ready to open another office

BY ED SHARP
TIME TO READ: 5-7 MIN.

THE TAKEAWAY
Location, leadership, hiring, team training and more all come together to determine whether a business expansion will be successful.

MY THIRTY YEARS OF CONSULTING DOCTORS WITH MULTIPLE CLINICS and other doctors with the desire to expand and open new locations has allowed me to learn about the numerous issues one will run into if one does not follow a certain sequence of stable achievements before a business expansion.

There can be great difficulties if this expansion is done out of sequence or incompletely.

Over the years I have seen many doctors who expanded before they were ready, and in almost every case they had double the overhead but maintained the same level of income and production. In most cases where the doctor was the solo adjuster in the practice, his or her time was split between the locations, and the total sum of adjustments between the two locations was what the total was for the original one. That can cause a lot less profit and a lot more stress.

Before opening a new location
One has heard many times that the success of a practice, or any business for that matter, is dependent on location, location, location. Location is important, but no matter how great that location is, that business can quickly fail if not operated correctly. The first major overall step to accomplish before opening a second, or more, locations is to get the current practice running so smoothly that the owner or doctor is not required to be there on a full-time basis.

This is vital, as the owner will need to focus a lot of time and attention on opening and getting the new location up, running and stable.

Leadership and team training
To accomplish this feat — and it is a feat — it is strongly suggested that the owner get training as an executive and on how to select and lead a team. This is a special skill set for success. The owner has to set the pace, set the purpose and lead the employees. Sequential planning must be done, such as in the areas of hiring, marketing, sales and more.

Please note that the success of any practice is directly related to that owner's ability to control it; lower control levels equal lower results and lower income. And inversely, the higher the level of control, the better the results and the higher the income.

The owner should have the ability to hire good team members and then, as part of a team working together, should see statistics rising and the office becoming more profitable.
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At this point the right office manager would need to be established, if not done already. Recruiting from within is the best way to find an office manager; however, if the staff are not up to that task then hiring from outside the practice has to be done. Once the office manager is trained and fully functional, the demand for the owner should be decreasing rapidly. At this point an associate doctor should be hired and trained. Once all these staff are in place and functioning well, there should be much more freedom and profit for the new expansion.

There is a formula and theory of building an organization that goes like this:

- Hire well.
- Apprentice well.
- Turn it over.
- Keep an eye on it.

If these steps are violated or not done well, it will, in all cases, result in the owner back adjusting patients or pulled back into the practice once again.

Hire and apprentice well
Hiring well means just that. Unfortunately, our education system is not what it once was, so the competence of our work force has decreased over the years. But that does not mean one cannot find good, hard-working, intelligent help. If the owner has deficiencies in the area of hiring good staff, that can be learned as well. Putting the wrong staff member in a vital position can decimate a section of the practice or even the whole practice — so hire well.

Apprentice well means to train one’s staff. Get out the manuals and policy binders and get them trained, trained, and trained some more. Incompetent or under-trained staff can set you up for failure and definitely make it more stressful to work in the practice.

Once you get a staff member trained on any action, and they are doing it correctly, then give it to them to do. Any actions they are doing in the office should result in a “thing” produced, such as an appointment made, a fee collected, a new patient arrived, etc. These products can be measured and watched.

Be data-driven
The best way to keep an eye on things is to use statistical graphs. They show so much more than just numbers on a page. The use of statistical management is a management art form in itself.

With these points in place, the owner/operator will be free to open additional practices and manage from outside the office. CE

ED SHARP founded Sharp Management & Consulting, which has been helping business owners and doctors since 1993. He can be reached at thesharpmanagement.com.
This is Miles.

Miles first discovered the value of NCMIC 12 years ago when he purchased equipment for his office and financed it through NCMIC. He found exceptional customer support and additional products and services, such as malpractice insurance, long term disability insurance and a business credit card. Miles appreciates the value NCMIC has provided for all of his business needs.

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NEW PRACTITIONER

MARKETING STRATEGIES FOR A SMALL CHIROPRACTIC PRACTICE
A tight budget can still have a wide range of effectiveness

BY DREW STEVENS, PHD
TIME TO READ: 3-5 MIN.

THE TAKEAWAY
Low-budget marketing opportunities are all around your local community. Start with those close to you to spread the word, extend your networking, and test some of the following tips to gauge their return for your practice.

MOST CHIROPRACTORS SAY THEY ARE IN THE BUSINESS OF HEALING. But they are really in the marketing business. When you build your brand in your community, you spark referrals. The more you market, the more profitable your business.

Even so, some chiropractors think “marketing” is a dirty word. But the fact is you are always marketing — because everything you do requires establishing your value to create a long-standing customer relationship.

Long ago a chiropractor could perform a bit of genteel networking to earn business. Today, doctors have to attract people to themselves and their talent in sizeable numbers.

It’s all about value and relationships
There are three vital areas to develop in your marketing plan: visibility, value and community.

When you illustrate value, you start to become known among a larger base of prospective patients. This results in your becoming widely known in your niche. Referrals then grow because of patient-to-patient conversations. The end game is output — what the patient receives when working with you. Thus today’s chiropractic marketer needs to be results-driven.

Building business is more than sales or marketing; it’s also about relationships. Patient discussions must center on outcomes as patients want results, so initial and follow-up conversations need to focus on intended results and less on the prescriptions available.

Successful chiropractic marketing requires asking these three questions: What value do I bring to my patients? Who demographically fits my needs? What are the best methods to reach these prospective patients?

Unfortunately, many DCs immediately begin with No. 3, and engage in cold calls, direct mail and other fruitless tactics. Once you know your demographic, you can identify who is likely to be interested.

