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SCHOOLS IN CRISIS

OUR 2021 SCHOOLS ISSUE couldn’t come at a more critical time for both higher education and subsequently the chiropractic industry as a whole. Many of the financial repercussions from a difficult 2020 are yet to be felt or will come to fruition in Q1 of this year.

Higher education institutions, including chiropractic schools, are getting squeezed from every direction due to the COVID-19 pandemic — from costly technology upgrade requirements to meeting virtual learning needs to lost revenue and challenged state funding support. Many students, especially on the lower socioeconomic scale, are also seeing their college dreams put on hold as families deal with childcare issues, job losses and family illnesses.

Fewer students in the pipeline will also exacerbate the coming DC (and MD) shortage, predicted prior to the pandemic, as a number of Baby Boomer-era doctors have reached retirement age.

In this issue

For the 2021 Schools Issue we take a look at the higher education landscape amidst the COVID-19 pandemic and these challenges chiropractic schools are currently facing, in addition to what’s to come.

David O’Bryon of the Association of Chiropractic Colleges examines how the industry can address the looming shortage of doctors of chiropractic; Magen Henry of the American Black Chiropractic Association examines equal opportunities for minority students and DCs; and we profile the Harris twins, who graduated at the top of their class this past fall, and who you may have seen in January on the Kelly Clarkson Show among other media appearances. Also featured are integrated medicine advantages, the lower extremities in education, durable medical rule changes for 2021, and much more.

Doctor, heal thyself

As these are trying times, make it a point — block out time for it regularly — to be good to yourself in 2021, for the benefit of yourself and your patients. By that I mean take note of the habits you fall into that may not necessarily be physically or mentally healthy, and take time for reflection and activities that will help you recharge on a regular basis.

As Bill Esteb, a Chiropractic Economics regular contributor says, “When we’re in a physical rut, we’re likely to be in an emotional and intellectual rut as well. Because we are creatures of habit. That’s why it’s helpful to break the pattern from time to time. If you’re feeling stuck, uninspired or oppressed you’re likely in a mindless routine, dutifully going through the motions without introspection or self-examination.”


Your down time (hopefully) during the holidays was a time to recharge, but we can’t always wait for a holiday break to take care of ourselves. Regularly check in with one of your most important patients: yourself.

To your practice’s success,

Richard Vach
EDITOR-IN-CHIEF

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Starting out as a chiropractor? Start your blog

If you’re finished with school and just getting started as a chiropractor, you’ve probably given some thought to a website for your practice. Your site can pull more traffic — that is, visits from prospective patients. — if you include a blog, which can increase monthly leads by 67%. Also, 90% of consumers prefer reading a blog post over looking at an ad, according to HubSpot.

Here’s how to get started with your new blog:

1. Make a list of topics. Write about the benefits of chiropractic or what to expect during a patient’s first appointment. Think of questions your patients often have and answer them with a post. Or, discuss a particular service you offer, an area of specialty or additional modalities like massage or acupuncture.

2. Create an editorial calendar. This is a plan for which topics you want to discuss and when. For example, for a post about how to avoid common musculoskeletal football injuries, publishing it in August, when schools start their practices, might make the most sense.

3. Write! Sitting down to write is often a stumbling block. Incorporating an hour or two in your schedule weekly ensures you have the time to tend to this task. Alternatively, if you have a talented writer on your staff, you could assign this activity out. Hiring a freelance writer is another alternative. Blogging does take a bit of time, especially up front. However, once you get a plan laid out, it’s a great way to grow your business while providing patients information that can improve their health and wellness.

For more social media tips and advice, visit the “Business Tips” section of chiroeco.com.
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☑ 11:00 am - LEARN 5 new ways to create a “WOW Factor” designed to create raving fans who refer your practice consistently

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☑ 2:00 pm - LEARN the real “INNER Secrets” of social media and how you can CAPITALIZE on the new “Portals of Entry” to your office

☑ 3:00 pm - DISCOVER 3 powerful tools the top 1% of clinics have utilized to stay ahead of the curve and become EXTREMELY profitable

☑ 4:00 pm - SEE the plug and play secrets, systems, tools, and strategies shared by Dr. Eric Kaplan and Dr. Perry Bard “LIVE”

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HEALTH NEWS

Carrots are healthy, but active enzyme unlocks full benefits

Carrots are a good source of beta-carotene, a precursor of vitamin A. But to get the full health benefits of this superfood, you need an active enzyme to produce this vitamin.

Beta-carotene is the bioactive compound that gives carrots their orange color. Studies with humans and mice show the conversion of beta-carotene to vitamin A reduces “bad” cholesterol in the blood. Thus, beta-carotene can help protect against atherosclerosis.

Atherosclerosis cardiovascular disease is the primary cause of death worldwide, says Jaume Amengual, assistant professor of personalized nutrition in the Department of Food Science and Human Nutrition at the University of Illinois.

Amengual and his team conducted two studies to further understand the effects of beta-carotene. They confirmed its importance but identified a critical step in the process.

Beta-carotene converts to vitamin A via an enzyme, beta-carotene oxygenase 1 (BCO1). A genetic variation determines if you have a more- or less-active version of BCO1.

People with a less-active enzyme could need other sources for vitamin A in their diet, Amengual says.

The first study, published in the Journal of Nutrition, analyzed blood and DNA from 767 healthy adults aged 18-25. The researchers found a correlation between BCO1 activity and bad cholesterol level.

The second study investigated the biochemical pathways of these processes.

Typically, high beta-carotene levels are associated with health benefits. But it could also mean a less-active BCO1 enzyme is not converting beta-carotene into vitamin A.

For more information, visit aces.illinois.edu.

SOURCE: Science Daily

SCHOOL NEWS

NBCE releases chiropractic exam fee increase schedule

In November, the National Board of Chiropractic Examiners (NBCE) announced an increase in examination fees for the 2021 Exam Administrations effective immediately.

During the NBCE fall board meeting held Nov. 2-3, 2020, the NBCE Board of Directors voted to implement the following fee increases for 2021:

- Part I: $25 increase
- Part II: $25 increase
- Part I/Part II IDRs: No increase
- Part III: $25 increase
- Part IV: $50 increase
- Physiotherapy: $25 increase
- SPEC: No increase
- Acupuncture: No increase

The NBCE has not implemented an exam fee increase since 2018. NBCE says the increase is necessitated by the significant cost increase in exam preparation due to COVID-19 protocols. NBCE says it has always been and remains committed to the health and safety of all examinees and test site staff.

Each exam requires the combined efforts of chiropractic college leadership and staff, local test site staff, NBCE leadership and staff, as well as outside vendor relationships. The NBCE incurs expenses at every level of exam production.

“This increase was very carefully considered before being approved by the board,” the NBCE stated in a press release.

“This NBCE will continue to aggressively monitor and manage all finances of the NBCE and seek measures to ensure that the costs of our exams are reasonable, without sacrificing exam quality.”

For more information, visit nbce.org.
In December, Foot Levelers welcomed health care professionals and the general public to its new Foot Levelers Rehabilitation Website, which offers interactive resources showing patients how to perform rehabilitative exercises. The ultimate goal of the website is to provide patients access to safe, easy-to-follow exercises to help prevent and reduce pain.

The site is an education tool designed to help patients learn about their conditions and how to perform in-home rehab exercises for improved results and faster recovery. This helps support a holistic, non-invasive approach to wellness and healing naturally rather than through opioids or surgery.

The website has a wealth of informative rehab articles and videos that demonstrate the proper way to perform exercises and use equipment. Content is organized by different parts of the body, with information on common conditions in those areas and their treatments, including plantar fasciitis, bursitis, knee pain and low-back pain.

To develop the website, Foot Levelers partnered with chiropractors who shared their recommendations and insights, supervised the video shoots and reviewed content. The website was custom-built for multiple platforms, allowing users to access it from smart phones, tablets or other devices.

“We created the Foot Levelers Rehabilitation Website to help health care professionals achieve the very best outcomes with rehabilitative care, by providing videos and information not available anywhere else,” says Kent Greenawalt, chairman and CEO of Foot Levelers Inc.

For more information, go to footevelers.com/conditions-rehab-exercises.
Sherman College names faculty, staff member of the year

Sherman College of Chiropractic recently honored Assistant Professor of Clinical Sciences Princess Porter-Fowler, DC, ’01, and Help Desk Technician Andrew Cook, AAS, in appreciation of their contributions, time and commitment to the college.

Porter-Fowler is known for her high level of enthusiasm and engagement with students. A 2001 Sherman College graduate, Porter-Fowler has worked in both admissions and academic affairs. She joined the college in 2015 as an instructor in the areas of clinical sciences and anatomy and now teaches courses in palpation, X-ray anatomy, obstetrics and gynecology, pediatrics and geriatrics. She is a second-generation Sherman College graduate; her father, John H. Porter Jr., DC, is a 1977 alumnus who recently retired after 41+ years of teaching.

Vice President for Academic Affairs Joe Donofrio, DC, ’94, ACP, recalls when Porter-Fowler was a student. “She was one of those students who was fun to teach — she was engaging, enthusiastic and centered on what was important about chiropractic,” he says.

Cook, named Staff Member of the Year, joined the Sherman College staff in August 2018. He holds an AAS in Computer Technology from Spartanburg Community College and continues to expand his expertise in IT. This year, he was instrumental in the college's shift to remote work during the pandemic.

“The support Andrew has provided ... through this year’s shutdown due to COVID, has been second to none,” says Director of Information Technology Greg Aldridge, AAS.

For more information, visit sherman.edu.

STAFF PICK

“ATLAS ADJUSTED”

Why we love it
In “Atlas Adjusted: How to Run a Chiropractic Office and Serve Humans as a Principled Chiropractor,” author Steve Judson, DC, shares his insider secrets on how to run a successful office and serve your patients as a principled, innate-driven chiropractor.

The book was developed as an educational tool intended for every member of the field, from first-quarter students to high-volume-practice veterans. In its pages, you will learn how to start a practice, how to run a chiropractic office, how to help more people, and how to live, love, serve and lead in your community.

Why you should choose this product
While it’s important to learn about business and entrepreneurship as you start your chiropractic practice, “Atlas Adjusted” is not a business book. It’s about how to live and practice innately, how to cultivate a principled mindset in your office, and how to take it with you wherever you go.

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But how can you determine your budget?

Bryan Joseph, DC, has been CEO/president of The Wellness Connection in O’Fallon, Mo., for the past 15 years. He took time to answer questions about how to best determine your digital marketing budget.

What is involved in digital marketing?
The first thing to understand is that not all marketing is created equal. The word “marketing” is about as general as the word “food,” and it’s not until we dig deeper and understand what we are looking for and what we want from it that we will know how to find it and/or how to utilize it.

In basic terms, digital marketing can mean so many things, but overall, it’s essentially any type of marketing that is online. There are free forms of digital marketing as well as paid forms. There are branding tools, public relations tools, and direct response marketing tools. All of these require a different strategy and your strategy will always follow your goals. You can consider writing blogs, sending emails, paying for banner ads, using landing pages, posting or paying for social media ads, Google ads, video content strategies, podcasts and much more.

Why do DCs need to establish a specific digital marketing budget allocation?
I tend to see many DCs struggle with their marketing efforts for two reasons.

First, they don’t establish any consistent budget toward their marketing efforts and therefore have a hard time consistently producing new patients. Second, they don’t pay close attention to the results or returns on their marketing. This usually leads to doctors stopping a marketing effort that is actually working — when they believe it’s not — or prevents them from increasing their digital marketing budget allocation with confidence to grow their efforts and reach.

What kind of data should chiropractors look at when allocating a budget?
A general rule of thumb I like to suggest is that your marketing budget be equal to roughly 10% of your gross revenue. This number will change over time as you grow, so remember it’s a dynamic rather than static, fixed number that will allow your reach to expand.

A few critical numbers within your business that you should always be aware of would be your new patient acquisition costs, retention rate and average case value. These numbers allow you to have better control over your actions rather than throwing money to the wind and not tracking or measuring the results. The lower your new patient acquisition costs are, the better off your marketing dollars usually are.

If you don’t know how to calculate your acquisition costs, just take the total dollar amount you spent on your marketing campaign and divide it by the number of new patients you acquired.

