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CHIROPRACTORS ‘TELL IT LIKE IT IS’ FOR PATIENTS, ACCORDING TO NEW SURVEY

Chiropractic remains the U.S.’s third-largest primary health care profession behind medicine and dentistry, and with an ever-increasing number of DCs specializing in nutrition and weight loss, chiropractors are more willing to “tell it like it is,” according to the Practice Analysis of Chiropractic 2020, a survey from the National Board of Chiropractic Examiners (NBCE).

According to the study, 56% of DCs “several times a day … make specific recommendations to a patient regarding physical fitness and exercise promotion.” Several times a day DCs also say they “Make specific recommendations to a patient regarding changing risky or unhealthy behaviors” (35.1%) and “Make specific recommendations to a patient regarding nutritional and dietary changes” (37%).

Diversity, technology advances

The NBCE study, the first since 2015, also noted that gender diversity in chiropractic has steadily increased. Women measured in 2019 at 31.8% of the profession, up from 27.1% in 2014, and the overall percentage has more than doubled since 1991. This aligns with serving the current chiropractic patient profile, which sees the typical patient as female (57%) between the ages of 30-64 (65.9%).

Over the last five years technology use has also leapt forward, according to the study.

“More than two-thirds [of DCs] use digital imaging equipment, which represented a doubling of this proportion over the last five years,” the study notes. “For chiropractors with in-office imaging capabilities, an average of 56.2% of their patients are radiographed in the practice, while 15.6% of the resulting imaging studies are sent for outside reports … Chiropractic practitioners without in-office radiography refer 21.9% of their patients for imaging studies.”

DCs vs. MDs on wellness, weight loss

These stats are running the opposite of MDs, according to a study from December of last year, where Reuters Health reported, “[MDs] rarely talk about weight concerns with patients who are overweight or obese, and when they do, patients’ experiences tend to be negative, according to a new review of research based on interviews … Most often, doctors avoid the topic, leaving patients feeling stigmatized and neglected, the study team reports in the journal Clinical Obesity. When doctors do talk about weight issues, they often seem to assume patients simply aren’t trying to address their weight, and offer ‘banal’ advice.”

Speaking with patients about weight loss

If a patient’s body mass index is over 30, says the U.S. Preventive Services Task Force (USPSTF), an independent panel of national experts in disease and public health that advises primary care physicians on best practices, they should be referred to an intensive weight-loss program.

Chyke Doubeni, a University of Pennsylvania primary care physician and professor of family medicine and community health who’s on the USPSTF, says the Affordable Care Act requires insurance providers to cover all recommended preventive services, but “the evidence suggests that primary care doctors are not talking to their patients about obesity and not offering them the services that could be helpful in losing weight and maintaining physical fitness,” she told NPR.

Debra Haire-Joshu, who directs the Center for Obesity Prevention and Policy Research at Washington University in St. Louis, says primary care doctors shouldn’t feel like they have to go it alone when it comes to counseling obese patients, and should refer these patients to others in the health community — like dietitians or DCs specializing in nutrition and weight loss.

The 2020 Practice Analysis survey also tallied 65% of doctors of chiropractic self-reporting that they “focus on wellness and maintenance of health.”


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**TRENDING STORIES**

**ACA presents 2020 awards**
In January the American Chiropractic Association (ACA) presented its 2020 Annual Awards in Washington, D.C., as part of its annual meeting. Its highest honor, the Chiropractor of the Year Award, was presented to Richard Brown, DC (above, left), of Toronto, Canada, secretary-general of the World Federation of Chiropractic.

Brown previously served as president of the British Chiropractic Association and as secretary-general of the European Chiropractors’ Union. In addition to increasing unity in the chiropractic profession globally, Brown has worked tirelessly to raise standards of care by promoting policies that support evidence-based care and person-centeredness. He has also been a strong proponent of chiropractors working collaboratively with other providers for the benefit of patients.

[ChiroEco.com/coty-2020](http://ChiroEco.com/coty-2020)

**Red and processed meat increase health risks**
Red and processed meat consumption is linked with slightly higher risks of heart disease and death, according to a large, carefully analyzed new study from Northwestern Medicine and Cornell University.

Eating two servings per week of red meat, processed meat or poultry — but not fish — was associated with a 3%-7% higher risk of cardiovascular disease, the study found. Eating two weekly servings of red meat or processed meat — but not poultry or fish — was linked to a 3%-7% higher risk of all causes of death.

“[It’s a small difference, but it’s worth trying to reduce red meat and processed meat],” said study author Norrinda Allen, associate professor of preventive medicine at Northwestern University Feinberg School of Medicine. [Science Daily, sciencedaily.com](http://scienceDaily, sciencedaily.com)

**Life University majors in prison reform**
Life University in Marietta, Ga., is best known for its chiropractic program, but its majors also include undergraduate and graduate programs in health and wellness-oriented fields.

In February one program conferred degrees upon 15 graduates, all prisoners at the all-women Lee Arrendale State Prison in Raoul, northeast of Atlanta. The students earned Associate of Arts degrees in Positive Human Development and Social Change as part of the Chillon Project, an initiative of LIFE’s Center for Compassion, Integrity and Secular Ethics (CCISE). It is the second cohort to earn their degrees through the Chillon Project.

“Collaboration with educational institutions is one key to successful offender reentry,” said Georgia Department of Corrections Commissioner Timothy C. Ward. [ChiroEco.com/lifeu-majors](http://ChiroEco.com/lifeu-majors)

**SOCIAL MARKETING**

**Focus your social strategy on weight loss**

With the Centers for Disease Control noting that nearly 72% of Americans are considered overweight or obese, great potential exists for products and services having to do with weight loss. As a chiropractor, you can include nutrition and weight-loss services in your clinic or even specialize in this area, which will allow you to take advantage of niche marketing using your social media channels.

Marketing your niche has several advantages. Guided marketing experts at Thrive Hive share that these include:

- Higher-quality patient relationships
- Fewer competitors
- Improved visibility due to being unique
- More word-of-mouth sharing of your niche offerings
- Increased expertise within the niche area
- Focused attention, which means fewer resources needed for marketing
- The opportunity to specialize in something you’re passionate about.