Getting the word out on a budget
Seize “low-hanging fruit” by calling a friend; attend at least one or two networking events per month; ask your current patients for referrals; devise a seminar based on something of local interest, such as “Spring Clean-up” or “Reinventing the Golf Swing” to demonstrate your value to patients, or invite patients to an in-house event and request they bring a guest; get involved in local commerce, religious, civic and athletic organizations; and seek opportunities to share at community colleges or graduate programs that are looking for outside experts.

Take one resource and test it for the next 20 to 30 business days. When you maximize your marketing you’ll accordingly increase the power of your brand. Imagine answering your phone and having four new patients who were told to call you, “just because.”

Now that is the power of marketing. CE

DREW STEVENS, PHD, is a practice management expert who can be contacted at 877-391-6821 or through drewschiropracticmarketing.com.

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14+ OCCUPATIONAL MEDICINE OPPORTUNITIES FOR CHIROPRACTIC IN 2020

Cash services abound in OccMed in every U.S. city

BY JAMES RAKER, DC
TIME TO READ: 6-8 MIN.

THE TAKEAWAY
By working with chiropractic assistants and other staff, DCs can take advantage of occupational medicine opportunities via government-mandated physicals, drug and alcohol testing, hearing and vision testing, and more.

OCCUPATIONAL MEDICINE PROVIDES DCs WITH HUGE INCOME OPPORTUNITIES and low cost to start up, in addition to respect as a doctor from companies, cities, counties, state and federal agencies in local areas, while generating new patients — all in a cash environment without insurance.

Occupational medicine is the branch of healing services that deals with the safety and wellness of people who work in certain occupations that are hazardous, or deal with hazardous materials. The U.S. government mandates that certain health services be performed on a routine basis to monitor workers, and the entity that hires the workers has to pay cash for the services.

Multiple service options
Any DC who wants to perform and get paid cash for these services can, with only a few exceptions, do this work in every single town in America. There are at least 14 services which DCs are able to provide, and more are being added every year.

The list includes: physicals, drug tests, alcohol tests, pulmonary function tests, respirator fit tests, review of OSHA mandatory respirator questionnaire, hearing tests, heavy metal evaluation, X-ray for asbestosis and tuberculosis, vision testing, diabetic glucose monitoring, sleep apnea testing, functional evaluations, and more.

The chiropractic practice fit
When a company calls to say they are hiring 15 new employees to work at the plant, each one is required to have a physical,
drug test, hearing test, OSHA Questionnaire, PFT, respirator fit test, alcohol test, heavy metal test, chest X-ray, functional lifting evaluation, and color vision test. For 15 workers that works out to: $65+$45+$40+$25+$40+$40+$25+$300+$45+$100+$20 = $705 x 15 people = $10,575 in one day — in cash.

A DC may think, “But how am I going to do all that work when I’m busy with regular chiropractic patients?” While adjusting regular patients, a DC can utilize their trained assistant (CA) to attend to these 15 workers. A CA can do everything except the doctor’s part of the physical, which takes a DC 3-5 minutes for each person. So through one day a DC can see approximately 35 regular patients, and the CA gets them ready. Each time they have a physical ready, the DC can stop adjusting patients and do a physical in 3-5 minutes, then come back to the adjusting room to resume adjusting patients.

**End-day numbers**
By the end of the day the numbers work out to:

- Adjusted 35 patients at an average of $80 per person, that’s 35x $80 = $2,800;
FINANCIAL ADVICE

Processed 15 workers x $705 = $10,575, at the same time using my CA as an extension to increase dollars per hour revenue income;

So now instead of working 8 hours for $2,800 ($350 per hour), a DC can now produce 8 hours for $2,800 + $10,575 = $13,375 ($1,671.88 per hour), more than five times the revenue, in a single day.

Or better yet is this scenario: A company calls and says they need 200 hearing tests. A DC sends their trained assistant to the company site for two days, and they perform 200 hearing tests at $40 each = $8,000, while the DC adjusts patients for those two days. How much time is spent? How much does it cost to get the equipment and train your CA to do hearing testing? About $1,500 for the equipment and $750 to train them.

Finding the work
So the first time you do a company hearing test you recoup all your money and then it’s gravy after that.

How does one know that there is work in their town? Remember the government mandate? Every driver under DOT needs physicals, drug and alcohol testing. That’s not only drivers of 18-wheelers but also drivers of cement trucks, bucket trucks for cable/electric/phone companies, tow trucks, gravel/dump/garbage trucks, railroad workers, airline workers, ship workers, pipeline workers, bus or subway workers, and also school districts, city workers, county workers, state workers, and federal workers, as well as large chain stores like Lowe’s/UPS/Walmart/Target, companies that assemble or manufacture, banks, grocery stores, etc. In fact, almost 90% of all businesses do some of this testing either because of federal mandate, or state law that gives them a discount on their workers comp insurance if they provide a safe work environment by testing.

Creating partnerships
Two other important things happen when one does OccMed for local businesses. They finally see the DC not as a “chiropractor” who just makes their workers comp rates go up, but truly as a “doctor health care partner” who helps them achieve their company goals of meeting the safety standards set by the federal government so they don’t get fined, and keeping their workers healthy to enable production and income for the company’s financial success.

Companies see DCs as equal partners and begin to offer workers comp claims by making DCs the “company doctor.” DCs will also find many, many employees asking if they can become a patient, especially when exams are done and they are told that many of their problems can be fixed without taking pills.

Income, prestige and new patients are the end result of doing OccMed as part of clinic services to the community.

