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- **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

Doctors $89, Staff and Students $20
12 hour CEU approved course
Lunch provided Saturday

For lecture schedule, registration, more cases and testimonials by SBN members go to www.ScienceBasedNutrition.com

---

Cancers go into remission, pet scans clear, cancer markers drop, diseases disappear - these are just a small sample of the results that SBN trained doctors are getting:

- PSA: 30.0 down to 0.02 in 18 months
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- Hepatitis C viral load drops to negative
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- Male testosterone: 158 (low) to 301 in just 2 weeks!
- Breast cancer marker dropped 10 points in 1 month!
- 6 yr/o girl avoids colostomy
- Extreme atopic dermatitis gone in 3.5 months
- 4 months: Hgb A1C reduced from 13.7 down to 6.3
- RA: less than 2 months, she is off all drugs: Embrel, Methotrexate, Celebrex, Darvocet, Percadan, Vicadin, Norflex, Lasix
- Type 1 diabetes: 250 units to zero insulin in 4 months
- Cholesterol 1,090, down to 194 and Triglycerides from 4,920 down to 82 in 2 weeks
- In 3 weeks: Her hot flashes, night sweats, toe fungus and headaches are gone!

---

Beautiful, easy to read color coded reports

**Legend:**
- **Red** is the worst;
- **Blue** is clinical;
- **Yellow** is warning. It’s that easy.

**Code Blue** is the worst; **Code Red** is clinical; **Yellow** is warning. It’s that easy.
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1.800.251.8182
ALL STUDIES EXCEPT ONE SHOWED NEGATIVE IMPACT OF ISOLATION PRECAUTIONS ON ANXIETY. ALL STUDIES SUGGESTED NEGATIVE EFFECT OF ISOLATION PRECAUTIONS ON DEPRESSION.

Isolation and mental health effects on your patients

Researchers from the Johns Hopkins Bloomberg School of Public Health examined the mental health consequences of a pandemic and warned against “psychological contagion” where fear, paranoia and anger drive panic behaviors.

Patients who are isolated at home during a pandemic also experience higher rates of depression and anxiety than those who are not, found researchers in the paper “Impact of Isolation Precautions on Quality of Life: A Meta-Analysis.” The paper stated, “All studies except one showed negative impact of isolation precautions on anxiety. All studies suggested negative effect of isolation precautions on depression.”

Coping with the stress

For dealing with elevated levels of stress and anxiety at home or in the office, the report “Coping with Stress During Infectious Disease Outbreaks” from the U.S. Substance Abuse and Mental Health Services Administration advises people to stop, take a breath, and pay attention to their feelings.

“Recognize how your own past experiences affect your way of thinking and feeling about this event,” the report says. “Think of how you handled your thoughts, emotions, and behavior around past events.” Another suggestion of the report is limiting time both on the internet and TV in watching or reading the news.

“One of the lessons of managing all crises — wars, pandemics, terror attacks, natural disasters — is that our ability to respond will be predicated upon our ability to keep large populations in good mental health and to mitigate panic while we all ride out the storm,” wrote researcher Ronald W. Manderscheid.

While you tend to patients, family members, neighbors and friends during this crisis, be cognizant of your own mental health so you can continue providing care and reducing the suffering of others.

To your practice’s success,

Richard Vach
EDITOR-IN-CHIEF
Here's what Newton didn't say: InMotion helps protect the body from those outside forces.

-Isaac Newton
Coronavirus (COVID-19) has rapidly spread across the U.S. and the world, and Americans are being advised by the Centers for Disease Control (CDC) to remain vigilant and take precautions, particularly social distancing and avoiding unnecessary contact and gatherings, and for personal protection, maintaining a healthy diet and strong immune system.

Here is the latest news from the CE COVID-19 resource center:

The U.S. CARES Act and what it means for chiropractors
By Mark E. Battersby

THE CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY (CARES) ACT, along with the Family First Coronavirus Response Act (FFCR) passed earlier in March, and the actions of the administration, created numerous programs to help chiropractors and their practices weather the impending crunch in late March.

The newly-passed legislation, while providing zero-interest loans, tax breaks and other subsidies, includes an increase in the deductions for interest paid by a practice or business from the 39% level created by the Tax Cuts and Jobs Act to 50%.

The new law allocates $250 billion to expand unemployment insurance to more workers and lengthen the duration to 39 weeks (up from the normal 26 weeks). Six hundred dollars extra each week would be provided for four months. To help bring back workers already laid off, the eight weeks of unemployment assistance will be retroactive to Feb. 15, 2020.

The CARES Act contains a number of programs, funding and tips for small business owners during the coronavirus pandemic to help every chiropractor and chiropractic practice weather the financial impact of coronavirus, including:

- **Zero-interest loans for practices and businesses** with fewer than 500 employees — loans that could be forgiven under certain circumstances such as not firing workers.

- **Most notably, the CARES Act earmarks $349 billion for loans to small businesses and professional practices** — to be spent on rent, payroll and utilities treated as a grant that does not have to be repaid. Loans of up to $10 million will be made available through preferred lenders of the Small Business Administration (SBA), such as banks and credit unions. The government will pay off the loan balance if the employer either does not lay off workers or rehires already laid-off workers. No qualifying employer will be required to repay loans covering up to eight weeks’ worth of payroll costs.
The SBA now has the authority — and available funds — to make over $7 billion in loans to qualifying small practices and businesses via SBA Economic Injury Disaster Loans. Each Economic Injury Disaster Loan assistance declaration issued by the SBA makes loans available to small businesses and practices in designated areas of a state or territory.

Keeping in mind that “lost income” is not a legitimate tax deduction, other provisions in the tax law may help chiropractors and their practices recover financially from the tax impact of the coronavirus pandemic and other disasters, especially when the federal government declares their location to be a major disaster area.

It was also announced that small and midsize employers can take advantage of two new, refundable payroll tax credits. Both are designed to immediately and fully reimburse them, dollar-for-dollar, for the cost of providing coronavirus-related employee leave.

Until Dec. 31, 2020, certain employers are required to pay sick leave to specified employees with compensating 100% tax credit. Under the FFCR Act, employers must provide 14 days of paid sick leave if workers are ill or quarantined because of the virus or have to care for an infected family member.

As this ever-evolving fight against the coronavirus continues, attention must be paid to new developments and tips for small business owners during coronavirus.

Chiropractors deemed essential services by U.S. Department of Homeland Security


The list of essential services is intended to “support state, local, tribal, territorial and industry partners in identifying the critical infrastructure sectors and the essential workers needed to maintain the services and functions Americans depend on daily and that need to be able to operate resiliently during the COVID-19 pandemic response.”

“This list is advisory in nature,” Krebs wrote. “It is not, nor should it be considered, a federal directive or standard.”

On the essential health care/public health list are physicians, dentists, psychologists, mid-level practitioners, nurses and assistants, infection control and quality assurance personnel, pharmacists, physical and occupational therapists and assistants, social workers, optometrists, speech pathologists, chiropractors, and diagnostic and therapeutic technicians and technologists.

Tokyo Olympics, chiropractic commercials postponed due to COVID-19 until 2021

The COVID-19 coronavirus has pushed back the start of the Tokyo Summer Olympics to 2021, including five chiropractic-promoting commercial placements that were scheduled to air. The Summer Games will now be held on July 23-Aug. 8, 2021.

The 30-second chiropractic commercials, funded by the National Board of Chiropractic Examiners (NBCE), the not-for-profit Foundation for Chiropractic Progress (F4CP) and other chiropractic industry supporters, are designed to inspire athletes and others to consider a career as a doctor of chiropractic (DC), as well as motivate consumers to seek chiropractic care for themselves and their families.

The Tokyo 2020 organizing committee said that the thousands of volunteers will be retained for next year, and that tickets remained valid but full refunds would be available.

“I am confident that, working together with the Tokyo 2020 organizing committee, the Tokyo metropolitan government, the Japanese government and all our stakeholders, we can master this unprecedented challenge,” Thomas Bach, the International Olympic Committee president, said in a statement.