To get the word out that you provide weight-loss services, use social sites’ marketing tools to build ads that target people who are interested in nutrition and weight loss. You can narrow this niche even further by marketing to sub-groups within it; for example, overweight teens, seniors, males, diabetics, individuals with medical issues, workplace wellness, and those who want to lose weight but are struggling with food allergies. — Christina DeBusk

**FACEBOOK QUESTION**

What kind of weight management services does your practice offer?

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Learn more at ChiroEco.com/events.

NCMIC offers $100,000 in scholarships for board exams

Approximately 6,400 chiropractic students take the chiropractic board exams each year. To support chiropractic students and help defray the costs of these exams, NCMIC, in conjunction with the National Board of Chiropractic Examiners (NBCE), created the Bucks for Boards scholarship program.

A total of 200 scholarships, in the amount of $500 each, will be given by NCMIC in 2020. “NCMIC is committed to the success of all chiropractors, and it starts with the students. We know how hard they work in their chiropractic studies. We also know the costs of taking board exams can be expensive for students,” said Wayne Wolfson, president of NCMIC. “We are happy to support them by offering Bucks for Boards scholarships. We hope students take advantage of this opportunity.”

Four times during the year, 50 students will be awarded Bucks for Boards scholarships. The names of the winners will be randomly drawn from those who enter each entry period. Students may sign up once per entry period, and can only win one NCMIC Bucks for Boards scholarship in 2020.

These scholarships are just one of many ways NCMIC reaches out to students. The Starting Into Practice® Program has held on-campus presentations for over 20 years to help prepare students for the transition from school into practice. A new website, startingintopractice.com, and Facebook group were recently launched to give students access to in-depth information about business, marketing, practice structures, finances and more.

For more information, visit bucksforboards.appsrvr.io/RZXV1G.website.

SCHOOL NEWS

Logan University hosts 7th Annual Spring Symposium

Hundreds of DCs will gather for Logan University’s Spring Symposium, scheduled for April 30-May 3, 2020, in St. Louis. This year’s Symposium, “Leading the Way into 2020: Perfecting Solutions for Better Health Care,” is an opportunity for practicing DCs to assemble, learn and share knowledge about chiropractic and related professions.

The four-day event will feature 24 hours of continuing education and more than 20 chiropractic thought leaders and experts.

“We are fortunate to have secured internationally-renowned and inspirational speakers who are addressing timely and relevant topics, like cannabinoids, adjusting techniques and soft tissue techniques, an overview of chiropractic around the globe, clinical and regulatory issues, and much more,” said Ralph Barrale, DC, Logan’s vice president of chiropractic and alumni relations.

For more information, visit logan.edu.
Free chiropractic care came to St. Vincent Clinic, the only safety net health clinic in Leavenworth County, Kan., in January via Cleveland University-Kansas City.

An extended partnership between two nonprofit organizations, Caritas Clinics Inc. and the Cleveland University-Kansas City Chiropractic Health Center, now affords Caritas patients access to chiropractic care at the St. Vincent Clinic. Caritas is providing a chiropractic treatment room at St. Vincent Clinic for their patients. The University is providing complimentary, high-value chiropractic care guided by a licensed clinician. The new arrangement is similar to the Cleveland University-KC/Caritas partnership that began in June 2019 at the Duchesne Clinic in Kansas City, Kan.

Caritas patients are uninsured and live below 175% of the federal poverty level. The Cleveland University-KC/Caritas arrangement provides patients with a conservative, evidence-based primary care approach for the management of chronic pain and musculoskeletal conditions.

"Through this partnership with Cleveland University-Kansas City, we are weaving a safety net together for our uninsured patients and their communities," says Jana Zaudke, MD, Caritas Clinics medical director. "Many of our patients work one, often two jobs, and maintaining health is imperative to them. We are grateful to be able to offer them help and hope through our collaboration with Cleveland University-Kansas City."

Underserved local patients receive the benefits of chiropractic care at the same time CUKC interns gain patient care experience and develop relationships with other health care professionals.

For more information, visit cleveland.edu.
Holy Names University announces partnership with Life Chiropractic College West

On Feb. 12, leaders from Life Chiropractic College West and Holy Names University signed a partnership deal that expedites a chiropractic degree for kinesiology students.

Holy Names University (HNU) and Life Chiropractic College West signed a partnership agreement in February that will prepare highly-skilled chiropractic doctors while reducing their time to earn a degree. This is the first such partnership on record for both institutions, and it provides students with the opportunity to earn both a Bachelor of Science in Kinesiology and a Doctor of Chiropractic degree in a total of six years.

Qualified kinesiology students at Holy Names University may enter the Life West Doctor of Chiropractic degree program after the completion of their third year of study at HNU. While they are not guaranteed admission to Life West, HNU students who apply by the early-decision deadline will also receive priority-applicant status, which means their applications will be reviewed as soon as possible by the Life West admissions department and they will be granted an interview by their admissions panel.

Says HNU’s Provost and Vice President for Academic Affairs, Sheila Smith McKoy, “We are especially proud of our partnership with Life Chiropractic College West because it offers our students the opportunity to enter a field with a high salary potential that offers an effective treatment for the patients they will serve as well as a clear pathway to enter a growing, socially responsive field of health care.”

HNU Kinesiology students may enter the program as soon as fall 2020.

For more information, visit lifewest.edu or hnu.edu.

STAFF PICK

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‘BIOHACKING’

BODY FAT AWAY

Patients can benefit from an approach including optimizing diet, sleep, performance, hormones, cardiovascular health and more

BY JEFFREY TUCKER, DC
TIME TO READ: 4-6 MIN.

THE TAKEAWAY
“If you’ve pursued ways to improve your health, that’s biohacking ... it’s the desire to understand the body and mind you’ve been given and using everything at your disposal — cutting-edge technology, tools and science — to become the best version of yourself.” — LifeAdvantage.com

BIOHACKING PUTS YOU AT THE FOREFRONT OF RETHINKING HOW WE APPROACH BODY IMAGE, self-care, healthy behaviors, social and emotional wellness, and longevity in areas such as genetics, lifestyle, physical span and brain health. Biohacking is a current approach to optimizing diet, sleep, performance, hormones, cardiovascular health, etc., by applying recent scientific discoveries and advanced technologies along with ancient methods to help people reach their full potential.