JAMES RAKER, DC, has been in private practice in Texarkana, Ark., for 30 years and is the company doctor for several large companies with 300-1,200 employees. He is the owner of OccMed For DCs and can be reached at OccMedForDCs@gmail.com for more information.

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We need a new core message

Words can certainly describe chiropractic, as in most state scopes of practice, as “removal of nerve interference,” but what a patient can expect when randomly walking into a chiropractic office today is similar to participating in a “Secret Santa” party. By no means is chiropractic a well-defined model of care that can be effectively mass-marketed to an already-confused society. And, the more diverse we become in service, the less likely chiropractic is as a profession to ever truly and clearly educate the masses as to who we are and what we do.

As a profession that is misunderstood by many, maybe even including chiropractors, it seems it would be wise to design a core model so that the public can learn who we are and what we do. Most don’t know it, but the musculoskeletal industry is the largest cost in health care. Our core message is messy, convoluted, ego-oriented, and creates an impossibility for this profession to move forward. You’d think those in charge of the profession would recognize this basic issue and design that core chiropractic adjustment benefits message.

For years, I’ve used “Crooked Man” as a means of explaining to people why they should be in my office and what I will do when they come to my office. I explain that every human being is Crooked Man. The second means of making chiropractic relevant would be to establish a standardized examination of the musculoskeletal system that will provide information as to where these imbalances exist.

With this exam becoming standardized in our profession, we would be the only profession that looks at the biomechanics of the patient on a routine basis. Our profession should give it a long, hard look and see if this might not be a good path to go down for the future of promoting chiropractic adjustment benefits and the health of our profession.

TIM MAGGS, DC, has been in practice for 40 years, and now specializes in the evaluation, care and treatment of middle and high school athletes. He can be reached at CPOYA.com. To see this article in full go to chiroeco.com.

New Academy of Chiropractic name change implemented for 2020

The term “chiropractic orthopedist” is also not understood or recognized internationally. To solve the problems and misunderstandings regarding the term chiropractic orthopedist, the Academy felt the time is right for a name change that reflects more what we do as neuromusculoskeletal specialists treating acute and chronic pain.

The decision for change did not come on a whim, and it has been worked on by the Academy for nearly two years. The Academy contacted both DACO and DABCO clinicians about the new name, and all were upbeat and pleased. The doctors felt it was descriptive of our specialty. We provide manual medicine that includes the chiropractic adjustment to our patient’s frame and supporting structures.

The Academy has chosen the following name: International Academy of Neuromusculoskeletal Medicine.

Yes, there remains an Academy of Chiropractic Orthopedists. The Academy of Chiropractic Orthopedists and Forensic Sciences will continue as a part of the IANM as sub-specialties.

It is our goal to continue to expand the footprint of the neuromusculoskeletal chiropractic physicians treating acute and chronic pain throughout the world. The specialty is on an upward path.

It is the Academy’s opinion that generic use of neuromusculoskeletal medicine complements our chiropractic orthopedist principles and desired treatment protocols. Other professions are using chiropractic manipulation; it is our opinion that the use of neuromusculoskeletal medicine is appropriate for our specialists.

Edited for space, letter from KIM SKIBSTED, DC, FIANM(US), president, International Academy of Neuromusculoskeletal Medicine. To learn more, go to ianmmedicine.org.
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A Novel Self-Emulsifying Drug Delivery System (SEDDS) Based on VESIsorb® Formulation Technology Improving the Oral Bioavailability of Cannabidiol in Healthy Subjects

Katharina Knaub 1, Tina Sartorius 1,*, Tanita Dharsono 1, Roland Wacker 1, Manfred Wilhelm 2 and Christiane Schön 1

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2 Natural and Economic Sciences, Department of Mathematics, Ulm University of Applied Sciences, Albert-Einstein-Allee 55, 89081 Ulm, Germany
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Abstract: Cannabidiol (CBD), a phytocannabinoid compound of Cannabis sativa, shows limited oral bioavailability due to its lipophilicity and extensive first-pass metabolism. CBD is also known for its high intra- and inter-subject absorption variability in humans. To overcome these limitations a novel self-emulsifying drug delivery system (SEDDS) based on VESIsorb® formulation technology incorporating CBD, as Hemp-Extract, was developed (SEDDS-CBD). The study objective was to evaluate the pharmacokinetic profile of SEDDS-CBD in a randomized, double-blind, cross-over design in 16 healthy volunteers under fasted conditions. As reference formulation, the same Hemp-Extract diluted with medium-chain triglycerides (MCT-CBD) was used. CBD dose was standardized to 25 mg. Pharmacokinetic parameters were analyzed from individual concentration-time curves. Single oral administration of SEDDS-CBD led to a 4.4-fold higher Cmax and a 2.85-1.70-fold higher AUC0–8h/AUC0–24h compared to the reference formulation. Tmax was substantially shorter for SEDDS-CBD (1.0 h) compared to MCT-CBD (3.0 h). Subgroup analysis demonstrated a higher bioavailability in women compared to men. This difference was seen for MCT-CBD while SEDDS-CBD mitigated this gender effect. Overall, SEDDS-CBD showed a significant improvement for all determined pharmacokinetic parameters: increased CBD plasma values (Cmax), favorably enhanced bioavailability (AUC) and fast absorption (Tmax). No safety concerns were noted following either administration.