To read these articles in full, or for daily COVID-19 updates for doctors of chiropractic, including upcoming webinars, resources and articles from Chiropractic Economics, go to chiroeco.com/coronavirus-covid-19.
**LIFE University holds virtual commencement**

Amid changes made in response to the COVID-19 pandemic, LIFE University conferred degrees upon 125 graduates of its College of Chiropractic on April 3 in a unique virtual ceremony.

Commencement for the Winter Quarter 2020 class was originally scheduled for March 27, the date LIFE’s President Rob Scott announced the virtual ceremony to the students.

“It simply seemed unacceptable to not do something to recognize this special class of students,” Scott said. “And as we often say here at the University, where there’s LIFE, there’s a way!”

LIFE transitioned all classes to remote instruction in mid-March; classes for the Spring Quarter began April 6, and will be conducted remotely until further notice.

ChiroEco.com/virtual-graduation

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**How caloric restriction prevents negative effects of aging**

To reduce levels of inflammation throughout the body, and to delay the onset of age-related diseases and live longer — eat less food. That’s the conclusion of a new study by scientists from the U.S. and China, detailed in February’s issue of Cell.

In the study, researchers compared rats who ate 30% fewer calories with rats on normal diets, and observed that 57% of age-related changes in cell composition in rats on a normal diet were not present in rats on the calorie-restricted diet.

“This approach not only told us the effect of calorie restriction on these cell types, but also provided the most complete and detailed study of what happens at a single-cell level during aging,” said author Guang-Hui Liu.

ChiroEco.com/eat-less

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**Majority of Americans believe chiropractic is effective**

More than eight in 10 U.S. consumers (81%) believe chiropractic is effective for athletes, according to the results of a Harris Poll survey commissioned by the Foundation for Chiropractic Progress (F4CP), a not-for-profit organization dedicated to educating the public about chiropractic care.

Of the 2,015 people polled in January 2020, the majority said chiropractic was effective while nearly one in two (49%) said it was “very effective” to “restore joint function and support the neuromusculoskeletal system” of athletes.

“The Harris Poll results verify what amateur and professional athletes have known for years,” said Sherry McAllister, DC, F4CP’s executive vice president.

ChiroEco.com/harris-2020

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**‘Social distancing’ giving social media a boost**

Thanks to the COVID-19 pandemic’s social distancing strategies, more people are spending more time at home — and social networks, including LinkedIn, are seeing increased engagement. In March, LinkedIn blog contributor Kiran Prasad offered four suggestions for maximizing your presence on the social network and connecting with your followers:

1. **Post about your experiences.** “Offering your personal stories can inspire and help others,” Prasad wrote. “Share a post on your feed about what your new workday looks like...”

2. **Participate in conversations.** “[F]ind information and conversations on topics that are interesting to you and [comment] on them. Searching hashtags is a fast way to do this,” said Prasad. “You can follow and join conversations for topics on LinkedIn by simply searching for a hashtag and hitting ‘follow.’”

3. **Be yourself.** “What you share on LinkedIn doesn’t always have to be about work...” Prasad wrote. “When posting on LinkedIn, don’t overthink it. The key is to be genuine.”

4. **Stay informed — from trusted news sources — and share.** “News about coronavirus is moving rapidly, and we’re all looking for accurate information as we adjust to this temporary new normal,” Prasad noted.

**Facebook Question**

What health issues do you find are impacted most positively by regular chiropractic care?

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

---

**Socials Marketing**

**Twitter Discussion**

What treatment protocols do you offer through your practice?

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

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**Notice**

**COVID-19 Transition**

Until further notice.

April 6, and will be conducted remotely.
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A good plan now is better than a perfect plan later.

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When it comes to your health, getting started is more important than waiting for the perfect time or the perfect plan.

Manningwellness
My hands are missing adjustments, and we’re all missing seeing our patients. So filling in by doing some gentle work on the furry child in the family.

Optimizechiro
Are you WFH (working from home) these next couple of weeks? Implement these tips to set up an ergonomic home workspace.

Tips for an ergonomic home work space
- Screen: 15 degrees above eye level
- Keyboard: comfortable height with relaxed shoulders
- Chair as high as possible with feet comfortably on floor
- Sit up straight with shoulders back and down
- Breathe with your belly
- No laptops!

Isschoolaboutchiropractic
In the game of life, the brain is the master QB that directs and orchestrates the body’s offenses and defenses to produce a healthy outcome.

Cowanchiropractic
Make sure you are washing your hands for at least 20 seconds.

Littlefeelingchiropractic
Anyone else?

I know y’all think I’m okay
But deep down I just wanna go eat at a Mexican restaurant again

Manningwellness
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FAST ACTING POWERFUL PAIN RELIEF
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Buy 36, Get 12 Free or Buy 18, Get 6 Free

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DON’T MISS
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The FAKTR Rehab System will help you understand and apply the fundamentals of assessing both common and complex MSK injuries and conditions, using an effective combination of diagnostic tests based upon the latest research — allowing you to have certainty in creating your treatment plan. You’ll utilize the 5 Concepts of FAKTR as a framework for treatment throughout each phase of healing.

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Understand the importance of the foot/arch anatomy and how excessive pronation can negatively affect the entire axial kinematic chain from toes to nose; assess and adjust the extremities and spinal regions, keeping in mind common subluxation patterns seen in clinical practice; and hone communication skills and patterns seen in clinical practice; and hone communication skills and

WEBINAR

SBA Disaster Relief/Tax Credits & Rebates for Chiropractors
On Demand
Certified tax coach Don Rasmussen will take participants through SBA Disaster Relief Guidelines, how you can apply on your own, or who to contact if you need assistance, tax rebates and more. A free webinar sponsored by ChiroHealthUSA on their website.

Learn more at chiroeco.com/events.

CHIROPRACTIC NEWS

Free ‘Calm Campaign’ launched to help chiropractors engage patients

The free Calm Campaign has been introduced for chiropractors as a public service campaign for health care practices to stay active, stay engaged and demonstrate leadership during these turbulent times.

“We’ve created a brand new Calm Campaign for you to share with your practice’s social networks which highlight the best, research-backed ways your health tribe can stay calm and healthy in the coming weeks,” says Jeff Langmaid, DC, founder and owner of The Evidence Based Chiropractor, a research-based marketing and practice growth company. “Our unique perspective of trusting the body’s innate ability to heal itself has never been so important to teach our family, friends, patients, neighbors and community.

“People are very confused and even scared of what’s happening right now. The most important thing to remind people is not to panic but to stay calm. Your patients still need you — and now is the time to step up.”

The Calm Campaign, free to chiropractors, includes a series of videos, emails, presentations and social graphics to stay in touch with clients and the community to support practices during the COVID-19 virus pandemic.

“Authenticity has an element of imperfection,” Langmaid says. “And right now, there’s no such thing as the perfect move, so don’t try to make it. Aim yourself toward the things that make you proud of yourself, your practice and your people.

It’s time to pivot, take action and lead your community by inviting your health tribe to discover how they can take action to stay as healthy as possible.”

For more information or to sign up for free, go to calmcampaign.com.

SCHOOL NEWS

Sherman College publications, communications honored

On March 23, Sherman College announced it had taken top honors in five categories of the 2020 Media Women of South Carolina (MWSC) Communications Contest; the contest, sponsored by the state affiliate of the National Federation of Press Women (NFPW), rewards excellence in communication.

The college’s first-place projects included an ad for the Chiropractic Health Center; the Gelardi Student Center Ribbon Cutting; the Excel alumni magazine; the enewsletter Sherman Shares; and a speech written for Lyceum 2019. The school also received second place in several categories.

Senior Director of Marketing and Communications Karen Brower Rhodes produced these communications in 2019 as part of initiatives spearheaded by the Office of Institutional Advancement and Public Relations. First-place award winners for South Carolina will move on to the national contest for judging next month.

Feedback from the judge cited the appeal of spoken word as well as print and multimedia publications. “I love the minimalism of this piece,” the judge commented regarding the college’s ad for Spartanburg Little Theatre event programs. “It’s eye-catching and informative but doesn’t overwhelm the reader.”