As a chiropractor I like calling what I do “biohacking” because I’ve always led with preventative wellness development. As part of my sports injury, acute and chronic pain practice, I have a full-time weight-management person in my office. Personalized treatment programs with an emphasis on self-care, based on assessments, new science and technologies help keep my patients at the forefront of optimal brain and body performance.
Focusing on what patients can do
Excess fat, especially around the waist and deep within the abdomen around and inside organs, is commonly associated with metabolic diseases such as Type 2 diabetes, high blood pressure, high cholesterol or triglyceride levels, and non-alcoholic fatty liver disease.

There are many non-diet factors and approaches to a healthy body fat composition, like physical activity, and that body fat depends on genes, gender, age, bone structure, daily activity and lifestyle. Biohacking focuses on what you can do.

Where to start with patient assessment
I start by measuring the patient’s body composition with a device that only takes a few minutes to use. Important numbers are the total body fat percentage and how much that weighs in actual pounds, lean muscle mass percentage and how much that actually weighs in pounds, hydration levels, phase angle, and calories burned per day.

The best strategy for losing abdominal fat is to limit the number of calories consumed and to burn calories by exercising on a regular basis. I have done it this way for more than 30 years.

Fat loss for health and longevity
Fat is distributed all over the body. If patients have an excess of even 5-10% body fat, I know helping them lose that fat will achieve one of the most powerful hacks for health and longevity. Some people carry more fat around the chest or the mid-section (apple shape) while some have fat around the belly and the thigh area (pear-shaped body). Knowing where the fat is concentrated is important.

You can at least measure the waist-to-hip circumference and compare it against the hip circumference. If the waist circumference is higher than the hip circumference, then you have an apple-shaped body. On the contrary, if you have a smaller waist circumference than hip circumference, then you are pear-shaped. Fat in itself is not a bad thing, but it is important to get rid of excess fat to prevent the risk of diabetes and heart diseases.

When is a patient at risk?
If a woman between the ages of 20-40 has a body-fat percentage of 21-33%, she is considered to be healthy by government standards. I think 20-25% is ideal for women. Be certain that anything greater than 39% becomes a cause of concern. However, for women aged 41-60 it differs. In this case healthy body-fat percentage is considered to be between 25-35%. A percentage greater than 40% increases the risk of obesity by a huge margin.

Similarly, a man between the ages of 20-40 should aim for 8-19% body fat, which is considered healthy. My first goal for my
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– Dr. Tory M. Gibson D.C.
TheFatLossExpert.com, Chico, CA

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patients is 15-20% — any margin greater than 25% is very risky health-wise. For men aged 41-60, ideal body-fat percentage is considered to be between 11-22%, whereas body-fat percentage greater than 24% is considered to be obese.

Turning back the body clock
The hack I like to use for patients is to pick a body-fat percentage goal that is about 10-20 years younger than their current age and target that goal for life using biohacking lifestyle changes including diet, metabolism (eating metabolism-boosting foods), temperature changes, working out, sleep, avoiding being sedentary, etc. Keep in mind that body fat below 14% for women and 8% for men may have health-related risks too.

Our full-time weight management coach in the office uses a ketogenic program where consumed fats and carbs are reduced and about half the person’s weight in grams of protein is consumed daily. Some patients may need additional potassium, omega 3, calcium, magnesium and a good multi-vitamin during the weight-loss phase.

We are biohacking results in aesthetics, with the understanding that spot-reducing is just not possible. However, cellulite that is fat deposited beneath the skin can be improved. Cellulite is not caused by either toxins or impurities. Ninety percent of women and about 10% of men can attribute cellulite to a genetic predisposition.

Calories in, calories out
We let our patients know that eating fat does not make you a fat person — consuming more calories than you expend does. Aging is inevitable, and as we age we tend to have more fat, especially around the midsection. However, it is not inevitable. Getting the right amount and type of exercise, hormone optimization, paying attention to sleep hygiene, digestive health, and consuming fewer calories is the hack for fat loss.

JEFFREY TUCKER, DC, is the current president of the ACA Rehab Council. He practices in Los Angeles, Calif., and can be reached at DrJeffreyTucker.com.
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**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”

“**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.”**

“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. A1C 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 Hemochromatosis. Now that I’ve dealt with that, I feel like a million bucks!” *Dr. Cindy R., Colorado*

“10-year-old female; not growing, not gaining weight. 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! Toe fungus gone, lost weight, no more headaches, and grey hairs are darkening again. No bioidentical hormones used!” *Dr. Natalie Y., Ohio*

“Reversed omentum 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.” *Dr. Corrine W., North Carolina*

“Crohn’s disease: no bleeding for 4 years and gastroenterologist said that there are no signs of the disease.” *D.H., Arizona*

250 units of Insulin: off insulin after just 3 days! Started with a C-peptide 0.5. *D.K., Nevada*

**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: oxycotin, 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 flier, didn’t think it might, too. 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: oxycotin, 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 flier, 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
**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, vitals, 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:**

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  
August 22-23 Tarrytown, NY  
September 12-13 Portland, OR  
September 19-20 Sacramento, CA  
September 26-27 Santa Fe, NM  
October 10-11 Newark, NJ  
October 17-18 Chicago, IL  
October 24-25 Salt Lake City, UT  
November 7-8 San Diego, CA  
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5 MISTAKES TO AVOID WHEN ADDING MEDICAL WEIGHT LOSS

Practices across the nation are adding nutrition and weight loss, but beware these pitfalls

BY KAROL CLARK, MSN, RN
TIME TO READ: 6-8 MIN.

THE TAKEAWAY
Thousands of successful weight-loss programs exist within chiropractic practices across the U.S. to use as models, but you also need to make your practice your own by examining your “why.” Avoid these five mistakes before you start.

OBESITY WAS OFFICIALLY RECOGNIZED AS A DISEASE by the American Medical Association in 2013. ¹

In the United States, 36.5% of the population are obese (BMI >30) and an additional 32.5% of Americans are overweight (BMI 25-29.9). ²

With two-thirds of the American population designated as overweight, it is no surprise that weight loss is one of the top goals for most people. They desire weight loss so much, in fact, that the U.S. weight-loss market was worth more than $70 billion in 2018. ³
An ever-increasing obesity epidemic
As with every “hot” industry, increased spending brings quality solutions. However, it also brings out droves of people and corporations looking to make a buck from desperate people with an identified need when they may not necessarily have a great service or product. They also may not have the knowledge to offer proper and safe treatment.