Keywords: bioavailability; Cannabis sativa; cannabidiol; CBD; hemp extract; human; oral drug delivery system; pharmacokinetic; SEDDS
1. INTRODUCTION

The plant *Cannabis sativa* L. (hemp) comprises a wide variety of phytocannabinoid compounds, including the constituent cannabidiol (CBD)\(^1\). In recent years, CBD has gained increasing interest due to its various health benefits including antiseizure, analgesic, neuroprotective, anxiolytic, antidepressant, and antipsychotic effects, as well as displaying antioxidative and anti-inflammatory properties\(^2\text{-}7\). CBD has a favorable safety and tolerability profile in humans\(^8\text{-}9\). Even high doses of oral CBD do not cause those psychotropic effects that are characteristic for tetrahydrocannabinol (THC)\(^10\). Cannabinoids are typically consumed by smoking, vaporization, buccal spray or ingested orally in the form of soft gels, oil drops, or cookies\(^11,12\). The absorption of CBD administered by the mentioned application routes is limited, erratic and results in highly variable pharmacokinetic profiles\(^13\text{-}19\).

Often, oral ingestion of cannabis or cannabis-based products is the preferred route of administration\(^20,21\). The poor aqueous solubility and extensive first-pass metabolism are thought to be the main reasons for the limited oral bioavailability\(^22\text{-}24\). Furthermore, an effect of food, meaning food/fat-dependent absorption has been shown. Food intake was found to increase area under the curve (AUC) and maximum plasma concentration (Cmax) but also time to reach maximum plasma concentration (Tmax) (delayed absorption)\(^25\).

Over the past several years, extensive efforts have been made to improve the oral bioavailability of cannabinoids. Effective formulation strategies include lipid/oil-based formulations\(^24\) and gelatin matrix pellets\(^26\). More recently, self-emulsifying drug delivery systems (SEDDS) have gained increased interest as an advanced and efficient formulation approach to improve the oral bioavailability of cannabinoids such as THC and CBD\(^22\text{-}23\). Indeed, SEDDS formulation technology resulted in a 4.2-fold higher Cmax and a 2.2-fold higher AUC of CBD compared to the reference product, the oromucosal spray Sativex\(^2\). Sativex\(^2\) is a solution of CBD/THC in ethanol/proplylene glycol\(^23\).

SEDDS are mixtures of oils, surfactants and optionally contain hydrophilic solvents. Upon contact with an aqueous phase, such as gastric or intestinal fluids, they spontaneously emulsify under conditions of gentle agitation, similar to those that would be encountered in the gastrointestinal tract. The in situ formed droplets keep the co-administered lipophilic active solubilized in the aqueous environment and enable the transport of the active across the aqueous lumen of the gastrointestinal tract to the surface of the enterocyte, the absorptive epithelium. Single molecules of the active ingredient dissociate from the droplets and are transferred to the enterocyte membrane (flip-flop) and further to the blood or lymphatic vessels. In most cases, SEDDS formulations need to be tailor-made for each active ingredient or mixture of active ingredients. The compositions of SEDDS as well as the resulting droplet size and size distribution formed upon emulsification have been shown to influence the performance of the system regarding bioavailability enhancement\(^25\text{-}28\).

VESIsorb\(^6\), a self-emulsifying drug delivery formulation technology developed by Vesifact AG (Baar, Switzerland) has shown increased oral bioavailability of lipophilic molecules such as coenzyme Q10 (ubiquinone)\(^29\). Thus, the objective of the current study was to assess whether a novel SEDDS formulation technology (SEDDS-CBD) may improve the oral bioavailability of CBD accordingly. To verify this assumption the pharmacokinetic profile of SEDDS-CBD was evaluated in a single dose (standardized to 25 mg CBD), randomized, double-blind, cross-over study design in 16 healthy volunteers (8 men and 8 women). As reference formulation the same Hemp-Extract diluted with MCT (medium-chain triglycerides) oil (MTC-CBD) was used. To control for confounding factors, especially the possible influence of the described food effect\(^6\) on the pharmacokinetics of CBD, the study was conducted under fasted conditions and strict after dosing diet. Fasting conditions are considered to be the most sensitive conditions to detect a potential difference between formulations.

2. RESULTS

2.1. SUBJECT CHARACTERISTICS

The investigated study population was a healthy, non-smoking study group and on average 27.8 years (95% CI: 26.0–29.7) old with a BMI of 23.1 kg/m\(^2\) (95% CI: 21.6–24.7). Table 1 specifies the demographic data of the subjects. Vital signs and blood routine parameters were within normal range. Age was comparable in men and women and the significantly higher BMI of men in comparison to women \((p = 0.0051)\) can be attributed to the difference in body composition. None of the subjects was vegetarian or vegan, and the majority of the participants (75%; \(n = 6\) of each gender) stated doing sports regularly.

![Table 1. Demographic and Baseline Data.](image)

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<th>Women</th>
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<td>(26.4–29.3)</td>
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<td>BMI (kg/m(^2))</td>
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BMI: body mass index; BP: blood pressure; CI: confidence interval.
2.2. CBD PLASMA CONCENTRATION TIME PROFILE

After application of the study products, there was a significant increase of CBD plasma concentration over time in both formulations ($p < 0.0001$). For SEDDS-CBD the concentration was significantly increased starting from 0.5 h to 6 h compared to baseline levels. For MCT-CBD the concentration time curve was on a much lower level but also with significant increase of CBD concentration starting from 1 h to 8 h in comparison to baseline (Figure 1). After 8 h, most of the CBD was metabolized and/or eliminated, reaching nearly baseline levels. However, low concentrations could still be detected in all subjects after administration of both products.

2.3. PHARMACOKINETIC PARAMETERS

The SEDDS-CBD formulation provided improved bioavailability over the MCT-CBD formulation as assessed by AUC. AUC$_{0–8h}$ of SEDDS-CBD was 2.85-fold higher compared to MCT-CBD ($p < 0.0001$). The significant difference was also confirmed for AUC$_{0–24h}$ ($p = 0.0021$) (Table 2).