For example, if you spent $1,000 on ads and scheduled 10 new patients, then it would be $1,000/10 = $100 in acquisition costs. Imagine that your average case fee was $1,500; so the question you would need to ask yourself is, “Am I willing to invest $100 to acquire a new patient to generate an average of $1,500?” I hope you know your answer! CE

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NOT JUST HIGHER EDUCATION ISSUES FOR CHIROPRACTIC

The issues chiropractic schools are facing are a problem, and an opportunity, for the entire industry

BY RICK VACH
TIME TO READ: 12-14 MIN.

THE TAKEAWAY
Chiropractic higher education is not only dealing with less revenue and likely fewer students in coming years following the COVID-19 pandemic, but a trend of fewer chiropractors recommending chiropractic schools as the industry approaches a DC shortage in the midst of a health care crisis.

“THE FIGURES ARE STARTLING,” reported the Chronicle of Higher Education as our Schools Issue went to press in the first week of January.

Last fall and winter, as COVID-19 tightened its grip on the U.S. economy, approximately 22% fewer students went straight to college as compared to the previous year, according to the National Student Clearinghouse Research Center, and “10-20% of colleges in the U.S. could perish within a year due to the coronavirus pandemic,” predicted Scott Galloway, professor of marketing at the NYU Stern School of Business.
Altered plans
The economy is expected to disrupt plans for a number of minority students who had planned to attend chiropractic schools and other universities.

This will broaden an equality gap when minority patient populations are already underserved and need chiropractic care more than ever in the current health care climate.

Startling stats
• Higher education in the fall semester suffered a projected $25 billion loss, according to the American Council on Education.
• More than a third (33%+) of students overall at universities are now reconsidering enrolling in college due to the COVID pandemic, according to UniversityBusiness.com.
• Approximately 43% of students are putting off starting one-and two-year programs, while 66% of students are now considering different careers, according to the study “The Pandemic’s Impact on Higher Education Marketing in 2020 and Beyond.”

Tuition battles
As of December 2020, more than 70 schools were involved in lawsuits, sued by students demanding part of a tuition reimbursement after their studies went all-online due to COVID-19.

Those representing the students say that it costs universities a lot less to teach virtually, while universities and colleges counter that it actually costs more between implementing new technology to teach virtually while dealing with forced budget cuts, layoffs and salary reductions due to COVID-19.

Syracuse University released that as of April, near the beginning of the pandemic, they were already $35 million in the hole due to unplanned pandemic expenses and lost revenue. The Chronicle of Higher Education reported that the University of Massachusetts needed to subtract nearly $170 million from its operating budget.

“It’s grown out of a lot of different student movements that have been going on in the past year,” said Emmaline Bennett, leader of a student group, speaking to UniversityBusiness.com. “People were frustrated with the situation with remote classes, and even more significant than that was the impact of economic crisis on a lot of people on their families.”

The Chronicle of Higher Education noted, “COVID-19 touched off a financial wildfire for colleges, fanned by short-term losses and expenses but fueled by the fundamental fiscal precarities that many institutions have been facing — or failing to face — for some time.”

DCs recommending chiropractic schools
From the more than 500 chiropractors who responded to our latest Schools Survey, statistics show that DCs recommending chiropractic schools to prospective students is on a downward trend.

In the three-year life span of our Schools Survey, DCs who say...
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they would recommend a chiropractic education for students has consistently trended downward, from 80% in 2019 to 78% in 2020 and this year down to 77%.

More troubling are the dropping recommendations from the “industry cheerleaders,” or DCs who say they recommend chiropractic school to five or more students a year. This statistic dropped from 26% to 23%, or more than 10% of the total of those DCs who make these many recommendations throughout a 12-month period.

The largest sea change in our survey was the continued rise of DCs who say they would recommend other schools to prospective chiropractic students rather than the school they attended. From two years ago that number has jumped 8%, from 73% in 2019 to 81% in 2021, indicating a growing burden on chiropractic schools to attract students through increased advertising and marketing other than positive word-of-mouth from alumni.

Chiropractor survey comments
Doctors of chiropractic are encouraged to comment on why or why they do not recommend students to chiropractic colleges.

Rising concerns among DCs repeatedly circle around a profession that is in need of unification, debt vs. income for students coming out of school, insurance reimbursement issues, and chiropractic business training to navigate an increasingly challenging U.S. health care system.

The following comments from our Schools Survey represent multiple DCs commenting on the same theme:

**Professional support:**
- “Until the [chiropractic] associations, national and state-wide, start fighting for the profession it will not be profitable enough to pay for the debt incurred ... We need better lobbyists and representatives in various states working to better improve our reimbursements.”
- “The profession eats itself. Never unified. Never growing and expanding its scope of practice ... embrace functional medicine and hold on to chiropractic philosophy.”

**Insurance reimbursement:**
- “The ability to opt out of Medicare has not been addressed by our leaders.”
- “Insurance reimbursement has only gone down, not sustained or increased.”

**Education and debt vs. income:**
- “Terrible [student] debt-to-income ratio. No business classes ... future of regulation are concerns.”
- “The schools do not help students manage their student loan amounts and will just keep allowing students to borrow more and more money ... most of my classmates are drowning in debt.”

**Running a business:**
- “Without having the background in business, I found it very hard to be successful ... Preparation for the ‘real world’ is almost non-existent; launching a practice doesn’t work the way we were taught when creating our mock business plan.”
- “The business side of health care is getting harder and harder to navigate.”

**COVID-19 is decimating minority and female enrollment**
Higher education institutions, especially chiropractic, aren’t overly fond of discussing financials or negative student enrollment or graduation figures, but these statistics are bearing out in choices currently being made by high school graduating seniors.
Don't let COVID shut you down AGAIN.

CDC: Winter of 2020-2021 expected to be worse for Covid and Flu.

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The National Student Clearinghouse Research Center reported a 22% drop in graduating high school seniors who immediately entered college this past fall. The 2021 spring semester looks to be much of the same.

For lower-economic students the drop was larger: 29% according to the annual High School Benchmarks 2020 analysis.

"Those from high poverty, low-income and urban high schools have been hit the hardest," said Doug Shapiro, executive director of the National Student Clearinghouse Research Center. "I really want to be clear; this 22% is huge. We've been producing this benchmarks report annually since 2013. We've never seen a change of more than a couple of percentage points in a year."

These drops come after a 10-year period where lower-socioeconomic students have made gains in achievement at the higher education level, including chiropractic, where Black students are striving to increase their roughly 2-3% representation among DCs in the U.S.

Due to childcare and health care issues, COVID-19 is also widening the gap between the higher education achievements of men and women, especially mothers and women of color.

In a poll of graduate students, Stanford University found that:

- 82% of students with children have had their childcare disrupted by COVID-19
- 75% of students with children noted their mental or physical health has declined
- More than 50% were “very strongly concerned about their ability to complete their milestones for graduation in the time”
- 22% of student respondents had a partner who has become unemployed or suffered reduced hours as a result of COVID-19

Ana Mari Cauce, president of the University of Washington, reinforced that COVID-19 has been a two-way financial disaster both on the student end and for universities, which are facing financial losses from multiple sources.

“The lost revenue is a deep concern," she said. “The cruel irony is that while our University of Washington Medicine enterprise has been saving lives and answering the call against COVID-19, that very work has forced a projected $500 million in financial losses largely due to the shuttering of all non-urgent procedures ... But, as concerning as these losses are, we are just as concerned about the losses yet to come as state budgets contract.”

**Chiropractic higher ed., organizations’ response to COVID-19**

The work of chiropractic universities and organizations does not always filter down to DCs in the field, and work has been ongoing by these organizations since the beginning of the COVID-19 pandemic.

The Journal of Manipulative Physiological Therapy reported last year in "Response of Chiropractic Organizations to the COVID-19 Pandemic: A Descriptive Report," that:

- The Council on Chiropractic Education (CCE) in March of 2020 communicated with the leaders of chiropractic programs, urging open communication regarding programmatic accreditation requirements and promoting flexibility in response to COVID-19 while assuring compliance with accreditation standards.
- The Association of Chiropractic Colleges (ACC) collaborated with the CCE to create a directive that granted programs the ability to employ distance learning without having to petition the CCE for permission to implement substantial changes. The ACC also advocated for additional student loans and educational support in federal relief programs.
- The Federation of Chiropractic Licensing Boards (FCLB) contacted individual governors and state officials regarding the
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importance of access to chiropractic; issued guidance to licensing boards for accepting online education; and sent a letter to Anthony Fauci, MD, director of the U.S. National Institute of Allergy and Infectious Diseases, describing how chiropractic services are necessary care for patients and a support for the health care system during the pandemic.

• The National Board of Chiropractic Examiners (NBCE) cancelled in-person exams beginning in March to restrict the spread of COVID-19 and began re-administration planning to continue to support aspiring DCs for licensure.

• The National Chiropractic Mutual Insurance Company (NCMIC) deployed adjustments for premium leniency for customers, provided actionable resources and deferred cancellations for nonpayment.

Not only education, but all of chiropractic
The years 2020-21 will likely reshape chiropractic education, the institutions that support it, and at a higher level the chiropractic industry and health care itself.

Among organizations and individuals, the greatest innovators see challenges as opportunities. DCs in the field, as well as in our Schools Survey, note their annual dissatisfaction with a chiropractic industry they see as failing to unite, highlighted by infighting among organizations that impedes progress.

The current uncertainty for chiropractic education institutions should be an alarm bell for all industry organizations, education-related or not. An industry by definition is a connective, distinct group. This connects also to an impending DC shortage, and addressing chiropractic care in the United States, where arguably the most advanced nation on the planet is also the unhealthiest.

“This is a wake-up call,” said the World Health Organization’s Head of Emergencies, Mike Ryan, in December. “We are learning now how to do things better — science, logistics, training and governance, how to communicate better. But the planet is fragile. We live in an increasingly complex global society. These threats will continue. If there is one thing we need to take from this pandemic, with all of the tragedy and loss, is we need to get our act together.”

RICK VACH is editor-in-chief of Chiropractic Economics.
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SCAN ME
SURVEY METHODOLOGY

The results of the 2021 schools survey of U.S. doctors of chiropractic conducted by Chiropractic Economics magazine is comprised of responses from more than 500 DCs. The survey was framed such that only school alumni were allowed to rank their alma mater. The survey included general questions regarding school topics such as business preparation, clinical opportunities, campus culture, continuing education, homecoming, quality of faculty, research, student life and technology.

Other topics included questions regarding recommending chiropractic schools, how often DCs recommended some to chiropractic school, and the gender and year graduated of survey participants. The questionnaire combined open-ended questions and multiple-choice questions. Some questions included offered respondents the possibility to select and rank several options on a 0-5 scale (0 the worst and 5 the best). The 2020 Chiropractic Economics DC Schools Survey was conducted to better understand how doctors of chiropractic rate their respective alma maters. Respondents were from Chiropractic Economics’ database list of 60,000-plus U.S. doctors of chiropractic.

Legend

- Business preparation
- Clinical opportunities
- Campus culture
- Continuing education
- Homecoming
- Quality of faculty
- Research
- Student life
- Technology

### D'Youville College

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### Canadian Memorial Chiropractic College

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### Cleveland University - Kansas City College of Chiropractic

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## College Survey Results

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<tr>
<td>University of Bridgeport School of Chiropractic</td>
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* Adjustable patient traction bars*  
* Much, much more! Compare us with any electric flexion table on the market*

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* Variable flexion speed*  
* Tilt head with adjustable face cushions*  
* Hingedown abdominal*  
* Ankle extension and patient traction handbar*  
* Whisper quiet and glass smooth flexion*  
* Choice of heights and upholstery color*  
* One of the best built, most versatile and affordable of any electric flexion tables on the market*

### The Nova
* Introductory price of only $2,595*
* New hinge down abdominal section*  
* Incredible strength and construction*  
* Tilt head with adjustable face cushions*  
* Rear lateral flexion with removable guide-flex handle*  
* Electric spring tension control*  
* Ankle extension with ankle strap*  
* Choice of upholstery colors and table heights*  
* The best priced manual flexion table for the price anywhere*

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* Fully Adjustable parameters*  
* All controls on handpiece*  
* Whose quietest table on the market*  
* Hinge down abdominal section*  
* Adjustable patient traction bars*  
* Much, much more! Compare us with any electric flexion table on the market*  
* Dual power settings*  
* Fully Adjustable parameters*  
* All controls on handpiece*  
* Whose quietest table on the market*  
* Hinge down abdominal section*  
* Adjustable patient traction bars*  
* Much, much more! Compare us with any electric flexion table on the market*

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Choose from storied programs to the newest institutions

Because everyone’s idea of what constitutes a “top school” is different, doing your own research can help you decide not only which chiropractic school is the best, but, perhaps more importantly, which one is the best for you.