That’s where knowledgeable chiropractors can and do make a difference. They have a sincere desire to help those they care for each day who are overweight and suffer from various co-morbid conditions as a result. Thus, the number of health care practitioners offering weight-loss services continues to rise.

If you have a desire to help overweight clients and choose to offer weight-loss services now or in the future, there are a few common mistakes to avoid.

Not having a clear vision of how you want to structure your business model (beyond the cash pay vs. insurance decision).

Your vision will drive how you create your business, the clients you attract and the actions of your team. Yet it is often overlooked. Instead of copying what others are doing, ask yourself what makes you, your practice and your services different. Understand your “why” for adding weight loss and create your business plan from there, as well as your marketing messages.

Disregarding creation of systems for predictability and leverageable growth.

Systematization creates stability for your clients and your team. It minimizes confusion and aids in team performance as
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Knowledgeable chiropractors can and do make a difference. They have a sincere desire to help those they care for each day who are overweight and suffer from various co-morbid conditions as a result.

This can be done direct to consumer and business-to-business for referrals.

Lacking establishment of client engagement endeavors.

You want your clients to be engaged with you and your team — your “relationship” is what creates your “brand” that is communicated with others in your community. Engagement comes from your office environment, events, use of online tools (i.e. mail, text, interactive scales/wearables, apps and membership sites) and ongoing support. Engaged patients also tend to readily participate in making positive reviews and referrals.

Not practicing what you teach/preach. Your clients need you to be an example for them of what is possible and how wonderful it feels to be fit and healthy. You don’t have to be svelte and perfect, but I do encourage you and your team to show how you integrate the weight-loss methodology you teach others into your lives. That means the struggles and successes. This helps with credibility and provides many talking points (content for you to share) online and in your practice.
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1 JAMA, Bon Miller et al., 2017
2 www.designsforhealth.com/hemp
Don’t reinvent the wheel, but make it your own
Having an established clientele who trusts you puts you in a unique position to also help them with their weight-loss needs. Keep it simple at the beginning and be sure to use available resources to help you establish your ideal weight-loss services.

If you need help, reach out to nutritional resources. You don’t have to re-invent the wheel, you just need to make sure your weight-loss program creates successful outcomes for your clients and a fulfilling business for you and your team. CE

KAROL CLARK, MSN, RN, is the best-selling author of How to Add Medical Weight Loss to Your Practice: 7 Steps to an Enjoyable Business, Healthier Patients and Increased Profitability and owner of Weight Loss Practice Builder. She has more than 20 years of experience working with surgical and non-surgical weight-loss patients and assisting physicians in building enjoyable weight-loss practices. She partners with Nutritional Resources (d/b/a HealthWise at healthwiseni.com) for creation of educational programs/articles for weight-loss practitioners. She can be reached at 800-395-8931.

References can be found online at chiroeco.com

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HOW TO PAY OFF DEBT AND CREATE RESERVES

What to budget for to build reserves and create expansion opportunities

BY ED SHARP
TIME TO READ: 7-9 MIN.

THE TAKEAWAY
Debt can seem insurmountable, but there are ways to chip away at it that will eventually lead to creating reserves. Time to go on the offense with a savings plan, and for your practice to promote, promote, and promote further.

THINGS CAN HAPPEN IN A PRACTICE OR IN ONE’S LIFE THAT CAN LEAD TO DEBT. Certain situations can hit one hard in the financial arena — accidents, deaths, embezzlements — you name it. Sometimes a doctor can see their prosperous practice slump, leaving him or her with debts and financial problems that did not exist before.

How do you get out of debt and build reserves that can protect you against such mishaps in life? It can be done, but it is necessary to follow specific rules and guidelines to pull out of a financial mess successfully.

One cannot save themselves into solvency
Most doctors and individuals, when faced with past debts, will try to cut expenses and cope and just try to get by. They keep hoping things will get better by some happenstance of luck.

Cutting expenses is a very good idea, particularly when there is waste or services not needed for increased production. However, just cutting one’s bills alone will never get one out of debt, particularly at the speed that is usually needed.

There is a financial datum that states, “One cannot save themselves into solvency.” One cannot just cut and cut expenses and then be profitable. It takes making more money to solve financial problems. The solution to money problems is always to make more money.

Promotion and marketing
The first vital action one should undergo when faced with a shortage of cash is to promote, promote, promote — get more
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Additionally, there are many things to do to promote that do not cost much money — things like asking for referrals, sending a flyer or newsletter out to a database, speaking or lecturing to groups, handing out business cards, etc.

new patients in the office, get existing clients back in the office, and sell them services or products they need.

Cash services and marketing momentum

Sign up patients for cash services, or get pre-payment for services, wherever possible. This puts immediate cash in the bank to help pay bills, without having to wait for insurance companies to pay, which can sometimes take weeks or more. Learning how to take more cash services or product payments is always a good idea to fall back on.

Don’t worry about the cost of advertising and marketing, as those costs can be paid off once the money starts to roll in. Additionally, there are many things to do to promote that do not cost much money — things like asking for referrals, sending a flyer or newsletter out to a database, speaking or lecturing to groups, handing out business cards, etc.

Cash services and marketing momentum

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5%

IF THE BILLS ARE CURRENT AND BEING PAID, PUT THIS INTO YOUR RESERVES WEEKLY

getting money in the door to handle past, current and future bills. Promote, promote and then promote some more.
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FINANCIAL ADVICE

missed if one is still keeping up with the practice’s bills and you were formerly dedicating the money elsewhere.

A reserve is like a bill
The only way to build a reserve is to take it off the top. In other words, it has to be the first thing that is paid, almost like a bill, and the most important one. This reserve account is the owner’s pay. It is the first check to write. If one waits until all the bills are paid, then there will be nothing left to put into reserves.