$C_{\text{max}}$ levels were significantly higher (>4-fold) after administration of SEDDS-CBD compared to the reference product ($p < 0.0001$) (Table 2). Furthermore, absorption of CBD from SEDDS-CBD was significantly faster compared to MCT-CBD ($p < 0.0007$). $T_{\text{max}}$ was 1.0 h for SEDDS-CBD and 3.0 h for MCT-CBD (Table 2). Despite the observed high inter-individual variability of the bioavailability of CBD in both formulations with a coefficient of variation of 58.58% for SEDDS-CBD vs. 74.66% for the reference product (data presented for AUC$_{0–8h}$), the very fast absorption of CBD from SEDDS-CBD with $T_{\text{max}}$ values of ≤1 h was very homogeneously confirmed in 87.5% of subjects (maximum $T_{\text{max}}$ levels 2 h).

The pharmacokinetic endpoints were additionally investigated for women and men separately. In both subgroups the significantly higher bioavailability and faster absorption of SEDDS-CBD in comparison to MCT-CBD were confirmed (Table 2). Overall, assessment of 90% confidence interval (CI) for the ratio of geometric means further confirmed superiority of SEDDS-CBD compared to MCT-CBD for all evaluated pharmacokinetic parameters (90% CI > 1.25).

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**Figure 1.** Cannabidiol (CBD) plasma concentration time profile after ingestion of self-emulsifying drug delivery system-cannabidiol (SEDDS-CBD) (green) and medium-chain triglycerides-cannabidiol (MCT-CBD) (black) depicted as summary curves of mean values at single time points (mean ± 95% CI) for all subjects.
2.4. EFFECTS OF GENDER ON CBD PHARMACOKINETICS

Comparison between men and women within the product groups indicated higher CBD bioavailability in women than in men (Figure 2). This difference was more pronounced for MCT-CBD with significant differences. For MCT-CBD, the AUC_{0–8h} and AUC_{0–24h} values were 2.4-fold ($p = 0.0192$) and 1.5-fold ($p = 0.0499$) higher in women than in men (Table 2). For MCT-CBD, women showed on average a 2.2-fold higher C_{max} value compared to men, but this did not reach statistical significance ($p = 0.1080$).

In contrast, after ingestion of SEDDS-CBD the effects of gender on bioavailability were minor with no significant differences and comparable C_{max} values (13.75 ng/mL (men) vs. 13.32 ng/mL (women) ($p = 0.7209$)). Only T_{max} was reached slightly faster in men in comparison to women after administration of SEDDS-CBD ($p = 0.0341$).

2.5. SAFETY ASSESSMENT

All subjects (100%) rated the tolerability of the study products as “well tolerated” during the kinetic days. Adverse events not related to study product noted within 24 h post-dosing included headache (in six subjects), nausea (in 1 subject) and menstrual cramps (in 1 subject). One adverse event was rated as unlikely related to study product by subject (diarrhea approximately 29 h after product ingestion). There were no serious adverse events.

3. DISCUSSION

The interest and growing demand worldwide for natural cannabidiol (CBD) due to its many health benefits is clear. To insure the beneficial effects of this botanical extract we explored how to optimize its oral bioavailability and pharmacokinetics.

CBD shows limited oral bioavailability due to its poor aqueous solubility and extensive first-pass metabolism \[13, 14, 19, 30, 31\]. To overcome these limitations a novel self-emulsifying drug delivery system (SEDDS) based on VESIsorb® formulation technology (SEDDS-CBD) was developed. The data presented show that SEDDS-CBD provided improved bioavailability over MCT-CBD. A single oral dose of SEDDS-CBD resulted in a 2.85-/1.70-fold increase in AUC_{0–8h}/AUC_{0–24h} and a 4.4-fold increase in C_{max} compared to MCT-CBD.

Solubilization of CBD in the aqueous environment of the gastrointestinal (GI) tract is thought to be the main mechanism by which SEDDS-CBD is improving the oral bioavailability of CBD. The SEDDS-CBD mediated absorption pathway of CBD can be broken down as follows: (i) SEDDS-CBD spontaneously forms tiny droplets upon contact with the gastric or intestinal fluid. The formed droplets contain/solubilize the co-administered lipophilic CBD; (ii) after formation, the droplets diffuse across the aqueous lumen of GI-tract to the surface of the enterocyte; (iii) once at the surface of the enterocyte, single molecules of CBD dissociate from the droplets and are transferred to the enterocyte membrane (flip-flop) and further to the blood vessels.

In a recently performed systematic search of PubMed and EMBASE (including MEDLINE), with the aim to review and analyze all available pharmacokinetic data of CBD, it is illustrated that the pharmacokinetic profile of CBD is dependent on the route of application, dosage schedule (single, multiple dose), type of formulation system and diet (fasted vs. fed). Of 792 articles retrieved, 24 included pharmacokinetic parameters in humans and were summarized and compared \[15\]. The review article cites two studies using SEDDS as delivery system: the pro-nano-dispersion technology (PTL401, Atsmom et al. \[22\]) and the piperine-pro-nanolipospheres (PNL, Cherniakov et al. \[23\]), the latter combining the SEDDS formulation principle (solubilisation) with the absorption enhancer piperine. Piperine, naturally found in black pepper, has been shown to inhibit first pass metabolism mechanisms such as Cytochrome P450 family enzymes and the P-glycoprotein efflux pump \[23\]. Thus, the PNL formulation may increase the bioavailability of cannabinoids CBD and THC not only by increasing their solubility in the gastrointestinal tract, but also by inhibiting or reducing their first pass metabolism.
The AUC data of SEDDS-CBD compare favorable to both SEDDS formulations, PNL and PTL401. The AUC₀−24h value of SEDDS-CBD was 1.9- and 1.3-fold higher compared to PNL and PTL401, respectively (PNL: AUC₀−24h 6.9 ng/mL*h, 10 mg dose, fasted; PTL401: AUC₀−24h 9.85 ng/mL*h, 10 mg dose, fasted; SEDDS-CBD: AUC₀−24h 13.1 ng/mL*h, 10 mg dose-adjusted, fasted).