Last year, the college had one second-place and six first-place awards in the state competition. Additional projects have been recognized nationally through the years, with a print piece for prospective students taking first place in the nation in 2014.

For more information, visit sherman.edu.
Life University offers free resiliency training sessions

The Life University (LIFE) Center for Compassion, Integrity and Secular Ethics (CCISE) is hosting free webinars designed to improve people’s resiliency amid the ongoing situation with COVID-19 (coronavirus).

BY THE NUMBERS:
PROVEN TREATMENT PROTOCOLS

“A physician like me might suggest any number of potential treatments and therapies. But one I never considered was a referral for spinal manipulation.”

— Aaron E. Carroll, professor of pediatrics at Indiana University School of Medicine, writing in the New York Times

2 out of 3
People who will experience significant low-back pain during their lifetime.

33%
Seniors who experience serious falls each year. “Chiropractic care is helpful in this area as it helps to minimize subluxations in the spine and helps patients learn to stretch and exercise to improve their balance and strength throughout their senior years.”

Spinal manipulation
Recommended by the American College of Physicians after a 2017 study on noninvasive treatment of low-back pain for patients with chronic low-back pain.

12
Number of chiropractic treatments found more effective than stretching alone for hip osteoarthritis.

3.8 million
Sports-related traumatic brain injuries (TBIs) that occur annually, many requiring concussion protocol.

The LIFE Center for Compassion, Integrity and Secular Ethics (CCISE) is hosting free webinars designed to improve people’s resiliency amid the ongoing situation with COVID-19 (coronavirus). The webinars build on CCISE’s Compassionate Integrity Training (CIT), a 10-part course focused on basic human skills as a foundation for individual, social and environmental flourishing. The forums are open to the public and will take place every Wednesday and Friday for the foreseeable future. They are offered in coordination with Charter for Compassion and the UNESCO Mahatma Gandhi Institute of Education for Peace and Sustainable Development.

“We recognize that many people are struggling with increased anxiety, stress and loneliness,” said Michael Karlin, PhD, CCISE associate director. “We wanted to provide some basic skills from Compassionate Integrity Training.”

“I wish I had even one dollar for every single time all of these skills have been put to the test with the coronavirus pandemic in my personal life,” one participant said. “Without them, I would be an emotional and mental mess.”

In addition, free Caregiver and Child Resiliency webinars will be conducted.

“Many families are all under the same roof, 24/7, and now parents and caregivers are also serving as ‘teachers’ for their children who are not currently in school,” noted Jennifer Valtos, CCISE director of training. “Families may not be able to visit loved ones, children may not be able to have play dates with friends and there may be a lot of big thoughts, feelings and emotions. We hope that these sessions...will provide families with an opportunity to come together and learn skills that help them build their resilience as individuals and families.”

For more information, visit compassionateintegrity.org.
New York Chiropractic College student Ashley Williams (DC ‘20) was selected to attend the National Board of Chiropractic Examiners’ (NBCE) 17th Annual Student Leadership Forum, Jan. 24-25.

Leaders from national student chiropractic associations, along with chiropractic college representatives, met at the NBCE headquarters in Greeley, Colo., for a two-day forum about chiropractic testing and leadership development.

NYCC’s Williams — also a biomechanics research assistant at NYCC — is one of eight student representatives from across the country chosen to attend the leadership forum. She has her master of science degree in ergonomics and biomechanics from New York University and is a certified personal trainer and licensed massage therapist.

While at the NBCE event in January, students were able to see presentations from NBCE leadership regarding the importance of valid, fair and standardized testing, participate in a leadership development workshop and provide feedback on how NBCE can best serve chiropractic candidates across the country.

Williams said she was grateful to be able to attend the event and meet and talk with chiropractic students from across the country. “I am encouraged that the NBCE is making efforts to be as transparent as possible about their operations and exams,” she said.

For more information, visit nycc.edu.
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Chiropractic treatment is beneficial for scoliosis patients, but heed these 3 warning signs

BY DENNIS WOGGON, BSC, DC
TIME TO READ: 4-6 MIN.

THE TAKEAWAY
All chiropractors should educate themselves and work on scoliosis patients from 10-20 degrees, as doing something is better than doing nothing, the author argues. Co-management of cases with other specialists is recommended for higher degrees of curvature.

SOME CHIROPRACTORS CLAIM THAT THEY CAN CURE SCOLIOSIS. Some chiropractors refuse to work on any scoliosis, as they were taught in chiropractic college that they can’t help scoliosis.

Scoliosis is an abnormal lateral curvature of the spine. It is a “dis-ease,” and like other diseases such as high blood pressure or diabetes, it can’t be cured but it can be controlled.
In girls, the scoliosis curvature accelerates at the age of 11.7 years. Boys are two years behind girls, so their curvature will accelerate at 13.7 years.

3 scoliosis red flags
There are several red flags to look for regarding scoliosis:

1. The Risser sign. The Risser sign is a measurement of skeletal maturity using an X-ray to see the degree of ossification of the pf of the iliac apophyses as it ossifies from the anterolateral crest medially. Risser sign goes from 0-5, with 5 being skeletally mature. From 0-3 the scoliosis is considered unstable and probably will progress. Therefore, scoliosis with a Risser sign of 0-3 is a red flag.

2. The degree of the scoliosis. Scoliosis is defined as a lateral curvature above 10 degrees. The standard medical treatment is under 20 degrees with observation only to see if it gets worse, also know as “watch and wait.” Bracing is recommended at 20-25 degrees. Surgery is recommended at 40-45 degrees. Curves above 30 degrees will usually progress. Mid-back or primary thoracic curves also tend to progress more than low back or lumbar curves.

3. Age of the patient. Scoliosis is defined by age. Infantile is 0-3 years, juvenile is 3-10 years, adolescent is age 11-18, and adult scoliosis is above 18 years. The longer they have had scoliosis, the greater the possibility of progression. Our primary focus is adolescent scoliosis and 80% is idiopathic, meaning there is no direct or known cause. Neuromuscular scoliosis is related to some type of underlying disease or pathology.

The difference between girls and boys
Scoliosis is more common in girls than boys. Girls go through puberty first and their growth spurt second. Boys go through their growth spurt first and puberty second.

Both girls and boys should be monitored closely through puberty and growth spurts. In girls, the scoliosis curvature accelerates at the age of 11.7 years. Boys are two years behind girls, so their curvature will accelerate at 13.7 years. Girls should be checked around the age of 10 and boys around the age of 12. A posture evaluation will usually show forward head posture, right head tilt, right high shoulder and a left low hip.

20-25 DEGREES WHERE BRACING IS RECOMMENDED FOR SCOLIOSIS

The scoliometer is a great tool to use with Adam’s Test. Seven degrees on the scoliometer will measure about 20 degrees on an X-ray. If the scoliometer measures at 4 degrees or more, a scoliosis X-ray should be taken.

Pottenger’s Saucering
Chiropractic treatment is beneficial with scoliosis patients, but there are some red flags in the treatment. The degree of
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scoliosis is directly proportional to anterior thoracic subluxations. This is known as Pottenger’s Saucering, anterior thoracis, loss of normal thoracic kyphosis, or lordotisation. Because of this, the thoracic vertebra should never be adjusted anterior to posterior, as that will make the scoliosis worse. Anterior thoracic adjusting is indicated in these cases.

Scoliosis patients have a substantial amount of ligament laxity, especially in the cervical spine. Therefore, manual manipulation or manual adjusting is also contraindicated. An adjusting instrument at 6Hz is most beneficial.

All chiropractors should work on scoliosis patients from 10-20 degrees. Doing something is better than doing nothing. From 20-40 degrees, chiropractic treatment can be beneficial with the aid of an orthopedist or other scoliosis specialist. It is beneficial to work together and co-manage the patient in these circumstances. Scoliosis above 40 degrees is considered a surgical candidate and medical treatment is surgery.

In conclusion, an 11-year-old girl at 30 degrees and a Risser of 1 will have a worse prognosis than a 17-year-old girl at 20 degrees and a Risser of 4. All the variables must be considered to render the best health care possible for the patient.