Some factors to consider include school accreditation, graduation rate, acceptance of previously-earned credits, location, and schools that assist with education or resources to help pay off student debt.

It’s also important to check with your school of choice specifically to ensure you meet its minimum application requirements.

Prior to being accepted into chiropractic school, there are certain requirements, or prerequisites, you must meet:

• Previously-earned educational credits — At least three years of undergraduate education, and some schools require a bachelor’s degree.
• Coursework in life and physical sciences — Most schools require 24 semester hours or more.
• Minimum cumulative GPA — Usually 3.0 or higher.

Here are a few to consider:

* School information was collected from two-year graduation data from school websites, ACC IPEDS history, school submissions, and CCE and NCBE Exams. Success Rates is a four-year average unless submitted by the institution.

<table>
<thead>
<tr>
<th>School Name</th>
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<tbody>
<tr>
<td>University of Bridgeport</td>
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<tr>
<td>Canadian Memorial Chiropractic College</td>
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<td>Cleveland University-Kansas City College of Chiropractic</td>
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<td>University of Western States</td>
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</table>
The University of Bridgeport’s School of Chiropractic was established in 1991. The University began in 1927 as the first junior college in Connecticut. The school purchased the former P.T. Barnum estate and neighboring property adjacent to Seaside Park, and became a four-year institution in 1947.

Tuition (8 semesters): not provided

Graduation Rate: 82.7%
NBCE Testing Rate: 85.9%

Contact Info: bridgeport.edu
Canadian Memorial Chiropractic College

Toronto, Ontario, Canada • President: David Wickes, DC

An evidence-based leader in chiropractic education and research, CMCC values collaborative relationships with universities, hospitals and other chiropractic institutions worldwide.

CMCC research scientists answer vital questions within health and performance, with research focused on life sciences studies and human performance. Its largest program is a second-entry four-year doctor of chiropractic degree based on an evidence-based model of care.

More than 7,000 CMCC alumni serve in diverse roles in 38 countries worldwide, and each year, approximately 180 students from across North America enter the program.

In the most recent survey completed on behalf of the government of Ontario, more than 92.2% of students were employed within six months of graduation. Over the past 15 years, CMCC students have had an average pass rate of 96% on Canadian Chiropractic Examining Board examinations.

In regard to student debt, the government of Ontario reported in 2018 that the CMCC default rate on integrated federal and provincial loans was 0%, well below the provincial average of 8.1%, compared to 6.1% for Ontario postsecondary institutions.

Contact Info: cmcc.ca

Tuition (4 years): $102,312 CAD

Graduation Rate: 94.4%

NBCE Testing Rate: 96%

History

Founded in 1945, CMCC is the sole English-speaking chiropractic education institution in Canada and graduates the majority of Canadian chiropractors. “Memorial” in the name honors Daniel David Palmer, the Canadian who founded chiropractic in 1895.
CLEVELAND UNIVERSITY-KANSAS CITY COLLEGE OF CHIROPRACTIC (CUKC)

Overland Park, Kansas • President: Carl S. Cleveland III, DC

CUKC provides a balanced approach in chiropractic and the health sciences, fostering a community that is tightly bonded by a shared passion for wellness and helping each other succeed.

The CUKC chiropractic program focuses on the structure and function of the human body, blended with a whole-person approach to health care. The 10-trimester Doctor of Chiropractic degree takes just under 3.5 years to complete.

Hands-on training is at the heart of the CUKC academic experience and it begins in the first trimester. CUKC is the first U.S. chiropractic college with two force-sensing tables, which help develop psychomotor skills for chiropractic adjusting. Technique courses in the chiropractic curriculum teach students not only to manage conditions, but to care for people.

CUKC also prepares students with real-world guidance, including training in business and marketing, practice management, success skills, new doctor seminars, information exchanges, career counseling and more. CUKC chiropractic graduates go on to use spinal and extremity adjusting techniques, along with lifestyle advice, to help patients achieve better health.

Contact Info:
cleveland.edu

HISTORY

Cleveland University-Kansas City (CUKC) was founded in 1922 by C. S. Cleveland Sr., DC; Ruth R. Cleveland, DC; and Perl B. Griffin, DC.

Tuition (10 trimesters): $11,785 per trimester

Graduation Rate: 85.3%
NBCE Testing Rate: 95%
Students can earn a doctor of chiropractic degree in 3.5 years in a unique chiropractic program, the first in the country to combine a solid foundation in the liberal arts with rigorous, integrated training with traditional health care fields.

The two pathways to earning a DC degree at D’Youville are a program for students who have already earned their bachelor’s degree or are transferring from another DC program, or a seven-year sequential program where you enter as a freshman, earn your BS degree in biology, then go directly into the DC program.

At D’Youville students in health care majors work together to build a practical understanding of interprofessional collaboration through unique clinical immersion labs. As one of just a handful of institutions across the country offering interprofessional health care education, D’Youville is a leader in preparing its students to be the best professionals in their fields. Health care majors at D’Youville take two semesters of the Interprofessional Education and Simulation Center, where students learn and practice their skills in an environment that mirrors what they’ll experience once they graduate.

**HISTORY**

Founded in 1908 by the Grey Nuns and named for their patron Saint Marie-Marguerite d’Youville, it was the first college in Western New York to offer baccalaureate degree programs for women. In 1942 it established the region’s first four-year nursing program, and in 2003 offered a chiropractic program.

**Tuition (15 trimesters):**

- not provided

**Graduation Rate:** 67%

**NBCE Testing Rate:** 88%
West Palm Beach, Florida • Dean of Chiropractic Medicine: Michael Wiles, DC
The newest of chiropractic colleges, the doctor of chiropractic degree program at the Keiser University College of Chiropractic Medicine was awarded programmatic accreditation by The Council on Chiropractic Education in 2019.

The DC degree program consists of 10 semesters of continuous study over 40 months, totaling 216 credit hours. More than 25% of this consists of clinical experience in a variety of settings. Throughout the program, crosscutting themes are embedded in the coursework, covering major areas of relevance to chiropractic practice, such as chiropractic sports medicine and chiropractic geriatrics. Traditional lectures are combined with small group learning, weekly conferences and seminars, laboratory and experiential sessions, and clinical training opportunities at a number of sites.

The doctor of chiropractic program emphasizes the promotion of evidence-based health care, inter-professional collaboration and practice. Cross-cutting themes are embedded within the courses focusing on the role of chiropractic as a conservative clinical approach to spine care, and include chiropractic sports medicine, geriatrics, wellness, the role of the chiropractor as a team member in mainstream health care, and more.

HISTORY
Keiser University was founded by Dr. Arthur Keiser and Evelyn Keiser in 1977, when they set out to create a university to better serve adult learners seeking a career-focused education. It has become Florida’s third largest not-for-profit university with campuses in 21 Florida communities.

Tuition (4 years): $124,160
Graduation Rate: N/A
NBCE Testing Rate: N/A

Contact Info: keiseruniversity.edu
The mission at Life West is to “advance chiropractic through world-class chiropractic education, clinical excellence, philosophical inquiry, research and scholarly activity in a climate of love and service.”

Professional education at Life West provides the doctoral candidate with advanced knowledge in chiropractic science, philosophy and art. The Life West educational experience emphasizes the integral relationship between the spine and nervous system as it relates to the health of the human body through its innovative approach to education, called Clinically Inspired Learning (CIL). Life West graduates have a clear understanding of the body’s innate ability to heal itself through a vitalistic model of health and well-being.

“At Life West, we are very excited about the future of chiropractic as the world moves toward a more natural, patient-centered model of health care,” says President Ron Oberstein, DC. “Chiropractic is perfectly positioned to accept that role. A growing number of people are moving toward a wellness approach to health care. There is nothing as unique as a chiropractic adjustment and its impact on the nervous system and every aspect of human performance and well-being.”
Life University (LIFE) isn’t called the “not-so-little University that’s changing the world” for nothing. This “little” metro-Atlanta university actually operates the largest single campus chiropractic program in the world. LIFE’s vitalistic vision and chiropractic program set the standard for excellence in contemporary health care education.

Through LIFE’s combination of sciences, philosophy, practice management and real-world clinical applications, it gives students an engaged curriculum that one could only describe as exceptional.

Students begin their chiropractic studies learning the foundational aspects upon which the profession is built — the history, philosophy and science of chiropractic — and from there, they will be continuously challenged to go further and think “out of the box” in all of their studies.

LIFE chiropractic students also have access to the William M. Harris Center for Clinical Education, which houses a 23-room Assessment Center with highly advanced LearningSpace Technology. They offer more Anatomage tables than any institution on the planet for use in their Virtual Anatomy Lab.

Contact Info:
life.edu

HISTORY
Conceived among a group of chiropractors led by Dr. Sid Williams, Life College opened its doors in 1975, originally occupying half of the Georgia Unemployment Office. In 1996, it expanded its degree offerings and became Life University, and today it occupies a beautiful 110 acres in Marietta, Ga.

Tuition (14 quarters):
$129,618

Graduation Rate: 72.5%
NBCE Testing Rate: 84%
LIFE UNIVERSITY
LASTING PURPOSE
IS CENTRAL TO EVERYTHING WE DO:

to give, to do, to love, to serve,
out of your own abundance

Discover your Lasting Purpose at LIFE!

Degree-Seeking Program
Pre-Doctor of Chiropractic Pathway
Graduate Degrees
M.S. Clinical Nutrition
M.S. Positive Psychology
M.S. Sport Health Science
Professional Degree
D.C. Doctor of Chiropractic
Online Programs and Degrees
Pre-Doctor of Chiropractic Pathway
M.S. Positive Psychology
A.S. Health and Wellness
B.S. Biology
B.S. Interdisciplinary Studies
B.S. Psychology
Undergraduate Degrees
A.S. Computer Information Management
A.S. Health and Wellness
B.S. Biology
B.S. Biopsychology
B.B.A. Business Administration
B.S. Computer Information Management
B.S. Culinary Nutrition
B.S. Dietetics
B.S. Exercise Science
B.S. Interdisciplinary Studies
B.S. Health Coaching
B.S. Human Ecology
B.S. Nutrition
B.S. Psychology

Meet sophomore Elaine Varejão:

"If you’re into sport health, you need to look into LIFE. From bachelor’s degree in Health Coaching and Exercise Science to a master’s in Sport Health Science with five specialty tracks, you’re bound to find your perfect fit. The faculty are very supportive, and the campus atmosphere is so great—it’s serene! Living in close to downtown Atlanta, there’s always something to do. Plus, the new campus building is exceptional! I made the choice to come to LIFE, and there’s nowhere else like it on the planet!"

Visit our beautiful campus today: LIFE.edu/visitLIFE
Office of Admissions | 12689 Barclay Circle | Marietta, Georgia, USA
770-426-2884 | 800-543-3202 | Admissions@LIFE.edu
Leaders in chiropractic and health sciences are made at Logan University.

Boasting a top 4 rating among U.S. chiropractic colleges, Logan employs world-class faculty and offers a research-based, evidence-informed curriculum, turning students into skilled and competent doctors of chiropractic.

Logan is the only chiropractic college providing hands-on instruction in 15 different techniques and an array of clinical immersion opportunities allowing students to work in collaborative and integrated settings.

Additionally, with nationally ranked and award winning degrees in sports and rehabilitation as well as nutrition and human performance, students can gain a competitive advantage over their peers by earning a master’s degree while working toward their DC.

With preceptorships opportunities at more than 400 unique clinical sites around the world, from private practices to community health centers to universities, Logan provides an education that prepares graduates to be successful leaders in helping provide quality chiropractic care.

Founded by Hugh B. Logan, DC in 1935, Logan has remained grounded in chiropractic education while continuously augmenting its health science degree offerings. Today, Logan – situated on 112 acres in Chesterfield, Mo. – offers seven online and on-campus degree programs, letting students chart their own path.

Tuition (10 trimesters):
$124,900

Graduation Rate: 85.2%
NBCE Testing Rate: 90%

Contact Info: logan.edu
National University prepares students to become first-contact, primary care physicians fully qualified to diagnose, treat and manage a wide range of conditions. Their belief is that a superior education starts with an evidence-based, broad-scope curriculum emphasizing integrative medicine.