Furthermore, the Cmax values of SEDDS-CBD were 2.6- and 1.9-fold higher compared to PNL and PTL401, respectively (PNL: Cmax 2.1 ng/mL, 10 mg dose, fasted; PTL401: Cmax 2.9 ng/mL, 10 mg dose, fed; SEDDS-CBD: Cmax 5.4 ng/mL, 10 mg dose-adjusted, fasted).

We are aware that inter-study comparisons have to be made with caution and therefore the following comments should be considered:

First, the CBD dose of the current study was 25 mg whereas the CBD dose administered by Cherniakov et al. (PNL) and Atsmon et al. (PTL401) was 10 mg. An approximately dose-proportional increase in AUC after the administration of single dose of 10 mg and 20 mg CBD has been shown by Stott et al. A saturation effect was observed at CBD doses of 400–800 mg. Thus, the dose-adjusted comparison of the current test product with PNL and PTL401 is certainly reasonable.

Second, the current study and the study by Cherniakov et al. were conducted under fasted conditions whereas the study by Atsmon et al. was carried out under fed conditions. The relevance of these dietary conditions for CBD’s pharmacokinetics was recently demonstrated by Stott et al. who reported an increase in CBD bioavailability under fed vs. fasted states in 12 men after a single 10 mg dose of CBD administered as oromucosal spray (Sativex®). Mean AUC and Cmax were 4- and 3-fold higher during fed compared to fasted conditions (AUC₀–t, 20.2 vs. 4.5 ng/mL*h; Cmax 3.7 vs. 1.2 ng/mL). Absorption was delayed in the fed state (Tmax 4.0 vs. 1.4 h). A 4-fold increase of AUC levels has also been reported for Epidiolex®, when administered with a high-fat/high-caloric meal. Epidiolex®, recently approved by the FDA for the treatment of rare childhood-onset epileptic seizures, is an oral oily solution. The formulation excipients include sesame oil, ethanol and flavours. The possible impact of food on bioavailability of the current study product cannot be estimated from the study data and should be assessed in further studies to allow comparison to studies reporting CBD bioavailability under fed conditions.

Third, the oromucosal spray Sativex® was used as a reference product by Cherniakov et al. and by Atsmon et al. As Sativex® is classified as a pharmaceutical containing additional THC, the product could not be used as reference in the current study. Anyhow, the pharmacokinetic data of SEDDS-CBD compare favorable to Sativex®, a solution of CBD/THC in ethanol/propylene glycol. The AUC₀−24h value of SEDDS-CBD was 4.2-fold higher compared to Cherniakov et al. (fasted) and 1.8-fold higher compared to Atsmon et al. (fed). Such a shift of Tmax values was also reported by Stott et al. comparing the concentration time profile of Sativex® under fasting and fed conditions. Tmax values were 1.4 h and 4.00 h for the fasted and fed state, respectively. The delayed absorption of CBD under fed conditions might be explained at least partially by the increased gastric transit time after consumption of meals with high fat content.

In the current study, absorption of CBD from SEDDS-CBD was substantially faster compared to the reference with 87.5% of subjects showing peak concentration within 1 h, whereas the median of Tmax for the MCT-CBD was 3.0 h. A fast absorption of CBD is favorable in various conditions, especially in the therapeutic field. With respect to data presented in literature, Tmax values for SEDDS-CBD and PNL were comparable (PNL: Tmax 1.0 h vs. SEDDS-CBD: Tmax 1.0 h) under fasted conditions. In contrast, PTL401 administered under fed conditions showed a slightly higher Tmax value of 1.64 h. Such a shift of Tmax values was also reported by Stott et al. comparing the concentration time profile of Sativex® under fasting and fed conditions. Tmax values were 1.4 h and 4.00 h for the fasted and fed state, respectively. The delayed absorption of CBD under fed conditions might be explained at least partially by the increased gastric transit time after consumption of meals with high fat content.

The pharmacokinetic endpoints were additionally investigated separately for women and men. Differences in AUC and Cmax were observed between women and men after ingestion of MCT-CBD with a higher absorption in women compared with men. A weak correlation was seen in the current study between AUC₀−8h and body weight (r = 0.4260, p = 0.0999) after ingestion of MCT-CBD, but not with BMI. However, gender differences have been reported for all phases of compound disposition (absorption, distribution, metabolism, excretion) and may be due to molecular and physiological factors. The molecular factors include the metabolism rate of cytochrome P-450 (CYP) enzymes and relevant transporter systems. Physiological factors comprise not only the lower body weight of females, but might be also ascribed to other intrinsic factors such as differences in distribution volume, higher percentage of body fat, lower glomerular filtration rate, slower gastric motility, or hormonal status of women. Nadulski et al. also reported differences between men and women with significantly higher AUC and Cmax values found for females as compared with males after oral application of THC or CBD and thus confirmed the current findings. In this context, it is worth mentioning that the “one size fits all” dosage strategy often leads to higher exposures in women also for other substances.