There are a lot of variables in treating scoliosis. No two scoliosis cases are ever the same. For proper treatment, postgraduate education is recommended.

DENNIS WOGGON, BSc, DC, graduated cum laude from Palmer College of Chiropractic in 1974 with a bachelor of science in Biology. He has lectured worldwide, including two trips to Vladivostok, Russia, to work with doctors regarding scoliosis. He has written numerous publications and books on chiropractic, spinal biomechanics and scoliosis. He was certified in video fluoroscopy by Palmer College in 1992 and utilizes Digital Motion X-ray in his practice. He began CLEAR Scoliosis Institute in 2000 after realizing the need for a chiropractic approach to treating scoliosis. CLEAR Scoliosis Institute is a nonprofit organization to educate the public and help doctors work with scoliosis. The goal of CLEAR Institute is to implement an effective chiropractic system of scoliosis care to help people worldwide through research and spinal rehabilitation. You can find additional information at CLEAR-Institute.org.
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PROVEN TREATMENT PROTOCOL

PHOTOBIOMODULATION FOR PERIPHERAL NEUROPATHY

Where opioids have failed, DCs are reporting laser therapy showing an 80% success rate

BY PHIL HARRINGTON, DC, CMLS, FASLMS
TIME TO READ: 5-7 MIN.

THE TAKEAWAY
Opioids come with a host of side effects and treat the symptoms, while photobiomodulation is showing high success rates treating the cause — managing pain and inflammation, and enhancing tissue healing.

PERIPHERAL NEUROPATHY (PN), THE RESULT OF DAMAGE TO NERVES THAT CARRY MESSAGES TO AND FROM THE BRAIN AND SPINAL CORD, FROM AND TO THE REST OF THE BODY, can be caused by diabetes, chemotherapy, exposure to toxic chemicals (i.e. Agent Orange), chronic alcoholism, prescription medications and more. Some signs and symptoms of PN include bilateral gradual onset of numbness or tingling in the feet or hands; sharp, jabbing or burning pain; and extreme sensitivity to touch.¹
Common opioid and medical treatments for PN
Current medical treatments for PN may include opioid pain medications with high potential for addiction and abuse. Lyrica (pregabalin) was originally FDA-approved as an anti-epileptic drug but is also prescribed to PN patients. It works by slowing down impulses in the brain, thus numbing the brain from the painful signals associated with PN.

Side effects from Lyrica include infection, ataxia, blurred vision, constipation, dizziness, drowsiness, fatigue, headache, peripheral edema, tremor, abnormal gait, abnormality in thinking, amnesia, arthralgia, cognitive dysfunction, confusion, edema, neuropathy and more. Gabapentin is another anti-convulsant drug that is prescribed to PN patients.

Laser therapy and PN
Photobiomodulation (PBM, or laser therapy) is the application of red and infrared laser light at appropriate dosages to manage pain and inflammation and enhance tissue healing. PBM can modulate neuropathic pain by altering chronic inflammation, decreasing mechanical allodynia, suppressing conduction velocity and reducing amplitude of action potentials.

Class 4 therapeutic lasers are FDA-cleared prescription medical devices that can deliver photons of red and infrared laser light to the large volume of tissue required for treatment of peripheral neuropathy.

Study results on laser therapy and PN
One study assessed the safety and efficacy of class 4 laser therapy on pain management and overall quality of life for diabetic patients suffering from PN. No adverse events were reported, pain levels were significantly lower, and other factors improved.

Another study investigated photobiomodulation treatments with a class 4 therapy laser for patients suffering from chemotherapy-induced PN. The study concluded, “Photobiomodulation is an effective, low-toxicity treatment for CIPN. Nearly 90% of patients experience significant improvement in modified total neuropathy scores that begins within weeks of initiating treatment and persists for at least 10 weeks after the conclusion of therapy.”

“It also allows chiropractors to tap into the 90% of the population that do not normally go to chiropractors. Most of my new PN patients have never before been to a chiropractor.”
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Class 4 laser therapy should be a staple in all medical offices as it helps patients with so many conditions, even beyond PN,” said Robert Patterson, MD, from Sanford, N.C. “It’s important to be properly trained in treating and managing the PN patient. This will give you confidence in the PBM protocols and you will become a more successful provider.”

Patterson also reports, “Our laser therapy treatments have worked well; we have an 80% success rate. All for people where traditional medicine has told them, ‘Sorry, you will just have to learn to live with it,’ or they are heavily drugged with medications, still hurting and they have no quality of life.”

PBM in chiropractic practice
Greg Lewis of Lewis Family Chiropractic in Westminster, Md., also utilizes PBM.

“There is a huge, and growing, population of PN patients and they really have no solution with traditional medical approaches to PN,” Lewis said. “Just treating the PN symptoms via psychotropic medication does nothing to stop the progression of the disease, and for many people it does not really effectively suppress the symptoms.

“Chiropractors, with our intimate knowledge of neurology, anatomy and our diagnostic skills, are uniquely positioned to deliver this non-invasive, drug-free, very low-risk therapy that is highly effective,” continued Lewis. “It also allows chiropractors to tap into the 90% of the population that do not normally go to chiropractors. Most of my new PN patients have never before been to a chiropractor.”

“We’ve also found many PN patients that were already in our practice, but they did not say anything because they did not think we could help them. They are desperate for help, and PN is a progressive disease. It is the number one cause of non-traumatic amputation.”

Lewis says his success rate has been more than 90%.

“I define ‘success’ in my office as a 30-100% reduction in symptoms, and significant improvement in pinprick and vibration sense restoration,” he says. “We do balance training as part of our protocol, so we expect balance to improve as well. Most of our PN patients get 80-100% symptom-free. A few have many medical complications that prevent complete recovery; however, even 30-50% improvement is life-changing for these patients. We’ve treated over 150 peripheral neuropathy patients and I can only recall two that we were not able to help at all.”

Peripheral neuropathy is a serious problem, and traditional medical treatments with opioids and psychotropic drugs are not the answer. Chiropractors are in a unique position to safely and effectively treat peripheral neuropathy with photobiomodulation delivered from a class 4 therapeutic laser. CE

References can be found online at chiroeco.com
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ESTABLISHING YOUR MILITARY FOOTPRINT
Marketing chiropractic to military members and veterans

BY CLAUDIO GORMAZ
TIME TO READ: 6-8 MIN.

THE TAKEAWAY
To cater to providing care for and attracting veterans to your practice, put yourself in the military mindset.

"I will always place the mission first, I will never accept defeat, I will never quit, and I will never leave a fallen comrade."
— Army Warrior Ethos

YOU WANT TO GIVE BACK TO THOSE WHO HAVE GIVEN SO MUCH; perhaps, reward uncommon valor with your medical expertise and not ignore “America's Best.” Whether you have been working with the military community for years or you are just starting a practice that focuses on veterans, the question (from a marketing standpoint) is “How do you stand out as the best option for veterans in town?”

Like the military, you want to be seen as the very best in your field. As such, you must learn and emulate the patterns of success that the military has employed for decades. Thus, no operation ever begins without a well-studied and calculated plan in place. Your plan must include:

- Understanding your patients’ intents and concept(s) of their needs and subsequent healing;
- Knowing and communicating the specified tasks; and
- Knowing the strength of your team. In military terms, know your own “combat power” and your required levels of assistance.
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Intentional research and planning
Your marketing and promotions must be intentional — i.e., intentionality aligning with an understanding of your military patients’ specific needs (as manifested from serving).

Take a page from the military and accept that nothing happens by accident. Hence, you must do some reconnaissance and figure out where your audience lives, where they hang out, what they read and so on. Then you will set a plan in motion to build up your presence and identity within the local military and veteran associations and organizations (i.e., local VFW, USO, military blogs, events, etc.).

Your “mission” is to stand apart from the masses; you need to create a robust and workable platform that is unmistakable — that you are here, and that you are the sole option for their medical needs.

According to the U.S. Department of Veterans Affairs, “Chiropractic services are part of the standard Medical Benefits Package available to all eligible veterans. Similar to other specialties, access to VA chiropractic services is by referral from a VA primary care or specialty provider. The VA provides these services on-site at one or more VA facilities in each Veterans Integrated Service Network (VISN).”