At National University, students are broadly educated and extensively trained in evidence-based medicine to provide whole-health healing to patients. During the course of study at National University, students study in an integrative learning environment alongside other natural health care-focused professions.

Students are well prepared to become first-contact, primary care physicians, ready to diagnose, treat and manage a wide range of patients and conditions. New graduates are also qualified to begin post-graduate education for several clinical specialties.

Treatment modalities can include performing manipulation, functional and nutritional medicine, lifestyle counseling, physical rehabilitation therapy and providing supplements including vitamins and natural botanical medicines. National University graduates are extensively trained as thorough diagnosticians to identify the appropriate treatment for their patients.

HISTORY

The National School of Chiropractic was founded in Davenport, Iowa, in 1906 by John Fitz Alan Howard, DC, and opened in 1908, eventually moving to Chicago. In 1963 it opened its new campus in Lombard, Ill., and in 2000 changed to its current name, forging a campus devoted to integrative medicine. In 2009 it opened its Florida campus.

Tuition (10 trimesters): not provided

Graduation Rate: 84.5%
NBCE Testing Rate: 88%

Contact Info:
uuhs.edu
HISTORY

Founded in 1941 as Northwestern College of Chiropractic by John B. Wolfe, a civil engineer turned doctor of chiropractic, NWHSU has consistently experienced growth. In 1974 the college purchased a campus in Saint Paul, and in 1983 moved to its current location in Bloomington, just south of Minneapolis.

Tuition (10 trimesters, 3-1/3 years): not provided

Graduation Rate: 87.5%
NBCE Testing Rate: 90.2%

At NWHSU, chiropractic students will discover an evidence-based curriculum that combines the newest science and a person-centered methodology. Hands-on, real-world education is delivered from day one, and students work in clinics where they learn from professionals and create patient care plans.

With a robust clinical internship program including 150+ partner clinics throughout the Twin Cities, students gain valuable experience. In the final trimester, they deliver patient care in locations of their choice throughout the U.S. and Canada. Extensive integrative and clinical care experiences provide opportunities for students to work alongside acupuncturists, massage therapists, medical doctors and nurses, gaining an understanding of the role each can play in the lives of a wide variety of patients, including those suffering from chronic pain, pediatric patients, athletes and sports teams, the elderly, low-income populations and many more.

The campus includes unique Force Sensing table technology, which helps students learn by providing instantaneous feedback data on loads transmitted during adjustment exercises, and immediate feedback through a force-time profile. NWHSU is consistently in the top three institutions for NBCE pass rates with 78% of faculty holding the highest degree in their fields, and a 12-to-1 student-faculty ratio. Ninety-two percent of graduates report they would recommend NWHSU to family, friends, and colleagues.

Contact Info:
nwhealth.edu
NEW YORK CHIROPRACTIC COLLEGE

Seneca Falls, New York • President: Michael Mestan, DC

Located on 286 acres in the Finger Lakes region of upstate New York, NYCC’s health-care-focused campus features an 8,000-square foot research building, dedicated Anatomy Center, and the nation’s first biomechanical research laboratory in a chiropractic setting.

NYCC students learn the latest evidence-based chiropractic concepts during basic and clinical science instruction, and through a wide variety of clinical internships. Students can also learn from, and participate with, faculty members conducting independent research and making innovative advancements in the health sciences.

Hands-on education is at the core of NYCC’s 10-trimester Doctor of Chiropractic program, with students performing their first adjustments as early as 2nd trimester and beginning their clinical education in Tri 7. All chiropractic students take part in the robust clinical education program, preparing them for practice in integrative environments. Students choose clinical practice opportunities from a large and diverse list of health care environments, which includes three college-operated health centers in New York State, major hospitals, research centers, community clinics, Veterans Administration (VA) medical centers and Walter Reed National Military Medical Center.

Students can earn their doctorates in just over three years, and leave well-prepared to excel in their board exams in both the U.S. and Canada.

HISTORY

The school was founded in New York City as Columbia Institute of Chiropractic by chiropractor Frank Dean in 1919. In 1989, unable to expand in Long Island, NYCC purchased the former Eisenhower College campus in Seneca Falls. After two years of renovations the college moved to the Seneca Falls campus in 1991.

Tuition (10 trimesters): $125,810

Graduation Rate: 90%

NBCE Testing Rate: 83%

Contact Info: nycc.edu
PALMER COLLEGE OF
CHIROPRACTIC

Davenport, Iowa; San Jose, California; Port Orange, Florida

Dennis M. Marchiori, DC, PhD, Chancellor and CEO

Dedicated to advancing health care for patients by developing and translating knowledge that improves the practice of chiropractic, the storied Palmer Center for Chiropractic Research follows its research vision of impacting health care practice and policy through robust and sustainable collaborative research.

In the doctor of chiropractic program, Palmer students are prepared for real-world success through a rigorous curriculum and hands-on training, blending theory and practice. The academic curriculum covers everything from critical thinking, problem-solving and clinical skills to foundational subjects like anatomy, physiology, diagnosis, neurology, chiropractic technique and chiropractic philosophy. They also “help students develop the entrepreneurial and business skills needed to be successful in practice.”

The Palmer Center for Business Development is available at no cost to students and alumni. The Palmer Center for Chiropractic Research is the largest chiropractic research program in the U.S., while Palmer Clinics is the largest educational network of chiropractic clinics in the world. Palmer boasts its faculty as the “most accomplished, published cadre of instructors in the profession,” while the Palmer Alumni Association is the largest alumni network of any chiropractic school.

Contact Info:
palmer.edu

HISTORY

The Palmer School and Cure was established in 1897 by Daniel David “D.D.” Palmer and was the world’s first school of chiropractic. Most of the early chiropractic schools were founded by Palmer alumni. D.D.’s son, B.J. Palmer, is credited with expanding the scope of the school and chiropractic in general. The school subsequently opened campuses in San Jose, Calif. (1980), and Port Orange, Fla. (2002).

Tuition (10 trimesters, main campus):
$119,980

Davenport Graduation Rate: 86.9%
San Jose Graduation Rate: 89.6%
Port Orange Graduation Rate: 92.4%

Davenport NBCE Testing Rate: N/A
San Jose NBCE Testing Rate: N/A
Port Orange NBCE Testing Rate: N/A
Change Lives and the Future

As a doctor of chiropractic, you can influence the future of the profession by encouraging health-care-minded individuals to pursue a career in chiropractic.

You’re changing patients’ lives today. Refer students to Palmer College of Chiropractic who’ll continue your legacy by changing lives tomorrow.

PALMER
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The Trusted Leader in Chiropractic Education*

www.palmer.edu
PARKER UNIVERSITY

Dallas, Texas; President William Morgan, DC
Parker plays a major part in today’s vibrant health care market. With 35 private practice partnerships and integrated clinical curriculum with the Veterans Affairs Hospital, they firmly advocate the importance of serving the community and advancing the practice of evidence-based teachings.

The 10-trimester doctor of chiropractic degree program has a rigorous, comprehensive curriculum. An integrated clinical experience and emphasis on research provide a competitive education, setting up students to be industry leaders. Business training is also emphasized as students learn how to set up a successful practice, calculate finances, analyze performance statistics and develop patient acquisition plans. Marketing seminars, chiropractic partnerships and dedicated business planning curriculum provide realistic experience that gives Parker graduates an advantage.

Techniques taught center around the four most common: Diversified, Gonstead, Thompson and Activator, and a number of others are taught as specialized electives. Clinic rotations include practice-based internships, Veterans Affairs hospital rotations, Medical College of Wisconsin rotation, and Clinic Abroad programs in Spain, Jamaica and Canada.

HISTORY
Parker was founded in 1982 by James Parker, DC, who believed in personal responsibility and self-actualization. In 2011 its name changed from Parker College of Chiropractic after it attained university status. The original campus was in Irving, Texas, and in 1989 Parker moved to the current Dallas campus.

Tuition (10 trimesters):
$117,105

Graduation Rate:
78.1%

NBCE Testing Rate:
84%

Contact Info:
parker.edu
Be the Storm! Join thousands of others dedicated to leading the way in this new era of patient care.

Be present for the big reveal of the new and upcoming Parker Success Academy, highlighting the most successful chiropractors and health professionals in the field. You don’t want to miss this!

Enjoy your XR speakers!

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Up to 25 CE hours*  17 sessions  14 unique speakers

*Pending licensing board approvals

Register now:
ParkerSeminars.com/XR2021

Parker Seminars Dallas Homecoming '21
October 1-3, 2021
Parker Seminars Tahoe
November 5-6, 2021

All Parker University students attend Parker Seminars free.
SHERMAN COLLEGE OF CHIROPRACTIC

Spartanburg, S.C. • President: Edwin Cordero, D.C.

Sherman College of Chiropractic prides itself on its vision of “Adjusting the World for a Better Future” and is committed to growing the profession with highly skilled, successful doctors of chiropractic. The college’s mission is to educate and prepare students to become doctors of chiropractic focused on the analysis and adjustment of vertebral subluxation.

As part of Sherman College’s comprehensive chiropractic curriculum, technique classes begin in the first quarter of study, and students learn from passionate, expert faculty in a hands-on, highly individualized learning environment that makes for extraordinary success among graduates. The college embraces technology, with all students receiving iPads (at no additional tuition cost) with access to the latest tools, transforming the curriculum and enhancing learning.

Embedded in the curriculum is a Graduation Plus 10 (G10) comprehensive business program that helps students explore the practical aspects of establishing and growing their practices as chiropractic entrepreneurs, along with providing a game plan for eliminating student loan debt within the first 10 years after graduation. Sherman College students graduate from this 14-quarter program with the knowledge, skills and passion to enjoy success and make a meaningful impact on the health and lives of their future patients.

Contact Info: sherman.edu
800-849-8771

HISTORY

Founded in 1973 by Thomas A. Gelardi, DC, Sherman College of Chiropractic was named after Lyle Sherman, DC, a pioneer in the development of modern chiropractic. The college’s 80-acre campus is located in Spartanburg, S.C., a suburban college town in the foothills of the Blue Ridge Mountains.

Tuition: $123,550 (14 quarters)
Graduation Rate: 80%
NBCE Testing Rate: 87%
SOUTHERN CALIFORNIA UNIVERSITY OF HEALTH SCIENCES

Whittier, California • President: John Scaringe, DC

SCU’s Los Angeles College of Chiropractic (LACC) has been the leader in integrative chiropractic education for over 100 years. LACC’s industry-leading faculty, innovative course design, and exceptional clinical experiences give students the knowledge and experience needed to live their dream and advance their career. Their alumni network and affiliations spread across most U.S. states and six continents facilitate networking, continuing education and job placement.

At SCU, students learn to determine what matters to the patient vs. just finding out what’s the matter. SCU has a unique integrative health care model that focuses on three main areas. **Value-based:** Helping patients improve their health by identifying the right provider for their current need to live healthier lives and to deliver the best outcome for the most efficient cost. **Integrative:** A health care perspective that emphasizes understanding personal circumstances leading to better patient outcomes, providing treatments informed by evidence, building a trusted patient-provider relationship, and making use of all appropriate therapeutic approaches. **Interprofessional:** Students gain an understanding of other disciplines to broaden treatment options and build collaboration skills that will make them more marketable and effective in the workplace.

**Contact Info:**
www.scuhs.edu

HISTORY

In 1911 Charles Cale, DC, applied for and received a charter for Los Angeles College of Chiropractic (LACC). Over the years it absorbed upwards of eight other chiropractic colleges, and in 1981 it moved to the current Whittier campus. In the 1990s LACC became the first chiropractic program to obtain accreditation from the Western Association of Schools and Colleges (WASC).

**Tuition (10 trimesters):**
$129,200

**Graduation Rate:** 86.5%

**NBCE Testing Rate:** 84%
Texas Chiropractic College

Pasadena, Texas • President: Stephen Foster, DC

Faculty view TCC students as professional partners and medical teammates. Longstanding alliances with nearly 30 hospitals and medical centers, Preceptorship (field experience) and Hospital Rotation programs, and a distinguished history of integrating scientific and evidence-based theory with unparalleled opportunities for hands-on training distinguish Texas Chiropractic College and its “world-class faculty” that personify the “Power of Healing.”