If the bills are current and being paid, put at least 5% into reserves weekly. Put this money into a separate account at a bank you do not use and that does not have debit cards. Don’t touch it. Not even during a rough financial month. Leave it there. It is like a stalactite in a cave. If you keep touching it, it will stop growing.

Your reserve is your emergency fund
The other use for a reserve is emergencies. What if the building burns down? Do you have time for the insurance company to give you a check to get reopened? What if there is an accident? This is what the reserve account is for. It can be used to open a new office. That’s an investment.

Set up the reserve and put money into it weekly and it will provide security for the future. Upon retirement that is the owner’s money, and it goes with them if they sell the practice. There is a way back from the financial brink, and when one handles the condition properly, a safer, more prosperous future can be built.

ED SHARP has been a business management consultant for more than 30 years, helping and giving advice to chiropractors and their staff on hiring, sales, finance and marketing. He is president of Sharp Management & Consulting, which manages clinics and delivers customized coaching and consulting. He has produced more than 40 videos on management tips that may be viewed on his YouTube channel at tiny.cc/edsharp333. He can be contacted at edsharp333@gmail.com or at thesharpmanagement.com.

Marketing and promotion expenses should never, ever be cut. They are vital to anyone’s practice survival and livelihood.

WITH SIGNIFICANT DEBT, TAKE THIS OFF THE TOP OF YOUR EARNINGS EACH MONTH

If the bills are current and being paid, put at least 5% into reserves weekly. Put this money into a separate account at a bank you do not use and that does not have debit cards. Don’t touch it. Not even during a rough financial month. Leave it there. It is like a stalactite in a cave. If you keep touching it, it will stop growing. Don’t touch this reserve. It is not a tax reserve account, either.

This account is to be used for two things only: investments and emergency funds. It can be used to pay for equipment or buildings and such, where it will save money or be an investment. If it’s used for things like equipment, make it a loan to the practice and pay it back with interest.

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**1** Kumar D, Jacob D, Subash PS et al. J Funct Foods 2016; 22, 578-587
**2** Contains dietary ingredient (formulation of curcumin with Fenugreek dietary fiber), found to have enhanced bioavailability of curcuminoids over unformulated curcumin.**1**
**3** Based on traditional use by Western Herbalists.

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MARKETING WITH THE MILLENNIAL TOUCH

Three principles will help you reach this fast-growing but elusive demographic.

By James R. Fedich, DC

Time to read: 4 - 5 min.

The Takeaway
Successfully marketing to the millennial generation means understanding their drivers — what’s important to them, how they go about obtaining it, and where they “live.”

Millennials — Society Sure Loves to Hate Them, doesn’t it? As someone who has a pretty large staff, the changes to this generation have certainly not gone unnoticed. We sometimes want to call them lazy, unmotivated or other derogatory terms. What we find out with millennials is mostly that they have different priorities.

Not so different
Millennials aren’t really all that different from other generations. The key factors for millennials as far as chiropractic marketing are how they want to communicate with you, and what they value. Recently at a human resources event, an HR consultant was talking about how a young person was leaving a job for a lesser-paying job due to the poor lighting in the office. Now this might seem crazy, but the key thing to get out of this — they are often more concerned with comfort and convenience versus just value. This applies to the chiropractic clinic as well.

Millennials are not necessarily looking for the best chiropractor, or the least expensive chiropractor, but the easiest to communicate with and most convenient for them. This is a quantum shift to think about. They may not be
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checking the insurance book first; they are more concerned that you have evening hours and that they can text or email for an appointment and not call. So, let’s dive into making it more convenient for millennials to get to the clinic.

Marketing to millennials

Millennials are the first generation to grow up with the internet. This has shaped the way they communicate with the world and chiropractic clinics. How do they want to communicate? They are not big fans of calling on the phone. Chiropractic offices, including mine, have been relying on the phone for decades to schedule and make appointments. This generation would rather utilize alternative methods. What would they like to do?

Texting is important, and there are simple programs that allow you to receive texts via your office number. In our clinic we use a program that allows our main office number to receive texts that the front desk team can answer via computer messaging software. Millennials also like email and Facebook Messenger for appointments. Have a front-desk email listed on the website and have it checked regularly to receive appointment emails — although we do find that texting is more popular than email. Also, make sure your Facebook page

Recently at a human resources event, an HR consultant was talking about how a young person was leaving a job for a lesser-paying job due to the poor lighting in the office.
MARKETING MATTERS

has Messenger installed and someone is checking it regularly. Making appointments on your website or via Facebook can also be a great tool. However, be careful of overlap so you don’t have three new patients scheduled at the same time!

**Combining communications and marketing tactics**

Communicating differently with millennials is key. Making it convenient to see you and communicate with you is just as much marketing as running an ad.

**Millennials who say they would rather spend money on a desirable experience than a product.**

SOURCE: BUSINESS2COMMUNITY.COM.

78%

Business expert Dan S. Kennedy is famous for his saying, “Match the message to the market to the media.” What does he mean? Well, figure out who we are speaking to: in this case, millennials. We know the market, so what is the message they want to hear? It’s more about convenience than just price, so our marketing should talk about “Open til 7, weekends,” and “text or call us anytime,” etc.

Now we have the market we are going after and the message they want to hear, so now it’s time to match the media.

**Where do they ‘live’?**

We tend to think in terms of digital, print, etc., but they are all just media. Where are the millennials? Online mostly, yes, but we need to watch the demographic shifts. Facebook has been getting older and older, so the millennials are leaving there. Instagram is kind of in the sweet spot right now, but...
Snapchat is getting there. This changes rapidly, but the principles of marketing do not:

- Find the market: millennials
- Find your message: convenience
- Find the media: It’s ever-changing, but think digital and watch your demographics

In the end, millennials are not that different from anyone else. The key difference as far as marketing a chiropractic practice is that they value convenience and environment over price and other factors. The other key factor to remember is they are the first generation to grow up on the internet, which means the correct media to reach them is probably online. Other media may work, but millennials are the online generation. The trends in demographics as far as which platform they are on change — but they change slowly, so follow the trends and market to them where they are now.