Now here’s the opportunity that may be available to you: “VA facilities that do not have on-site chiropractic clinics provide these services via the VA Community Care Program or other community care mechanisms.” It is incumbent upon you to see how you can become part of that community network.

Speak the language — their language
You need to inspire these vets to come and see you by understanding their wants and needs. As you promote your medical services it behooves you to speak in the language they speak, and talk about things that concern them.

Your promotional pieces have to stand out from all the others, and I am not necessarily talking about four-color, three-dimensional ads that have fireworks shooting out of them. It’s all about what you say.

Don’t believe me? Next time you’re at the checkout stand at your supermarket, and you see a headline that reads, “Elvis found alive and well living in Tahiti” — tell me if it doesn’t catch your attention even for just a couple of seconds.

What you say will compel your future patient to investigate further. Your marketing pieces need to draw the recipients’ attention; they need to entice them to look deeper, and most importantly, your promotional efforts need to motivate people to take a step toward you. Inspiration is literally the glue that brings and holds together people of different backgrounds but with aligned interests. This is where you begin creating bonds.

Get them to visit your ‘headquarters’
Everything that we have been speaking has led us to this point — you must now demonstrate why you are the superior option. Chances are, you are not the only chiropractor within a 45-minute drive. When patients arrive at your practice, you need to make sure they will never want to leave.

As a result, you want to make sure that your staff is not only familiar with but well-versed in many of the unique needs your future military patients will have. The goal is to instill confidence that they, the vet, made the right decision in selecting your office.

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Make your written material available to your patients in your offices and on your website. As your reputation grows, consider launching an online radio program or podcast. Share those podcasts with patients and visitors by playing them in your waiting room(s), as well as making them available on your website.

Develop and communicate your ‘why’
As mentioned earlier, it’s all about what you say. For that reason, your vision needs to resonate loud and clear (aka your “why”); and “it” is what inspires people to follow you. Besides including your “why” on all your promotional content, create a mission statement that clearly states why you do what you do.

For example:

- Google: Our mission is to organize the world’s information to make it universally accessible and useful.
- Teach for America: One day, all children in this nation will have the opportunity to attain an excellent education.
- The Nature Conservancy: The mission of the Nature Conservancy is to conserve the lands and water on which all life depends; and, to be a sustainable world for future generations.

You must identify and articulate your driving force and push that message front and center. If this task is not within your skillset, now would be the perfect time to create an alliance with an accomplished and proven medical marketing copywriter.

Having a military patient base is built on being genuine and inspiring, above your medical talent — arouse in those potential patients a deep sense that this doctor “really gets me.”

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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THE ABCs OF ADVERTISING

Consumers receive thousands of ad messages per day. Here’s how to cut through the clamor to make sure yours get seen — and acted upon

BY CHIROPRACTIC ECONOMICS STAFF
TIME TO READ: 3-4 MIN.

THE TAKEAWAY
Standing out from the crowd isn’t easy, but if you apply the principles in this article, you will be surprised how effective your advertising will be.

THE AVERAGE AMERICAN CONSUMER IS EXPOSED TO MORE THAN 4,000 ADVERTISING MESSAGES A DAY¹, according to Forbes. With that many messages going out every day, how will you make sure your message stands out from the crowd?

When you finish school and start work in your own practice or as part of a group, you need to think about your message. Building awareness

Everyone wants the same thing — to get noticed (leading to more patients, sales, etc.). Advertising is just one component of a marketing strategy designed to drive business.

Advertising for health-related services (such as chiropractic) can be even more frustrating than that of typical companies because the consumer may not need the service when they are exposed to the marketing message. Therefore, the intent of many marketing campaigns in health care is to build and maintain awareness in the minds of consumers until they are in need of the service being offered.

Most effective when media works together
A study found that “the web increased the reach of television by a remarkable 51% in the morning, 39% in the middle of the day, and 42% in the afternoon.”²

So if you place an ad designed to air on television that sends consumers to your website to take advantage of a sale or special promotion, they are more likely to do this because they are using both forms of media at the same time.

If you have a website for your practice, try to incorporate it into your ads. Driving consumers and potential patients to your website can only improve the chances that they will remember you when they need chiropractic care. It’s going that extra step that will give you the most return on investment (ROI) for your advertising budget.

Be targeted with messaging
It is better to send out a message to 10 people who are listening than to 100 people who are not. For example, if your practice works primarily with sports injuries, setting up a booth at a 5K race will get your name in front of more athletes who could use your services than if you placed an ad in a newspaper.

Pregnancy magazines are the perfect place for an ad about how your practice can help moms-to-be. Contact local hospitals or women’s groups to see if you can speak to a childbirth class.

Consumers trust other consumers more than they trust you
Most successful chiropractors know referrals are not only one of the best ways to grow a practice, but also extremely cost-effective and help develop the overall brand of the practice.

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References can be found online at chiroeco.com

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THE SECRETS OF SCAPULA DYNAMICS

Discover the underlying, most undetected, never-corrected scapula-clavicle subluxation

BY MITCH MALLY, DC

TIME TO READ: 10 MIN.

THE TAKEAWAY
The shoulder’s unique anatomy accounts for the greatest ranges of motion. Because of this the scapula is highly vulnerable, frequently injured and considered by many to be the most unstable joint.

NUMEROUS REFERENCES CLAIM THE SHOULDER IS ONE OF THE MOST COMMONLY-INJURED JOINTS IN THE BODY. Various resources also state that there are estimates of 200,000+ shoulder surgeries per year, with an average injury age range between 18-88.

Anatomically, it is recognized that the shoulder sits on a very mobile platform, the scapula, which is anchored to the chest wall, cervical and thoracic vertebrae. The unique anatomy of the shoulder accounts for the greatest ranges of motion — but because of this it’s highly vulnerable, frequently injured, and considered by many to be the most unstable joint.

Discovering the root of the problem
For nearly 40 years I have treated patients from amateur to professional athletes, celebrity to geriatric patients. Even orthopedic surgeons and physical therapists refer patients who have sustained shoulder injuries, failed traditional allopathic and chiropractic treatment, and remain otherwise hopeless and clinically recalcitrant. For many, restored hope comes from discovering the root of their shoulder complaint, as well as neck and upper-back complaints.

The following is a brief overview of the discovery of the underlying most-undetected, never-corrected scapula-clavicle subluxation. I term this condition, based on the positional misalignment, as the “protracted antetilted scapula.”

Stabilization and anchoring of the humerus
What makes it so “humerus”? The anatomy of the glenohumeral fossa favors a normal anatomically-retrotitled glenoid fossa, affording the most stable alignment of the humerus within the glenoid fossa as a very shallow trough.

Yet, if anchored by the strong rotator cuff muscles functioning as the collective downward stabilizers of the shoulder, then why is the shoulder the most unstable and one of the most frequently injured joints?

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led to an amazing personal discovery which is in fact supported by numerous references. That is, if the most stable alignment is humeral-head centering in the normal anatomically-retrotilted glenoid fossa, then what happens when the glenoid fossa antetilts? This biomechanical alteration creates anterior instability of the humerus and resultant changes in range of motion, function and strength. In addition, this results in a profound change in the anchored muscles affixing the pectoral girdle to the torso, resulting in anterior instability of the humerus. This is my explanation for recurring shoulder dislocations and uncorrected other shoulder conditions, injuries and syndromes that have failed all other approaches.

The resultant complaints for this sequential aberration range from chronic headaches, upper and middle back and neck pain, rotator cuff impingement syndrome, frozen shoulder, thoracic outlet syndrome, and a myriad of other conditions, injuries and syndromes.

**Sports and slip-and-fall injuries**

The biomechanics of slips, falls, throwing action, golf, tennis, pickleball, bowling, etc., are similar in that scapula rhythm (scaption) favors protraction of the scapula laterally on the thorax. This results in an elevated coracoid process and the attaching pectoralis minor develops a stretch reflex, thereby contracting and pulling the acromion inferiorly. The retro-pec minor space becomes reduced (Wright’s Hyperabduction Syndrome) as does the subacromial space (normal 8-10 millimeters), often resulting in the symptoms and ultimate diagnosis of rotator cuff impingement syndrome (RCIS).