TCC is one of the oldest chiropractic colleges in America, among the first chiropractic schools in the nation to earn both regional and professional accreditations. In terms of innovation, TCC’s Preceptorship Program was the first of its kind for chiropractic schools anywhere in the world, and the Hospital Rotation Program is the largest and best integrated among chiropractic colleges nationwide. The Iwama Education Center has been heralded as one of the finest facilities in chiropractic education, with the Assessment Center serving as a model for other colleges.

At TCC students receive an evidence-based approach to chiropractic from faculty who hold the highest degree in their respective fields. A recent survey found that 90% of TCC alumni had either started their own practice, or were associates at existing practices, within one year of graduating, with others pursuing additional graduate study or accepting positions teaching or in research.

Contact Info:
txchiro.edu

HISTORY

Since 1908, Texas Chiropractic College has been at the forefront of patient-centered health care. The fourth-oldest of all chiropractic colleges in the U.S., TCC was founded in San Antonio, and in 1965, moved to Pasadena, a suburb of Houston. TCC’s growth continued through the first decade of the 21st century with five new buildings during a 10-year period.

Tuition (10 trimesters): not provided

Graduation Rate: 76.6%

NBCE Testing Rate: 85%
UNIVERSITY OF WESTERN STATES

Portland, Oregon • President: Joseph E. Brimhall, DC

The University of Western States (UWS) flagship doctor of chiropractic program is a rigorous, 12-quarter doctoral program that can be completed in 3-4 years. Students learn from experienced faculty working in the field, and gain real-world knowledge to treat patients more effectively and with a relationship-centric approach.

UWS has an innovative, evidence-informed approach to whole-person care; it combines research, strong academics, doctors’ knowledge and the inclusion of the patient’s or client’s personal evidence in pursuing courses of treatment. The curriculum is structured to integrate concepts and skills across the basic, clinical and chiropractic sciences that are ultimately applied to patient care.

As the second-oldest chiropractic school in the world, it operates from a mission to prepare students as competent chiropractic physicians who apply evidence-informed, patient-centered strategies with professionalism and integrity. UWS doctor of chiropractic students have the opportunity to complete their undergraduate bachelor’s degree in human biology while enrolled in the DC program without having to take extra classes.

In May 2020 the university relocated to a new campus in Portland, a modern health care facility designed to fulfill patient needs and provide exceptional opportunities for clinical training.

HISTORY

University of Western States has been a leader in integrating health and science since 1904. Today, UWS provides a comprehensive curriculum developed from over a century of research and experience. UWS is one of the oldest universities in Portland, Ore., and over the years has had six different names, beginning with Marsh’s School and Cure.

Tuition (12 quarters): $123,732
Graduation Rate: 91.9%
NBCE Testing Rate: 85.5%

Contact Info: uws.edu
LaTonya and LaToya Harris are ready to ‘combine our love of food, chiropractic, exercise and business to establish more of a non-traditional integrative health care’

BY RICK VACH

IN 2010 THEY GRADUATED AS THE TOP TWO STUDENTS in their high school class, and 10 years later they walked the stage at Parker University as the top two students in their graduating class.

Along the way twin sisters LaTonya and LaToya Harris earned their bachelor’s and master’s degrees in sports management from The University of Texas at Austin and concluded a second set of master’s degrees in functional nutrition and their doctorate degrees in chiropractic medicine at Parker.

“I believe that sports management, nutrition and chiropractic all go hand-in-hand,” LaToya said. “Our sports management degrees allowed us to tap into our entrepreneurial spirits a bit more and provided us with a business foundation that is lacking in most chiropractic curricula. Knowing how to properly fuel your body is key to living a healthy life. In my opinion, nutrition directly influences how effective any treatment can be.”

A chiropractic run-in

The pair’s first exposure to chiropractic was less than memorable. During their first weekend with a driver’s license, the 16-year-olds were at a complete stop when they were rear-ended by another driver. Unfamiliar with chiropractic, they were referred by their family doctor to a DC who failed to put them at ease, and who failed to alleviate their back spasms and other painful injuries.

“I was afraid of the adjustments, and post-treatment I still experienced pain and back spasms that I felt were going to affect me for the rest of my life,” LaTonya said. “Sadly, I did not enjoy my first chiropractic experience.”

LaToya added, “I did not enjoy my experience. I never felt like I was getting better.”

Their experience with chiropractic wouldn’t change for the
better until approximately six years later when, during their undergraduate work at the University of Texas at Austin, they interned at a large sports training facility that featured certified experts in applied functional science, including a chiropractor.

“There we met our current mentor, Dr. Jordan Pellien, who completely changed my mind about chiropractors and helped me to understand the many benefits of chiropractic care,” LaToya said. “With his help, I became more functional and was able to rehab old injuries that were still affecting my life.”

Both sisters played intramural softball at UT-Austin, and under expert chiropractic care were thrilled to be able to address the remnants of injuries from their car accident and other aches and pains.

“He completely changed my life,” LaTonya said. “Within just a few sessions I was more functional, pain-free, and most importantly he educated me about the profession and why chiropractic was important for my health.”

Considering chiropractic

It was these chiropractic sessions, applied functional science and the drug-free healing they saw and experienced that led the Harris sisters to think, “Should we become chiropractors?”

“I thought about becoming a chiropractor once during my undergraduate experience and presented the idea to Toya,” LaTonya said. “We both laughed and immediately dismissed it by saying we probably weren’t smart enough or good enough at science to pull it off. It was in a much similar fashion to how we used to laugh at our grandmother when she’d tell us we’d be doctors one day. One year after graduating with our master’s degree from UT, the idea of becoming a chiropractor resurfaced and this time it was Toya’s idea.”

LaToya, the older of the two by four minutes who refers to her sister as “the smart twin,” had initially dismissed the idea, but came around after realizing she enjoyed working as part of a team.

“I felt we were more business-oriented,” LaTonya said. “Our parents have been in management and owned different businesses for as long as we can remember, so we found business natural. But when we left the gym and started working for YETI, we realized we were happiest being part of a team that helped people get better in a natural way.”

The two attended an information session at Parker University, and shortly after “took a huge leap of faith” and enrolled—and never regretted the decision.

“We don’t believe it was any coincidence that the street we took to work every day the year prior to our enrollment was...”

Tonya and I both understand the value of representation, and what it means to see someone that looks like you accomplish things you wish to accomplish in life.
named Parker Road,” LaTonya said. “God has a way of showing you things even when you aren’t paying attention to all of the signs.”

**A COVID ending to college**

Due to COVID-19, the sisters’ senior year, which culminated when they walked the graduation stage in December of last year, was “quite a ride.”

They missed 13 weeks of clinical experience due to the pandemic and the ability to continue to develop their skills seeing patients.

“We feared being able to graduate on time and were constantly wondering about how we could continue to improve our clinical skills without being able to see patients,” LaTonya said in December. “We just finished our last clinical rotation at the Austin VA and it was such a rewarding experience.”

Part of the reward, reinforced LaToya, was the schooling paired with the real-world experience.

“I’m very thankful that we were able to obtain all of our graduation credits despite the pandemic,” she said. “I think schools do their best to prepare you, but I am not sure anything can truly replace clinical experience. The truth is we will never stop learning. I do not want to be the same clinician I am today, five or 10 years from now. I always want to continue to evolve and grow so that I can be the best for my patients.”

“I do feel the combination of sports management, functional nutrition and chiropractic is very powerful,” she says. “Toya and I feel that our nutritional background has aided in providing us an even better understanding of the power food has in helping our bodies heal. As chiropractors, I think it is important to understand not only how our bodies work from a mechanical standpoint, [but also] how the body responds to the environment, food and movement. When these elements are well balanced, they create a great foundation for our bodies to perform and recover optimally.”

**Serving minority populations**

In an industry where less than 3% of chiropractors are Black, yet more than 13% of the U.S. population is Black, there is a need for not only greater chiropractic and wellness services to Black populations, but a great need for education.

“Many minorities we talk to have no clue what chiropractors do,” LaToya says. “It’s a constant education process for us. It reminds me of the statement, ‘You don’t know what you don’t know.’ I think increasing the exposure to chiropractic care in minority communities could result in an increase in minority patients. Tonya and I both understand the value of representation, and what it means to see someone that looks like you accomplish things you wish to accomplish in life. It is very important that my sister and I work to change this aspect of health care.”

In regard to providing scholarship opportunities once they are established, or even before, the Harris twins realize and have experienced the barriers to success for Blacks and minorities in chiropractic education. After the economic devastation wrought by the COVID-19 pandemic, the difficulties have only compounded in minority communities.

“Since many minorities are from a lower-SES [socioeconomic status] background, we know financial strain is a huge aspect of why some do not seek higher education or alternative forms of treatment,” LaToya says. “There is also an overwhelming psychological component to being in a classroom with people who do not look like you or understand your culture. We want to help alleviate this in any way we can. We are always open to talking with current and prospective students about our experiences and how we have gotten to where we are now.”

Students wishing to contact the Harris sisters can reach them at LaToya.harris02@gmail.com or LaTonya.harris02@gmail.com.

RICK VACH is editor-in-chief of Chiropractic Economics.
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The holiday season is a favorite for James E. Starnes, DC, of Oakhurst Family Chiropractic in Oakhurst, Calif., who traditionally uses the holiday to give to the less fortunate while encouraging new patients to try chiropractic care. New patients, in exchange for a new, unwrapped toy (minimum $15 value), from Nov. 16-Dec. 14 received all first-day initial in-office procedures, including office evaluation, orthopedic exam, neurologic exam, and if possible, first-day treatment. “A special joy of mine for the holiday season is collecting toys for the underprivileged children through the Marine Corps Reserve’s Toys for Tots program,” Starnes told the Sierra News Online. “I have been involved with them for the past several years, this being our 30th year!”

Nevin Ramona, DC, during COVID-19 is also offering marriage counseling and coaching to clients after seeing the stress that the pandemic is putting on patients and their relationships. The La Jolla, Calif., DC has been in the personal and relational development world for 10 years with a degree in psychology and a focus on counseling, and she went back to school to receive certification in marriage coaching and become professionally certified as a marriage coach through the International Coaching Federation. “I heard everything that was happening behind closed doors, and things were changing for people now that they are stuck together all the time instead of going to work during the day and having that time apart. I wanted to help and offer sound advice in that area,” she told the La Jolla Light. “This is my wheelhouse. With my chiropractic practice, I know what stress they have in their body, and to be able to tackle it from both sides has been awesome. I know the issues they have because it’s what they talk about, so to be able to outline action steps to move them forward and help resolve those issues has been great.”

Riggs Chiropractic in Columbus, Kan., got patients (and potential patients) moving by hosting a pickleball clinic at a local park, hiring instructors to teach the game to the uninitiated and also offering free spinal screenings while donating to local foster families. “If anyone books an appointment then we give that back to the foster closet cooperative here in town and it aids area foster families with any needs that they may have when they get placements,” said spokesperson Rebecca Dobyns.

Complete Chiropractic Health in Cranberry, Penn., went on a shopping spree worth $10,000 in December, buying toys for the local Toys for Tots group to make sure local families had gifts under the tree. “I would just like to say how grateful we are that we could do something like this and give back in such
a hard year,” Gina Agostino-Manes, DC, told CBSN in Pittsburgh. As a follow-up, Complete Chiropractic Health announced plans to grant two wishes through the Make-A-Wish Foundation.

It was a happy Thanksgiving for many of the less fortunate in Asheboro, N.C., when Darin DeNamur, DC, and HealthSource Chiropractic donated 130 turkeys, the 11th year that the local chiropractic office gifted turkeys to patients in need. “Now more than ever, our community needs gestures like this,” said DeNamur, who has gifted more than 1,500 turkeys over the 11 years, speaking to the Courier-Tribune. “This is a good way for us to show how much we care about them. We are grateful for the support we have received in the community for the last 24 years ... I want HealthSource to be a place where they not only get relief from that physical pain but a place where they feel cared for and appreciated.”

Matz Family Chiropractic in Missoula, Mont., held its first food drive in October, offering free chiropractic services for each bag of non-perishables brought in for the University of Montana Food Pantry. Su Su Oo, a chiropractic assistant at the business, said she was pleased to see so many donations. "I didn't expect this much to come from the community, and that's really awesome," Oo told the Missoulian. Four generations of the Matz family have taken on providing chiropractic care in the town. “As a college student, I can kind of understand the struggles that some people [have] getting food on the table,” Oo said.