JAMES R. FEDICH, DC, owns a large multidisciplinary practice in northern New Jersey. He is also the author of Secrets of a Million Dollar Practice and host of a popular chiropractic podcast, Dr. J’s Path to Success. To find out more or to contact Dr. J, visit drjamesfedich.com.
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STARTING UP OR TAKING OVER
A number of options determine whether you should purchase a practice or start from scratch

BY CHIROPRACTIC ECONOMICS STAFF

ONCE YOU HAVE DECIDED NOT TO WORK FOR SOMEONE ELSE WHEN YOU GRADUATE, the next question is whether to buy an existing practice or start one of your own. It sounds easier to buy, but is it?

Buying a practice can be less trouble, but it is still a lot of work. Here are three reasons why buying a practice can be easier:

- You don't have to start without patients. The established patient files give you a base income each month that will help pay the bills.
- You don't have to buy all your equipment and supplies. The office might not be set up exactly as you want, but everything is there.
- You don't have to set up the practice systems. Billing, collections, patient flow, and other procedures are already in place.

Buyer questions
If you do find a practice you think you may want to buy, get answers to the following questions before you get too involved in the purchase decision:

- Is the practice set up to support the way you want to work? — If you want to run a family practice, and most of the clientele are work-related injury or PI (personal injury) patients, you will have to start from scratch to attract families to your practice. If your technique is notably different from the previous doctor's, you will have a difficult time transitioning the patients.
- Is the practice located in the right place? — If the practice is not exactly where you want to be located, you will probably be better off finding a town you like and starting your own practice.
- Is a practice broker involved? — The broker works for the seller -- not the buyer -- and the broker's objective is to get top dollar for commission. Hire your own CPA and attorney and verify everything the broker says.

- Is the price reasonable? — Beware of an inflated practice price funding a retirement.

Non-competes and finances
Can you get a non-compete from the doctor? The last thing you want is to buy a practice and have the selling doctor open-up down the street and take back all of his or her former patients.

Make sure that you know the actual reason the doctor is selling. If your instincts tell you that you're not getting the whole story, be cautious. How long will it take you to make a living from the practice? If the price is too high, if there is no strong patient base, or if you are going to have to start effectively from scratch, you might be better off going down the street and opening your own practice.

Finally, trust your instincts. If everything looks great and you have a good feeling, it could be a wonderful lifelong investment. CE

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NEW NUTRITION AND WEIGHT-LOSS MANAGEMENT TECH

Personalized nutrition is predicted to be the next billion-dollar trend

BY RICK VACH
TIME TO READ: 6-8 MIN.

THE TAKEAWAY
Several new nutrition and weight loss apps and technologies need to be considered by DCs specializing in the fields, with consideration for the coming demand of personalized nutrition.

CHIROPRACTIC OFFICES AND CLINICS SPECIALIZING IN NUTRITION AND WEIGHT LOSS have, unfortunately for our health as a nation, a clientele that continues to grow with no end in sight.

Roughly two out of every three Americans are overweight or obese. Almost 50 million Americans “go on a diet” every year, creating a weight loss industry of more than $70 billion, according to blog.marketresearch.com.

This health crisis has provided a lucrative market for nutrition and weight-loss technology. Virtually everyone owns a smartphone, and health and fitness apps number around 120,000. An NYU Langone Medical Center study showed that 60% of smartphone users have downloaded a health app.

Apps for DCs and patients
Results from a Kaiser Permanente study revealed that keeping a food diary can double a person’s weight loss, creating more consumption awareness and encouraging healthier choices, always an option for patients looking to meet the specific carb/protein/fat ratios of diets.

There are also apps that help people pick nutritional options when eating out at restaurants, and apps for making healthy choices when at the grocery store, scanning the bar codes
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Apps arriving, on the horizon
The next phase for health apps, as the technology grows, will be the gradual introduction of artificial intelligence (AI) and AI-like applications.

Already available in certain apps are machine-learning meal planners that help individuals reach a certain weight or fitness goal by not only counting calories but also applying data such as body composition, past weight-change data, “cheating” rates, when the person gets hungry throughout the day, when they get tired during the day, and other measurables. One app trumpets using the power of AI to analyze meals and recipes and match them to the user’s physical activity, stress and sleep levels, food sensitivities and more to create a food “life plan,” including daily coaching tips.

Additional innovations
Some applications are going farther than nutrition data, providing genetic profiles to help patients reach their weight-loss goals and change their lifestyles in the process.

One innovation is using biomarkers to create a genetic profile to help make more informed health choices. The biomarker testing service uses an app so users can then take the data to tweak their nutrition and exercise levels. After a blood test, users can see their current biomarker levels, providing insight into how their body may or may not be programmed and results that are in or out of certain ranges.

A writer for Forbes says, “I gave [the app] a go in a bid to aid my triathlon training in August and to help me follow my vegan diet to a performance level, but without losing weight or muscle. To make sure that I was getting adequate nutrition and didn’t lose weight while actively training, [the app] advised me to reinforce my importance of calorie-dense foods, such as avocado, nuts, nut butters, seeds, etc. It also encouraged me to log my calorie input to assess macros to ensure I was consuming at least 100-112g per day and not losing weight but having the fuel I needed.”

Personalized nutrition
These are examples of personalized nutrition services and products, which financial services company UBS predicts to be a $64 billion market in 20 years. Companies such as Apple,
Amazon and Google are already trying to get out in front of personalized nutrition. “Health data in Apple Watch could be combined with genetic information to offer personalized nutrition,” UBS analyst Charles Eden said in a note to clients.

Eden said he sees four major industries capitalizing on personalized nutrition:

- **Medical diagnosis firms** for diagnosis and results;
- **Technology companies** for wearable tech and integrated platforms;
- **Food (and supplement) producers** to meet nutritional demand; and
- **Food delivery companies** to meet consumers’ increasing demand for convenience.

The Apple Watch is already being used to study heart rates, perform ECGs, study eating disorders, track fitness and many other health metrics,” Eden said.

One hurdle to this personalization wave in nutrition and weight management is data privacy. Will consumers allow their medical, biological or genetic information to be shared with other parties? Recent data breaches and failures have not been adding to consumer confidence.

**New weight-loss tech**

Aside from weight-managing apps, weight-management technology is also on the horizon in terms of products, devices and supplements.

Eden said the Apple Watch is already being used to study heart rates, perform ECGs, study eating disorders, track fitness and many other health metrics.