Often, patients are misdiagnosed, leading to inappropriate and unnecessary surgical and therapeutic procedures and most commonly ensuing erroneous results. Prime examples include the rhomboid muscles attaching the scapula to the thoracic spine, such that a misaligned scapula will result in torque on the thoracic spine and hence referred symptoms, much like a weed rarely disappears when not pulled from its root. The cervical spine has anchoring muscles in the clavicle (SCM) and scapula (levator scapula), hence a misaligned scapula and clavicle remains undetected and not corrected and the patient suffers recalcitrant neck pain and instability. This holds true with a history of an acute ipsilateral and/or a chronic contralateral clinical manifestation with supporting patient history, radiographic, orthopedic and examination findings.

Additionally, how many patients suffer the signs and symptoms often misdiagnosed with Thoracic Outlet Syndrome (TOS), have endured and suffer from failed first-rib resection, sympathectomy and selective denervation procedures for TOS? Imagine the invalidated findings from subclavian angiography and anticoagulation therapy, all to no avail. Surgery is next and most often fails to eradicate the patient’s condition. The patient is then referred to the physical therapist and they find that the pectoralis minor is a precipitating “cause” — or is it actually a “result” — of said neurovascular occlusion? A rehab program is now implemented to stretch an already overstretched muscle, further exacerbating the patient’s symptomologies.

**More over-stretching mistreatments**

Similarly, the plantar fascia is often mistreated by stretching the fascia with whatever technique is employed by DCs,
That’s the percentage of scheduled care plan payments that remained steady for Cash Practice® doctors during the first three weeks of the 2020 COVID-19 shutdown. In comparison, one-time payments decreased by 50% during the same period.

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CLINICAL CONCERNS

PTs or LMTs. I have found that this is a clinical oxymoron, as the collapse of the longitudinal arches results in overpronation, hence already over-stretching the fascia.

Another fallacy is to stretch the piriformis muscle and IT band, as well as psoas that are each contracted due to a misdiagnosed stretch reflex. These are just a few examples clinicians of various disciplines, including DCs, are taught to stretch the muscle. Are we not taught musculoskeletal adaptation and that muscles are controlled by direct innervation? In lieu of the aforementioned discussion, I further elucidate that we do not hit the head for a headache, we do not massage the leg for sciatica; when a foot is numb it could be the leg is crossed, and a heart attack refers messages to the left arm and TMJ.

Think about the ‘what ifs’

All disciplines should investigate the “what ifs:”

‐ What if you are stretching the plantar fascia and then contradict your rationale by taping the arches, then prescribe the patient orthotics to build and support the collapsed arch?

‐ What if you are massaging the left arm and treating the TMJ and the patient is having a heart attack?

‐ What if you are massaging and stretching the piriformis, pec minor, etc., and the “root” eliciting the contracting muscle remains undiagnosed and untreated?

‐ What if you continue to do what you and the patient have always done and achieve the same negative results?

Sir Albert Einstein has a theory for that action (insanity). Do not hit the dashboard to make the gas light go off! Sound ridiculous? That happens daily. Chiropractic philosophy says clearly to look for the cause to correct the result. CE

MITCH MALLY, DC, has been a speaker and educator for nearly 40 years, and has instructed post-graduate courses for Palmer College, Northwestern, Cleveland, Logan, Palmer West and Life West, Anglo European Chiropractic College (England), and Denmark School of Medicine (NIKKB). “Learn The Mally Method” techniques and become the leading spinal and extremity expert in your community. For more information go to training.drmitchmally.com or email mrmally@live.com.
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4 WAYS CBD OIL CAN PROVIDE AN IMMUNAL VIRUS-SEASON BOOST

How CBD can strengthen the immune system

BY CHRIS D. MELETIS, ND

TIME TO READ: 8-10 MIN.

THE TAKEAWAY

CBD can lower anxiety, maintain a healthy gut, reduce inflammation and more in aiding and strengthening the immune system.

THE ENDOCANNABINOID SYSTEM IS KNOWN TO PLAY AN IMPORTANT ROLE IN REGULATING IMMUNITY, and scientists consider it to be one of the “gatekeepers” of the immune system. The endocannabinoid system includes receptors known as cannabinoid receptors 1 and 2 (CB1 and CB2) as well as the endogenous cannabinoids anandamide (AEA) and 2-arachidonoylglycerol (2-AG), and enzymes that influence the production of these endocannabinoids.

There’s scientific evidence that cells of the immune system express both CB1 and CB2, although CB2 concentrations are higher than those of CB1.

How CBD and the immune system interact

Cannabidiol (CBD), a non-psychoactive component of Cannabis sativa, is a phytocannabinoid that acts on the endocannabinoid system and may have the ability to maintain a balanced and healthy immune system.

Transient receptor potential vanilloid 2 (TRPV2), a protein that facilitates the communication of cells with their extracellular environment, plays an important role in healthy immune system function. CBD activates TRPV2 and also influences other transient receptor potential (TRP) channels involved in supporting immunity.

Hemp-based CBD oil may have both direct and indirect mechanisms for maintaining immunity. This article covers four ways in which it may support immune health.
Hemp-based CBD oil may have both direct and indirect mechanisms for maintaining immunity.

**Increasing natural killer cells**

In animal studies investigating autoimmune health, CBD oil from hemp has been shown to balance the immune system by reducing the activity of T cells, B cells, and both T helper and T cytotoxic lymphocyte subsets. However, outside of an autoimmune arena, CBD supports the activity of natural killer (NK) cells, a type of white blood cell.

NK cells are a major player in the body’s response to the presence of viruses. CBD also supports the activity of natural killer T cells, which share properties of both NK cells and T cells. In vitro studies have shown CBD has actions of interest to people who want to maintain immune health in the liver.

**Supporting a healthy inflammatory response**

CBD is well-known for its ability to maintain a healthy inflammatory response. In animals, CBD supports a healthy inflammatory response. In animals, CBD supports a healthy inflammatory response.

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inflammatory response in the lungs. It also improves lung function in mice exposed to a lung irritant.

In one study, CBD enhanced markers of healthy lungs such as decreased total lung resistance and elastance, leukocyte migration into the lungs, myeloperoxidase activity in the lung tissue, and protein concentration as well as maintenance of healthy levels of cytokines (TNF and IL-6) and chemokines (MCP-1 and MIP-2). This could potentially assist with respiratory function.

Maintaining a healthy gut microbiota
A large proportion of the immune system is located in the GI tract, where there are large numbers of organized lymphoid tissue and scattered innate and adaptive effector cells.

The gut microbiota, the collection of organisms — good and bad — found in the intestines play an important role in helping the body have a balanced immune response.

Excessive inflammation in the gut can lead to intestinal permeability, gut microbiota dysbiosis, and an impaired intestinal immune response. One way the body counteracts this is through the endocannabinoid system.

Like endogenous cannabinoids, CBD also has been found to support a healthy intestinal inflammatory response in human trials. The key message here is that keeping the gut healthy supports overall immunity.

A calming effect during everyday mild stress and frustration
Ongoing psychological stress is linked to a decline in immunity. CBD is involved in a healthy stress response.

Unlike endogenous cannabinoids, which work on the CB1
receptor, CBD supplementation leads to direct activation of the 5-HT1A serotonin receptor.\textsuperscript{13,14} CBD stress-relieving properties are also related to its ability to modulate cerebral blood flow in brain regions involved in anxiety including the amygdala, hippocampus, hypothalamus and cingulate cortex.\textsuperscript{15}

In human trials, CBD was found to reduce mild stress in people giving a speech.\textsuperscript{16} For example, researchers observed the effects of different doses of CBD and a placebo in 57 healthy male participants performing a simulated public speaking test.\textsuperscript{16} In this double-blind study, subjects were given oral CBD at doses of 150 mg, 300 mg, 600 mg or a placebo prior to the public speaking test. Compared with the placebo, 300 mg of CBD led to the subjects being more calm and relaxed during the speech. \textsuperscript{CE}

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

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

References can be found online at chiroeco.com
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**Speaker Lineup:**

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  - Keynote Speaker
- Joe Dituri
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BY DONALD C. DEFABIO, DC, DACRB, DACBSP, DABCO
TIME TO READ: 5-7 MIN.