Sandra A. Licata, DC, of Licata Chiropractic and Wellness Center in Batavia, N.Y., through selling homemade face masks and matching fund donations, raised $1,000 for Crossroads House, a nonprofit hospice residence. Licata and business partner Michael Grasso, LMT, have been in practice together for 22 years. “Material, thread and elastic were hard to come by at first,” according to The Batavian. “Through connections and donations [they] came up with enough to make some masks. Initially, [they] made 37 masks and said, ‘That’s enough.’ But now they’re at 245 and counting!”

The Association of New Jersey Chiropractors (ANJC) announced that Jordan L. Kovacs, DC, of Eatontown, N.J., was named the 2020 Chiropractor of the Year, recognizing the recipient’s high standards in the practice of chiropractic, as well as being a role model for his peers. Kovacs has served as an ANJC board member for eight years, most recently serving as president of the association the past two years. He is beginning a second two-year term as president. He is also a Certified Chiropractic Sports Physician, a board-certified neurofeedback practitioner, and a Diplomate in the American Academy of Medical-Legal Professionals. CE
MEETING A CHIROPRACTOR SHORTAGE

MD and DO schools increased enrollment to meet a projected workforce decrease head-on — when and what will chiropractic do?

BY DAVID S. O’BRYON, JD, CAE

TIME TO READ: 6-8 MIN.

THE TAKEAWAY
The baby boomer generation is leading a mass retirement in chiropractic. Like other medical and health care institutions that have increased the number of schools and enrollment, the chiropractic profession needs to respond.

THERE ARE A LOT OF PEOPLE THINKING ABOUT WHAT THE FUTURE LOOKS LIKE as we hope vaccines will curb the pandemic. Health professionals across the world have been called to serve and respond, and they have.

They have served the public and answered the call to provide needed care under extraordinary circumstances. There has been a lot of talk about resilience this year. There has been a lot of talk about retirements. Like others of a certain age they have been considering what the future is going to bring.
Is chiropractic prepared for retired baby boomers?
Baby boomers are reaching retirement age and they are redefining the demographics of the country.

A larger part of the U.S. population will be considered “seniors” than ever before. Roughly 10,000 Americans turn 65 each day. By 2035 it is said that there will be more baby boomers (over 65) than people under 18 in the United States.

The question the chiropractic profession and its educational institutions should be asking is whether we are prepared with a workforce to serve this growing geriatric population. The Bureau of Labor Statistics says that chiropractic will grow faster than the general workforce and the future employment outlook is strong.

Data on aging and retiring DCs
Chiropractic schools in the United States hover around an enrollment of 10,000 students in any given year. This has been a consistent figure for some decades. There was a demographic blip in the mid to late 1990s that swelled our student bodies to a high of 15,000. This was a result of a larger-than-usual undergraduate population.

There is not a great deal of data on the aging of the chiropractic practitioner. The National Board of Chiropractic Examiners provides some insights in their studies of the profession in broad areas by the number of years in practice. The profession has had its own demographic blips, such as those who served in the military during WWII and had the GI Bill, which allowed those individuals to go to chiropractic school.

Preparing for a shortage
So what have other health professions done to prepare for a workforce shortage?

The medical professions projected a severe shortage of doctors to serve a growing population and increased enrollment in medical schools by 30%. In a similar fashion osteopathic schools increased enrollment by doubling the number of schools and growing graduation rates from 1,500 to 4,500 DOs per year.

Health care is changing in this country, and numerous innovations have taken place. COVID-19 has accelerated the pace. One of the innovations is telehealth and virtual classrooms. All health profession educational institutions have had to deal with moving curriculum to an online environment. Schools that have labs and clinical rotations needed to revise their approach and timing within their teaching schedules.

Are we adding the resources that are needed? Having a larger portion of our population retired will have an impact on the economy, with potentially slower growth. The entire population demographic in the U.S. is experiencing major revisions. California’s white population is now 38%, with other groups making up the majority. Changing cultural and diversity issues will impact all society.

DC education with the future in mind
For educational institutions that prepare the next generation of health providers the needed workforce has always been a statistical question.

Chiropractic schools are seeing a changing demographic at their schools. Practitioners in the field are 70% male and 30% female. The schools’ ratios are closer to 50-50% male/female. Student body diversity is occurring. The Association of Chiropractic Colleges is surveying to develop an understanding of these changes.

What we do know is that chiropractic care is growing. The Department of Veterans Affairs has had a steady growth of providers giving care. The baby boomer population is an active group. We can also learn about aging populations by studying Japan’s experience, for example.

So, as suggested by the aforementioned examples, we need to continue to train future chiropractors mindful of the nation’s pending needs. We will be competing with other health professions for students in what is a shrinking demographic pool of students attending undergraduate schools.

DAVID S. O’BRYON, JD, CAE, has been president of the Association of Chiropractic Colleges since 1996. He previously worked for the United States Congress. He can be reached at info@chirocolleges.org.
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IMPROVING CELL MEMBRANE HEALTH AND PHASE ANGLE – PART II

BY JEFFREY TUCKER, DC

TIME TO READ: 11-13 MIN.

THE TAKEAWAY
Phase angle will rise when you’re healthy and fall when you’re ill, and for many doctors the phase angle can give the “true age” of a patient. It measures distribution of water in cells and provides additional windows into nutritional deficiencies and the ability to fight off toxins and disease.

THE HEALTH OF YOUR CELL MEMBRANES IS CRITICALLY IMPORTANT and many factors affect cell membrane health, such as aging, diet, exercise, medications, microbiome, pollution, genetics and stress.

I measure cell membrane health using a Bioelectrical Impedance Analysis (BIA) machine, and that provides the phase angle result (average is 5-7). The key to increasing the phase angle (the higher the better) is improving cell membrane health. Increasing cell wall permeability can help prevent disease and improve performance. BIA also measures hydration, lean body mass and fat mass along with other biomarkers.

Cell membrane makeup
The cell membrane (plasma membrane) is a thin, semi-permeable membrane that surrounds the cytoplasm of a cell. Its function is to protect the integrity of the interior of the cell by allowing certain substances into the cell while keeping other substances out.

The cell membrane serves to help support the cell and help maintain its shape. The cell membrane is primarily composed of a mix of proteins and lipids:

Phospholipids are a major component of cell membranes. Depending on the membrane’s location and role in the body, lipids can make up anywhere from 20-80% of the membrane, with the remainder being proteins. Phospholipids align fatty acids into the cell membrane bi-layer (instead of just being blobs of fat) and are responsible for a cell’s flexibility, elasticity, fluidity, electrical potentials, and enabling of other compounds and nutrients to move in and out of the cell in a healthy way.

Cholesterol is a major component of cell membranes. Cholesterol molecules help to keep cell membranes from becoming stiff by preventing phospholipids from being too closely packed together. Cholesterol regulates the fluidity of the overall membrane, meaning that cholesterol controls the amount of movement of the various cell membrane components based on its concentrations.

Glycolipids help the cell to recognize other cells of the body.

Proteins monitor and maintain the cell’s chemical climate and assist in the transfer of molecules across the membrane. They help to give the cell support and shape; they also help cells communicate with their external environment through the use of hormones, neurotransmitters and other signaling molecules.

Glycoproteins have a carbohydrate chain attached to them. They are embedded in the cell membrane and help in cell-to-cell communications and molecule transport across the membrane.
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Improving phase angle
Over the past 20 years, my number one recommendation to improve phase angle and cell membrane health has been to increase omega-3 fatty acids from fish oils.

I relate the need to take essential fatty acids (EFAs) to my patients’ health and outcomes. The clinical importance of EFAs in our diet:

- Improves visual acuity and lowers risk of age-related macular degeneration
- Promotes cognitive performance
- Lowers risk of dementia
- Lowers triglycerides
- Increases HDL
- Improves blood vessel function
- DHA provides neuroprotection
- DHA is the more powerful of the two EPA/DHA on markers of inflammation in the body
- Dilates or constricts blood vessels, stomach, intestines, bronchial tree, uterus

As a major component of cell membranes, healthy fats are:

- Involved in cell-to-cell communication
- Keep cell walls rigid or fluid
- Control the flow of nutrients in and out of cells
- Required for the production of red blood cells (RBCs)

I recommend at least 3,000 mg of EPA/DHA daily; and sometimes patients need to take three times that amount for a period of time.

Foods for cell membrane and mitochondria health include:

- Pastured eggs
- Bone marrow
- Wild fish
- Probiotics
- Bright red, orange, yellow, green and blue fruits and vegetables
- Mushrooms (maitake, shiitake)
- Sulforaphane vegetables
- DHA-rich foods

Fatty acids in cell membranes determine how well your cells manage inflammation. Too many French fries, potato chips, and vegetable oils and your cell membranes are in trouble.

I tell patients to avoid soy oil use. Essential fatty acids like DHA and GLA really help cell membranes function better. Cell membranes that are in good condition also naturally produce hyaluronic acid to help maintain the structure which connects cells together.

Improve cell membrane health
Before you start with supplements you need to do one big, important thing for your patient — you need to discuss getting rid of as much toxic exposure as possible, toxins already present, and any low-grade infection patients have, or you’re not going anywhere with the phase angle.

Why give supplements that the body needs — at that point — until you are ready for them? If a patient has toxic mold exposure (very common), recommend they take care of that. These patients will need aerobic exercise, saunas or something else that gets them sweating. Also recommend charcoal supplements because it will bind cell toxins. Charcoal and other binders remove toxins to improve cell membrane permeability and support mitochondrial function.

Eat dietary cholesterol
Cholesterol is a major membrane constituent — roughly half — being present in about the same amount as the phospholipids. It maintains a balance of permeability and fluidity, and without it the cell membranes would collapse.

Dietary cholesterol is found in pastured eggs, grass-fed meat, pastured dairy and wild fish.

Eat choline
Phosphatidylcholine comes from bone marrow and is created from choline-rich foods including eggs, grass-fed liver, grass-fed red meat, organic poultry and wild fish.

Correlate other tests, like the Coronary Calcium Scan scores and phase angle, and you may require more choline. Normal levels of oxysterols in the plasma will not cause phosphatidylcholine to convert into sphingomyelin and therefore less calcium will bind to it, resulting in less artery blockage.
Phosphatidyl serine
Phosphatidyl serine (PS) has similar phospholipid-building properties and is good for neurotransmitter support, memory and stress tolerance.

PS is a highly regarded memory and coordination nutrient, known to boost stress tolerance. It is especially good for helping offset the physically draining aspects of emotional stress.

Because it is the fastest-acting nutrient for short-term memory, students often use PS while cramming for an exam. Organ meats such as liver and kidneys and cow’s brain (I know!) are good sources.

I tell patients to avoid soy oil use. Essential fatty acids like DHA and GLA really help cell membranes function better.

More tips include:

Avoid sugar, vegetable oils and fried foods — These contribute to “inflamm-aging” and also to heart disease, cancer and type 2 diabetes.

Eat red, orange, green, purple and blue fruits and vegetables — A diet supplemented with antioxidants helps prevent blood vessel intimal thickening. As a chiropractor I am as concerned about my patients’ blood vessel health as I am about nerve function.

Get more sleep — If you aren’t getting 7-8 hours of sleep per night, you are missing out on REM and deep sleep, therefore likely increasing mitochondrial inflammation. I encourage patients to watch the sunset (and sunrise) because this helps the brain release melatonin when it gets dark, inducing sleep. Watch the sunrise to awaken the daytime hormones.

Hydration — The cytoplasm is made mostly of water. The entire cell is actually made of around 70% water. That’s why we are made of 70% water, and it’s why it’s so important that we drink plenty throughout the day in order to be healthy and operate optimally. Most patients need to increase fluid intake and avoid dehydration.

Exercise to increase blood flow, oxygen — The reactivity of oxygen is what makes it useful, but it is also what makes it damaging through free radicals. Fortunately, antioxidants in our diet can neutralize free radicals. Breathing exercises as part of a warm-up and adding some antioxidants in our diet after exercise, including things like vitamin C, vitamin E and flavonoids, are among the best ways to improve cell health.

Things to avoid — Cigarette smoke, sunburn and other toxins (i.e. mold) that wage war on the surface of our cells and can potentially lead to serious problems if they reach the DNA.

Complementary tests you can do to learn about and improve cell membrane health other than BIA are: genetic tests, microbiome stool tests, zinc test and nitric oxide saliva tests.