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**Health data in Apple Watch could be combined with genetic information to offer personalized nutrition,** UBS analyst Charles Eden said in a note to clients.

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“This pill is like an imaginary meal. It sends out the same signals that normally happen when you eat a lot of food.”

Administration is approving as a “device”) is in the process of being brought to market that is intended to trick the body into thinking it has eaten a meal. This pill is designed to kick off the digestion process, hopefully leading to fat burning and a metabolic boost.

The research for this process is from the Salk Institute and published in the journal *Nature Medicine*. “This pill is like an imaginary meal,” says study author Ronald Evans, director of Salk’s Gene Expression Laboratory. “It sends out the same signals that normally happen when you eat a lot of food, so the body starts clearing out space to store it. But there are no calories and no change in appetite.”

In the study run on mice the drug in the pill, fexaramine, also curbed weight gain and blood sugar levels, and reduced bad cholesterol and inflammation in the body. Human trials of the pill/drug are on the horizon.

A similar product, approved by the Food and Drug Administration in April of last year and expected to come to market in 2020, is a capsule filled with hydrogel particles that, when taken with a full glass of water before a meal, fills a person up. But tests of this product have shown only modest weight loss to date.

These apps and technologies are offering chiropractors specializing in nutrition and weight loss an added arsenal of technologies and supplements to offer patients struggling with weight management, adding to DCs’ efforts to provide overall health and wellness coupled with chiropractic care.

RICK VACH is editor-in-chief of *Chiropractic Economics* magazine and can be contacted at editorial@chiroeco.com.

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**POINT**

Why a modified keto diet might be the best for your patients

**THE KETOGENIC DIET HAS STEADILY CLIMBED IN POPULARITY,** stealing time on social media waves and popping up everywhere from Oprah to the red carpet. By significantly reducing the amount of carbohydrates one consumes — all those starchy snacks, sugars and grains that produce a readily-accessible supply of glucose — the keto diet urges the body to tap into its fat stores for fuel, thus whittling the waistline while boosting energy and brain function.

A modified keto diet can be key — not only for those who want to dodge the potentially negative effects of eating a surplus of animal fats and products, but also for those who are interested in exploiting the keto diet’s impact on hormone health. The modified keto diet, which, by advocating for virgin olive and coconut oil as its principal fat, relies on green vegetables as its primary source of carbohydrates, and prioritizes fish and select nuts as its main form of protein. This may have a higher — and cleaner — nutritional content than its traditional counterpart.

Further, the modified keto diet allows for up to 50 net grams of carbs per day, which at 20-35 grams more than conventional keto diets, may seem more doable and sustainable to dieters.

The modified ketogenic diet and hormone health

One potential advantage of following a ketogenic diet often is overlooked: the positive impact it can have on hormone health. The low-carb facet of the ketogenic diet can tame insulin levels, which, for women, may result in healthier ovulation. What’s more, following a modified keto diet may alter one’s microbiome, so that bacterial flora in the intestines shifts in a healthy direction.

**COUNTERPOINT**

Simple changes to lifestyle can make a world of difference

**IT IS COMMON SENSE TO RECOGNIZE THE MASSIVE ROLE** foods and substances we ingest play, even at the most basic cellular level. Encouraging your patients to implement some of the following healthy practices can help them fight or prevent heart disease and metabolic issues.

The Mediterranean style of eating characteristic of those cultures living in regions around the Mediterranean Sea is a proven method of reducing cardiovascular risk. This style of eating incorporates foods high in phytonutrients primarily from the plant kingdom — vegetables, olives, herbs, spices and fruits. In addition, beans, nuts, whole grains, fish, moderate amounts of poultry, and some types of dairy and meat are considered.

**Fasting and exercise**

Energy restriction in the form of intermittent fasting has gained a lot of popularity for improving high blood pressure, cholesterol, high triglycerides, and serum inflammatory markers. Physical exercise is one of the most important, cost-effective and safe, modifiable risk factors for cardiovascular disease.

In the current health care environment, physicians are becoming increasingly dependent on prescribing lipid-lowering drugs to treat patients with dyslipidemias. Many supplements, however, offer natural treatment without the side effects of prescription medications. My most commonly recommended supplements are psyllium and plant stanols/sterols.

The causes of dyslipidemia relate to lifestyle, such as lack of physical exercise, poor diet (especially high consumption of processed foods), tobacco usage and inadequate sleep.

Chiropractic offices are the primary health care candidates to help patients deal with these issues and improve their lifestyle.

**Laurie Steelsmith, ND, LAc, is the medical director of Steelsmith Natural Health Center in Honolulu, where she has a busy private practice, and is an associate clinical professor at Bastyr University. Read this article in full at chiroeco.com/keto-2-0.**

**Louis Miller, DC, MS, is the owner and operator of Advanced Chiropractic of South Florida and Healthy Weight Solutions. He can be contacted at 561-432-1399 or through healthyweightsolutions.org. To read this article in full go to chiroeco.com/coronary-heart-disease.**
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HOW TO HANDLE PATIENTS WHO TALK POLITICS

Whether you love it or hate it, it’s a potential business trap

BY MONICA WOFFORD, CSP

TIME TO READ: 5-7 MIN.

THE TAKEAWAY
Determine your position on the key issues. But remember that political talk can turn off patients and cost you business, big and small. In some cases the most viable position might be that you don’t have one.

IN A PRESIDENTIAL ELECTION YEAR (OR EVEN OUTSIDE OF ONE), TALK OF POLITICS CAN SEEMINGLY BE INESCAPABLE. Social media has made it all the worse.

This means the issues your patients are passionate about are likely to reach your ears and you may be invited to speak up and share. How do you respond? Do you engage at all? Or do you simply stand down and stay away from any conversation of a political nature? What you say when patients talk politics could impact your relationships. What you say when a patient asks you a political question could impact your business.

Be cautious and consider your choices on how, and with whom, to talk politics. When it comes up in the coming months — and it will — take a moment to think through how you will handle patients and conversations. These three guideposts will come in handy.
Determine your position

In order to keep from being blindsided by a patient question, it's time to determine your position on the key issues. How do you feel about privacy rights and required vaccinations and large health care systems?