THE TAKEAWAY
A properly-trained tablesde assistant can ensure you only diagnose and treat the patient, and saves time by assisting in more than 10 key areas during the exam and after-exam input and transition.

YOU DON'T HAVE TO WORRY ABOUT CHIROPRACTIC BEING OUTSOURCED OVERSEAS. The patient needs to be seen by the doctor to receive their adjustment and both modalities and exercises need to be performed in person. This major benefit also brings a significant liability — we can only treat a limited number of patients a day. The answer is to increase your productivity and capacity to treat more patients with a table-side assistant.

The goal is to save at least one minute on every routine office visit and a minimum savings of five minutes for a new or returning patient with a new condition. Now do the math, multiply the time saved by your patient visits for the day, and that is the amount of extra time you now have in your schedule. Extra time to see more patients, to do marketing, to get to the gym, or to just get home earlier.

Training and time saving
A properly-trained tablesde assistant can make this happen. Let's be clear: This is your tablesde assistant, not your front desk or insurance staff that slides in to help you when you are backed up. They follow you to ensure you only diagnose and treat the patient. Yes, they can bring patients into the room and facilitate patient flow, but the real savings in time is during the treatment.
After you check state laws to determine the procedures an unlicensed assistant can perform beyond transcribing notes — assign those tasks to your tableside assistant.

Let’s look at some of the areas where they save time:

- **Obtain and record the subjective complaint/change** from the last visit.
- **Record your dictation** of the daily SOAP note. Both subjective and objective findings: subluxations, muscle tonicity, levels adjusted, direction adjusted, any ortho/neuro test. Dictating your findings in front of the patient is also a great practice-building tool.
- **Topicals, emollient, MRI reports, etc.** — especially if it is in the next room.
- **Write excuse notes** — you just sign them.
- **Communicate to the front desk** or
- **Get supplements/products** from the display case or out of the supply closet.

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insurance staff for you so you can continue to treat the patient.

- **Keep you on schedule** — you will talk less about non-clinical issues when there is another person in the room.

- **“Throw the block”** for the patient who is finished with the adjustment but now just wants to talk about issues outside of care.

- **Review informed consent**.

- **Record your exam findings** and recommendations for new and returning new-condition patients.

- **Make EHR entries** that can be dictated or delegated.

The time savings can add up to 1-2 hours a day depending on your office flow and your treatment style. However, check with your state licensing board on the legality of using a tablesid assistant. Most states allow for a medical scribe to take dictation and enter EHR information. Some states, like New Jersey, have a Licensed Chiropractic Assistant professional degree that can really open up the doctor’s time.

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1–5 MINUTES SAVED PER PATIENT VISIT WITH A TABLESIDE ASSISTANT

Get in the flow

The documentation requirements to substantiate care continually rise and we can meet those requirements with less doctor time by using an assistant.
Let’s be clear: This is your tableside assistant, not your front desk or insurance staff that slides in to help you when you are backed up. They follow you to ensure you only diagnose and treat the patient.

This would be a typical visit flow:

1. You greet the patient, confirm any changes since their last visit, and then get your hands to work.

2. While your hands are working, you dictate your findings to your assistant, interjecting a few statements to the patient about their condition and personal interests.

3. Then go right back to the dictation of the note, ask your assistant to get your exercise sheet for their condition, review the exercises given, give the patient any final instructions and tell your assistant to close the note and prepare the next patient for you.

Not only have you finished your treatment encounter, you have finished the daily SOAP note and avoided talking about the weather and sports.

Using a tableside assistant is great for you, your patients and your office. After you check your state laws to determine the procedures an unlicensed assistant can perform beyond transcribing notes, simply assign those tasks to your tableside assistant. Perhaps your state law allows a tableside assistant to take vitals, a history, a foot scan or surface EMG. Now you can focus on the job of diagnosing and treating patients — not staying afterhours doing SOAP notes.

DONALD DEFABIO, DC, DACRB, DACBSP, DABCO, teaches Relevant Rehab hands-on seminars, and his e-book, “The Six Keys to In Office Rehab” is available free on his website at DeFabioDifference.com. His exercise protocols can be found on his YouTube channel, which has more than 28,000 subscribers. He can be reached at DeFabioChiropractic@gmail.com.

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CODING COMPLIANCE IN TELEMEDICINE

The unique coding and documentation requirements that come with telemedicine/telehealth

BY KAREN SEDORE, DC, CPCO
TIME TO READ: 5-7 MIN.

THE TAKEAWAY
Telemedicine uses unique time-based codes only for established patients who have not had an in-office evaluation and management (E/M) service billed by the same provider within the same seven-day period. Learn more about the ins and outs of coding for telemedicine services.

FOR MANY CHIROPRACTIC PHYSICIANS WITH AN EXPANDED SCOPE OF PRACTICE, telemedicine opens the door to new ways of treating patients. Although telemedicine was originally intended for isolated communities and homebound patients, the convenience of on-demand health care in the comfort of home is quite appealing for many busy individuals.

Functional medicine, patient follow-ups, and some primary care services can work very well in this format.

Unique requirements
Telemedicine is a specific type of telehealth service. It requires interactive video and audio communication between the health care provider and patient that can occur live or be recorded to be evaluated at a later time. The encounter must be permanently stored via either electronic or hard copy, and thus the patient must be made aware that they are being recorded and give their consent.

Telemedicine encounters must also document information that is unique to virtual visits. All members of the health care team who are present during the service should be listed, as well as any individuals the patient may have with them. The note should also specify what state the patient is in while they are receiving care and whether they are at home, work, a health care facility such as a hospital, or in long-term care, a hotel, etc.

Coding telemedicine correctly
When performed by a doctor, CPT codes 99421-99423 are to
be used. These are only to be used for established patients who have not had an in-office E/M service billed by the same provider within the same seven-day period. Telemedicine codes are time-based and reflect the cumulative time spent in a telemedicine service over a seven-day period. These codes should be billed as follows:

- **99421**: Online digital E/M service for an established patient for up to seven days. Cumulative time: 5-10 minutes.
- **99422**: Online digital E/M service for an established patient for up to seven days. Cumulative time: 11-20 minutes.
- **99423**: Online digital E/M service for an established patient for up to seven days. Cumulative time: 21 or more minutes.

Since the service is performed electronically versus a traditional office visit, a different place of service (POS) code must be reported in Box 24b on the 1500 claim form. Code “02” indicates that the E/M service was performed via telehealth. Additionally, if the telemedicine visit is synchronous — meaning that the interaction is a live, two-way audiovisual communication — the “-95” modifier should be attached to the telemedicine E/M service code being billed.

**Coverage considerations**

When it comes to billing third-party payers for this service, we apply the “Golden Rule”: He who has the gold makes the rules. That means that the payer will decide the following:

- Is telemedicine a covered service?
- If it is a covered service, which provider types are eligible for reimbursements?
- Is there a limitation as to how many telemedicine visits are approved?
- What are the medical necessity elements necessary for reimbursement?

Check with each payer’s medical review policy to determine whether policy exists regarding these components.

**Compliance considerations**

All electronic communications and record storage that contain protected health information are subject to HIPAA regulations to ensure patient privacy, among other requirements.

Telemedicine can be an adjunct service to an already-established practice or used as an entirely new way to treat patients. The possibilities continue to expand as technology advances, and creating policies and procedures ensures that the standard of care will be met.

KAREN SEDORE, DC, CPCO, has more than 13 years of experience working in the chiropractic profession. She joined KMC University in 2017 and assists doctors and their staff in her current role as a membership advisor.
Chiropractic Economics’ Point-Counterpoint is where doctors of chiropractic and health care industry professionals debate the industry’s hottest topics.