Interestingly, the gender differences were much less pronounced for SEDDS-CBD. The correlation with body weight was overrode (r = 0.1457, p = 0.5903). SEDDS-CBD seems to overcome the physiologic responsible differences in women and men due to the enhanced delivery of cannabidiol. However, these observations are based so far on a very limited sample size of n = 8 and should be confirmed in further studies. Since these gender differences are important and the reasons/mechanisms behind this warrant further research to truly understand further.

With regards to study limitations, we like to address the high inter-individual variability of CBD bioavailability which accounted for 60.5% after MCT-CBD and 54.4% after SEDDS-CBD administration (based on AUC₀−24h). Such high inter-individual variability was already reported in previous literature. Therefore, the study was performed in cross-over design to control for inter-individual variability. As study products were only provided once to subjects, intra-individual variability cannot be estimated from the data. Anyhow, the inter-individual differences should be taken into consideration in the clinical setting. The possible impact of food on bioavailability of SEDDS-CBD cannot be estimated.
from the study data and should possibly be assessed in further studies. As data continue to emerge looking at the efficacy of CBD on various functional outcomes, achieving certain thresholds for plasma levels of CBD may be important. Although this study did not investigate efficacy, it is possible that a product’s efficacy or lack thereof, may be correlated with its ability to deliver sufficient CBD to the blood.

4. MATERIALS AND METHODS

4.1. STUDY SUBJECTS

Between beginning of October 2018 and mid of November 2018 a total of 38 subjects were pre-screened for their eligibility and thereof 20 subjects invited for screening visit as shown in Figure 3. According to inclusion criteria, subjects had to be aged between 18–50 years with a body mass index (BMI) of 19–30 kg/m2 and non-smoking. Furthermore, subjects had to be in good physical and mental health as established by the medical history, physical examination, electrocardiogram, vital signs, results of biochemistry and hematology.

The main exclusion criteria were a relevant history or presence of any medical disorder, potentially interfering with this study (e.g., mal absorption, chronic gastrointestinal diseases, heavy depression, cardiovascular disease event within last 3 months, etc.), use of hemp/cannabis products at least 1 week prior to study start to exclude possible interaction, regular intake of drugs or supplements possibly interfering with this study, and drug-, alcohol- and medication abuses. Medications for treatment of chronic diseases that do not affect the metabolism of the study product were permitted and were judged individually regarding interference with study by investigator. Any concomitant chronic medication and medication used for the treatment of adverse events (AEs) was documented. Reasons for non-inclusion were low hemoglobin levels (3x) and schedule difficulties. Finally, 16 subjects (8 men, 8 women) were included and all completed the study successfully without considerable protocol deviations.

This study was conducted in orientation towards the guidelines of the Declaration of Helsinki and Good Clinical Practice. The protocol and all documents were approved by the Institutional Review Board (IRB) of Landesärztekammer Baden-Württemberg with the reference number F-2018-049. Written informed Consent Form was obtained from all participants prior to screening evaluations. The study was registered in the German Clinical Trials Register (DRKS00015283).

4.2. STUDY DESIGN

The clinical study was performed as a randomized, double-blind, monocentric and controlled cross-over design at the study site of BioTeSys GmbH (Esslingen, Germany). 16 healthy volunteers (50% of each gender) were randomized to receive on separate kinetic days a single dose of Hemp Extract (standardized to 25 mg CBD) as either SEDDS-CBD or MCT-CBD together with 250 mL of still water under fasted conditions. On each dosing occasion, subjects fasted for at least 10 h overnight prior to and 4 h post dosing. There was a washout period of 14 days between each kinetic day. Each treatment period consisted of an in-clinic stay until blood sampling 8 h post-dosing and a subsequent visit for the 24 h follow-up. Blood samples were collected at pre-dosing and 0.5, 1, 2, 3, 4, 5, 6, 8 and 24 h after product administration for CBD analysis using liquid chromatography-mass spectrometry (LC-MS/MS) technique. Dinner prior to kinetic days as
well as all meals and fluid intake were standardized until 24 h post-dosing. Meals were served during kinetic days at 4, 7, 10, and 13 h post administration of study products. Furthermore, subjects were asked to avoid alcohol 24 h and flaxseeds and flaxseed oil 48 h before study visits. No strenuous physical activity or endurance sports were allowed within 24 h prior to study visits.

During the study intervention, the subjects documented any adverse events and concomitant medication in diaries. The overall tolerability was assessed at the end of each kinetic day.

4.3. INTERVENTION
The plant part used were aerial parts of Cannabis sativa L. (hemp), and the respective extract was a concentrated phytocannabinoid extract with a CBD content of 60% and free of THC (≤0.05%). For the investigational product the Hemp-Extract was formulated as self-emulsifying drug delivery system (SEDDS) based on proprietary VESIsorb® formulation technology, comprising food emulsifiers, edible vegetable oils and fatty acids, further referred as “SEDDS-CBD”. The SEDDS-CBD formulation was characterized by measuring the size of the droplets formed upon dilution with purified water at 37 °C (1 weight part of SEDDS-CBD was diluted with 99 parts of water). The droplet size was determined using a Zetasizer Nano S instrument (Malvern Instruments Limited, Worcestershire, UK). The mean diameter of the droplets formed is between 40 to 50 nm. The size distribution of the droplets is homogeneous exhibiting one main population (Polydispersity index <0.100). The storage stability of SEDDS-CBD is given for at least six months at 25 °C as assessed by droplet formation. As reference formulation the same Hemp-Extract diluted with MCT oil, further referred as “MCT-CBD” was used. Both formulations were filled into colored, vegetarian, liquid-filled hard-shell capsules delivering 25 mg CBD per capsule. Manufacturing and encapsulation were carried out in compliance with GMP conditions and all excipients as well as capsule shell met the current European food regulations. To ensure double-blind conditions investigational (SEDDS-CBD) and reference (MCT-CBD) product looked fully identical regarding size, color, odor and secondary packaging. Capsules were provided by Vesifact AG (Baar, Switzerland).