In Part III of improving cell membrane health we will examine improving phase angle through supplementation, and the differing modalities for improving cell membrane fluidity.

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.

References can be found online at chiroeco.com
NEW 2021 MEDICARE DME RULES
Orthotic fitter and durable medical equipment status changes this year

BY JAMES C. ANTOS, DC, DABCO
TIME TO READ: 5-7 MIN.

THE TAKEAWAY
It is possible to participate at the current high levels of reimbursement for Medicare DME if your facility and practice is eligible to be classified for exemption.

AS WE ENTER THE NEW YEAR Medicare DME has made significant changes to the way chiropractors can participate in the Medicare DME reimbursement program. As of Jan. 1, 2021, Medicare DME has made two major changes to the program, both of which involve a concept called “competitive bidding.”

Competitive bidding means that Medicare DME has decided to only allow and reimburse those facilities that have been awarded a “competitive bid” for the regional area they are in under the Medicare DME program for certain supplies such as lumbar braces. This impacts currently certified suppliers such as chiropractic offices in two ways:

1. It means that unless you are in an area of the country that is not covered under competitive bidding (mainly rural, mildly populated areas), you will not be able to continue to participate in the Medicare DME reimbursement program. Let me be very clear about this: Your business as a Medicare DME provider/supplier will be over as of Jan. 1, 2021, and end. You will not be able to bill for and be reimbursed for DME supplies such as lumbar braces.

2. If you are either an exempted entity (more on this further on in this article) or in an area that is not included in the competitive bid program, you will experience a reduction in the reimbursement amount as much as 50-75%. While the official amount for approved reimbursement has not yet been published, the “word on the street” from insiders is saying this.

Certified Orthotic Fitter status
For those chiropractic offices that cannot or do not participate in the entity of a group medical practice there is another option.
For those chiropractors who have been in the Medicare DME program, some for many years, you are aware of the advantages to participating.

That option involves adding a Certified Orthotic Fitter to the office staff and having your office on record with Medicare DME as having Certified Orthotic Fitter personnel. For a chiropractor who owns their own office, this can be done by passing an online course of instruction and then passing an online certification test approved by a Medicare Accrediting Organization (AO).

The advantage of this is that the chiropractor keeps 100% ownership. The disadvantages are that the chiropractic facility must achieve and keep approved accreditation, keep appropriate surety bond coverage in place at all times, and achieve and stay current with being a Certified Orthotic Fitter.

Medicare DME advantages

For those chiropractors who have been in the Medicare DME program, some for many years, you are aware of the advantages to participating. For chiropractic offices that are integrated with medical procedures and have at least a 5% or greater medical partner, the only change with the Competitive Bidding program that will affect you is the reduction of the “off the shelf” pricing. The reimbursements for customization or modification are not scheduled to change.

For those chiropractors who are 100% owners of your facility and practice, whether you have medical employees or not, your participation will end come Jan. 1, 2021, unless you make changes to become one of the exempt entities and are so registered under the Medicare DME program.

Medicare reserves the right to delay the upcoming program but, as of now, the rumors of delay do not appear to be true. Therefore, be aware and make any necessary changes to stay in the program or become deactivated from the program. It is up to you to decide what is best for your situation and to act or not. Working within the Medicare DME program for properly credentialed offices, in spite of the changes, a chiropractor still has options that can be both viable and very rewarding.

JAMES C. ANTOS, DC, DABCO, lives in Windermere, Fla. He serves as a consultant helping chiropractors, medical doctors and others become certified to be reimbursed under Medicare for DME supplies. He can be reached through his website at antosdmebrace.com, 386-212-0007 or antsjm@hotmail.com.
CHIROPRACTIC’S ROLE IN BLACK HEALTH

Our current health crisis has given chiropractic a unique opportunity

BY MAGEN HENRY, DC
TIME TO READ: 13-15 MIN.

THE TAKEAWAY

Black health disparities and challenges have been a constant in America. Chiropractic and chiropractic universities have an opportunity in our current health crisis to support more Blacks and chiropractors of color to address the long-standing health issues in the Black community.

IT GOES WITHOUT SAYING THAT 2020 WAS A YEAR FOR THE HISTORY BOOKS. Our country faced a pandemic, racial unrest, economic upheaval and political sparring. The year 2020 also marked 125 years since chiropractic was founded. The year 2020 as the 125th year of chiropractic felt significant. It forced the profession, like it has forced much of the world, to examine ourselves and to recognize the disparities that exist in the profession and the communities we serve.

While the utilization of chiropractic has increased among the general population, the utilization amongst Black Americans has hovered around 1% for more than two decades and only 1.6% of chiropractors are Black.

Black health challenges

It’s almost common knowledge that Black Americans are the least healthy people in this country. The health disparities that exist in the Black community have been a concern for this nation for decades, yet today Black Americans continue to suffer from almost every health condition disproportionately from their counterparts.
Consider that Black American adults are two times more likely to die from heart disease and 50% more likely to have high blood pressure than White Americans. Black American children are 3.5 times more likely to die as infants due to complications related to low birth weight and have an infant mortality rate that is 2.2 times higher than that of White American infants.

Black American women are 40% more likely to die of breast cancer and 2-3 times more likely to die from pregnancy-related causes than White American women. Most recently, Black Americans are experiencing more serious illness and death due to the novel coronavirus than White Americans.

A history of health care oppression

The fact that Black Americans experience these disparities in health is not a mere coincidence. A history of systemic oppression and experimentation in our health care system has been well-documented.

Africans brought to this country in chains suffered unimaginable physical and mental traumas that ensured poorer health outcomes for generations to come. A lifetime of adversity, chronic stress, poor coping and racial discrimination is imprinted in the DNA of Black Americans; this can be evidenced through the study of epigenetics.

What may not be as apparent is the economic impact of health disparity. Harvard Business Review estimated that nearly $200 billion is spent in premature deaths in the Black community. Another researcher estimated that eliminating health disparities for minorities would have reduced direct medical care expenditures by about $230 billion and indirect costs associated with illness and premature death by more than $1 trillion over a three-year period.

The help the Black American community needs

When I began my matriculation through Life University’s Doctor of Chiropractic program in July 2014, I had no idea what I was getting myself into. Prior to attending the university, I had never been adjusted or knew anyone who had, and I didn’t know any chiropractors personally. The story was the same for each of my Black classmates.
There were 11 of us in a class of 220. We knew each other by name. Chiropractic was so new to us and different from anything else we had been taught about health. For me, it felt like a secret I was just being let in on.

The 11 of us were living out the statement made by R. Troetti almost 30 years prior in the Journal of the American Chiropractic Association: “Blacks seldom come into contact with chiropractors, black or white, who could serve as role models.”

I couldn’t help but think of all the people I could have helped with chiropractic. People who looked like me who suffered from many health conditions disproportionately in this country. I believed chiropractic was what the health of the Black American community needed — they just didn’t know.

Educating to eliminate health disparities
As chiropractors, we are uniquely suited to help eliminate the health disparities that exist in the Black community. For over 30 years, the implementation of policies and programs focused on better access to health care have made little progress in the health of the Black community.

The Affordable Care Act increased Black Americans’ access to health care by 20% between 2008-14 and improved the outcomes for cancer patients, but made little to no improvement in the disparity for many chronic illnesses. With nearly 70% of the mortality rates in Black Americans due to preventable causes, educating the community on habits for prevention may have a greater impact. It is what chiropractors do every day in practice. We know that focusing on access to health care, without a focus on the factors that caused sickness, is addressing the symptoms and ignoring the cause.

Doctors of chiropractic form relationships with patients that are unique from those of any other health care provider. Chiropractors, therefore, have greater ability and responsibility to influence our community in the habits of prevention and healthy lifestyles. Our patient-centered approach respects the patient’s individual preferences and creates space for the patient to share with us more freely. As primary care providers we are trained to diagnose their conditions and to co-manage their care with other health care providers.

Make DCs representative of the population
Chiropractic has the potential to transform the health of this country, especially if chiropractors are more representative of the nation’s population.

Chiropractic was not excluded from the oppressive culture that existed during the time of its founding. From the 1920s-50s, admission to the Palmer School of Chiropractic was restricted to members of the white race, and “Negros not accepted” was blatantly stated in its catalog. For a profession that was “founded on the back of a black man,” Harvey Lillard, the Black community had been excluded from reaping chiropractic’s benefits, health-wise or professionally. Currently, the National Board of Chiropractic Examiners shows that less than 2% of chiropractors are Black American. When compared to the current Black American population of 13.4%, it is evident that a racial disparity exists in the profession. Each year the population become more diverse. It is estimated that in 30 years, more than half of the population will be minorities.

Malcolm Gladwell popularized the theory that it takes 15-18% of a population to adopt an innovative idea before it reaches a saturation level of acceptance. If chiropractic is going to reach the 18% tipping point and reach mass acceptance, it will likely be tied to our ability to respond to our rapidly-diversifying population. As primary health care providers, it is our responsibility to translate our knowledge of health into the language and culture of the people we are serving.
A long way to grow
Though 125 years may seem like a long time, chiropractic is in its infancy. We still have a long way to grow.
Massive action steps are needed to improve chiropractic representation in the Black community. More than ever, chiropractic institutions are acknowledging the importance of Black people in the profession. They are recognizing that the health of the nation cannot be improved until the disparities that exist in the health of Black and other minority communities are improved, and that chiropractic has a place in changing the paradigm.
The American Black Chiropractic Association (ABCA) was founded in 1981 in response to a need for Black representation and leadership in the profession. Today, the ABCA is the only organization that represents Black chiropractors on a national scale. The National Board of Chiropractic Examiners recognizes the ABCA as one of the major national chiropractic organizations and selects two student members to attend the Student Leadership forum each year. The ABCA president attends ACA Engage each year to represent our collective interests and in 2020 participated in the American Chiropractic Association’s Diversity and Inclusion Virtual Summit. The ABCA annually awards scholarships to minority students who excel not only in the classroom, but in their communities.
At each ABCA National Convention, members participate in community outreach projects geared toward introducing chiropractic to underrepresented communities. Ultimately, the ABCA provides space for chiropractors of color to be themselves and find support amongst people who understand the unique situations we face in the classroom and in practice.
In his 1997 article in the Journal of the American Chiropractic Association, Whitworth stated the chiropractic schools, “would do well to align with the ABCA.” Today there are over a dozen active student ABCA chapters (SABCA) in chiropractic colleges across the country. The ABCA’s Board of Directors is now planning for the annual National Convention to be held at Life Chiropractic College West in Hayward, Calif., on June 3-6, 2021.

MAGEN HENRY, DC, is a 2018 graduate of Life University. She currently serves as the secretary of the American Black Chiropractic Association.

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THE INTEGRATED MEDICINE ADVANTAGE

Personalization aids the chiropractor’s value

BY DREW STEVENS, PHD
TIME TO READ: 8-10 MIN.

THE TAKEAWAY
Look at the whole patient — physical, emotional, mental, social, spiritual and environmental influences — not only looking at current ailments but also preventing future problems.

AS I’VE WORKED WITH CHIROPRACTORS AROUND THE UNITED STATES, one of the ideologies I attempt to assist them with is to stop looking at their patients in a vacuum. It’s straightforward to focus on tension and stiffness in the back and neck area, but something very different occurs when the chiropractor begins to focus myopically on the person.

We live in a world that’s very focused on quickly band-aiding situations and not eradicating the issue. Integrative medicine is a holistic approach that helps put the patient at the center of all problems, including physical, emotional, mental, social, spiritual and environmental influences on someone’s life. It’s an intriguing approach to take your practice to the next level by providing comprehensive care to your most important asset — the patient.

Patient stereotyping and vice versa
By nature, many patients stereotype chiropractic. Patients believe that if there is muscle tension or stiffness, they can visit a chiropractor, but if they cannot manage weight or migraines, they visit a general practitioner. This is where chiropractors need to provide value and great messaging to position themselves as holistic healers.

Chiropractors must break the stereotype. As a consultant, I am also a patient, and when I can speak to the doctor about my work environment and what participates in both my motion and my stress, my doctor then views my issue from the entire body.

To exemplify my point, my business environment, especially during COVID-19, has me working with my wife in a small
It’s an intriguing approach to take your practice to the next level by providing comprehensive care to your most important asset — the patient.