This issue: SURVIVING COVID-19

ARE YOU PLANNING TO KEEP YOUR PRACTICE OPEN, OR CLOSE DURING THE CORONAVIRUS PANDEMIC, AND WHAT ARE SOME OF YOUR STRATEGIES?

The following responses were posted to the Chiropractic Economics Point-Counterpoint page on Facebook; to join the group go to facebook.com/ChiroEcoMag.

“I am remaining open as long as my health department allows and it is economically viable at least to break even. Why? I am here to serve — chiropractors went to jail so we could serve people, we don’t take that. We are here to serve the people and be a voice of reason in these crazy times!

As far as marketing my practice, here is what we are doing as a checklist:

**Mailing Recall Letters** — goal is 100 handwritten letters per day.

**Email Patients** — email open rates haven’t been this good in 10 years. We are seeing 40% email open rates; these rates haven’t been seen in 10 years. I had a client yesterday getting 50% open rates. It’s the right time to be emailing. You can do recall emails, COVID-19 updates, general messaging, etc. I do a message, our current promotion, and thank you for referrals for the month.

**Social Media** — Facebook is re-surging like crazy! The platform was floundering and now it is exploding! We just had a post get over 4,000 shares, and engagement of 40,000 people with zero payments in a town of 10,000. GET ON SOCIAL!

**Handwritten Cards** — All staff are instructed to handwrite 10 note cards per day to patients. Either saying we miss you, or congrats on the baby, great to see you, etc.

**Video** — All chiropractors are doing four YouTube videos per day. It’s the time to fill up your channel, answer questions and get video content done.

**Video Email Recall** — Chiropractors are all sending their patients a video, and personally sending a message to their patients, maybe giving them some stretches, and directly emailing to them.

**Catch Up** — Clean and maintain. Catch up on the office maintenance and cleaning.

This too shall pass! In your own spare time, brush up on your marketing. Develop your marketing calendar for the year, plan all your events! Docs always tell me they do not have enough time to do marketing, now is the time! Second is systems. You need checklist and procedures for everything in your clinic, do it now!"

— J. Fedich, DC

“Talking to our local health department today. We may shut the doors for the next two weeks. Just not sure if we will be able to open the doors again after an economic hit like this. Only time will tell.”

— C. Williams, DC

“Our college has mandated we cease all ‘non-essential’ visits immediately. Almost every office is closed until further direction. Very challenging times.”

— A. Di Paolo, DC

“Sanitizing. A lot of sanitizing.”

— W. Wood, DC

**EDITOR’S NOTE:** A poll conducted in late March by Chiropractic Economics showed that roughly 83% of doctors of chiropractic planned on keeping their clinics open as the U.S. prepared to weather the COVID-19 virus. For more economic and business updates, resources and articles on coronavirus for doctors of chiropractic, go to the CE COVID-19 resource at chiroeco.com/coronavirus-covid-19.

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JAMA - May 2013, Vol. 289, No. 19
JMPT - January 2014, Vol. 37, Issue 1

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before | after using only Stabilizing Orthotics

X-rays courtesy of Terry R. Yochum, DC, DACBR
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“I decided to purchase a pair of orthotics from Foot Levelers for my running shoes. It took about a month but I felt improvement and less pain in my feet and knees. The runs, for my feet, have become near pain free and my knees are much happier! I now use the Foot Levelers orthotics in my dress shoes and work boots as well!”

- John Dudek
On the Go. Sawing. Sanding. Standing. Chopping. Grinding. This is Patrick’s day – entirely on his feet.

It took a toll on his body. Pain limited his ability to focus.

“My dogs (feet) hurt at the end of the day just because we’re go, go, go, go, go. I’ve had just about every pair of insoles that I can possibly think of that’s out on the market. You see something that comes out on TV, it’s the best thing since sliced bread. You get a pair, they last for a while, maybe 2-3 weeks, and then they’re done. And then when I got introduced to Foot Levelers it was like ‘Holy cow. You’ve got to be kidding. Where have y’all been all my life!’

I’ve had this pair of Foot Levelers over a year, still doing well. If I’m standing in front of a chop saw and cutting 500 parts, I’m not constantly doing the shuffle back-and-forth to take the load off one foot and put it on the other. It’s what is inside these boots that causes me to be able to function every single day. That is to me the most important thing, is healthy feet. Props to Foot Levelers, man!”

Patrick Hawks is the owner of a custom woodworking business in Martinsville, Virginia.
The World's #1 Recommended Custom Orthotic

FEATURING GAIT CYCLE SYSTEM® + DRSX™

HEEL STRIKE
ZORBACEL®
Absorbs damaging heelstrike shock

MIDSTANCE
STANCEGUARD®
Provides valuable firmness, flexibility, & control

TOE-OFF
PROPACEL™
Provides a propulsive boost, reducing fatigue

Get Started with Foot Levelers. 800.553.4860
Designed for Everyday Activities

- Cambrelle® top wicks away moisture 4x faster than cotton
- Silver ions help control odor and bacteria
- Includes DRS-X™ and the patented Gait Cycle System® for extra shock absorption
- Top cover provides better grip during athletic activity

Full Length | ITEM 0910500X
            | INMOTION®

Dress Length | ITEM 0912903
             | INMOTION®

Improves performance in active patients
Our Most Supportive Stabilizer

Extreme includes maximum support, comfort and durability. Extreme comes standard with the Dynamic Response System™ for shock absorption and the Gait Cycle System® for maximum protection throughout the gait cycle. Extreme Stabilizers are optimal for most people.

**Zorbacel®**
Provides 75% more Zorbacel for shock absorption at heel strike.

**DRS™**
Creates stability, absorbs shock, and responds to the body’s movement.

**StanceGuard™**
Provides weight bearing support at midstance.

**Propacel™**
Provides 50% more Propacel for propulsion at toe-off.

Available with Active, Luxury, Comfort, and Tough top covers

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Ultra Stabilizers are designed for moderately active patients and include the Gait Cycle System® for protection from heel strike to toe-off.

**Zorbacel™**
*Provides Zorbacel for shock absorption at heel strike.*

**StanceGuard™**
*Provides weight bearing support at midstance.*

**Propacel™**
*Provides Propacel for propulsion at toe-off.*

Available with Active, Luxury, Comfort, and Tough top covers

Get Started with Foot Levelers. 800.553.4860
• Stabilizing orthotics made just for women
• Slim design to fit easily into heels with 1 inch or 2 inches
• Soft yet durable top cover for a more comfortable feel
• Discreet support for dress shoes and even strappy sandals

5TH AVENUE FOR 1”

1” Heel
3/8 Length ITEM 0910711

5TH AVENUE FOR 2”

2” Heel
3/4 Length ITEM 0910710

5TH AVENUE LUXURY FOR 1”

1” Heel
Luxury ITEM 0910712

5TH AVENUE LUXURY FOR 2”

2” Heel
Luxury ITEM 0913600

ULTRA THIN

DRESS LENGTH LUXURY

includes DRS EXTREME

ITEM 0912800

Get Started with Foot Levelers. 800.553.4860
SPECIALTY ORTHOTICS

XP3+® LONG DISTANCE RUNNERS
- Extreme shock absorption to reduce pain
- The best material to provide a propulsive boost
- Lightweight materials for maximum performance

XP3® TIGHT FITTING ATHLETIC SHOES
- Our lightest and thinnest orthotic
- Cleats, spikes, minimal running shoes, ice skates, ski boots, and more
- Shock absorption to reduce pain from heel strike

AQUAGUARD™ WATER RESISTANT
- Great for harsh environments
- The best orthotic for activity around water

CRA Flex®
- Support energy flow
- Aid the healing process
- Help correct subtle-energy imbalance

PARFLEX PLUS® GOLF
- Increases club head velocity 3-5 mph
- Helps wearer hit golf ball 9-15 yards farther
- Helps improve your body’s alignment
- Helps reduce your fatigue

*Contains magnets. Do not use if you are wearing a pacemaker or electrical implant of any kind, or if you are pregnant.

‡published in JMPT, 1997-2001

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Revolutionize your office with cloud-based software and customized reports, helping you educate patients on their unique biomechanics.

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Good for your practice and GREAT for the environment!
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