These are issues relevant to your business, and to the larger profession, and with clarity achieved on how you feel about each, or what you think is a viable solution, you'll be better equipped to transition a political question toward an issue in which you have knowledge and greater confidence. However, in each area and no matter your thoughts or feelings, there is also this important consideration: What portion of your position are you willing to share with your patient, and what is your level of interest in dissecting the issue mentioned at present?

Perhaps in some cases, your most viable position is that you don't have one. Your position could be stated by saying, “I prefer to keep those feelings private,” or “That is a question I've not considered,” or “I appreciate you asking, and given the complexity of that issue, I am afraid we won’t have time to treat you and have that conversation — so let’s focus on just you today. Any areas causing you particular problems?” Sometimes the art of discretion is best achieved through well-intended distraction.

Focus on dialogue

Two adults having a friendly conversation are easily able to speak about their differing opinions without the presence of conflict. That same chat changes quickly in a discussion of politics, and if you seek to sway your patient’s passionate opinion, you're asking for a heated disagreement. If, however, you're truly curious and can reserve judgment of a differing opinion, dialogue is able to continue.

Make it personal and it can be a problem. Take their opinion personally and you’ll experience frustration. Focus on having a mutual dialogue and you’ll be practicing the nearly lost art of conversation.

You can have staff politely share that ‘in this office we believe everyone needs a break from political ads, election news, and this type of discussion, and here we’re a proud provider of that option.’
Try humor
Consider an approach that’s completely different: Use humor. Make signs that designate your practice as a “Politics-Free Workplace.” Patients will read that sign in one manner, while employees may take it to mean quite another, so be mindful of the potential irony. Or instead, designate your waiting room as a “Happy Place” or a “Good News Room.” Play comedies or funny TV shows or lively advertisements and your own infomercials on screens in lieu of running news streams. Have staff politely share, when asked, that “in this office, we believe everyone needs a break from political ads, election news, and this type of discussion and here, we’re a proud provider of that option.”

The key is to direct what could be overwhelming tension (and the very element causing some of your patients’ stress and subluxations) away from your office. For most, unless they’re intimately involved in a campaign themselves, a space void of political ads or discussion could prove refreshing and highly appealing.

Navigating tricky waters
Politics and patients can be a tricky combination. There will likely be a few with whom you can have a more open discussion. There will be others for whom you’ll want to transform your office to the political-free zone on the days of their appointments. And you may have patients who are candidates.

Certainly, there is no requirement for you to ever answer any patient’s political question. However, at all times our own consternation in this type of environment can be minimized by recognizing the reality of what is — turbulent political times — and practicing acceptance.

MONICA WOFFORD, CSP, was a candidate for the Florida House of Representatives in the 2018 election. She is a leadership development coach and consultant, the CEO of Contagious Companies Inc., and author of Make Difficult People Disappear. She can be reached at Monica@MonicaWofford.com or ContagiousCompanies.com, or by calling 866-382-0121.
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Why berberine can help patients suffering from diabetes and high cholesterol

BY CHIROPRACTIC ECONOMICS STAFF

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It was also used by many Native American tribes for treating ailments such as stomach ulcers and eye irritation. ²

Because of its yellow hue, it was sometimes used as a dye. Original clinical uses for berberine included treatment of bacterial diarrhea, intestinal parasites, and ocular trachoma infections. But modern research has shown significant benefits of berberine in the treatment of high blood sugar and abnormal lipid profiles, as well as positive benefits for healthy cholesterol levels and blood pressure.

With such a wide variety of uses, berberine may be a natural fit for your practice, and offer tremendous benefits to your patients.

Jack of all trades

Because you are often at the crossroads of evidence-based care and natural medicine, you may find berberine useful in a wide array of treatment plans. Berberine supplements can be helpful in the treatment of many ailments and a blessing for individuals who can benefit from such care:

Blood sugar – Currently the number of Americans diagnosed with diabetes is more than 30 million, which is about 10% of the population. Add to that the approximately 86 million Americans who currently have prediabetes and we have a serious problem on our hands. ³

Given these staggering statistics, it is advisable to encourage your patients to lower their blood sugar both with diet and exercise as well as the addition of a supplement such as berberine.

A 2008 study showed that berberine helped those with type 2 diabetes. After just one week and throughout the rest of the study, many of the 84 subjects decreased A1c levels and fasting blood glucose levels after adding berberine to their supplementation. Cholesterol levels also decreased over the course of the study as well. ⁴

A 2010 study found similar results as well as improved liver function among test participants. They concluded that this increase was due to increased insulin receptor expression in the body’s cells. ⁵

An additional study showed that berberine helps address diabetes because it activates an enzyme called AMPK.

AMP-activated protein kinase or AMPK. This enzyme helps regulate metabolism. By activating AMPK in diabetic patients with berberine, researchers saw reduced body weight and improvements in glucose tolerance with altering food intake.  

Lowering cholesterol – Studies have shown that berberine can help reduce cholesterol levels as well as promote weight loss in some individuals.

In 2012, a study was done with obese individuals who were given 500 mg of berberine three times a day for 12 weeks. The results showed mild weight loss and a significant reduction in blood lipid levels. These results were then replicated in rat subjects with similar lipid-lowering results.  

Statin drugs are frequently the medicine of choice for treating high cholesterol. However, as you’ve undoubtedly seen, many patients cannot tolerate the side effects or risks of statins. Berberine, therefore, may be a safe and natural alternative for them.

Mental health – Berberine affects metabolic function and the stabilization of blood sugar levels. Because of this, it may help in the stabilization of mood swings brought on by changes in blood sugar.

New research is also being done to find out what effect berberine has on depression and anxiety. While positive results were achieved in animal studies, more research needs to be done on the supplement’s effect on human subjects suffering from depression.  

A word of caution

While berberine is a great option for many people, there are some who should avoid taking this supplement. In pure form, it is generally safe for adults but pregnant or lactating women should avoid berberine. Patients should also inform you of any medications they are taking because berberine should not be mixed with the diabetes drug metformin, as it can make the medication less effective.  

Untapped discoveries

There is still a lot to be learned about berberine and its impact on a variety of conditions. But for your patients who are seeking relief from diabetes or high cholesterol, berberine can be a viable option for you to consider.

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