4.4. SAMPLE ANALYSIS
Blood samples for safety parameters (differentiated hemogram and clinical laboratory including lipid status and liver enzymes) were collected at screening and during kinetic days at pre-dosing as well as 24 h post-dosing. Safety parameters were performed at an accredited lab (Synlab Medizinisches Versorgungszentrum Leinfelden-Echterdingen, Germany) the same day. For determination of CBD plasma concentration venous blood was collected in EDTA monovettes ( Sarstedt, Germany). Blood samples were processed under light-protect condition and were centrifuged at 3000×g for 10 min at 4 °C. Processing time was below 30 min until freezing at -80 °C of plasma aliquots.

Determination of CBD plasma concentration was performed by LC-MS/MS in electrospray ionization (ESI) multiple reaction monitoring (MRM) mode (LC/MS/MS XEVO TQ-S Micro). Detailed LC-MS/MS conditions are listed in Table S1. 50 µL internal standard (d3-CBD, 20 ng/mL in methanol) was added to 200 µL plasma samples. CBD was extracted by liquid/liquid extraction using a mixture of diethylether/ethanol/acetonitrile (9:1.9:1). After mixing and centrifugation the upper phase was transferred in a glass vial and evaporated under nitrogen. The residue was reconstituted with 100 µL 50% acetonitrile/water. 10 µL of supernatant was injected to a Waters Acquity BEH C18, 2.1 x 50 mm, 1.7 µm UPLC column at 40 °C with 0.50 mL/min flow rate. The eluents A (water), B (0.1% (v/v) formic acid in methanol) and C (acetonitrile) were used in a gradient elution of holding initially 30% A/70% B for one minute, followed by a linear gradient to 80% B/20% C within 2.5 min. The composition was retained for another minute and the column reequilibrated with the initially eluent composition. Interassay precision was 7.6%, and limit of quantification was 0.25 ng/mL.

4.5. ANALYSIS SOFTWARE AND STATISTICAL ANALYSIS
Pharmacokinetic parameters were calculated individually using the blood concentration-time curves. Area under the observed concentration-time curve above baseline (AUC), more precisely AUC0–8h and AUC0–24h, was calculated applying the trapezoidal rule with the y-axis, defined by CBD plasma concentration, and the x-axis defined via sampling time points. Plasma concentrations of the blood samples below the lower limit of quantification at early and late time points were treated as zero. Curve progression was analyzed by Friedman test. Peak plasma concentration after administration (Cmax) and time to reach Cmax (Tmax) were adequately calculated. For data analysis AUC0–8h, AUC0–24h and Cmax were log-transformed. After log transformation AUC0–8h, AUC0–24h and Cmax were calculated using a linear mixed model taking into account sequence, period and product. Differences between Tmax were evaluated by Wilcoxon rank sum test. All 16 subjects were included in the analysis. Statistical tests were performed two-sided and p values <0.05 were statistically significant. AUC and Cmax are presented as mean ±95% confidence interval (CI) and Tmax as median with 25th–75th percentile. Statistical evaluation, summary tables and graphs were generated using GraphPad Prism software (La Jolla, CA, USA) and SAS V9.3 statistical software (SAS Institute, Cary, North Carolina).

5. CONCLUSIONS
The objective of the current study was to assess whether a novel SEDDS formulated Hemp-Extract based on VESIsorb® formulation technology (SEDDS-CBD) may improve the oral bioavailability of CBD compared to MCT formulation (MCT-CBD) in healthy subjects. The bioavailability measured as AUC and Cmax was significantly higher and CBD was absorbed significantly faster in comparison to the reference product. To conclude, SEDDS-CBD based on VESIsorb® formulation technology offers a novel, good, tolerable, and effective oral cannabinoid delivery system. CBD has a number of potential health benefits, however, our data demonstrated that unless the SEDDS formulation is used, there is relatively poor bioavailability of the standard CBD formulations (e.g., Hemp-Extract diluted with MCT oil) and could lead to diminished benefits (or no benefit) for this natural product. Thus, it has to be considered that a significant health benefit always stays in relation to the bioavailability of a product.
Supplementary Materials: The following are available online at http://www.mdpi.com/1420-3049/24/16/2967/s1.

Author Contributions: Project administration and resources: C.S. and T.D. designed the study; Investigation: the study was undertaken at the study site of BioTeSys GmbH under supervision of K.K., T.D., and C.S. Methodology and Validation: R.W. analyzed the samples. Formal analysis and visualization: C.S. and M.W. planned and performed statistical analysis and created the figures. Writing: T.S. and C.S. drafted the manuscript and made the final approval of the published version. All authors significantly contributed to results interpretation, critical manuscript revision, and approval of the final manuscript.

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Conflicts of Interest: C.S., K.K., R.W., T.D.: employees of contracted research organization. M.W. is independent statistician supporting with data analysis. The study was sponsored by Vesifag AG, Switzerland. The sponsors contributed to the discussion about the study design and selection of outcome measures prior to study start. Study realization, data analysis and report generating were independently undertaken by BioTeSys GmbH and M.W. The authors from BioTeSys GmbH and M.W. declare no conflict of interest regarding the publication of this paper.

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