10x12 environment, enclosed with two desks, chairs, dim lighting, computer equipment, and needless to say, much sitting due in no small measure to teleconference calls. The combination of repetitive sitting with multiple meetings brings emotional and physical strain that aids spinal and neck pain and muscle stiffness in the fingers and arms.

Sitting for long periods disables stretching the legs, hydrating correctly, and even eating. Let’s face it: Many myths prevail on chiropractors, and many rumors include that chiropractors only focus on back issues. However, by providing integrative medicine, a chiropractor is best served to understand the complete patient environment. Personalization plays a crucial role in integrative medicine.

**Personalized approach**
The best part of integrative medicine is that chiropractors can provide a personalized approach and perhaps charge more for the services offered. Fees are moot when trying to repair a patient; patients will pay anything as long as they feel youthful, pain-free and healthier.

To exemplify my point, think about an individual who desires to improve their golf game. A good coach does not watch the swing and only repair that. A good coach will look at grips and approach, observe performance in various grasses, and also ask about flexibility, nutrition and even exercise. By thoroughly understanding the client’s composition, the coach might improve the golfer’s game by 10 strokes.

The same principle holds for the chiropractor focusing on integrative medicine because they’re looking at all aspects of that particular person to make them healthier. No two individuals are alike, and personalization aids the chiropractor’s value.

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**Brain, balance and back**
We have all heard about the yin and yang of balancing the body. One of the exciting things about integrative medicine and chiropractic is the capable assumption of balancing the disrupted body from illness and disease. By focusing on modalities that help regain the body’s natural state of equilibrium, the chiropractor can restore the balance and promote better health. Therefore, rather than just focusing on

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areas of the back where it connects to bones, the chiropractor is now looking at all functional elements such as organs and even diet to restore the body’s balance.

**Integrated assistance**

The notion today is to look at the patient from the perspective of restoring them to better health. One of the problems with prescriptive medicine is the lack of a relationship with the practitioner.

A new focus now exists with the chiropractor to help gain a practitioner-patient relationship that focuses on action plans, attention to restoration, and lifestyle balance. Many individuals today suffer from work-life stress. They suffer from monetary issues and a sedentary lifestyle. The new relationship between chiropractor and patient helps understand the sedentary lifestyle and produce a more action-oriented plan.

The ability to provide an integrative program to the patient could include but is not limited to nutritional counseling and blood work that understands potential thyroid or testosterone issues. The blood work might even have conversations about macronutrients, triglycerides, cholesterol and other patient maladies. Additionally, after understanding blood work and nutrition, the chiropractor can then begin to look at items such as exercise, the work environment and even personal relationships.

From this point forward, there is a higher likelihood of success with recommended therapies because of the chiropractor’s ability to participate as a coach, mentor and counselor.

**Patient care and experience**

In today’s contemporary world, we are witnessing an increasingly symbiotic relationship between patient service and chiropractors. The patient realizes that those doctors who take heed of patient service are more understanding. Additionally, chiropractors find that when patient service is superb, their advertising costs decrease. This is because excellent patient service helps to develop advocates who continually speak well about your company. When others talk well about you, they will tell the world. This loyalty will create an excellent base who repeatedly returns to buy and tells others about it.

What is required today in most chiropractic practices is the vital need for patient service. You have probably heard much banter about the focus on items such as patient satisfaction, patient service, patient loyalty and even patient-centricity. These are simply words on a piece of paper or in a television advertisement unless someone does something about it. The reason being because marketing and sales are all about relationships.

**A new ideology of service**

One of the most significant aspects of patient relationship management is simply the ideology of treating patients who become brand loyalists only due to their passion for intimate relationships. For example, how many great stories have been heard on the internet, the news or in social media dialogues about organizations such as Starbucks, Zappos, or the Ritz-Carlton? None of these companies would exist without extraordinary customer-centricity.

Integrative medicine works well here because it is part of the patient experience. Integrative medicine illustrates that you care about the entire person. Integrative medicine demonstrates that you want to create a relationship with the patient, not only focusing on the current issue but eradicating what potentially could be future issues. When we look at how to make chiropractors more lucrative and efficient, and create less work, integrative medicine helps the doctor become a more informed and participative practitioner.
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THE LOWER EXTREMITY IN EDUCATION

The kinetic chain is profound, and needs to be emphasized early and often

BY DENNIS HOMACK, DC, MS, CCSP

TIME TO READ: 13-15 MIN.

THE TAKEAWAY

The “kinetic chain” concept of force propagation can help students understand the biomechanics that affect the musculoskeletal system and better understand the correlation between health, performance, and how managing extremities can improve overall outcomes.

THE FOUNDER OF CHIROPRACTIC, D.D. PALMER, recognized the importance of addressing all of the articulations of the human body. He is known to have said, “Chiropractors adjust any or all of the 300 joints of the body, more particularly those of the spinal column.”¹

Dr. Palmer understood that managing the conditions of the spine and extremities is dependent upon the chiropractor’s understanding of how forces are transmitted from one body part to the other through what is referred to as the “kinetic chain.” This basic concept of force transmission from one part to the next is both simple and in my estimation, quite profound. Understanding this mechanism should begin as early as possible and be emphasized not only throughout the educational process but reinforced through ongoing learning throughout one’s career.

Students need to understand the foot

It starts from the ground up. The “kinetic chain” concept of force propagation can help students understand the biomechanics that affect the musculoskeletal system, where forces generated at one joint complex are transferred throughout the musculoskeletal system.

When students understand this, they better understand the correlation between health, performance, and how managing extremities can improve overall outcomes. During normal walking gait, for example, the joints of the foot, ankle, knee, hip and lower back all affect one another. It has been demonstrated that ground impact forces propagate all the way through the spine to C0 and C1, with as much as half the body weight impacted upon heel strike.

Let’s consider the foot in and of itself. The feet have about 25% of all the bones in the body. The foot can be thought of as three separate zones, each of which functions individually, sequentially with its neighboring zone, and in unison with all three.

Students, particularly early on, tend to think of the spine and extremities in static terms. Important, deeper understanding of function can be obtained with earlier instruction of movement patterns and the intricate interplay between the functional joint complexes.

Consider what happens to the foot throughout the gait cycle.

When discussing the gait cycle, it is customary to consider the actions of one leg starting and ending on heel strike, the moment the foot touches the ground. There are two major phases of the cycle. The stance phase represents about 60% of gait, with the remaining 40% of the cycle being the swing...
phase. Just as we go into heel strike the toes extend, putting tension on the plantar fascia. This compresses the tarsals and tilts the calcaneus posterior, increasing the medial and lateral longitudinal arches of the foot. This process, called the “Windlass Mechanism,” protects the foot by making it more rigid, preventing injury from shearing forces. The three zones are now working in unison, and the foot is preparing for ground contact. This rigidity, however, also allows ground reaction forces to go from joint to joint more efficiently.

The foot transitions to “foot-flat” (when the heel and toes are in contact with the floor) as we approach the loading response portion of the stance phase. Starting from the hind foot, each zone makes contact with the ground sequentially and becomes more flexible, allowing the foot to adapt to uneven surfaces. The metatarsals in the forefoot must have free movement, to “flutter” and rotate, allowing the transverse arch to absorb shock and reduce pressure on the metatarsal heads.

**Approaching pre-swing**

As we approach toe-off (pre-swing), body weight is exerted on the metatarsal-phalangeal joints as the toes go back into extension, re-engaging the Windlass Mechanism. Again, significant forces are occurring from the Achilles tendon and through the calcaneus, several times body weight at this point.

So, from one perspective, proper function of the foot could be assessed with the proper maintenance and function of the three arches of the foot itself. Each arch changes to ensure proper foot alignment and shock absorption through each portion of the gait cycle. Reduction of arch height is considered a predisposing risk factor for musculoskeletal injuries. Any interference issue that disturbs this normal function, such as even mildly-sprained ligaments to muscular imbalances in the lower leg, or osseous articulations that are restricted in motion, can have a profound effect on each of these actions.

Furthermore, outside influences such as improper footwear or shoes that are too tight can heavily restrict proper motion and the natural protective mechanisms that are designed in the anatomy and function of the foot.
Standing posture assessment also gives us valuable insight into what is occurring during gait, even when running. Books have been written on the subject, but consider this simple example which I often give to students when considering the kinetic chain: How can a weakness of the left tibialis anterior cause facet pain in the right low back?

The answer is a bit verbose, but poignant: The anterior and posterior tibialis help to support the navicular. Weakness puts stress on the plantar calcaneonavicular ligament (spring ligament), allowing the navicular to subluxate inferiorly. The forefoot moves laterally, giving the appearance the foot is externally rotated, but this is a bit of an illusion caused by misalignment of the tarsals and metatarsals.

In fact, the leg is actually internally rotated. The hindfoot tilts medially, and the change in angle causes the tibia and fibula to internally rotate. This continues through the knee. These changes cause great stress on the joints, ligaments, muscles and even bones of the knee. Oftentimes, medial knee pain can be the result as the coronary ligament and other structures become stressed. The antero-medial articular surfaces of the tibial plateau and femoral condyles are under additional compressive stress. Postural evidence demonstrates an internally rotated knee that has a greater Q-angle (varus deformation) and slight hyperextension.

Internal rotation of the femur causes tension on external rotators of the hip, particularly the piriformis, gluteus medius and ilioptoas, also a primary hip flexor. The altered angles of the osseous lower extremity components cause an overall “shortening” from the bottom of the foot to the top of the femur. The pelvis is now tilted toward the left side. Considering just the psoas muscle for a moment, consider its origination from the lower spine. Tension causes lateral flexion toward the left, extension, and even some rotation to the right. In a standing patient, these actions all work to approximate the surfaces of the right facets.

One can consider, therefore, that a dropped navicular on the left can cause facet syndrome on the right. Adjusting the lumbar vertebrae may provide temporary relief, but the patient would be so much better served if the practitioner used their knowledge and training to get, find and treat the cause of the problem in the first place.

In this single example we can see that issues in one area can be due to a problem somewhere else — but this certainly isn’t the entire story. There are examples of how these mechanisms can influence headache and neck pain, and disturb optimal performance in sports such as golf, tennis and baseball; the shock wave propagated during gait has even been measured in the temporomandibular joint.

Reduction of arch height is considered a predisposing risk factor for musculoskeletal injuries.

Understanding treatment options

As a practitioner and a teacher for well over 20 years, I have developed a philosophical approach to the management of patients. Although I certainly may not have been the first to discover it, my axiom is this: If a patient does not respond to your clinical management as you expect, then one of three things must be true:

1. The patient was misdiagnosed.
2. The diagnosis is correct, but the treatment (management) is not the best for that particular patient.
3. The patient is doing something that is aggravating the condition that the clinician is unaware of.
We can see that diagnosing the true mechanism of causation can at times be somewhat complex. Assuming chiropractic students are learning how to diagnose the true cause of a complaint or condition, and also assuming we can work with and educate patients to prevent them from aggravating their condition, then what we must do is educate developing clinicians with as many tools as needed for them to be able to treat and manage their patients’ health and conditions from day one throughout their individual careers.

Education must include proper biomechanics, whether it is movement patterns or support. Many practitioners are embracing sports tape methods and instrument-assisted and manual soft tissue techniques to address the soft tissue. Students should expand their expertise in adjusting and manipulating the spine to include all of the articulations in the body.

Getting folks moving with manual and other therapies, including corrective exercise, can add greatly to maximizing the benefits of primary chiropractic care. These exercises must consider the normal balance of strength between the agonists and antagonists. Consider the stability of the ankle with regard to all of the muscles of the lower leg.

Attending to foot function and structure

Special attention should be given to the function and structure of the feet. Most people wear shoes that are too tight for their feet, for example. This restricts proper motion and normal shock absorption. Many chiropractors recommend custom-made orthotic inserts to help correct and optimize the positioning and function of the feet. It has been my experience, and frankly my privilege, to see students transcend from hopeful memorization to true understanding when educated on the wholistic nature of the biomechanical relationships of the extremities, particularly the lower extremities, and the spine.

DENNIS HOMACK, DC, MS, CCSP, is an associate professor at New York Chiropractic College in Seneca Falls, N.Y. He is a graduate of the school and has also earned degrees from Cornell University in Ithaca, N.Y., Ocean County College in Toms River, N.J., and Stockton State College in Pomona, N.J. In addition to teaching, he was previously in private practice and is currently a highly-sought-after consultant for groups, organizations and corporate businesses.

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